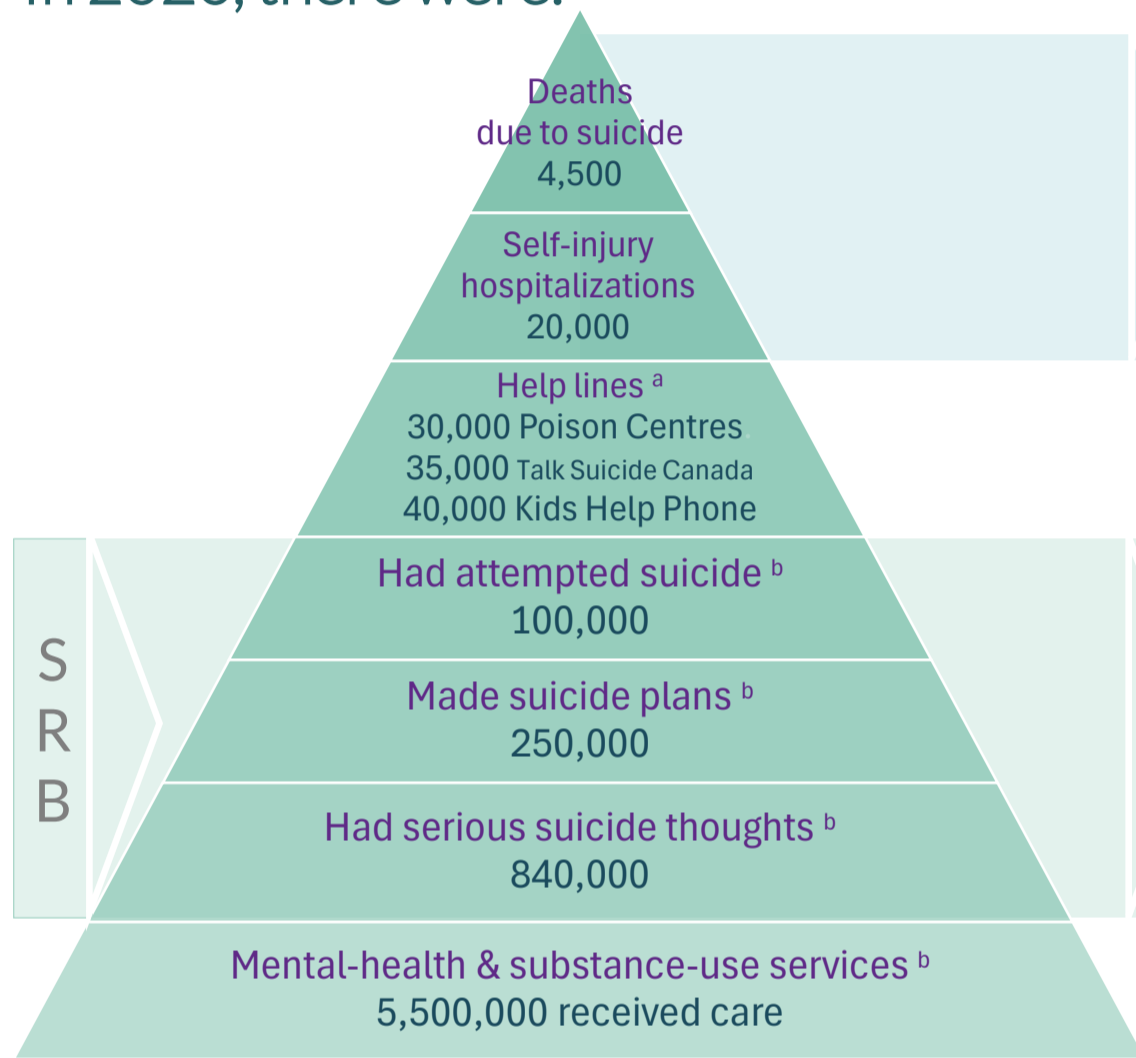
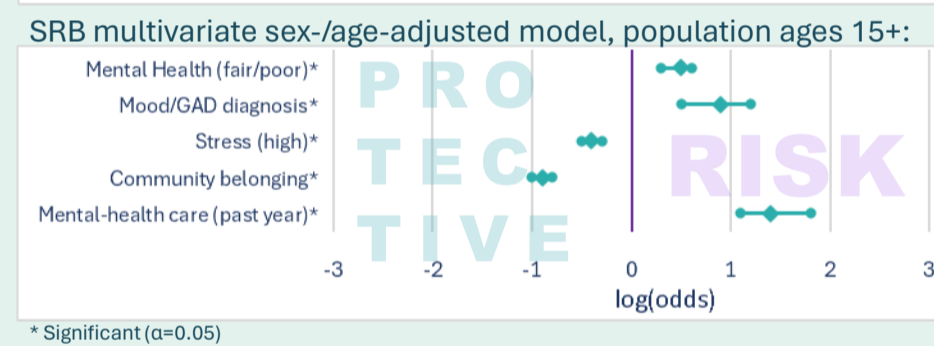
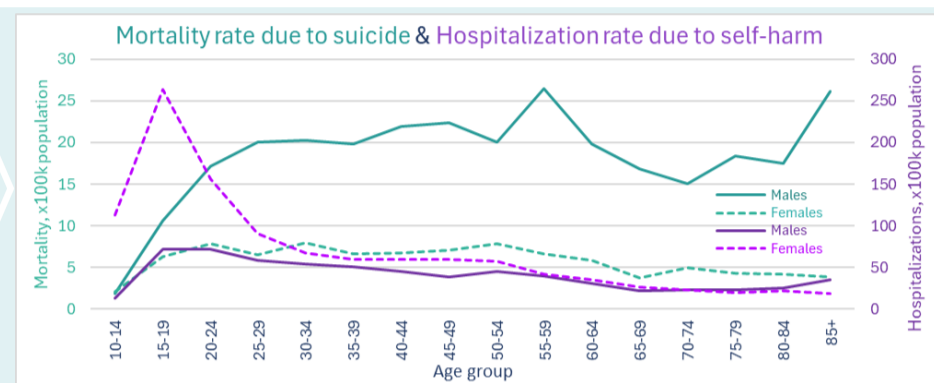


Monitoring Suicide & Suicide-Related Behaviours (SRB) using the Suicide Surveillance Indicator Framework (SSIF)

In 2020, there were:



^a Poison Centres cases; Talk Suicide Canada & Kids Help Phone interactions
^b Estimated population (past 12 months)



Bivariate associations	OR (Risk, Protective)
Characteristics	
Sex (female)	1.1 ^{ns}
Age (years)	0.9*
Education (currently studying)	2.5*
Income (Q1)	1.9*
Urbanity (urban area)	1.1 ^{ns}
Immigration status	0.6*
Indigenous status	2.1*
Visible minority	0.9 ^{ns}
Measures	
Health (fair/poor)	4.9*
Mental Health (fair/poor)	16.8*
Chronic disease diagnosis	1.4*
Mood/GAD diagnosis	9.8*
Chronic pain	2.9*
Stress (high)	3.4*
Alcohol (unmet chronic-risk guide)	1.0 ^{ns}
Community belonging (strong)	0.3*
Mental-health care (past year)	16.6*

Multivariate Model*	OR (Risk, Protective)
Mental Health (fair/poor)	1.6
Mood/GAD diagnosis	2.4
Stress (high)	0.7
Community belonging (strong)	0.4
Mental-health care (past year)	4.2

*Significant (α=0.05), ns=not significant

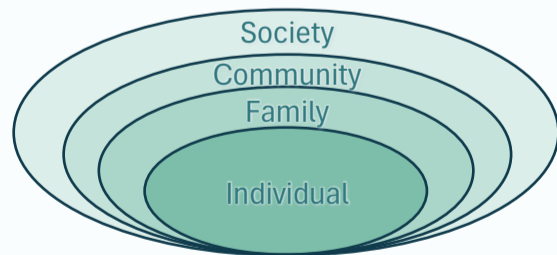
SSIF – 2023 edition

(selected measures)	Pop	r / %
Suicide & Self-Injury Outcomes		
Mortality	11/100k pop	
Hospitalizations	61/100k pop	
SRB (past year)	15+ ; 3%	
Individual Factors		
Health (fair/poor)	12+ ; 11%	
Mental Health (fair/poor)	12+ ; 10%	
Chronic Pain	12+ ; 8%	
Mood/GAD Diagnosis	12+ ; 15%	
Stress (high)	12+ ; 21%	
Disability (low functional health)	12+ ; 23%	
Coping (high)	12+ ; 82%	
SU (harmful, past year)	15+ ; 18%	
Violence (PA/SA, past year)	15+ ; 4%	
Family Factors		
Emotional Help by Family	G6-10 ; 63%	
SU of Relatives (affected by)	15+ ; 14%	
Community Factors		
Support (CFRF Satisfaction)	15+ ; 86%	
Community Belonging	12+ ; 70%	
Discrimination (past 5 years)	15+ ; 35%	
Society Factors		
Mental-Health Care (used, past year)	15+ ; 18%	
Poison Centres - Intentional SH	19% cases	
Firearm Possession (adults)	18+ ; 7%	

Rates consider all Canadian population. Age group of subpopulations for estimates are as shown.

Abbreviations. Q1 (1st quintile), SU (Substance Use), PA/SA (Physical/Sexual Abuse), G6-10 (Grades 6-10), CFRF (Communication Frequency with Relatives/Friends), OR (Odds Ratio), Pop (Population) r (ratio), α (significance level)

Context. The Suicide Surveillance Indicator Framework (SSIF) is an ecological model currently in its 4th bi-annual cycle (2023 edition). It monitors substantiated pan-Canadian indicators, contextualized in risk and protective factors from each of its 4 domains:



Objectives. To analyze main associations of risk and protective factors with (past-year) suicide-related behaviours (SRB) in the Canadian population and to build a predictive model for SRB, ages 15 and over.

Analysis. In the 1st stage, we measured bivariate associations between SRB and key population's characteristics and related factors within the SSIF using χ^2 analyses. In the 2nd stage, we built a multivariate model for past-year SRB using backward logistic regression, adjusting for sex and age. The sample was taken from the 2020 Canadian Community Health Survey (CCHS), population ages 15 & over.

Results. Unadjusted pairwise associations showed certain characteristics reduced the odds of SRB: age (-10% per year) and immigration status (-40%); while others increased them: *currently studying* (150%) and *lowest-quintile household income* (90%). Similarly, it identified several risk factors: *fair/poor mental health* (1580%), *pain* (190%), *mood/GAD diagnosis* (880%), *high stress* (240%), and *receiving mental-health care in the past year* (1560%); as well as *strong sense of community belonging* (-70%) as protective.

In the adjusted multivariate model, *stress* (-30%) and *strong sense of community belonging* (-60%) were protective factors, while *fair-poor mental health* (60%), *mood/GAD diagnosis* (140%), and *receiving mental-health care in the past year* (320%) were risk factors.

Summary. SRB are associated with several different factors; in particular, those related to mental health (perceived, diagnosed, and receiving care). Positive relationships, such as strong sense of community belonging, lower the likelihood of SRB. Results suggest the need to advance research on suicide as well as prevention efforts, with special focus on populations at higher risk for SRB, and for programs that strengthen protective factors.

Notes & limitations. The SSIF provides a comprehensive view through pan-Canadian measures. Data is collected from administrative sources and surveys. Certain data utilize proxy measures for Suicide & SRB (e.g., hospitalizations, help lines, mental-health service access). Estimates are derived from a self-reported and retrospective survey. Hospitalizations and help lines may include repeated visits.

