

Roots of Hope NS
Community Suicide Prevention Advisory Team
Terms of Reference

The Advisory Team will approve the final terms of reference.

Background

Roots of Hope (RoH) is a multi-site, community-led project, overseen by the Mental Health Commission of Canada, that aims to reduce the impacts of suicide within communities across Canada. The project builds upon community expertise to implement suicide prevention interventions that are tailored to the local context. It will lead to the development of an evidence base, including best practices and suicide prevention guidelines and tools, to support the scale up and implementation of a “made-in-Canada” model across the country. Roots of Hope is currently being piloted in Colchester County (Northern Zone), Nova Scotia.

This initiative is a collaboration between Nova Scotia Health and the community through an Advisory Team and several community groups with lived experience. Together they will create and implement a 2- to 3-year suicide prevention action plan that includes at least one activity under each of the 5 Pillars of the Roots of Hope model. The following constitute the 5 pillars of the Roots of Hope model:

- **Specialized supports:** includes a range of possible prevention, crisis and postvention services such as crisis lines, support groups and coordinated planning and access
- **Training and networks:** designed to better equip community gatekeepers (e.g., physicians, first responders, nurses, HR staff and managers, teachers, etc.) by providing access to training and ongoing learning opportunities
- **Public awareness campaigns:** locally driven campaigns (posters, brochures, social media, etc.) that promote mental health awareness and life promotion, and provide opportunities to collaborate with the media
- **Means safety:** support communities to identify "hot spots", which are the methods or places where a high number of suicides occur, and to implement measures to restrict access to these methods of suicide (e.g., building barriers on bridges or at railway crossings, protocols for medication access)
- **Research:** to increase the suicide prevention evidence base to benefit Canadians and the world

The Department of Health and Wellness awarded funding for this initiative in the Fall 2020 with deliverables expected by March 2025. This work is in alignment with the NS Suicide Prevention Risk and Reduction (SPRR) Framework and hopes to serve as a model to demonstrate how Tier 2 supports can be identified and resourced in Nova Scotia.

Vision

To build community capacity to address and prevent suicide through an intersectoral approach that recognizes the complexity and needs of those with lived experience.

Values/Principles/ Approach

The RoH Advisory Team recognizes that we work in Mi'kma'ki, the unceded and ancestral territory of the Mi'kmaw people. Unceded means that the Mi'kmaq have never relinquished, sold, traded, or transferred ownership of their land to European settler colonies, yet land was taken over without their consent through various processes of settler colonialism. This territory is covered by the Treaties of Peace and Friendship, which the Mi'kmaq and Wolastoqiyik people first signed with the British Crown in 1726. These Treaties did not involve the surrendering of rights to the lands and resources they had traditionally used and occupied. We are all Treaty People.

We further acknowledge that Nova Scotia is the birthplace of Black culture and heritage in Canada. People of African descent have shared these lands for over 400 years, and over 50 strong and resourceful African Nova Scotian communities exist here today.

The Advisory Team will take an intersectoral, collective impact approach by respecting the experiences and recommendations of all including members of equity deserving groups including women, racialized people, youth, newcomers, 2SLGBTQIA+ people, Francophones, and people living with disabilities. It will utilize an anti-racist, anti-discrimination, intersectional, trauma informed approach.

When developing a strategic direction/priority and making decisions, we will contextualize suicidality to reflect the lived experiences of people in our communities while using evidence informed planning process for all activities/projects/programs/initiative that work to reduce inequities.

Guiding Principles

We focus on people's strengths and aspirations

We foster innovation that is meaningful and sustainable (including financially and administratively)

We work in reciprocal, respectful relationships with each other and with communities

We commit to ongoing learning and improvement

We work to advance systemic equity

The Advisory Team will build a community culture that fosters relationships, trust and respect across all participants in collective impact processes. This will require discussions that challenge ideas and experiences as a means to facilitate generative learning (a style of learning that incorporates existing knowledge with new ideas based on experimentation and open mindedness).

Purpose/Duties

The Advisory Team's team purpose is to:

- Help facilitate education, communication and collaboration between NSH, multi-sectoral partner organizations, and community members to create readiness for large change through collective impact initiatives.
- Provide insights, advice, recommendations in the development and evolution of Roots of Hope NS objectives, Theory of Change and collective impact plan
- Provide insights, advice and recommendations in the development of ROH projects that advance the collective impact plan

- Work with the Community Engagement Lead to monitor and inform progress on the collective impact plan and RoH projects/activities and events.
- Represent ROH and its activities throughout the community and advocate its success

The RoH Advisory Team pays attention to the five key elements of collective impact planning including:

- **A common agenda:** coming together to collectively define the problem and create a shared vision to solve it.
- **Shared measurement:** tracking progress in the same way, allowing for continuous learning and accountability.
- **Mutually reinforcing activities:** integrating the many different activities to maximize the end result.
- **Continuous communication:** building trust and strengthening relationships.
- **Backbone support:** having a team dedicated to aligning and coordinating the work.

Membership

The structure and membership of the Advisory Team will remain fluid and adapt to phases in the collective impact and backbone development processes. As such, members will reflect a range of skills and community development interests as opposed to just organizational representation.

The Advisory Team will be a multi-sectoral group including those with lived experience, content experts in the field of the RoH pillars (such as clinical and peer support, public awareness and communication, community development, research and evaluation, and means restriction), as well as community agencies, service providers and civil servants.

Possible members (who could also have lived experience) may represent sectors such as

- Education
- Health/mental health sector
- Community and/or social services
- Children and/or youth sector
- Justice/policing
- Academia
- Municipal/provincial government
- Priority populations

An intersectional lens will be applied to ensure broad representation of the community to represent a wide range of experiences including but not limited to race, gender, disability, religions, geography, language and age of candidates.

Selection of Members

To become member of the Advisory Team, the Community Engagement Lead will undertake a targeted application process focused on bring the required expertise to advise and take action.

Members who represent organizations will be required to demonstrate through their existing work a priority commitment to diversity, inclusion and anti-racism within their workplace and work.

In addition, there is an open call out to community members who belong to priority populations that are experiencing suicidality to ensure greater understanding of the complexity of suicide.

Meeting Structure

The Advisory Team will co-create a workplan and timeline with the Community Engagement Lead. This timeline will inform the timing and duration of the meetings.

The anticipated commitment could include:

- Orientation Activities
 - Foundation of Collective Impact Course: This online course is designed to learn how to develop and implement a successful Collective Impact initiative. (approximately 5-10 hours). A one house check in meeting after each module (6 in total) to debrief and discuss (virtual)
 - Day Long Orientation Retreat (in person)
- Minimum of 6 meetings a year (virtual)
- Annual Planning Weekend Retreat (in person)

Minutes, Actions and outcomes of each meeting will be recorded and shared a minimum of one week in advance of the next meeting, together with an agenda and relevant materials. Documents will be available on a document sharing site.

Members are invited to inform the Community Engagement Lead of accommodation needs and all requests will be respected.

Responsibilities

To the Roots of Hope Initiative:

- Responsible for providing insights, ideas, and guidance to the Roots of Hope initiative between Sept 2022 and March 2025 that reflects the lived experience and cultural and social diversity of Nova Scotia communities and key partners.
- Provide professional expertise and advice on policy, resources, process and technical skills such as data, financials, legal and intersectionality and equity.
- Having a global view of cross cutting issues and barriers in supporting their identification and strategies for removal.
- Leveraging resources of member organizations to achieve collective action in the Roots of Hope implementation.
- Championing of Roots of Hope within their organizations and communities.

To Each Other

- Establish a culture of openness where it is encouraged to speak up and offer a forum of new ideas and generative thinking
- Share local opportunities and emerging needs

- Bring subject matter expertise and leadership in support of RoH mandate and associated priority areas
- Use a collaborative based approach to informing advice and recommendations

We do this by:

- Attending Advisory Team meetings on a regular basis
- Keeping generally informed about the activities of the projects and community and general trends
- Being prepared e.g. have read documents
- Contributing from personal, professional and life experience
- Voicing, clearly and explicitly at the time of decision is being taken, any opposition to a decision being considered
- Participating in evaluation and learning activities
- Working in a manner that demonstrates a system perspective, supportive of inclusivity and respect for diverse opinions

Role of Community Engagement Lead

The Community Engagement Lead is employed by Nova Scotia Health Authority to support the work of the RoH Advisory Team. The Community Engagement Lead will:

- Provide administrative support (e.g. agenda setting, minutes and other related duties)
- Coordinate meetings and other activities of the Advisory Team
- Provide support for the development and implementation of key documents
- Develop meeting materials to advance conversations
- Set the pace of meetings
- Ensure conversation translates into actionable items
- Capture all decision and action points, reflecting back to the Advisory Team for alignment and agreement

Decision Making

Members will keep the objective of the project at the fore front of all decision making. Decisions will be made by consensus, and if consensus cannot be achieved then by majority vote. Voting will only be used after reasonable attempts to reach consensus and address diverging viewpoints have been made.

Conflict of Interest

It is understood that all members around the Advisory Team table could potentially benefit from particular outcomes and decisions. A conflict of interest must be declared as soon as it is practical, after the commencement of a meeting. A conflict arises when a discussion results in personal or financial gain for anyone member /member agency. The member should not participate in discussion or decision related to the matter, and should leave the room for discussions. This member should not attempt to influence the decision making directly or indirectly.

Confidentiality

Respect for confidentiality is the cornerstone of trust and confidence. Advisory team members respect the confidentiality of any names and/or circumstances that might identify members or participants in RoH Initiatives.

This will create an environment where members will be free to speak without fear of misrepresentation if information is shared beyond the ROH Advisory Team. Advisory Team members will consent to what information is shared with Nova Scotia Health, Department of Health and Wellness and/or the public by approving reports and communications.

Honoraria

An honorarium of \$_____ will be provided to members of the committee with lived experience in recognition of the time dedicated to their participation in the committee.

Honoraria are not intended for members who serve as representatives of organizations or businesses where they are employed.

The collective impact training offered to members of the committee as well as costs associated with in person meetings (travel, accommodation and food) will be paid for by RoH.

Contact information

For more information, please contact Seana Jewer, RoH Community Engagement Lead, at seana.jewer@nshealth.ca.