



## **A Roadmap to Saving Lives**

### **Advancing a National Suicide Prevention Strategy for Canada**

Written submission for the pre-budget consultations in advance of the fall 2025 federal budget

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#### **Joint Submission**

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## Key Recommendation: Budget 2025

Budget 2025 represents a timely opportunity for the Government of Canada to establish a five-year **National Suicide Prevention Strategy** that aligns with international best practices and addresses gaps in Canada's current approach.

### We respectfully recommend that the Government of Canada:

1. Establish and launch a National Suicide Prevention Strategy (2025-2030).
2. Create a national coordinating body with interdepartmental authority, federal-provincial/territorial (FPT) mechanisms and structured inclusion of lived/living experience.
3. Set measurable national targets and publish annual progress reports. Targets should include reduced suicide mortality, with attention to distinction, populations and regions with increased suicide risk. Indicators should also extend to social determinants of suicide, such as service access.
4. Invest across all core evidence-based suicide prevention components: public awareness, media education, service access, community capacity, means restriction, training and research, monitoring and evaluation, and upstream interventions on the social determinants of health.
5. Embed equity, anti-racism, anti-ableism, and Indigenous leadership, ensuring culturally safe, community-defined approaches.
6. Adequately fund a National Suicide Prevention Strategy informed by the funding models of comparable jurisdiction's strategies. We suggest \$60 million in funding to complement Ottawa's previous \$177 million investment to support the 9-8-8 Suicide Crisis Helpline.

## The State of Suicide Prevention Efforts in Canada

Canada remains one of the few OECD countries [without a fully realized national suicide prevention strategy](#) – indeed one of the few industrialized countries in the world without one. While the federal government has advanced vital steps through the [Federal Framework for Suicide Prevention](#) (2016 and 2022) and the [National Suicide Prevention Action Plan](#) (2024–2027), these efforts remain insufficient.

In short, they lack core elements of an evidence-based strategy: clear accountability, measurable targets and cross-sectoral coordination across all levels of government, including in both health and social systems, equity commitments, adequate funding and meaningful engagement of community partners.

Canada continues to withstand high rates of suicide with specific demographics experiencing disproportionately high rates: youth, men, Indigenous peoples and 2SLGBTQIA+ people. Many Indigenous communities in Canada, particularly Inuit regions, have greatly elevated rates of suicide that are among the highest in the world. These inequities are rooted in the social determinants of health, including poverty, housing insecurity, systemic racism, colonialism, ableism, and barriers to culturally safe services.

Suicide is a preventable public health crisis in Canada. Each year, approximately 4500 Canadians die by suicide, and many more attempt or consider suicide. The impact of suicide reaches far beyond the person who dies. Research shows that 6-20 people are profoundly impacted by each suicide death with as many as 135 people being impacted in total.

Direct and indirect costs associated with suicide amount to more than \$1,000,000 per death. Direct costs are the health costs arising from a suicide. Indirect costs are productivity losses that society must bear over time, due to potential years of life lost. These costs of suicide affect every Canadian.

These enduring suicide prevention challenges demand a coordinated, adequately resourced national response. Global evidence and experience show that national suicide prevention strategies – comprising integrated, multifaceted activities coordinated by governments – are associated with meaningful reductions in suicide and self-harm.

Canada remains a global laggard in advancing a national suicide prevention strategy, despite longstanding calls from civil society and clear, actionable guidance on what a comprehensive strategy should include.

The Canadian Association for Suicide Prevention (CASP) has been calling for a national strategy since the 1990s. In fact, it was one of the principal reasons CASP was originally established. In 2004, CASP released our [Blueprint for a Canadian National Suicide Prevention Strategy](#) followed by [2<sup>nd</sup> edition](#) in 2009.

## **What Constitutes a National Strategy?**

International guidance defines a national suicide prevention strategy as a set of integrated, multi-sectoral activities coordinated by government, with high-level political support, a coherent conceptual framework for understanding suicidal behaviour, active community engagement, measurable objectives (including targets on both suicide mortality and social determinants of suicide risk), and ongoing monitoring and evaluation. Importantly, strategies are distinct from ad hoc programs or uncoordinated initiatives.

To have measurable impact, a National Suicide Prevention Strategy must include the following core components:

- Public awareness
- Media education
- Access to services
- Community capacity-building
- Means restriction
- Training (workforce development)
- Research, monitoring and evaluation

Rigorous, cross-national analyses in OECD countries have linked national suicide prevention strategies with reductions in suicide mortality underscoring that structured, coordinated action matters.

Moreover, a wealth of evidence over the decades illustrates that establishing, resourcing and implementing a national suicide prevention strategy materially moves the needle on suicide prevention. For example, an influential survey by Matsubayashi and Ueda (2011) of 21 nations from 1980-2003, found that suicide rates were measurably reduced once a country introduced a national strategy. This reduction was especially noticeable within demographics such as the elderly and young people.

Finland was an early adopter of a national strategy because of their exorbitantly high rates of suicide in the 1980s. Finland's government believed that implementing a strategy would alleviate the suicide epidemic, and indeed following implementation, their suicide rate decreased by nine per cent over 10 years. Even more impressive, Scotland's strategy in 2002 achieved an 18 per cent reduction in suicide rates by 2012.

In short, a strategy isn't merely the paper it's written on. If implemented effectively, it is a roadmap to saving lives.

## **In Depth Recommendations: Budget 2025**

We respectfully recommend that the Government of Canada establish, fund and launch a five-year National Suicide Prevention Strategy with the following components:

### **1) Predictable Funding**

Commit to multi-year, dedicated federal funding to launch and sustain a five-year national strategy aligned with international best practices. Government funding should be tied to clear outcomes, reported annually to Parliament, and structured to leverage provincial, territorial and community co-investment.

The Government of Canada's funding of a National Suicide Prevention Strategy should be informed by the funding models of comparable jurisdiction's strategies. For example, in February 2025, the Government of Australia and the National Suicide Prevention Office announced a [National Suicide Prevention Strategy](#) tied to \$69 million in public funding.

The federal government previously made a significant \$177 million investment to support the 9-8-8 Suicide Crisis Helpline. We advocate for ongoing funding of the 9-8-8 Suicide Crisis Helpline and the critical suicide prevention that it provides.

Additional investments in suicide prevention are also needed. Ottawa's National Suicide Prevention Strategy's funding must be predictable and dedicated explicitly to developing and implementing the strategy. We suggest a target of \$60 million in funding explicitly for a National Suicide Prevention Strategy.

## **2) National Coordinating Body with Interdepartmental Authority**

Lead planning, oversee implementation, align federal levers across departments, steward partnerships with provinces, territories and Indigenous governments, and embed lived/living-experience leadership.

Deliverables would include:

- National results framework with indicators and targets
- Annual public reporting
- Standardized guidance and supports for provinces, territories and communities
- A national learning system that enables rapid cycle improvement

## **3) Measurable, Time-Bound Targets**

A five-year national target for reduction in suicide mortality, complemented by sub-targets for priority populations, service access metrics (e.g., timely follow-up after self-harm) and system enablers (e.g. workforce training coverage) and social determinants of suicide (e.g., housing security, employment, education, incarceration, and food security). The targets will focus effort, enable accountability and align investments with outcomes in keeping with international guidance.

## **4) Investments Across Core Components of National Strategy**

The strategy's funded workstreams should cover the following core components:

- **Public Awareness:** National campaigns must be evidence-informed, culturally safe and co-designed with communities and people with lived experience. They must also be evaluated for reach and behavioural impact.
- **Media Education:** Include national guidance and training for media on safe reporting of suicide, consistent with best practices and with monitoring and feedback mechanisms.
- **Access to Services:** Expand access to crisis supports (including the 9-8-8 Suicide Crisis Hotline as applicable), brief interventions after self-harm, assertive follow-up, and stepped-care pathways across primary, community and specialized services. Ensure equity for rural, remote and Indigenous communities.
- **Community Capacity-Building:** Include sustained funding for community-led prevention, postvention, and life-promotion initiatives. Supports for schools, workplaces and community hubs to embed suicide-safer practices.

- **Upstream Interventions on Social Determinants of Suicide:** Work with all levels of government to reduce well-documented social determinants of suicide. Addressing these drivers alongside clinical and community services ensures the strategy tackles both the immediate and long-term drivers of suicide risk.
- **Means Restriction:** Coordinate federal levers with partners to reduce access to common lethal means (e.g. medication safety initiatives, environmental design in high-risk locations) guided by evidence and local context.
- **Training:** Include national training standards and scaled delivery for clinicians, educators, first responders, corrections staff and peer supporters. Competency frameworks must be tied to practice change and outcomes.
- **Monitoring, Evaluation and Research:** Include a pan-Canadian learning and evaluation platform that supports shared indicators, timely data, implementation science and knowledge mobilization. Incorporate embedded evaluation for all funded initiatives.

## 5) Community and Lived-Experience Leadership

Create structured roles (e.g. National Lived Experience Advisory Council), governance seats and funding for participation to ensure meaningful influence over priorities, design and evaluation, with particular attention to anti-racism, anti-ableism and equity in representation.

## 6) Indigenous Leadership and Partnership

Support Indigenous-led design and delivery grounded in distinctions-based approaches. The National Strategy must respect the self-determination of First Nations, Inuit, and Métis approaches to suicide prevention. This ensures that distinctions-based priorities are recognized within the broader national scope, rather than operating outside of it.

To be effective, the federal government must make sustained, fulsome investments in Indigenous-led initiatives that reflect Indigenous determinants of health, including cultural safety, land-based healing, language and cultural continuity and community-defined outcomes. This collaborative approach strengthens the Federal Framework for Suicide Prevention's principles of community engagement and cross-sectoral collaboration, while affirming Indigenous leadership as essential to suicide prevention in Canada.

## Conclusion

Canada has the evidence, frameworks and community-will to act decisively on suicide prevention. The gaps are not in the evidence, but in national coordination, measurable targets and sustained investment at the federal level.

Budget 2025 can be the turning point for suicide prevention efforts in Canada. Through the establishment, funding and launching of a National Strategy that incorporates international best practices and addresses existing gaps, the new government can lead the way on a critical public policy file that touches millions of Canadian lives every single day.

With strong federal leadership accompanied by partnerships with provincial/territorial governments and key stakeholders, Canada can join the ranks of most OECD countries that have successfully translated evidence on suicide prevention into coherent, accountable action. In doing so, the federal government can protect the lives and futures of people, families and communities across Canada.