

Communities Addressing Suicide Together (CAST) Evaluation Report

Submitted to
Canadian Mental Health Association (CMHA) NS Division

March 30, 2015

Submitted by:



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Acknowledgements

Horizons would like to express our sincere thanks to the Evaluation Advisory Committee that guided this work. We honour your passion for building community capacity for addressing suicide in Nova Scotia. Thank you to:

Jennifer Heatley (Public Health Branch, NS Department of Health & Wellness)
Katelyn Bessette (CMHA NS Education & Event Coordinator)
Pamela Fonseca (Health Promotion Intern, NS Department of Health & Wellness)
Pamela Magee (CMHA NS Executive Director)

We also appreciate Michael Price's support with the evaluation.

Finally, thank you to everyone who participated in the evaluation interviews and web survey. We are taking your words forward with great respect.

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Introduction to CAST

Context

Several milestone events related to addressing suicide in Nova Scotia have informed the development of Communities Addressing Suicide Together (CAST). Some of the key ones in the last dozen years are highlighted here.

Nova Scotia Injury Prevention Strategy

In the spring of 2003, the Nova Scotia government, under the leadership of the former Nova Scotia Department of Health Promotion and Protection (HPP), committed to developing a provincial injury prevention strategy. In 2004, the *Nova Scotia Injury Prevention Strategy* (NSIPS), which was the first of its kind in Canada, was endorsed. One of the strategic priorities identified in the NSIPS was the prevention of suicide, and suicide prevention stakeholders across Nova Scotia identified the need for a provincial strategy for addressing suicide.

A renewed strategy *Taking it to the Next Level* was co-released in 2009 by HPP and Injury Free Nova Scotia with a focus on building on what had been achieved since 2004.

Nova Scotia Community Network to Address Suicide

In May 2003, at the first *Nova Scotia Symposium on Suicide*, participants identified priorities for addressing suicide in the province, and formed the *Nova Scotia Community Network to Address Suicide*. Recommendations from the document *Benchmark and Recommendations to Address Suicide in Nova Scotia*, which was published as a result of the Symposium, informed the then Department of Health's *Prevention, Promotion, and Advocacy Working Group* (PPAWG) in developing *Our Peace of Mind* for the provincial Mental Health Services Steering Committee.

Nova Scotia Strategic Framework to Address Suicide

In the summer of 2005, a steering committee¹ was formed to guide the process of developing the *Nova Scotia Strategic Framework to Address Suicide*. The process included reviewing best and promising practices for addressing suicide and gathering feedback from key stakeholders, identifying priority population groups, and conducting a consultation process with stakeholders and communities² across the province.

¹ The steering committee was chaired by Nova Scotia Health Promotion and Protection, and included representatives from the Mental Health Branch (Department of Health, District Health Authorities, and the IWK), Addictions Services (NS Health Promotion and District Health Authorities), the Nova Scotia Community Network to Address Suicide, consumers, First Nation peoples, and the provincial Children & Youth Social Policy Committee.

² The consultation sessions included service providers; people speaking directly about their own experiences; First Nations communities; lesbian, gay, bisexual, and transgendered youth and the service providers who support them; and representatives from communities of African descent.

The *Nova Scotia Strategic Framework to Address Suicide* was officially launched in November 2006. Its vision is:

Working together to reduce the impact of suicide through building hope, strength, and resiliency, so that every person can lead a healthy and safe life.

The strategic goals of the *Framework* focus on six key areas: leadership, infrastructure, and partnerships; awareness and understanding; prevention; intervention; postvention; and knowledge development and transfer.

The guiding principles of the *Framework* are that it:

- Build on evidence-based suicide prevention, intervention, and postvention strategies and initiatives.
- Be comprehensive – addressing the multidimensional factors that play a role in addressing suicide.
- Be relevant to the needs of all populations based on consultation, surveillance, and research.
- Be a living document that is evidence-based and continuously monitored and evaluated.
- Reflect the different communities, cultures, and diversity of stakeholders.
- Facilitate collaborative strategies across sectors to promote protective factors and strengthen hope and resiliency.
- Be guided by a population health approach.

History and Structure of CAST

CAST began in 2006, as a four-year initiative led by the Canadian Mental Health Association Nova Scotia (CMHA NS) Division and funded by NS Health Promotion and Protection. It is highlighted in the *Nova Scotia Strategic Framework to Address Suicide* as an important initiative for contributing to a reduction in suicide and suicide attempts in Nova Scotia.

The original stated goal of CAST was *to build and strengthen community capacity to address suicide in Nova Scotia.*

When it began, CAST had four initial broad objectives to achieve this goal:

- Ongoing support for existing suicide prevention coalitions in communities across the province, and support for the development of new coalitions.
- Developing a *Community Suicide Prevention Tool Kit* to provide promising practice information to community coalitions about how to address suicide.
- Providing training to community coalitions in the use of toolkit.
- Networking and communications among coalitions and stakeholders.

There was one full time staff person (the Coordinator) for CAST.

Over the past number of years as CAST has evolved, its work has been re-framed in terms of the following four main areas:

- Supports for vulnerable populations (youth, LGBTQ2S people, First Nations peoples, mental health consumers, survivors of suicide loss, seniors, older men, and their families).
- Communication (with suicide prevention partners and stakeholders, educators, and social and mainstream media).
- Coalition development and relationship building (with current and future coalition members, and key suicide prevention partners).
- Education and training (for coalition members, community members, and suicide prevention partners).

CAST continues to operate as a program of the CMHA NS, and is governed by the Division's Board of Directors. In 2015, there are two CAST staff members (Director and Coalition Coordinator), who all work from the CMHA NS office in Dartmouth. Funding is applied for and has been granted on an annual basis from the Department of Health and Wellness since 2010/11. Funds are also generated through fundraising efforts, and through training revenue.

The currently stated intent of CAST is *to reduce suicide and suicide attempts in Nova Scotia*.

There are currently four CAST coalitions in the following areas of the province:

- Annapolis Valley;
- Colchester East Hants;
- Cumberland; and
- Southwest Nova West Nova.

Pictou has an independent group that collaborates to address suicide; this group is separate from CAST, but does communicate with CAST.

Each has a volunteer 'navigator' who liaises with CAST and coordinates local activities and initiatives with local volunteer members.

The working logic model developed for this evaluation visually depicts CAST's work, and is attached in Appendix A.

Table 1 on the next two pages summarizes CAST's primary activities since 2006.

Table 1: Summary of CAST's Activities

Year	Areas of Focus			
	Provincial Network	Coalitions	Education & Training	Communications & Awareness
2006-2007	<ul style="list-style-type: none"> CAST launched 	--*	--	--
2007-2008	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> 7 coalitions 	<ul style="list-style-type: none"> Provincial conference - 99 attendees Toolkit drafted and piloted 1 ASIST workshop 1 safeTALK workshop 	<ul style="list-style-type: none"> 297 listserv subscribers/24 posts 5 presentations and interviews 6 external committees/ collaborations Honoured International Survivors of Suicide Loss Day Honoured World Suicide Prevention Day
2008-2009	<ul style="list-style-type: none"> Provincial conference – 100 participants 	<ul style="list-style-type: none"> 8 coalitions 	<ul style="list-style-type: none"> Toolkit review and piloting continue 4 ASIST workshops 	<ul style="list-style-type: none"> 305 listserv subscribers/32 posts Communications package created 7 provincial committees; plus HRM Bridge Commission; Halifax World SP Day Walk; CASP and Maritime Coalition Honoured International Survivors of Suicide Loss Day Honoured World Suicide Prevention Day
2009-2010	--	--	--	<ul style="list-style-type: none"> Honoured International Survivors of Suicide Loss Day Honoured World Suicide Prevention Day
2010-2011	--	--	<ul style="list-style-type: none"> Hosted CASP conference 	<ul style="list-style-type: none"> Helped fund the Collateral Damage Project Interim Exhibit - continues to travel around the province since that date Honoured International Survivors of Suicide Loss Day Honoured World Suicide Prevention Day
2011-2012	<ul style="list-style-type: none"> Maintain provincial suicide prevention network Serve on NS Strategic Framework to Address Suicide Implementation Committee Co-Chair duties of NS Suicide Postvention Subcommittee 	<ul style="list-style-type: none"> Coordinate CAST network of Coalitions and communities Coalitions: <ul style="list-style-type: none"> ➤ Colchester ➤ Pictou (independent) Work with communities to create Community Plans to Address Suicide 	<ul style="list-style-type: none"> CAST Toolkit Orientation Training to coalitions and First Nations communities Distribute information on intervention training opportunities CAST Tool Kit updates, distribution, and promotional presentations Hosted the 2011 NS LivingWorks Trainers Conference Received funding to bring in NAMI New Hampshire to provide Connect Suicide Postvention Training T4T 	<ul style="list-style-type: none"> Community presentations Work with systems to improve models of care for those in crisis and support with standards and protocols for intervention Lay grief counselling & referrals to survivor network/groups Support Groups – supporting, promoting, referring, and working to establish Maintain suicide prevention e-distribution list Honoured International Survivors of Suicide Loss Day Honoured World Suicide Prevention Day

Year	Areas of Focus			
	Provincial Network	Coalitions	Education & Training	Communications & Awareness
2012-2013	<ul style="list-style-type: none"> Youth network development Met with Department of Education Minister and Anti-Bullying Coordinator Partnership development with Acadia University Partnership development with NSCC Student Services Target: Seniors – presentations, media, joined DHW Seniors Mental Health Network 	<ul style="list-style-type: none"> Revised coalition workbook Coalitions established/in process: <ul style="list-style-type: none"> ➤ Annapolis Valley ➤ Cumberland ➤ Lunenburg ➤ Pictou (independent) 	<ul style="list-style-type: none"> ? 2x rate of previous years safeTALK, ASIST, Reaching Out offered 	<ul style="list-style-type: none"> Collateral Damage exhibit Co-sponsored speaker, Terry Wise National Aboriginal Youth Suicide Prevention Conference speaker Survivors of Suicide Loss postvention resource package developed Honoured International Survivors of Suicide Loss Day Honoured World Suicide Prevention Day
2013-2014	<ul style="list-style-type: none"> Continued to develop youth network Supported the development of National Framework Co-chairs the Single Number Access Protocol Executive on CASP Board Community Suicide Prevention and Resiliency Research Project 	<ul style="list-style-type: none"> Coalitions: <ul style="list-style-type: none"> ➤ Annapolis Valley ➤ Colchester? ➤ Cumberland ➤ Pictou (independent) Coalition Navigator Network established 	<ul style="list-style-type: none"> Increased offering of ASIST and safeTALK Introduction of Reaching Out Reaching Out offered to all Pictou County grade 10 students Staff trained in safeTALK t4t safeTALK offered in Colchester County, the Annapolis Valley and with the Mikmaq Friendship Centre 	<ul style="list-style-type: none"> Website created Facebook & Twitter used Consult around safe messaging Why the Coalition Model Works document developed NS media cover re safe messaging World Suicide Prevention Day Walk Honoured International Survivors of Suicide Loss Day
2014-2015	--	<ul style="list-style-type: none"> Coalitions: <ul style="list-style-type: none"> ➤ Annapolis Valley ➤ Colchester East Hants ➤ Cumberland ➤ Pictou (independent) ➤ Southwest Nova West Nova 	--	<ul style="list-style-type: none"> Honoured International Survivors of Suicide Loss Day Honoured World Suicide Prevention Day

* Indicates no data available.

Evaluation Scope and Methodology

Evaluation Scope

The CMHA NS contracted *Horizons Community Development Associates* (www.horizonscda.ca) to conduct an evaluation of CAST between January and March of 2015. The purposes of the evaluation were to describe the history/evolution of CAST since its inception, to paint a picture of where CAST is now, and to make recommendations for continuing to strengthen CAST's work into the future³.

An Advisory Committee supported the evaluation by guiding activities and providing feedback on evaluation tools and reports. Advisory Committee members represented the following organizations:

- CMHA NS Division; and
- Nova Scotia Department of Health and Wellness.

Evaluation Methodology

The evaluation design included four data collection methods:

1. A document review;
2. Key informant interviews;
3. Focus groups; and
4. A web survey.

The evaluation framework is attached in Appendix B.

Document Review

The first step in the evaluation was reviewing documents provided by CAST and the Department of Health and Wellness. The purpose of reviewing this information was to develop a comprehensive overview of CAST's history and evolution, as well as to paint a picture of CAST's current activities.

The following kinds of documents were included in the review:

- Program documents;
- Funding agreements;
- Work plans;
- Annual reports; and
- Meeting minutes.

The document review was conducted between January 21st and March 16th, 2015.

³ The evaluation design identifies the importance of analyzing quantitative indicators in future evaluations of CAST, in order to assess whether suicide rates and attempted suicide rates will have declined in the long term.

The document review protocol is attached in Appendix C.

Key Informant Interviews

Individual key informant telephone interviews were conducted with a purposeful sample of 17⁴ stakeholders identified by the evaluation Advisory Committee, including representatives from:

- Current and former CAST/CMHA staff;
- Nova Scotia Department of Health and Wellness;
- Partner organizations;
- CAST coalition navigators; and
- Members of the former provincial Steering Committee for the *Nova Scotia Strategic Framework to Address Suicide* and/or other partners involved in suicide prevention work in Nova Scotia.

CAST circulated information about the evaluation to potential interview participants, and let them know that *Horizons* would be contacting them. *Horizons* sent potential participants an invitation by email, and telephoned them to confirm their participation and schedule their interviews. Participants received the interview questions ahead of time to help them prepare; they also received a summary of their interviews (via email) within a day of the completed interview for their feedback and approval.

The interviews were conducted between February 13th and March 16th, 2015.

The interview guide is attached in Appendix C.

Focus Groups

The original evaluation design included focus groups with the five CAST coalitions and the provincial *Nova Scotia Strategic Framework to Address Suicide* steering committee and/or its current, more informal committee. Due largely to the short timeframe for conducting the evaluation and infrequent meetings of the coalitions, coalition navigators advised that the coalitions could not participate in focus groups, and that it would be better for the members to receive an invitation to participate in the evaluation via the web survey.

Horizons offered to visit the coalition meetings briefly (by telephone or in person) to discuss the individual coalition's web survey results with the members. One coalition accepted this offer, and *Horizons* attended its meeting in person on March 6th, 2015. *Horizons* prepared a summary of this discussion and emailed it to the coalition members for their review and validation. The comments from the discussion were then integrated into the individual coalition's web survey comments.

⁴ The original evaluation design allocated resources for completing six key informant interviews. Because it was not possible to conduct the focus groups as planned (see focus group section above), *Horizons* agreed to conduct additional key informant interviews.

It was difficult to schedule a focus group time for the provincial steering committee members. Instead, they were invited to participate in individual telephone interviews (following the focus group interview guide), which took place from March 13th to March 16th, 2015.

The focus group interview guide is attached in Appendix C.

Web Survey

CAST emailed community partners to tell them about the evaluation, and to inform them that they would be receiving an invitation from *Horizons* to participate in the web survey. *Horizons* then emailed them directly with a link to the web survey. CAST also posted a link to the web survey on its Facebook page and its Twitter feed. Reminders were sent and posted throughout the duration of the web survey, which was conducted between February 17th and March 6th⁵.

Participants were asked whether they were coalition members, and in what ways they were connected to CAST (they could check as many as applied). There were 31 respondents to the web survey. They were almost equally distributed between coalition members (14/31, 45.2%) and those not part of a coalition (17/31, 54.8%).

Participants indicated that they were connected to CAST in the following ways:

- They had been touched by suicide (9/31, 29.0%);
- They connected through social media (7/31, 22.6%);
- They participated in training offered by CAST (6/31, 19.4%); and/or
- Their organization partnered with CAST to address suicide (6/31, 19.4%).

The web survey protocol is attached in Appendix C.

Data Analysis

Data were entered and coded as data collection activities were completed, and as participants approved their interview summaries. The qualitative data were analyzed using an ‘identification of emergent themes’ approach. Using this process, the qualitative results (once they were synthesized) were scanned for key themes. The emerging themes were then tracked, and the most prevalent themes from all the various data sources were identified and highlighted as key findings. Quantitative data were analyzed using Excel spreadsheets.

Methodological Limitations

Several factors created limitations in this evaluation process and need to be considered when reviewing this report:

1. *The short time frame for the evaluation:* While clearly articulated in the RFP for the evaluation, the time period for conducting the evaluation was a little over two months in total, from developing and implementing a program logic model and evaluation plan, to data analysis and report writing. Furthermore, it took place between January and March, which is

⁵ The web survey was originally scheduled to close February 27th. It was extended to March 6th to allow more time for people to respond.

a very busy time of the year for many community stakeholders. There was very little advance notice to potential evaluation participants about being involved, and very little opportunity to extend data collection timeliness to allow time for people to participate more fully (e.g., the timeline was too tight to arrange focus groups with the coalitions).

2. *Limited resources for conducting the evaluation:* While every effort was made to maximize the use of available resources, the budget for conducting the evaluation was small. An exhaustive and comprehensive evaluation undertaking was not the expectation of the Evaluation Advisory Committee.
3. *Limited corporate memory:* Since CAST began in 2006, there has been nearly a complete turnover among CAST/CMHA NS staff, Department of Health and Wellness staff working with CAST, and on the provincial *Framework* Steering Committee. This meant there was virtually no shared corporate memory of the history and evolution of CAST, or clarity around its original and evolving purpose and direction from which the evaluation could draw.
4. *Lack of available documentation:* Perhaps due in large part to the turnover in personnel mentioned above, there were significant gaps in available documentation about CAST's work, which made it extremely difficult to track CAST's activities and the history of CAST's work.
5. *Difficulty differentiating CAST provincially and locally:* Coalition navigators and several coalition members pointed out that when they think of CAST's work, they think in large part about the work of their own coalitions, and they may have difficulty differentiating the provincial CAST's work from their own; and that many would have little to no awareness of, or ability to comment on, the work CAST does at the provincial (or national) level. Some coalition members remarked that when responding to the web survey questions, they sometimes had difficulty responding uniquely about provincial CAST.
6. *No responses from one of the coalition/groups:* One coalition/group did not respond to the web survey, and while some key informant interview participants could speak to work in that area of the province, the coalition/group members' perspectives are not part of the evaluation data.
7. *Critical information not included in the logic model and evaluation design:* The logic model developed for the purposes of this evaluation was built based on available information, and on current CAST/CMHA NS staff's understanding of the work. As has already been mentioned, there is a significant gap in corporate memory about CAST, and a lack of available documentation about CAST's work. It became clear late in the evaluation (with the discovery of an early CAST document and purpose) that there had been a significant broadening/shift in understanding of CAST's purpose. It was originally to build community capacity to address suicide, and it evolved to reducing suicide directly. Had this shift been identified early in the evaluation process, it could have and would have informed the discussion about the logic model, and the evaluation design based upon it.

Evaluation Findings

The evaluation findings⁶ are grouped in five sections, which are organized as follows:

- Overall evaluation findings;
- Findings related to supporting people in vulnerable populations;
- Findings related to communication;
- Findings related to coalition development and relationships; and
- Findings related to education and training.

We are using the following definitions of terms for the purposes of reporting data, summarized in Table 2, below.

Table 2: Definitions of Terms Used to Describe the Number of Responses

The term . . .	Is used in this report to mean . . .
Few...	Less than 10% of respondents gave similar answers. The sentiment of the response was articulated by these respondents but not by others. ^[1]
Several...	More than 20% of respondents gave similar answers.
Some...	More than 20% but significantly less than 50% of respondents gave similar answers.
Many...	Nearly 50% of respondents gave similar answers.
A majority...	More than 50% but less than 75% of respondents gave similar answers.
Most...	More than 75% of respondents gave similar answers.
Vast majority...	Nearly all respondents gave similar answers, but several had differing views.
Unanimous, almost all...	All respondents gave similar answers, or the vast majority gave similar answers and the remaining few declined to comment on the issue in question.

⁶ Please note that the Framework Steering Committee member addressed the questions in the focus group guide, and the rest of the key informants addressed the questions in the individual interview guide. The individual interview guide had additional questions. Therefore, for some questions the total number of responses was 15, and for other questions, the total number of respondents was 17. The actual number of respondents is reported for each question.

^[1] In cases where a phrase such as “a few respondents said...” is used, unless otherwise stated, it should not be taken to mean that the rest of the respondents disagreed with the point. In cases where there was a significant difference of opinion, it is noted. This phrase is used when several respondents had a specific point of view, while others either did not comment or did not have a strong opinion on the question. This applies to all of the words defined.

Overall Findings

CAST Strengths

Evaluation participants identified the following principal strengths of CAST:

- The community-based/community development approach of the work;
- CAST’s content expertise, and the use of a promising practice approach;
- The range of training and resources CAST offers;
- The population health approach; and
- Improving communication and open discussion about suicide and suicide prevention.

A majority of key informants (10/17, 58.8%) and a few web survey respondents (4/31, 13.0%) identified the community-based focus - including support and involvement of the local communities - as a strength of CAST’s work. They noted that the community development model offers structure, resources, and guidance, but allows individual community strengths to come to the fore

“The primary strength is the fundamental basis of CAST – involving the community in an issue that affects the community.” (Key informant)

These participants noted that CAST has developed community capacity and created partnerships within communities, a task that has offered flexibility for communities to develop an approach that meets community-specific needs.

“It offers flexibility to communities within that structure – communities are provided the information about suicide prevention, and they decide the approach they want to take within that framework.” (Key informant)

“CAST grounds itself in the needs of the community.” (Key informant)

A majority of key informants (9/17, 52.9%) identified expertise and the use of a promising practice approach to be a strength of CAST, and said that CAST is a good resource to pass on best practice training and information to them.

“CAST has a handle on promising practices. They have expertise to answer my questions, provide resources, and I look to them to be the provincial experts around best practice, and evidence-based tools and resources.” (Key informant)

Some key informants (6/17, 35.3%) and a number web survey respondents (5/31, 16.1%) emphasized the importance of the range of training and resources offered by CAST. A few

noted in particular the work done by CAST on postvention – the support offered to people and communities affected by suicide⁷.

“Survivor engagement through the work that has happened – the postvention subcommittee work, the national conference (hosted a survivor event), and developing the postvention package. Prevention and postvention supports are handled by CAST; they are not offered by the primary health care services.” (Key informant)

Several key informants (4/17, 23.5%) commented on CAST’s use of a population health approach and the importance of the use of such a broad perspective when approaching the complex issue of suicide.

“CAST takes a full population health approach and basic early prevention from resilience through to full prevention. This full range not always covered by other services.” (Key informant)

One of these respondents noted that CAST approaches suicide through the injury prevention lens, which enables a holistic approach, rather than seeing suicide as solely a mental health issue.

A few web survey participants (4/31, 13.0%) also noted that CAST has led to improved communication and open discussion about suicide and suicide prevention in communities.

CAST Challenges

Evaluation participants identified several challenges to CAST’s work:

- Structural, internal organizational problems;
- Poor communication and a lack of clarity re: CAST’s role;
- Inherent challenges with a volunteer-based coalition model;
- The complexity and multi-faceted nature of the issue of suicide; and
- Stigma associated with suicide.

Many key informants (8/17, 47.0%) identified structural, internal organizational problems as the primary challenges to CAST’s work. Issues include staff turnover and a problematic relationship with CMHA NS. Several web survey respondents (7/31, 22.6%) also identified a related challenge of the lack of sustained leadership and guidance for the program over the past few years, which has had an impact on collaboration with and support for the coalitions and this model of suicide prevention.

Many web survey participants (14/31, 45.2%) said that although the community development approach is a strength for this work, it is also a challenge in terms of provincial CAST’s current understanding of using a community development approach, specifically in terms of building relationships and working with communities.

⁷ The CMHA NS’s mandate does not allow staff to coach or counsel at an individual level; its sphere of influence is at a group/community/ population level. As such staff may be called upon to provide grief counselling, and they triage to trained certified professionals.

Many key informants (7/17, 41.2%) identified poor communication as well as a lack of clarity about CAST and its role as a significant challenge. They suggested that information regarding CAST is not easy to access, and people are not sufficiently aware of who they are and what they offer. One respondent suggested that

“A listing of their resources would be good so we know the scope of what they offer.”
(Key informant)

Some key informants (6/17, 35.3%) suggested that the use of a volunteer-based coalition model has inherent challenges, partly due to a lack of resources. Attracting and maintaining volunteers within these coalitions is challenging; as one person noted,

“The nature of the topic is challenging so it is difficult to draw people to the work in communities. Those that may be drawn may not work from evidence-based approach (or know of the harm that can be done if the wrong approach is used).” (Key informant)

They noted that coalitions are a lot of work to establish, and that communities have had varied levels of success in establishing these coalitions.

“The entire structure depends on the strength of the coalitions. It is different in each area, because it is off the side of desks and little to no resources.” (Key informant)

Several web survey respondents (6/31, 19.5%) commented that this program model is also challenged by its difference from the traditional medical/psychiatric approach to suicide prevention.

Several key informants (4/17, 23.5%) identified the complexity and multi-faceted nature of the issue of suicide as a significant challenge.

“With suicide prevention, it is a struggle in knowing what to do; there is no clear path, it is multifactorial; there is a huge socio-economic component to suicide – it is a massive challenge; there is no single solution – no magic wand.” (Key informant)

“There are many challenges to doing this work (stigma, fear, suicide not being talked about, making the right connections, pushback from other areas). The scope of the work that CAST was called on to do grew broader. It is a strength of CAST that they did so much work on so many levels around suicide. Also a big challenge – the need is there, so how to limit or say no to big policy work or other work CAST is needed to be part of. CAST is a small organization with a big job..... With CAST, staff don't have a chance to stay within a certain scope – while doing community development and population health work, they are called upon to do grief counselling, and policy work – they need to know better practices for each piece of work, who to talk to about each thing – very hard all the time and overwhelming sometimes – how do they triage?” (Key informant)

For these key informants, the lack of research and clear “best practice” created tension around the development of a population health model:

“The model to develop the population health approach was difficult; you are talking about life and death, so it was a challenge to develop a safe, sound model – especially without evidence to back up every piece of it as the research hadn’t been done.” (Key informant)

Interview participants noted that the many perspectives and lack of a clear solution often results in silos and challenges in communication.

“Different perspectives on community suicide prevention (e.g., hospitals, community); different silos.” (Key informant)

Several interview participants (4/17, 23.5%) acknowledged that suicide is not a topic that is always popular; there is a stigma associated with suicide and people are often uncomfortable discussing the topic.

“Stigma and fear is perpetuated by media, cultural norms, and beliefs. This manifests as hesitation. This made it very difficult engaging people in coalitions at first.” (Key informant)

Lessons Learned for Improving CAST’s Work in Future

Evaluation participants were asked to identify lessons learned for improving CAST’s work in the future. They identified three growth opportunities:

- Communication and transparency;
- Enhancing relationships, networking and connections with target populations; and
- Continual improvement of resources.

Some key informants (5/17, 29.4%) identified the need to improve communication and transparency.

“As a community partner, I felt like I didn’t know what was going on.” (Key informant)

While some interview participants (4/17, 23.5%) commented on the need for CAST to enhance relationships, networking and connections with target populations. Increased collaboration with community resources was identified as a way to improve the work done by CAST.

“Consider further ways to influence the issue. Consider the NSHRF research and look at key partners and at-risk groups. Connect with them and collaborate with them.” (Key informant)

Several web survey respondents (6/31, 19.4%) commented on the need for continuation or improvement of resources, including funding, outreach supports, and training for stakeholders.

Unintended Outcomes of CAST's Work

While most people would likely consider increased awareness about suicide an intended outcome of CAST's work, some key informants (6/17, 35.3%) identified it as a positive unintended outcome to CAST's work. They noted increased awareness about suicide and related services and training, and that CAST's work has started more conversations about suicide and suicide prevention.

“Given CAST's ability to respond to incidents, the profile of suicide is different than it ever has been; it is a different time.” (Key informant)

They and a few web survey respondents (3/31, 9.7%) also suggested that relationships have improved between organizations in communities as a result of the coalition work.

“Pulling the coalitions together, even if the coalitions weren't very active, relationship building happens within communities and this is one of the biggest strengths and unanticipated outcomes, and has had a strong impact on preventing suicide and suicide attempts in our province.” (Key informant)

Several key informants (4/17, 23.5%) identified poor planning and organization as a negative unintended outcomes to CAST's work. Inadequate coordination and communication appears to have led to frustration, lost opportunities and poor relationships. One respondent noted that CAST was expected to fill a gap that was beyond its scope, leading staff to scramble to meet needs.

“CAST became the go-to in the province for anything related to suicide prevention. Because there was a big gap [in addressing suicide as a whole] to be filled, CAST was called on to fill that gap...It was a lot of pressure for key staff people to try to fill that need. It was unexpected how much of a gap there was, and how much CAST would be called on to do.” (Key informant)

CAST Contributions toward Reducing Suicide and Suicide Attempts in NS

When asked to identify ways they think CAST is contributing toward reducing suicide and suicide attempts in Nova Scotia, some key informants (6/17, 35.3%) noted the development of training, resources and capacity building as key contributions from CAST.

“There are more people trained in our province in suicide intervention; there are more gatekeepers and people who can recognize suicide risk and do something about it...Through the coalition work, there are more educational materials and resources in communities (pamphlets, brochures, pulling together resources).” (Key informant)

It was noted that CAST has done significant work in supporting postvention and prevention work; postvention work in particular was identified as an important contribution.

“One other way they have contributed is in the postvention work they have been doing for the survivors of suicide in our province; it is a huge gap and it is helping them.” (Key informant)

Several key informants (5/17, 29.4%) suggested that CAST has created more opportunities for appropriate discussion of suicide, and has been instrumental in raising awareness and changing attitudes.

“Being visible, talking about and having opportunities to talk about suicide has been important.” (Key informant)

Several interview participants (4/17, 23.5%) commented on the work that has been done to promote safe and helpful ways of discussing suicide. Education of the media regarding appropriate language to use in discussions of suicide was seen as a key component of this.

Additional Comments

Almost half of interview participants (7/17, 41.2%) suggested that CAST is not meeting its potential, that there is more that CAST could be doing, including improving leadership, raising awareness, improving opportunities for prevention and further development of coalitions.

“There are all kinds of opportunities. CAST needs to get it together to move forward and be that leader.” (Key informant)

Some noted conflict between the medical model and community-based work to suicide prevention, and suggested that this inherent challenge seems to have affected the connections between CAST and the community coalitions. They suggested that CAST should be working more closely and collaboratively with the community coalitions.

Some key informants (4/17, 23.5%) noted the importance of raising awareness. While one of these respondents suggested that awareness had improved, three people indicated that there is room for improvement in this area.

“CAST needs more visibility and more statistics as to how it is helping.” (Key informant)

Some key informants (4/17, 23.5%) and several web survey respondents (5/31, 16.1%) praised the model and opportunities offered by CAST, and shared hopefulness for the future of CAST and its work. One of these interview respondents noted that

“They do a great job with practically nothing.” (Key informant)

Conclusions

Conclusions which can be drawn from evaluation participants regarding CAST overall are:

- Working from a population health, a community-based and community development approach, building capacity and creating partnerships, is important and a strength.
- CAST's expertise and use of promising practices and offering a range of training and resources are strengths.
- CAST's work has been challenged by structural, internal organizational issues, resulting in the lack of sustained leadership and guidance for the program. This has impacted ongoing work, collaborative efforts and support to coalitions. This also includes a lack of understanding of a community development approach and need for better communication.
- CAST's role and functions require clarification because of the complex, multi-faceted issue and the multiple initiatives taken on by the program.
- The population health approach is challenging to implement because of its differences from the traditional medical model and differing approaches by stakeholders.
- Improved communication and collaboration is required with organizations and agencies engaged in similar work or with the same population groups.
- There is increased awareness of suicide and suicide prevention because of CAST. Opportunities for safe and helpful discussions have been created.
- Relationships have been built at the community level.
- CAST's contribution to reducing suicide and suicide attempts are the development of training, resources and capacity building. Its work in prevention is significant.
- CAST has the potential to have a greater impact in all areas of its work, particularly with coalitions.

Supporting People in Vulnerable Populations

Background

One of the four areas CAST's work is currently organized around is supporting people in vulnerable populations. The objective for this area of work is *wraparound, seamless prevention, intervention, and postvention supports for vulnerable populations*.

The main activities in this area are:

- Delivering *Reaching Out* to grade 10 students, and at GSA conferences;
- Providing *safeTALK* trainings for youth 15+;
- Providing public discussions re: means restriction, safe messaging, alcohol;
- Providing postvention resources and supports;
- Working with the Department of Education and school boards to increase safety in memorial activities; and
- Providing training in postvention support if a youth dies.

The focus populations for this work are youth, LGBTQ2S people, First Nation peoples, mental health consumers, survivors of suicide loss, seniors, older men, and their families.

The intended short-term outcomes in this area of work are:

- Vulnerable people self-identify as needing help, support;
- Safe messaging among organizations supporting vulnerable populations;
- Improved resiliency of vulnerable populations; and
- Better access by vulnerable populations to meaningful supports.

Findings

Web survey respondents were asked to rate their level of agreement with a series of statements related to CAST's work to support people in vulnerable populations. Table 3 below summarizes their responses.

Table 3: Web Survey Respondents’ Ratings Related to CAST Supporting People in Vulnerable Populations

	1 Completely Agree	2	3	4	5 Completely Disagree	Don’t know	Mean Rating
CAST is contributing to creating wraparound and seamless <u>prevention</u> supports for people in vulnerable populations.	7/31 22.6%	6/31 19.4%	5/31 16.1%	1/31 3.2%	0/0	4/31 12.9%	2
CAST is contributing to creating wraparound and seamless <u>intervention</u> supports for people in vulnerable populations.	7/31 22.6%	6/31 19.4%	4/31 12.9%	1/31 3.2%	0/0	5/31 16.1%	1.9
CAST is contributing to creating wraparound and seamless <u>postvention</u> supports for people in vulnerable populations.	7/31 22.6%	6/31 19.4%	3/31 9.7%	1/31 3.2%	0/0	6/31 19.4%	1.9
The number of people in vulnerable populations who self-identify as needing help/support has increased as a result of CAST’s work.	4/31 12.9%	6/31 19.4%	1/31 3.2%	1/31 3.2%	0/0	9/31 29.0%	1.9
CAST is contributing to improving resiliency of people in vulnerable populations.	9/31 29.0%	7/31 22.6%	3/31 9.7%	2/31 6.5%	0/0	2/31 6.5%	1.9
Access to meaningful supports for people in vulnerable populations has improved as a result of CAST’s work.	7/31 22.6%	5/31 16.1%	5/31 16.1%	1/31 3.2%	0/0	4/31 12.9%	2

Wraparound and Seamless Supports

Almost half of the web survey respondents (13/31, 41.9%) agreed or completely agreed that CAST is contributing to creating wraparound and seamless *prevention* and *intervention* supports for people in vulnerable populations. The same number (13/31, 41.9%) agreed or completely agreed that the program is contributing to creating wraparound and seamless *postvention* supports.

A third of key informants (5/15, 33.3%) suggested that CAST has played an important leadership role, through advocacy and implementing the community coalition model.

“Coalition development has the ability to be unique and tailored to a community or population; having that model is a big contributor.” (Key informant)

Many key informants (6/15, 40.0%) noted that CAST has increased and improved capacity for suicide prevention in the community through providing training and supports for *prevention, intervention and postvention*.

“Supports for prevention, intervention, and postvention - understanding and communicating the issues, supports in all these areas.” (Key informant)

Improving *postvention* support was noted specifically by three of these participants.

“Postvention supports – I feel this is a group of people who have been so stigmatized for so long. They feel that there is somewhere they can go and talk to about the fact that someone they loved died by suicide.”(Key informant)

A quarter of interview participants (4/15, 26.7%) identified a need to improve communication and relationships with community organizations.

“CAST needs to be clear about who they are and what they do. They need to understand who the community partners are, know what they do, and cultivate a relationship.” (Key informant)

Three of these participants suggested that it would be helpful to have a better understanding of CAST’s role and strategy in order to help develop a more coordinated approach. As one person noted,

“I see events popping up from a range of initiatives. There are a lot of pieces out there and wondering what CAST is doing to bring them together.” (Key informant)

People in Vulnerable Populations who Self-Identify as Needing Help/Support

Some web survey participants (9/31, 29.0%) did not know whether the number of people in vulnerable populations who self-identify as needing help/support has increased as a result of CAST’s work; while a number (6/31, 19.4%) agreed that there had been an increase.

Almost half of key informants (7/15, 46.7%) stated that they did not know whether or not the number of people in vulnerable populations identifying that they need support has increased. One of these key informants suggested that CAST has not done a good job in communicating with the coalitions regarding its focus on vulnerable populations.

Some web survey respondents (12/31, 38.7%) agreed or completely agreed that access to meaningful supports for people in vulnerable populations has improved as a result of CAST’s work. About half of the web survey respondents (16/31, 51.6%) identified that CAST is contributing to improving resiliency of people in vulnerable populations.

Some interview participants (5/17, 29.4%) suggested that there is more that could be done by CAST to support vulnerable populations and the organizations that work with them. One suggested that there have been improvements, but these have been sporadic and have resulted

more from efforts on a community level, rather than from a provincial approach. It was noted by one of these respondents that other organizations are doing more than CAST to support vulnerable populations.

A quarter of key informants (4/15, 26.7%) suggested that vulnerable populations are more likely to come forward for support because CAST is doing good work raising awareness, reducing stigma and connecting with key organizations which work with vulnerable populations. One third of interview participants (5/15, 33.3%) suggested that there is significant work still to be done to improve access to meaningful support for vulnerable populations.

“I wouldn’t say it has improved. It is still in the really early stages. People are still saying they have been turned away (from services), so no.” (Key informant)

Several key informants (4/15, 26.7%) suggested that developing relationships with key stakeholders from vulnerable populations is a challenge faced by CAST. As one respondent noted, it is important to be

“...culturally sensitive; honouring everyone who comes to the table.” (Key informant)

Building these relationships also means ensuring that training and programs are relevant for different communities, and ensuring that coalitions are aware of the work already being done by community groups.

Conclusions

Conclusions that can be drawn from evaluation participants’ responses regarding support for vulnerable populations are:

- CAST is contributing to wraparound and seamless supports for people in vulnerable populations through its advocacy, coalition model, and provision of training and supports. However, clarifying its role and developing relationships and coordination with key organizations also working on this issue are challenges and important work to be done.
- Stakeholders are not aware whether support for people in vulnerable populations has increased because of CAST’s work, although access to meaningful supports has improved. CAST is contributing to their improved resiliency.
- Any improvements to meaningful supports are sporadic, based on community efforts or those of other organizations. Vulnerable populations though are more likely to come forward because of CAST awareness raising efforts, reduction in stigma and connections to key organizations.

Communication

Background

The second of the four areas CAST's work is currently organized around is communication. The objectives for this area of work are:

- Increased safety in messaging about suicide;
- Improved CAST branding; and
- Increased CAST community presence.

The main activities in this area are:

- Educating/advocating for means restriction;
- Promoting safe messaging awareness tools to media and general public;
- Participating in media interviews to model safe messaging;
- Researching telephony best practices/ collaborate/train partners to implement them;
- Creating CAST brand; and
- Coordinating messaging about trainings.

The focus populations for this work are suicide prevention partners and stakeholders, educators, and social and mainstream media.

The intended short-term outcomes in this area of work are:

- Improved understanding re: means restriction;
- Increased awareness and recognition of relevance of CAST; and
- Demonstrated leadership in community suicide prevention locally, provincially and nationally.

Findings

Web survey respondents were asked to rate their level of agreement with a series of statements related to CAST's communication work. Table 4 below summarizes their responses.

Table 4: Web Survey Respondents' Ratings Related to CAST's Communication Work

	1 Completely Agree	2	3	4	5 Completely Disagree	Don't know	Mean Rating
Awareness and recognition of the relevance of CAST has increased with stakeholders.	4/31 12.9%	6/31 19.4%	6/31 19.4%	2/31 6.5%	0/0 0.0%	5/31 16.1%	2.3
CAST is increasing its community presence.	5/31 16.1%	8/31 25.8%	5/31 16.1%	1/31 3.2%	0/0 0.0%	3/31 9.7%	2.1
Stakeholders have an improved understanding of means restriction as a result of CAST's work.	2/31 6.5%	3/31 9.7%	5/31 16.1%	1/31 3.2%	0/0 0.0%	11/31 35.5%	2.5
Safe messaging about suicide has increased as a result of CAST's work.	8/31 25.8%	7/31 22.6%	4/31 12.9%	1/31 3.2%	0/0 0.0%	3/31 9.7%	1.9
CAST has demonstrated leadership in community suicide prevention locally, provincially, and nationally.	7/31 22.6%	9/31 29.0%	3/31 9.7%	3/31 9.7%	0/0 0.0%	0/0 0.0%	2.1

CAST's Community Presence

When asked about the communication component of CAST's work, an equal number of web survey participants agreed and disagreed (6/31, 19.4%) that the awareness and recognition of the relevance of CAST has increased with stakeholders.

Many web survey participants (13/31, 41.9%) agreed or completely agreed that CAST is increasing its community presence. Some key informants (6/17, 35.3%) suggested that awareness of CAST has increased, at least with professionals, government and the media. One of them suggested however, that this increased awareness did not apply to the general community, who would still not know who CAST is.

Several interview participants (4/17, 23.5%) suggested that CAST's community presence has increased. One of the ways noted in which presence has increased is through coalition development. One of these respondents questioned, however, whether this increased presence has translated into greater awareness in the generally public.

Several interview participants (4/17, 23.5%) observed that CAST has increased its community presence through offering training, workshops and a conference.

"The fact they had a workshop in our area, helped people identify them as CAST members. I have faces now." (Key informant)

Key informants (4/17, 23.5%) suggested that the profile of CAST in the community has increased through communication and providing information and resources at key opportunities.

“Identify and leverage as many opportunities as possible to have a presence in the community - being prepared to have that community presence at certain times is important (e.g., student exam times, mental health awareness week, suicide prevention days).” (Key informant)

Several interview participants (4/17, 23.5%) questioned whether CAST was actually successful in increasing its community presence, questioning whether information from CAST is actually getting to the community and suggesting a need for improved presence.

Some key informants (5/17, 29.4%) noted that a lack of human and other resources limits the presence that CAST can have within the community.

“The coalition model is a good model, but there is not enough effort and manpower to manage them and thus increase community presence.” (Key informant)

The competition between mental health issues for attention and prioritization was identified as a challenge in terms of community presence by some key informants (5/17, 29.4%), who noted that suicide is not always a popular topic and thus its visibility varies at times, especially in between crises.

“There is so much competition for the public’s attention – there are many other causes. They are all good causes, but it is tough. The background of mental health doesn’t help – blame the victim and stigmatizing. The same conceptualization for other health issues should be extended to mental health.” (Key informant)

Branding

Many key informants (7/17, 41.2%) identified an improved online presence as important improvements to CAST’s brand. They specifically mentioned the development of the website and an enhanced social media presence.

“Their website is well done – professional and informative.” (Key informant)

“I’m excited to see social media in use to promote CAST’s work (e.g., a Facebook page)” (Key informant)

Several key informants (4/17, 23.5%) however, stated that they were not aware of branding efforts, that CAST’s brand is not obvious or clearly promoted.

“I didn’t realize that CAST has a brand. It is not evident to me what the brand is.” (Key informant)

Some key informants (5/17, 29.4%) suggested a need to improve how CAST communicates and connects with its audience. Two of these participants suggested a need for greater clarity and easier identification; two suggested better focusing of its message, for example to target mental

health professionals; and one suggested a need for CAST to further develop partnerships with other relevant organizations in the community to improve its branding.

CAST's Leadership

Just over half of the web survey respondents (16/31, 51.6%) believed that CAST has demonstrated leadership in community suicide prevention locally, provincially, and nationally.

Some key informants (5/17, 29.4%) noted that CAST showed leadership at a provincial level through working with the provincial government as well as providing resources and information. Several interview participants (4/17, 23.5%) suggested that CAST has demonstrated leadership in this field at a national level.

A number of web survey participants (5/31, 16.1%) and some interview participants (6/17, 35.3%) identified gaps or challenges in the leadership shown by CAST, and had concerns about CAST's lack of leadership of the program because of staff turnovers and lack of information sharing. One of the interview participants suggested that CAST's lack of clarity regarding its role is a hindrance to providing leadership; four suggested that there is a lack of leadership at the local level by CAST.

Safe Messaging About Suicide

Almost half of the web survey respondents (15/31, 48.4%) agreed or completely agreed that safe messaging about suicide has increased as a result of CAST's work.

A majority of key informants (10/17, 58.8%) suggested that there is an increased understanding about safety in messaging and the importance of thoughtful use of language in discussion of suicide and mental health issues more generally.

"There are more people in our province who are aware that language matters, and are choosing to use different language to talk about suicide." (Key informant)

Three of these respondents noted that the media has begun to be more aware of the possible impact of the way in which they report stories about suicide and the importance of language.

Approximately half of the key informants (9/17, 52.9%) noted that CAST has done a good job providing information and resources that raise awareness regarding the importance of appropriate messaging and ensuring that people are aware of the guidelines for safe messaging.

"They are spreading awareness on how to talk about suicide safely." (Key informant)

"This is a strong area. They have positioned themselves as the go-to people around this." (Key informant)

Several of these respondents (4/17, 23.5%) specifically identified CAST's work around education of the media to improve safe messaging as a strength, noting that CAST has worked

with the media as well as enhancing the ability of community groups to educate the media about the importance of language and safe messaging about suicide.

“There was solid research done on what is safe messaging in the media and what effect it can have. Cast will only participate in news stories with safe messaging - they talk to the media professional beforehand about safe messaging, and only participate in the story if the media agreed to adhere to the safe messaging pieces, and opt out if the story was sensational.” (Key informant)

Several key informants (5/17, 29.4%) also identified the challenges associated with working with the media; in particular it was noted that there is often a disconnect between the interests of the media and safe messaging guidelines.

“The media doesn’t sell news by safe messaging. Sensationalism sells. This is a disconnect and undermining of CAST’s efforts by media sources.” (Key informant)

While the difficulties of getting media to buy in to using language to reduce stigma and avoid sensationalizing suicide, the importance of working with the media was emphasized.

“Participating in media interviews; not shying away from tough questions, and grounding responses in hope.”(Key informant)

Some interview participants (4/17, 23.5%) identified difficulties with following the guidelines; sometimes subjective experiences and a lack of clear information regarding the guidelines can result in challenges with understanding what is potentially harmful or not. One respondent suggested that

“If CAST is able to create useful resources for coalitions, public speakers, mental health advocates, educators, (etc. etc.) and then get this information into the public hands, CAST will be going a long way to help the public appreciate the importance of safety in messaging.” (Key informant)

Some key informants (5/17, 29.4%) noted the broad scope of the task of increasing awareness. They noted the need to work with school boards, the Department of Education, media and the broader community. Two of these respondents noted that this is not a task that will be completed quickly, because of the required

“Time and breaking down the stigma around mental health generally.” (Key informant)

One of these participants suggested that this area requires prioritization and increased leadership, and that there is a need for a clearer and more structured plan of action and leadership.

“The issues and challenges related to the priority areas need to be prioritized at the leadership level, with a strong work plan and clear deliverables.” (Key informant)

Means Restriction

Several key informants (4/17, 23.5%) suggested that CAST has been effective in its work on improving understanding about means restriction. They noted that means restriction has been part of general training and information provided on suicide prevention. They also identified CAST's work with Halifax Harbour Bridges to increase understanding of suicide risk and to put barriers up on the bridges as an important example of their work on means restriction. Finally, they noted CAST's work with law enforcement to educate the police regarding means restriction, and specifically to remove fire arms from homes where there is a risk.

Several key informants (4/17, 23.5%) said they were not aware of a concerted effort by CAST to educate regarding means restriction. Over a third of web survey respondents (11/31, 35.5%) did not know whether stakeholders have an improved understanding of means restriction as a result of CAST's work.

Conclusions

Conclusions that can be drawn from evaluation participants' responses regarding communication are:

- Stakeholders do not agree that awareness and recognition of the relevance of CAST has increased, though its community presence has increased, at least with some, through education and training opportunities, and communication and providing needed information and resources. To increase its presence, resource issues need to be addressed.
- The issue of suicide and suicide prevention is one of many issues competing for attention at the community level.
- CAST's online presence, through its updated website and use of social media, has improved, although a 'brand' may not be evident. Work is still required to improve communication and connection with allied organizations and services.
- CAST is demonstrating leadership locally, provincially and nationally. Gaps in leadership exist, however, because of staff turnover and limited information-sharing.
- There is an increased understanding about safety in messaging and the media is becoming more aware of the impact of their reporting. CAST has done a good job in sharing information and resources, although further clarity in the guidelines, and for a broader group of stakeholders, is required.
- CAST's work in means restriction is not well known by stakeholders, though those that are aware noted the work with the Halifax Harbour Bridges and law enforcement.

Coalition Development and Relationships

Background

One of the components of CAST's work is coalition development and relationships. The objectives for this component are:

- Established coalitions in place across NS by 2016;
- Strengthened coalitions;
- Increased autonomy for coalitions; and
- Improved partnerships and relationships with provincial and national stakeholders.

The main activities in this area are:

- Streamline coalition development process;
- Share information (e.g., toolkit) about building community coalitions;
- Support communities to build coalitions;
- Develop a provincial Coalition Navigator Network; and
- Nourish partnerships & relationships.

The focus populations for this work are:

- NS communities;
- Key stakeholders (e.g., PHS, MHS, hospital staff, teachers, first responders, faith leaders, survivors of suicide loss);
- Interested community members; and
- Youth, LGBTQ2S people, First Nations peoples, mental health consumers, survivors of suicide loss, seniors, veterans, older men, and their families.

The intended short-term outcomes for education and training are:

- Increased autonomy of coalitions;
- Improved support for suicide prevention;
- Improved community engagement in promoting resiliency; and
- Increased suicide prevention activities across the province.

Findings

Web survey respondents were asked to rate their level of agreement with a series of statements related to CAST's work in coalition development and relationships. Table 5 below summarizes their responses.

Table 5: Web Survey Ratings Related to Coalition Development and Relationships

	1 Completely Agree	2	3	4	5 Completely Disagree	Don't know	Mean Rating
CAST is doing a good job of establishing and maintaining coalitions for addressing suicide.	2/31 6.5%	5/31 16.1%	6/31 19.4%	3/31 9.7%	2/31 6.5%	3/31 9.7%	2.5
The autonomy of coalitions is increasing.	2/31 6.5%	1/31 3.2%	4/31 12.9%	0/0 0.0%	0/0 0.0%	13/31 41.9%	2.3
Community support for suicide prevention has improved through the coalitions.	5/31 16.1%	5/31 16.1%	4/31 12.9%	1/31 3.2%	0/0 0.0%	6/31 19.4%	2.1
Community engagement in promoting resiliency has improved.	3/31 9.7%	6/31 19.4%	2/31 6.5%	5/31 16.1%	0/0 0.0%	5/31 16.1%	2.6
Suicide prevention activities across the province have increased through the coalitions.	4/31 12.9%	5/31 16.1%	2/31 6.5%	3/31 9.7%	0/0 0.0%	6/31 19.4%	2.3
Partnerships and relationships with provincial and national stakeholders have improved as a result of CAST's work.	5/31 16.1%	2/31 6.5%	3/31 9.7%	1/31 3.2%	1/31 3.2%	9/31 29.0%	2.3

Establishing and Maintaining Coalitions

A number of web survey participants (9/31, 29.0%), disagreed or strongly disagreed that CAST is doing a good job of establishing and maintaining coalitions for addressing suicide, while some (7/31, 22.6%) agreed or completely agreed that it is doing a good job. Key informants (9/17, 52.9%) emphasized the importance of the support that CAST provides to coalitions; while almost half (7/17, 41.2%) emphasized the training and resources offered by CAST. Over one third of key informants (6/17, 35.3%) suggested that communication and networking are important elements of the relationship building that CAST does.

When asked to comment on coalition development and relationships, a majority of web survey respondents (18/31, 58.1%) identified their concerns about partnering with the provincial CAST on major projects and the very poor working relationship with and lack of timely support received from the provincial CAST staff. Many respondents (13/31, 41.9%) identified the differences between coalitions – that some have thrived, while others have not. They attributed this to the ability of some coalitions that could take the coalition structure and ‘run with it’ while others were more dependent on provincial leadership and support. A number of web survey participants (7/31, 22.6%) identified the challenge of developing more coalitions across the province and the need to create and support coalitions across the province.

“...I would say the coalitions represent a potential national better practice, a community development model that could provide a framework for right across the country”. (Web survey participant)

Almost one quarter of key informants (4/17, 23.5%) commented on the challenges inherent in the community coalition model itself – the use of volunteers, variations between communities regarding the salience of suicide as an issue and difficulties in finding the leadership and support to maintain the coalitions even once they are established.

Several key informants (4/17, 23.5%) expressed their concerns with staff turnover at CAST and the challenges that this causes.

“It is the structure within CAST itself – changes in positions over and over.” (Key informant)

Key informants (6/15, 40.0%) suggested that, given the structure of the coalitions as volunteer-run entities, they require more support than they are currently receiving.

“CAST needs to ensure new coalitions have all the resources they need to get established.” (Key informant)

“Coalitions need to be supported - administrative support, financial support to help them with the work they want to do – even small grants could help a lot”. (Key informant)

Coalition Autonomy

Many web survey participants (13/31, 41.9%) did not know whether the autonomy of coalitions is increasing when asked to rate their agreement with this statement. Almost half of key informants (7/17, 41.2%) suggested that the autonomy of coalitions has increased, noting that CAST provides some structure and the coalitions then further develop to meet the unique needs of the communities. It was also noted, however, that this autonomy is in part due to a lack of leadership from the provincial level. There a need for support and resources to ensure that the coalitions thrive.

“It has increased. The way to make coalitions sustainable over time across the province over time is to increase their autonomy while maintaining the balance of values, approaches and principles of CAST (autonomy with policies).” (Key informant)

Community Support for Suicide Prevention

Approximately a third of participants (10/31, 32.3%) and approximately half of key informants (8/17, 47.1%) agreed that that community support for suicide prevention has improved.

Promotion of Resiliency

Some web survey participants (10/31, 32.3%) said that community engagement in promoting resiliency has improved. Some of the key informants (5/17, 29.4%) suggested that awareness has increased at least somewhat about resilience, and potentially dependent on the strength of the coalition. Conferences, workshops, research projects and other initiatives were mentioned as instrumental in raising awareness.

“Resiliency is starting to surface as an important issue when addressing many issues, including mental health and bullying.” (Key informant)

Increase in Suicide Prevention Activities

Some web survey participants (9/31, 29.0%) agreed or completely agreed that suicide prevention activities across the province have increased through the coalitions. Almost half of key informants (7/15, 46.7%) reported that suicide prevention activities such as awareness events, training, conferences and discussions have increased, at least in many areas of the province. It was noted that this is dependent at times on how active the local coalition is.

“Since 2006, absolutely. There are walking events, awareness activities, coalition work, training for safeTALK and ASIST, conversations that have been happening.” (Key informant)

Partnerships and Relationships with Provincial and National Stakeholders

Some web survey participants (9/31, 29.0%) and one third of key informants (5/15, 33.3%) did not know whether partnerships and relationships with provincial and national stakeholders have improved as a result of CAST’s work, while several web survey participants (7/31, 22.6%) agreed or completely agreed that it had.

Conclusions

Conclusions that can be drawn from evaluation participants’ responses regarding coalition development and relationships are:

- Coalitions have been established in some areas of the province but not province-wide. CAST stakeholders are split in their views about whether the program is doing a good job supporting coalitions.
- Coalitions are sustained, autonomous, and active based on local leadership. Community support for suicide prevention and the promotion of resiliency has improved and suicide prevention activities have increased, particularly in areas with strong coalitions and potentially based on their work.
- Support, resource provision, and training are important elements in coalition development. Dependency on volunteers to take leadership has an impact.
- Staff turnover at CAST/CMHA NS have had a negative impact on coalitions and coalition development.
- Most stakeholders are not aware of CAST’s partnerships and relationships at the provincial or national level.

Education and Training

Background

One of the components of CAST's work is education and training. The objectives for this component are:

- Increased # of trainings offered by CAST (by 30%); and
- Safe educational sessions.

The main activities in this area are:

- Develop up to date educational materials and community resource information for use by stakeholders;
- Provide in-services to coalitions;
- PD for CAST staff;
- Support coalition partners in hosting *Collateral Damage* exhibit;
- Arrange volunteer support at trainings; and
- Organize suicide awareness events.

The focus populations for this work are:

- NS communities;
- Key stakeholders (e, g., PHS, MHS, hospital staff, teachers, first responders, faith leaders, survivors of suicide loss);
- Interested community members; and
- Youth, LGBTQ2S people, First Nations peoples, mental health consumers, survivors of suicide loss, seniors, veterans, older men, and their families.

The intended short-term outcomes for education and training are:

- Increased knowledge and skills of providers;
- Improved safety of training sessions; and
- Increased interest in training.

Findings

Web survey respondents were asked to rate their level of agreement with a series of statements relate to CAST's work in education and training. Table 6 below summarizes their responses.

Table 6: Web Survey Respondents' Ratings Related to Education and Training

	1 Completely Agree	2	3	4	5 Completely Disagree	Don't know	Mean Rating
CAST is doing a good job in education and training.	7/31 22.6%	5/31 16.1%	7/31 22.6%	1/31 3.2%	0/0 0.0%	2/31 6.5%	2.1
Interest in training has increased as a result of CAST's work.	7/31 22.6%	4/31 12.9%	4/31 12.9%	1/31 3.2%	0/0 0.0%	5/31 16.1%	1.9
The knowledge and skills of providers has increased as a result of CAST's work.	6/31 19.4%	5/31 16.1%	5/31 16.1%	0/0 0.0%	1/31 3.2%	4/31 12.9%	2.1

CAST and Education and Training

Over a third of web survey participants (12/31, 38.7%) said that CAST is doing a good job in education and training, while several (7/31, 22.6%) were uncertain. A majority of key informants (11/17, 64.7%) suggested that CAST has done a good job providing training and creating evidence based programs and resources. Programs mentioned specifically included Reaching Out, safeTALK and ASIST and conferences.

Almost half of the key informants (7/17, 41.2%) noted that limited resources caused difficulties in ensuring that programs are made accessible and available in all communities. Specifically, a lack of funding and qualified trainers were noted to be challenges, as was the difficulty presented by geography.

A third of key informants (5/15, 33.3%) emphasized a need to connect with communities to ensure that training and resources meet community-specific needs and to keep people engaged.

“Be more aware of what types of training is needed. You need to be more connected to community to know this.” (Key Informant)

Several key informants (4/15, 26.7%) commented on the need to provide evidence-based training and support, which includes ensuring that a range of training is available, while playing a monitoring role to support coalitions to learn from each other's mistakes and ensure that programming is rooted in best practice research.

Some key informants (4/15, 26.7%) noted that there has been an increase in capacity at a local level – more ability to provide in-house training – and enhanced awareness and connections to people. They identified that social media has played an important role in enhancing this awareness and lauded the effectiveness of the conference in promoting awareness.

Interest in Training

About a third of web survey participants (11/31, 35.5%) reported that interest in training has increased as a result of CAST's work. Many key informants (7/17, 41.2%) reported that interest has increased in training, suggesting that enhanced awareness of the issue has contributed

significantly to this increase. More visibility, dialogue and marketing were noted to enhance awareness, though it was noted that interest varies by community and is dependent on the amount of community engagement and media attention.

“I think so. Because mental health and suicide prevention is around us more, the need for training has increased.” (Key informant)

Knowledge & Skills of Providers

Approximately one third of web survey participants (11/31, 35.5%) agreed or completely agreed that the knowledge and skills of providers has increased as a result of CAST’s work in education and training. Approximately one third of key informants (5/17, 31.3%) also reported that the knowledge and skills of providers has increased through training such as Reaching Out, ASIST and safeTALK, and that interest and awareness has also increased. Several (4/17, 23.5%) did not know whether there had been an increase in knowledge and skills.

Conclusions

Conclusions that can be drawn from evaluation participants’ responses regarding education and training are:

- CAST is doing a good job in providing education and training opportunities, particularly Reaching Out, safeTALK, ASIST, and the conferences. Education and training needs to be evidence based and meeting community needs.
- Interest in training has increased because of awareness of the issue and marketing.
- The knowledge and skills of providers has increased and capacity increased at the local level.
- Limited resources, accessibility and availability have an impact on education and training.

Recommendations

The purposes of this evaluation were to describe the history/evolution of CAST since its inception, to paint a picture of where CAST is now, and to make recommendations for continuing to strengthen CAST's work into the future.

The lack of shared corporate memory about CAST, combined with the lack of available documentation and data about CAST's work, have made it difficult to describe the history and evolution of CAST since its inception. A retrospective look from several key stakeholders has helped paint a picture of where CAST is now, and has informed opportunities to strengthen CAST's work.

Evaluation participants clearly see CAST as well-positioned and well-informed to provide leadership in communities addressing suicide together. While they have identified several areas for growth and improvement, they have also articulated a tremendous opportunity and see tremendous potential for using this community development approach to effectively address suicide in Nova Scotia. And they would like to work with CAST to realize that potential.

Based on data collected through this evaluation process, conclusions drawn from them, and on contextual information, Horizons respectfully suggests that the CMHA NS and the Department of Health and Wellness review and address the following recommendations in order to build on and maximize CAST strengths, and to build on collective progress toward addressing suicide in Nova Scotia. We recognize and acknowledge that there are complexities around addressing the recommendations, and that it will be important for the CMHA NS, and the Department of Health and Wellness to collaborate strategically to devise effective and realistic responses.

Overall Recommendations

It became clear through the course of this evaluation that for many reasons, CAST has not had a stable, solid foundation for some time. The original purpose of CAST building community capacity for addressing suicide was discovered only at the end of this evaluation process, and was revealed to be different from the currently understood purpose of working to reduce suicide directly, upon which the current evaluation was built.

We respectfully suggest that the CMHA NS, and the Department of Health and Wellness:

- *Work together with key stakeholders (including coalitions) to build a shared understanding of CAST's vision, role, and course of action for achieving its vision, consciously deciding whether CAST's original purpose of building community capacity to address suicide has shifted. Reviewing the evaluation findings together could inform a strategic planning process, which could clearly identify and articulate the services and supports that CAST offers, and to whom it offers them. A work plan should be developed based on the strategic plan, and this should be shared with CAST stakeholders and key suicide prevention partners.*

- *Clearly define desired short, medium, and long-term outcomes for CAST, and ensure that the CMHA NS the Department of Health and Wellness, and community coalitions have a shared understanding of these outcomes.*
- *Develop and implement a performance measurement system for CAST staff to track activities, outputs, partnerships, decisions, and progress toward achieving outcomes. Drawing on this system, develop a standardized reporting template that meets the needs of the Department of Health and Wellness and any other funders, and facilitates easy reporting by CAST to the CMHA NS Board of Directors, as well as to suicide prevention stakeholders. This information will also serve as a valuable documentation process to record CAST's story.*
- *Update the working logic model that was created for the purposes of this evaluation, based on the new, shared understanding and strategic plan. Develop a long-term evaluation plan based on the shared vision, strategic plan, short, medium and long-term outcomes; ensure the performance measurement system feeds into the evaluation process.*
- *Collaboratively develop a communication plan for sharing and exchanging information with suicide stakeholders, particularly coalitions. This could include regular stakeholder meetings, reactivating the former provincial Framework Steering Committee meetings, developing and distributing a regular newsletter, regular meetings with the coalition navigators, as well as using social media.*
- *Reduce the potential impacts of organizational flux and change by ensuring that CAST's strategic plan, performance measurement system, evaluation plan, and communication plan are built into the CMHA's/CAST's ongoing operational procedures and infrastructure. This way even when there are staff changes, there will be a clear system for new staff to follow, which will minimize instability, and ensure that CAST does not lose any ground.*

CAST is clearly respected for its expertise around suicide, and its knowledge of promising practices for addressing it. There is an opportunity to build on this strength, and to think strategically about the best way to share it, in order to build capacity and knowledge across the province for addressing suicide.

We respectfully suggest that the CMHA NS and the Department of Health and Wellness:

- *Continue the good work of naming the issue of suicide and modeling clear and open discussion about it, thereby reducing stigma and fear and creating safe places for people and communities touched by suicide to come forward. Think about how to build the capacity of communities to have open discussions about suicide.*
- *Continue to take a population health approach to framing the issue of suicide and a big picture, collaborative, multi-strategy approach to addressing it. Support and build leadership in communities to address suicide using this approach, and work to consciously complement the work of other suicide prevention initiatives and stakeholder organizations.*

- *Build the skills, knowledge, capacity, comfort, and experience of CAST staff to incorporate a true community development approach to working with communities, ensuring their ability to respectfully 'meet communities where they are', and their comfort with allowing communities to direct the process. Think strategically about how to partner with communities, particularly coalitions, to support them in meeting their needs in their ways (without having to resort to a prescribed formula), while continuing to inform promising practices and approaches.*

Focus Area Recommendations

At this point CAST is framing its work in four main areas: supporting people in vulnerable populations, communication, coalition development and relationships, and training/education. These priority areas will have to be confirmed in light of the collaborative strategic planning process described above. If/when they are confirmed, clear and shared objectives will have to be developed for each area. In the meantime, as the work continues, there are several areas for growth.

Some elements of CAST's work to support people in vulnerable populations is seen as valuable, specifically advocacy, using the coalition model, providing training and supports, encouraging open discussions about suicide, and reducing stigma. There is ambiguity however, in understanding whether supports for these groups has actually increased, what specific supports are needed, and to what activities any improvements can be attributed.

We respectfully suggest that in terms of supporting vulnerable populations, CAST/CMHA NS:

- *Clearly define the vulnerable population groups it is supporting, and clearly define the supports that are being offered for each population group.*
- *Develop a strategy for building partnerships with those population groups and organizations serving them, ensuring that CAST's work is complementing existing initiatives and efforts, and clearly communicate about CAST's relevant work to stakeholders. Also, think strategically about how to best support communities in doing this work.*
- *Continue to offer postvention resources, supports, and leadership. Also, think strategically about how to best support communities in doing this work.*

There is significant room for improvement in the area of communication, particularly among CAST stakeholders. This is addressed in the overall recommendations to a large extent. Communication about safe messaging and means restriction are strengths for CAST.

We respectfully suggest that in terms of communication, CAST/CMHA NS:

- *Continue to build on the existing foundation for sharing information through the website, and through social media platforms*

- *Focus on how communication efforts support the strategic plan, and consistently implement, monitor, and update the collaboratively developed communication plan, described above.*
- *Continue to provide leadership on safe messaging, particularly in working with the media. Also, think strategically about how to best support communities in doing this work.*
- *Continue to provide leadership on means restriction. Also, think strategically about how to best support communities in doing this work.*

Coalitions are arguably the most important vehicle for CAST to extend its reach, share its expertise, and build capacity for communities to address suicide in Nova Scotia. Relationship building and communication with and among coalitions requires consistent and focused attention.

We respectfully suggest that in terms of coalition development and relationships, CAST/CMHA NS:

- *Prioritize supporting the coalitions, and building their capacity to address suicide, to extend the reach of CAST.*
- *Foster relationship building opportunities with coalitions and coalition navigators, ask them what supports would be most helpful for them.*
- *Ensure the coalitions are aware of CAST's provincial and national level partnerships, and benefit from them in terms of knowledge exchange, and information about complementary initiatives.*

CAST's education and training work creates an important opportunity for sharing expertise about promising practices, and building community capacity for addressing suicide.

We respectfully suggest that in terms of training and education, CAST/CMHA NS:

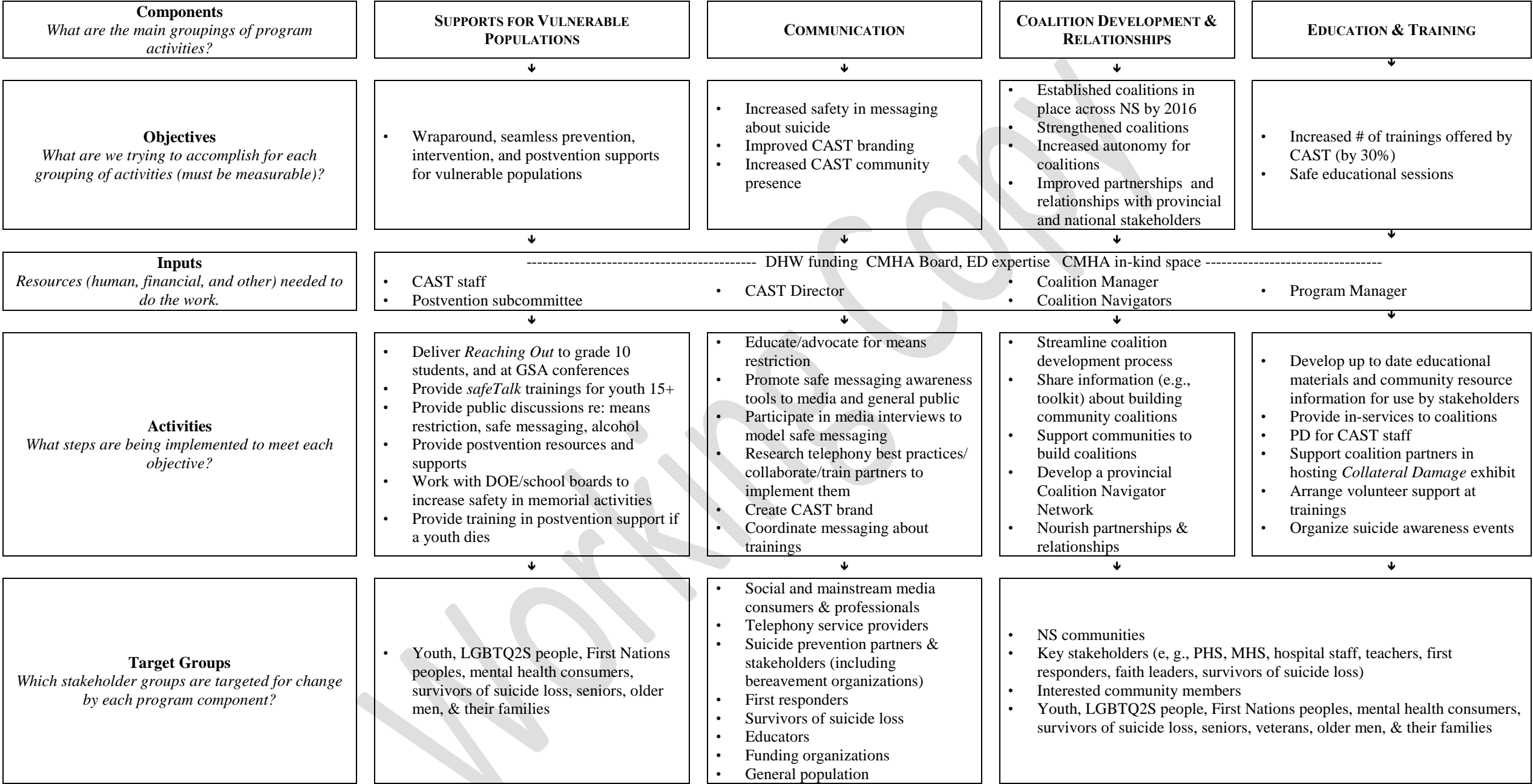
- *Maintain its current level of knowledge about promising practices and which programs incorporate them, and continue to communicate this information to coalitions and suicide stakeholders.*
- *Work with coalitions to build and support their capacity to offer local trainings.*
- *Create opportunities to partner with coalitions in suicide conferences and awareness events with an eye to building the profiles of the local coalitions.*
- *Provide training opportunities in areas of the province where there are no coalitions, with an eye to building community capacity to do this work.*
- *In future, research and/or develop an assessment process to determine whether the trainings being offered are actually improving the skills of participants in the long-term.*

Appendix A:

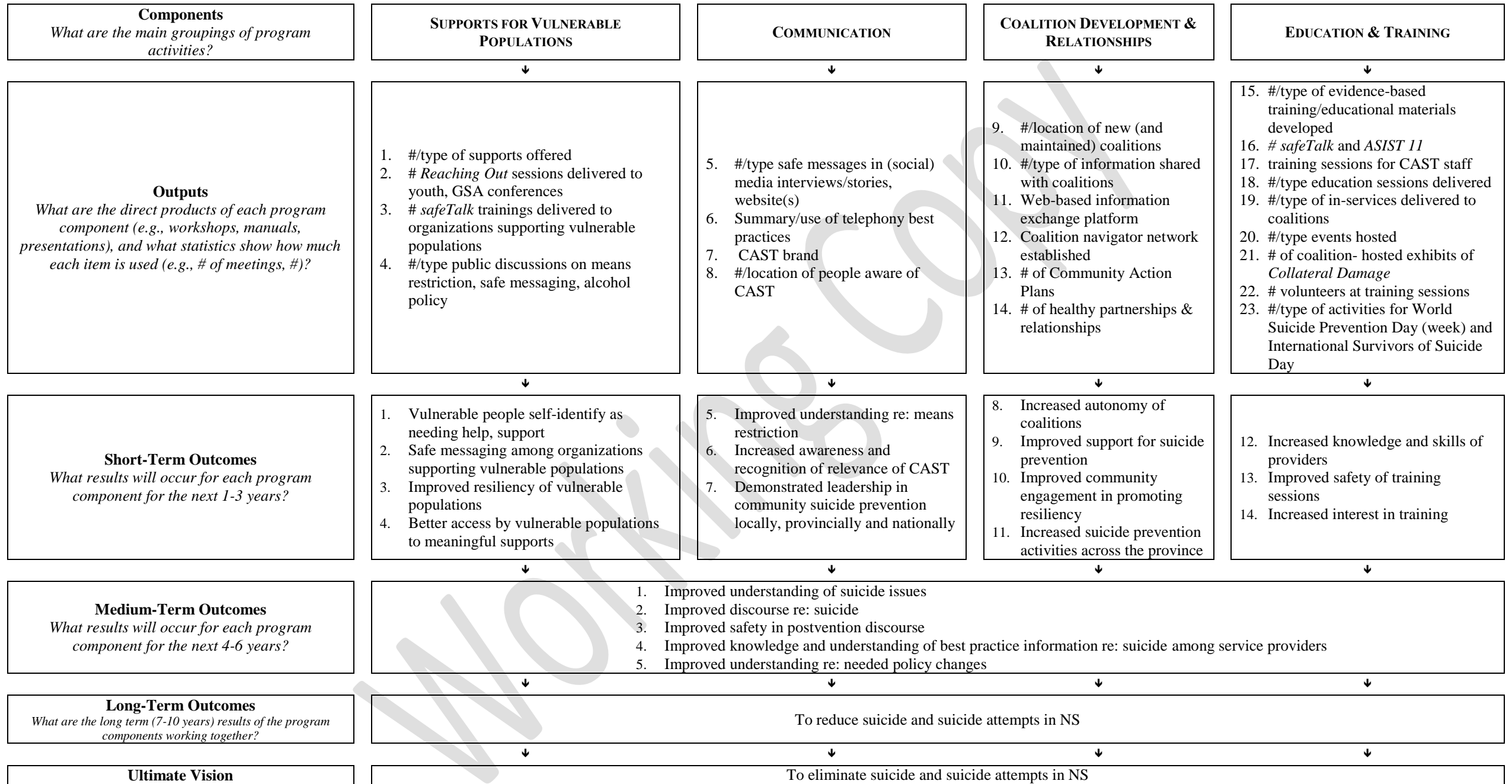
Communities Addressing Suicide Together (CAST)

Logic Model

Communities Addressing Suicide Together (CAST) Logic Model (February 3/15)



Communities Addressing Suicide Together (CAST) Logic Model (February 3/15)



Appendix B:

Communities Addressing Suicide Together (CAST)

Evaluation Framework

Communities Addressing Suicide Together (CAST) Evaluation Framework (February 3, 2015)

Evaluation Questions (What do we want to know?)	Indicators (What will we look for as a measure of success?)	Data Sources (Who are the target groups for this question? What other data sources can we access?)	Instruments (How will we gather the data?)	Resources (Whose responsibility will it be to gather the data? What other resources will we need?)	Timelines (When will we gather the data?)
OVERALL EVALUATION QUESTIONS					
Process Questions					
1. What are CAST's overall strengths?	Facilitating factors identified	CAST staff Key partners Partners	KIIs KIIs Web survey	Evaluator	February 2015
2. What are CAST's overall challenges?	Challenges identified				
3. What lessons are we learning about improving CAST's work in the future?	Lessons identified				
Outcome Questions					
4. To what extent is CAST achieving its planned results?	Data source perceptions	CAST staff Key partners Partners	KIIs KIIs Web survey	Evaluator	February 2015
5. Are there any (positive or negative) unintended outcomes of CASTS's work? If so, what were they?					
COMPONENT 1: SUPPORTING VULNERABLE POPULATIONS					
Objective: <i>Wraparound, seamless prevention, intervention, and postvention supports for vulnerable youth and other populations.</i>					
Process Questions					
6. What is CAST doing well to help create wraparound and seamless prevention, intervention, and postvention supports for people in vulnerable populations?	Facilitating factors identified	CAST staff Key partners Partners	KIIs KIIs Web survey	Evaluator	February 2015
7. What are CAST's challenges in terms of helping to create wraparound and seamless prevention, intervention, and postvention supports for people in vulnerable populations?	Challenges identified				
8. What lessons are we learning about CAST's work to help create wraparound and seamless prevention, intervention, and postvention supports for people in vulnerable populations?	Lessons identified				

Evaluation Questions (What do we want to know?)	Indicators (What will we look for as a measure of success?)	Data Sources (Who are the target groups for this question? What other data sources can we access?)	Instruments (How will we gather the data?)	Resources (Whose responsibility will it be to gather the data? What other resources will we need?)	Timelines (When will we gather the data?)
Outcome Questions					
9. What wraparound and seamless prevention, intervention, and postvention supports for people in vulnerable populations have been created as a result of CAST's work?	#/type wraparound services CAST's contributions	CAST staff Key partners Partners	KIIs KIIs Web survey	Evaluator	February 2015
Performance Measurement Questions					
Output #1 Supports offered	#/type of supports offered, to whom	Program documents	Document review	CAST Director	February 2015
Output #2: <i>Reaching Out</i> sessions delivered	# of sessions delivered, to whom				
Output #3: <i>safeTalk</i> trainings for youth	#/location of sessions delivered				
Output #4: Public discussions on means restriction, safe messaging, alcohol policy	#/location/content of public sessions				
Component 1: Short Term Outcome Questions					
10. Has the number of people in vulnerable populations self-identified as needing help/support increased? If yes, why? If not, why not?	<ul style="list-style-type: none"> # of people in vulnerable populations identifying as needing help/support Data source perceptions 	CAST Director Coalitions Key partners Partners	KIIs Focus groups KIIs Web survey	Evaluator	February 2015
11. Has safe messaging increased? If yes, why? If not, why not?	<ul style="list-style-type: none"> # of safe messages in supports offered to people in vulnerable populations Data source perceptions 				
12. Has the resiliency of people in vulnerable populations improved? If yes, why? If not, why not?	<ul style="list-style-type: none"> ?? Data source perceptions 				
13. Is access to meaningful supports improving for people in vulnerable populations? If yes, why? If not, why not?	<ul style="list-style-type: none"> #/quality of supports accessed Data source perceptions 				
COMPONENT 2: COMMUNICATION					
Objective: <i>Increased safety in messaging about suicide.</i>					
Process Questions					
14. What is CAST doing well to increase safety in messaging about suicide?	Facilitating factors identified	CAST staff Coalitions Key partners Partners	KIIs Focus groups KIIs Web survey	Evaluator	February 2015
15. What are CAST's challenges to increasing safety in messaging about suicide?	Challenges identified				

Evaluation Questions (What do we want to know?)	Indicators (What will we look for as a measure of success?)	Data Sources (Who are the target groups for this question? What other data sources can we access?)	Instruments (How will we gather the data?)	Resources (Whose responsibility will it be to gather the data? What other resources will we need?)	Timelines (When will we gather the data?)
16. What lessons are we learning about CAST's work to increase safety in messaging about suicide?	Lessons identified				
Outcome Questions					
17. Has safety in messaging about suicide increased? If so, how? If not, why not?	Data source perceptions	CAST staff Coalitions Key partners Partners	KIIs Focus groups KIIs Web survey	Evaluator	February 2015
Performance Measurement Questions					
Output #5: Safe messages in (social) media interviews/stories, website(s)	#/type of safe messages in media interviews #/location/content of public sessions	Program documents	Document review	CAST Director	February 2015
Output #6: Use of telephony best practices	Summary of telephony best practices				
Objective: <i>Improved CAST branding.</i>					
Process Questions					
18. What is CAST doing well to improve its branding?	Facilitating factors identified	CAST staff Coalitions Key partners Partners	KIIs Focus groups KIIs Web survey	Evaluator	February 2015
19. What are CAST's challenges to improving its branding?	Challenges identified				
20. What lessons are we learning about CAST's work to improve its branding?	Lessons identified				
Outcome Questions					
21. Has CAST's branding improved? If so, how? If not, why not?	Data source perceptions	Coalitions Key partners Partners	Focus groups KIIs Web survey	Evaluator	February 2015
Performance Measurement Questions					
Output #7: CAST brand	Brand developed	Program documents	Document review	CAST Director	February 2015
Objective: <i>Increased CAST community presence.</i>					
Process Questions					
22. What is CAST doing well to increase its community presence?	Facilitating factors identified	CAST staff Coalitions	KIIs Focus groups	Evaluator	February 2015

Evaluation Questions (What do we want to know?)	Indicators (What will we look for as a measure of success?)	Data Sources (Who are the target groups for this question? What other data sources can we access?)	Instruments (How will we gather the data?)	Resources (Whose responsibility will it be to gather the data? What other resources will we need?)	Timelines (When will we gather the data?)
23. What are CAST's challenges to increasing its community presence?	Challenges identified	Key partners Partners	KIIs Web survey		
24. What lessons are we learning about CAST's work to increase its community presence?	Lessons identified				
Outcome Questions					
25. Has CAST's community presence increased? If so, how? If not, why not?	Data source perceptions	CAST staff Coalitions Key partners Partners	KIIs Focus groups KIIs Web survey	Evaluator	February 2015
Performance Measurement Questions					
Output #8: People aware of CAST	#/location of people aware of CAST	Program documents	Document review	CAST Director	February 2015
Component 2: Short Term Outcome Questions					
26. Do stakeholders have an improved understanding of means restriction? If so, why? If not, why not?	Data source perceptions	CAST staff Coalitions Key partners Partners	KIIs Focus groups KIIs Web survey	Evaluator	February 2015
27. Has the awareness and recognition of the relevance of CAST increased with stakeholders? If so, how? If not, why not?					
28. Has CAST demonstrated leadership in community suicide prevention locally, provincially, and nationally? If so, how? If not, why not?					
COMPONENT 3: COALITION DEVELOPMENT & RELATIONSHIPS					
Objective: <i>Established coalitions in place across NS by 2016.</i>					
Process Questions					
29. What is CAST doing well to establish (and maintain) coalitions?	Facilitating factors identified	CAST Director Coalition Manager Coalitions	KIIs KIIs Focus groups	Evaluator	February 2015
30. What are CAST's challenges to establishing (and maintaining) coalitions?	Challenges identified				
31. What lessons are we learning about CAST's work to establish (and maintain) coalitions?	Lessons identified				

Evaluation Questions (What do we want to know?)	Indicators (What will we look for as a measure of success?)	Data Sources (Who are the target groups for this question? What other data sources can we access?)	Instruments (How will we gather the data?)	Resources (Whose responsibility will it be to gather the data? What other resources will we need?)	Timelines (When will we gather the data?)
Outcome Questions					
32. Has CAST established coalitions in NS? Has CAST maintained coalitions? If not, why not?	# of coalitions	Coalition Manager	KIIs	Evaluator	February 2015
Performance Measurement Questions					
Output # 9: New (and maintained) coalitions	#/location of new (and maintained) coalitions	Program documents	Document review	Coalition Manager	February 2015
Objective: <i>Strengthened coalitions.</i>					
Process Questions					
33. What is CAST doing well to strengthen coalitions?	Facilitating factors identified	CAST Director Coalition Manager Coalitions	KIIs KIIs Focus groups	Evaluator	February 2015
34. What are CAST's challenges to strengthening coalitions?	Challenges identified				
35. What lessons are we learning about CAST's work to strengthen coalitions?	Lessons identified				
Outcome Questions					
36. Have coalitions been strengthened? How? If not, why not?	Data source perceptions	CAST Director Coalition Manager Coalitions	KIIs KIIs Focus groups	Evaluator	February 2015
Performance Measurement Questions					
Output #9: New (and maintained) coalitions	#/location of new (and maintained) coalitions	Program documents	Document review	Coalition Manager	February 2015
Output #10: Information shared with coalitions	#/type of information shared with coalitions				
Output #11: Web-based information exchange platform	Web-based information exchange platform developed				
Objective: <i>Increased autonomy for coalitions.</i>					
Process Questions					
37. What is CAST doing well to increase the autonomy of coalitions?	Facilitating factors identified	CAST Director Coalition Manager Coalitions	KIIs KIIs Focus groups	Evaluator	February 2015
38. What are CAST's challenges to increase the autonomy of coalitions?	Challenges identified				
39. What lessons are we learning about CAST's work to increase the autonomy of coalitions?	Lessons identified				

Evaluation Questions (What do we want to know?)	Indicators (What will we look for as a measure of success?)	Data Sources (Who are the target groups for this question? What other data sources can we access?)	Instruments (How will we gather the data?)	Resources (Whose responsibility will it be to gather the data? What other resources will we need?)	Timelines (When will we gather the data?)
Outcome Questions					
40. Has the autonomy of coalitions increased? How? If not, why not?	Data source perceptions	CAST Director Coalition Manager Coalitions	KIIs KIIs Focus groups	Evaluator	February 2015
Performance Measurement Questions					
Output #10: Information shared with coalitions	#/type of information shared with coalitions	Program documents	Document review	Coalition Manager	February 2015
Output #11: Web-based information exchange platform	Web-based information exchange platform developed				
Output #12: Coalition navigator network established	Coalition navigator network established				
Output #13: Community Action Plans	# of Community Action Plans				
Output #14: Healthy partnerships & relationships	# of healthy partnerships & relationships				
Objective: <i>Improved partnerships and relationships with provincial and national stakeholders.</i>					
Process Questions					
41. What is CAST doing well to improve partnerships and relationships with provincial and national stakeholders?	Facilitating factors identified	CAST staff Key partners Partners	KIIs KIIs Web survey	Evaluator	February 2015
42. What are CAST's challenges to improving partnerships and relationships with provincial and national stakeholders?	Challenges identified				
43. What lessons are we learning about CAST's work to improve partnerships and relationships with provincial and national stakeholders?	Lessons identified				
Outcome Questions					
44. Have partnerships and relationships with provincial and national stakeholders improved? If so, how? If not, why not?	Data source perceptions	CAST staff Key partners Partners	KIIs KIIs Web survey	Evaluator	February 2015
Performance Measurement Questions					
Output #12: Coalition navigator network established	Coalition navigator network established	Program documents	Document review	Coalition Manager	February 2015
Output #13: Community Action Plans	# of Community Action Plans				
Output #14: Healthy partnerships & relationships	# of healthy partnerships & relationships				

Evaluation Questions (What do we want to know?)	Indicators (What will we look for as a measure of success?)	Data Sources (Who are the target groups for this question? What other data sources can we access?)	Instruments (How will we gather the data?)	Resources (Whose responsibility will it be to gather the data? What other resources will we need?)	Timelines (When will we gather the data?)
Component 3: Short Term Outcome Questions					
45. Has the autonomy of coalitions increased? If so how? If not, why not?	Data source perceptions	CAST Director Coalition Manager Coalitions Key partners	KII's KII's Focus groups KII's	Evaluator	February 2015
46. Has support for suicide prevention improved? If so, how? If not, why not?					
47. Has community engagement in promoting resiliency improved? If so, how? If not, why not?					
48. Have suicide prevention activities across the province increased?					
COMPONENT 4: EDUCATION & TRAINING					
Objective: <i>Increased # of trainings offered by CAST (by 30%).</i>					
Process Questions					
49. What is CAST doing well to increase the number of trainings offered by CAST?	Facilitating factors identified	CAST Director CAST Program Manager	KII's KII's	Evaluator	February 2015
50. What are CAST's challenges to increasing the number of trainings offered by CAST?	Challenges identified				
51. What lessons are we learning about CAST's work to increase the number of trainings offered by CAST?	Lessons identified				
Outcome Questions					
52. Have the number of trainings offered by CAST increased by 30%? If not, why not?	# of trainings (over previous year)	CAST Program Manager	KII's	Evaluator	February 2015
Performance Measurement Questions					
Output #15: Evidence-based training/educational materials developed	#/type of evidence-based training/educational materials developed	Program documents	Document review	CAST Program Manager	February 2015
Output #16: safeTalk and ASIST 11	# safeTalk and ASIST 11				
Output #17: Training sessions for CAST staff	#/type of training sessions for staff				
Output #18: Education sessions delivered	#/type of education sessions delivered				
Output #19: In-services delivered to coalitions	#/type of in-services delivered				
Output #20: Events hosted	#/type of events hosted				
Output #21: Coalition-hosted exhibits of <i>Collateral Damage</i>	# of coalition-hosted exhibits of <i>Collateral Damage</i>				

Evaluation Questions (What do we want to know?)	Indicators (What will we look for as a measure of success?)	Data Sources (Who are the target groups for this question? What other data sources can we access?)	Instruments (How will we gather the data?)	Resources (Whose responsibility will it be to gather the data? What other resources will we need?)	Timelines (When will we gather the data?)
Output #22: Volunteers at training sessions	# of volunteers at training sessions				
Output #23: Activities for World Suicide Prevention Day (week) and International Survivors of Suicide Day	#/type of activities for World Suicide Prevention Day (week) and International Survivors of Suicide Day				
Objective: <i>Safe educational sessions</i>					
Process Questions					
53. What is CAST doing well to ensure safe ongoing educational sessions?	Facilitating factors identified	CAST Director CAST Program Manager	KII KII	Evaluator	February 2015
54. What are CAST's challenges to ensuring safe ongoing educational sessions?	Challenges identified				
55. What lessons are we learning about CAST's work to ensure safe ongoing educational sessions?	Lessons identified				
Outcome Questions					
56. Are educational sessions safe? If so, how? If not, why not? (see Q 58)	Data source perceptions	CAST Director CAST Program Manager	KII KII	Evaluator	February 2015
Performance Measurement Questions					
Output #15: Evidence-based training/educational materials developed	#/type of evidence-based training/educational materials developed	Program documents	Document review	CAST Program Manager	February 2015
Output #16: safeTalk and ASIST 11	# safeTalk and ASIST 11				
Output #17: Training sessions for CAST staff	#/type of training sessions for staff				
Output #18: Education sessions delivered	#/type of education sessions delivered				
Output #19: In-services delivered to coalitions	#/type of in-services delivered				
Output #20: Events hosted	#/type of events hosted				
Output #21: Coalition-hosted exhibits of <i>Collateral Damage</i>	# of coalition-hosted exhibits of <i>Collateral Damage</i>				
Output #22: Volunteers at training sessions	# of volunteers at training sessions				
Output #23: Activities for World Suicide Prevention Day (week) and International Survivors of Suicide Day	#/type of activities for World Suicide Prevention Day (week) and International Survivors of Suicide Day				
Component 4: Short Term Outcome Questions					
57. Has the knowledge and skills of providers increased?	Data source perceptions	CAST Director	KII	Evaluator	February 2015

Evaluation Questions (What do we want to know?)	Indicators (What will we look for as a measure of success?)	Data Sources (Who are the target groups for this question? What other data sources can we access?)	Instruments (How will we gather the data?)	Resources (Whose responsibility will it be to gather the data? What other resources will we need?)	Timelines (When will we gather the data?)
If so, how? If not, why not?					
58. Are educational sessions safe? If so, how? If not, why not? (see Q 56)		CAST Program Manager Key partners Participants	KIIs KIIs Web survey		
59. Has interest increased in training? If so, how? If not, why not?					
Medium Term Outcome Questions (across components) – for future evaluation					
60. Has the understanding of suicide issues improved? If so, how? If not, why not?					
61. Has the discourse re suicide improved? If so, how? If not, why not?					
62. Has safety improved in postvention discourse? If so, how? If not, why not?					
63. Has knowledge and understanding of best practice information re: suicide among service providers improved? If so, how? If not, why not?					
64. Has understanding re: needed policy changes improved? If so, how? If not, why not?					
Long -Term Outcome Questions (across components) - for future evaluation					
65. Have suicide and suicide attempts in NS decreased? If so, how? If not, why not?	Vital statistics Data source perceptions	CAST staff Key partners Coalitions Partners	KIIS KIIS Focus groups Web survey	Evaluator	TBD

Appendix C:

Communities Addressing Suicide Together (CAST)

Data Collection Protocols

Communities Addressing Suicide Together (CAST)

Evaluation Protocols

Prepared for Canadian Mental Health Association – NS Division

February 10, 2015

Prepared by



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CAST Evaluation

Document Review

Program Documents

Component 1: Support Vulnerable Youth & Other Populations

1. Output #1 Supports offered
2. Output #2: Reaching Out sessions delivered
3. Output #3: safeTalk trainings for youth
4. Output #4: Safe messaging
5. Output #5: Public discussions on means restriction, safe messaging, alcohol

Component 2: Communication

1. Output #6: Safe messages in (social) media interviews/stories, website(s)
2. Output #7: Use of telephony best practices
3. Output #8: CAST brand
4. Output #9: People aware of CAST

Component 3: Coalition Development & Relationships

1. Output #10: New (and maintained) coalitions
2. Output #10: New (and maintained) coalitions
3. Output #11: Information shared with coalitions
4. Output #12: Web-based information exchange platform
5. Output #11: Information shared with coalitions
6. Output #12: Web-based information exchange platform
7. Output #13: Coalition navigator network established
8. Output #14: Community Action Plans
9. Output #15: Healthy partnerships & relationships
10. Output #13: Coalition navigator network established
11. Output #14: Community Action Plans
12. Output #15: Healthy partnerships & relationships

Component 4: Education & Training

1. Output #16: Evidence-based training/educational materials developed
2. Output #17: safeTalk and ASIST 11
3. Output #18: Training sessions for CAST staff
4. Output #19: Education sessions delivered
5. Output #20: n-services delivered to coalitions
6. Output #21: Events hosted
7. Output #22: Coalition-hosted exhibits of Collateral Damage
8. Output #23: Volunteers at training sessions

9. Output #24: Activities for World Suicide Prevention Day (week) and International Survivors of Suicide Day
10. Output #16: Evidence-based training/educational materials developed
11. Output #17: safeTalk and ASIST 11
12. Output #18: Training sessions for CAST staff
13. Output #19: Education sessions delivered
14. Output #20: In-services delivered to coalitions
15. Output #21: Events hosted
16. Output #22: Coalition-hosted exhibits of Collateral Damage
17. Output #23: Volunteers at training sessions
18. Output #24: Activities for World Suicide Prevention Day (week) and International Survivors of Suicide Day

CAST Evaluation: Key Informant Interview Guide

Participant Demographics *(Names to be removed during data analysis)*

Respondent Name:		ID#	
Respondent Position:	Organization/Community:		
Respondent Contact Number(s):	Respondent Email:		
Mailing Address:	Date of Interview:		
	Interviewer:		
When were you connected to CAST's work?			

Call Sheet

# of calls	Date Called	Time of Call	Response	Notes
#1				
#2				
#3				
#4				
#5				
#6				

CLD - Interested, But Call at a Later Date

W# - Wrong Number

N/A - No Answer/Busy

X - Not Interested in Participating

NIS - Not in Service

RNH - Respondent Not In

<i>Scheduled Time to Recall:</i>	<i>Scheduled Time to Recall:</i>
<i>Scheduled Time to Recall:</i>	<i>Scheduled Time to Recall:</i>

Preamble

The Canadian Mental Health Association (CMHA) – NS Division is working with the NS Department of Health and Wellness (DHW) to conduct an evaluation of the work of Communities Addressing Suicide Together (CAST). Our company, Horizons Community Development Associates (www.horizonscda.ca), is contracted to conduct the evaluation.

The purposes of the evaluation are to describe the history/evolution of CAST, to paint a picture of where CAST is now, and to make recommendations for continuing to strengthen CAST's work into the future.

We are inviting key stakeholders and partners to participate in the evaluation, either through a telephone interview, an in-person group interview (for the coalitions and networks), or through an online survey. These activities will take place in February 2015.

Your participation is voluntary. If you choose to participate, your comments will be combined with the comments from other interview participants, and all names and explicit identifiers will be removed. Although we may select quotes from interviews to highlight themes that emerge from the interviews, quotes won't enable identification.

You don't have to be able to answer every question. We want to provide an opportunity for everyone who has thoughts to share them wherever relevant. If there is a question that doesn't apply to you, or you feel you don't have enough information to answer, we can simply skip it. You can skip any question you would rather not answer, and you can withdraw at any point if you wish. If you decide to withdraw, we will destroy any interview notes from our discussion.

Your input is very important, and will help inform how CAST goes forward from here. The information Horizons collects will be combined into a report that will be shared with CMHA-NS, the DHW, and CAST stakeholders and partners.

I will be taking notes during the interview and I will be e-mailing you a summary of the interview tomorrow, so you can look it over and make sure I've captured your perspective accurately.

Do you have any questions before we start?

CAST Evaluation: Key Informant Interview Guide

For CMHA/CAST Former/Current Staff & Key Partners

Overall Evaluation Questions

1. From your perspective as a CMHA/CAST current/former staff person or key partner, please think about CAST's work overall.
 - a) What are the strengths of CAST's work?
 - b) What are the challenges of CAST's work?
 - c) During your time connected to CAST's work, what lessons did you learn about improving CAST's work in the future?
2. In your experience, are/were there any (positive or negative) unintended outcomes of CASTS's work? If so, what are/were they?
3. In what way(s) has CAST contributed toward reducing suicide and suicide attempts in NS?

Supporting People in Vulnerable Populations

One of the four areas CAST's work is currently organized around is supporting vulnerable populations. This set of questions asks about your perspective on this work.

4. Has the number of people in vulnerable populations who self-identify as needing help/support increased? If yes, why? If not, why not?
5. Has access to meaningful supports for people in vulnerable populations improved? If yes, how? If not, why not?
6. CAST is trying to help create wraparound and seamless prevention, intervention, and postvention supports for vulnerable populations.
 - a) From your perspective, what is CAST doing well to make this happen?
 - b) What challenges does CAST face in making this happen?
 - c) What are the lessons for CAST in working to make this happen?
 - d) In your view, what has CAST contributed toward creating wraparound and seamless prevention, intervention, and postvention supports for vulnerable populations?

Communication

The second of four areas CAST's work is currently organized around is communication. The next few questions ask about your perspective about this part of the work.

7. CAST is working to increase safety in messaging about suicide.
 - a) From your perspective, what is CAST doing well to make this happen?
 - b) What challenges does CAST face in making this happen?
 - c) What are the lessons for CAST in working to make this happen?
 - d) In your view, has safety in messaging about suicide increased? If so, how? If not, why not?

8. CAST is also trying to improve its branding.
 - a) From your perspective, what is CAST doing well to make this happen?
 - b) What challenges does CAST face in making this happen?
 - c) What are the lessons for CAST in working to make this happen?
 - d) In your view, has CAST's branding improved?
 - e) From your perspective, has people's awareness and recognition of the relevance of CAST increased? If so, how? If not, why not?

9. As part of its communication work, CAST is working to increase its community presence.
 - a) From your perspective, what is CAST doing well to make this happen?
 - b) What challenges does CAST face in making this happen?
 - c) What are the lessons for CAST in working to make this happen?
 - d) In your view, has CAST's community presence increased? If so, how? If not, why not?
 - e) Do you think CAST has demonstrated leadership in community suicide prevention locally, provincially, and nationally? If so, how? If not, why not?

10. Another part of its communication work is for CAST to help improve people's understanding about means restriction. From your perspective, has people's understanding about means restriction improved? If so, why? If not, why not?

Coalition Development & Relationships

The next area of CAST's work focuses on developing community coalitions, and on building relationships. The next few questions ask about this work.

11. In terms of establishing and maintaining coalitions,
 - a) What is CAST doing well?
 - b) What are the challenges?
 - c) What are the lessons for CAST in working to make this happen?

12. In terms of the coalitions,

- a) Has the autonomy of coalitions increased? If so how? If not, why not?
- b) Has community support for suicide prevention improved? If so, how? If not, why not?
- c) Has community engagement in promoting resiliency improved? If so, how? If not, why not?
- d) Have suicide prevention activities across the province increased?

13. In terms of building and improving partnerships and relationships with provincial and national stakeholders,

- a) What is CAST doing well?
- b) What are the challenges?
- c) What are the learnings for CAST in working to make this happen?
- d) From your perspective, have partnerships and relationships with provincial and national stakeholders improved? If so, how? If not, why not?

Education & Training

The final focus of CAST's work is on education and training. These next few questions ask about this work.

14. In terms of education and training,

- a) What is CAST doing well?
- b) What are the challenges?
- c) What are the lessons for CAST in this work?

15. In terms of increasing the number of trainings CAST offers,

- a) What is working well?
- b) What are the challenges?

16. From your perspective,

- a) Have the knowledge and skills of providers increased? If so, how? If not, why not?
- b) Has interest increased in training? If so, how? If not, why not?

Closing

17. Do you have any other comments?

CAST Evaluation: Focus Group Guide

Focus Group Location: _____

Date/Time: _____

Facilitator: _____

of Participants: _____

- Welcome and thank you for participating
- Introductions

Preamble

The Canadian Mental Health Association (CMHA) – NS Division is working with the NS Department of Health and Wellness (DHW) to conduct an evaluation of the work of Communities Addressing Suicide Together (CAST). Our company, Horizons Community Development Associates (www.horizonscda.ca), is contracted to conduct the evaluation.

The purposes of the evaluation are to describe the history/evolution of CAST, to paint a picture of where CAST is now, and to make recommendations for continuing to strengthen CAST's work into the future.

We are inviting key stakeholders and partners to participate in the evaluation, either through a telephone interview, an in-person group interview (for the coalitions and networks), or through an online survey. These activities will take place in February 2015.

Your participation is voluntary. If you choose to participate, your group's comments will be combined with the comments from other coalitions, and all names and explicit identifiers will be removed. Although we may select quotes from interviews to highlight themes that emerge from the interviews, quotes won't enable identification.

You don't have to be able to answer every question. We want to provide an opportunity for everyone who has thoughts to share them wherever relevant. If there is a question that doesn't apply to you, or you feel you don't have enough information to answer, we can simply skip it. You can skip any question you would rather not answer, and you can withdraw at any point if you wish. If you decide to withdraw, we will destroy any interview notes from our discussion.

Your input is very important, and will help inform how CAST goes forward from here. The information Horizons collects will be combined into a report that will be shared with CMHA-NS, the DHW, and CAST stakeholders and partners.

I will be taking notes during our discussion and I will be e-mailing all of you a summary of the discussion tomorrow, so you can look it over and make sure I've captured your perspectives accurately.

Do you have any questions before we start?

CAST Evaluation: Focus Group Guide

Overall Evaluation Questions

1. From your perspective as coalition members, please think about CAST's work overall.
 - a) What are the strengths of CAST's work?
 - b) What are the challenges of CAST's work?
2. In what way(s) has CAST contributed toward reducing suicide and suicide attempts in NS?

Supporting People in Vulnerable Populations

3. Has access to meaningful supports for people in vulnerable populations improved? If yes, how? If not, why not?

Communication

The next few questions ask about your perspective about CAST's communication work.

4. CAST is working to increase safety in messaging about suicide.
 - a) From your perspective, has CAST increased safety in messaging about suicide? If so, how? If not, why not?
 - b) What challenges does CAST face in making this happen?
5. How can CAST improve its branding in communities? (Should its branding be separate from CMHA's?).
6. How can CAST increase its community presence?
7. Another part of its communication work is for CAST to help improve people's understanding about means restriction. From your perspective, has people's understanding about means restriction improved? If so, why? If not, why not?

Coalitions & Relationships

The next few questions ask about CAST's work to develop community coalitions, and on its efforts to build relationships.

8. In terms of establishing and maintaining coalitions,
 - d) What is CAST doing well?
 - e) What are the challenges?

9. In terms of the coalitions,

- a) Has the autonomy of coalitions increased? If so how? If not, why not?
- b) Has community support for suicide prevention improved? If so, how? If not, why not?
- c) Has community engagement in promoting resiliency improved? If so, how? If not, why not?

Education & Training

The final focus of CAST's work is on education and training. These next few questions ask about this work.

10. In terms of education and training,

- a) What is CAST doing well?
- b) What are the challenges?
- c) Have the knowledge and skills of providers increased? If so, how? If not, why not?
- d) Has interest increased in training? If so, how? If not, why not?

Closing

11. Do you have any other comments?

CAST Evaluation Web Survey

Preamble

The Canadian Mental Health Association (CMHA) – NS Division is working with the NS Department of Health and Wellness (DHW) to conduct an evaluation of the work of Communities Addressing Suicide Together (CAST). Our company, Horizons Community Development Associates (www.horizonscda.ca), is contracted to conduct the evaluation.

The purposes of the evaluation are to describe the history/evolution of CAST, to paint a picture of where CAST is now, and to make recommendations for continuing to strengthen CAST's work into the future.

We are inviting key stakeholders and partners to participate in the evaluation, either through a telephone interview, an in-person group interview (for the coalitions and networks), or through this online survey. These activities will take place in February 2015.

Your participation is voluntary. If you choose to participate, your comments will be combined with the comments from other survey participants, and all names and explicit identifiers will be removed. Although we may select quotes to highlight themes that emerge, quotes won't enable identification.

You don't have to be able to answer every question. We want to provide an opportunity for everyone who has thoughts to share them wherever relevant. If there is a question that doesn't apply to you, or you feel you don't have enough information to answer, you can simply skip it. You can skip any question you would rather not answer, and you can withdraw at any point if you wish.

Your input is very important, and will help inform how CAST goes forward from here. The information Horizons collects will be combined into a report that will be shared with CMHA-NS, the DHW, and CAST stakeholders and partners.

CAST Evaluation

Web Survey

CAST’s work is organized around four main areas: supporting people in vulnerable populations, communication, coalitions & relationships, and education & training. For each of these areas, please rate your level of agreement with the statements provided. Feel free to provide comments as well.

Supporting People in Vulnerable Populations

	1	2	3	4	5	Don't know	Not applicable	Skip this question
CAST is contributing to creating wraparound and seamless prevention supports for people in vulnerable populations.								
CAST is contributing to creating wraparound and seamless intervention supports for people in vulnerable populations.								
CAST is contributing to creating wraparound and seamless postvention supports for people in vulnerable populations.								
The number of people in vulnerable populations who self-identify as needing help/support has increased as a result of CAST’s work.								
Safe messaging about suicide has increased as a result of CAST’s work.								
CAST is contributing to improving resiliency of people in vulnerable populations.								
Access to meaningful supports for people in vulnerable populations has improved as a result of CAST’s work.								
Comments:								

Communication

	1	2	3	4	5	Don't know	Not applicable	Skip this question
Awareness and recognition of the relevance of CAST has increased with stakeholders.								
CAST is increasing its community presence.								
Stakeholders have an improved understanding of means restriction as a result of CAST’s work.								
CAST has demonstrated leadership in community suicide prevention locally, provincially, and nationally.								
Comments:								

Coalition Development & Relationships

	1	2	3	4	5	Don't know	Not applicable	Skip this question
CAST is doing a good job of establishing and maintaining coalitions for addressing suicide.								
The autonomy of coalitions is increasing.								
Community support for suicide prevention has improved through the coalitions.								
Community engagement in promoting resiliency has improved.								
Suicide prevention activities across the province have increased through the coalitions.								
Partnerships and relationships with provincial and national stakeholders have improved as a result of CAST's work.								
Comments:								

Education & Training

	1	2	3	4	5	Don't know	Not applicable	Skip this question
CAST is doing a good job in education and training.								
Interest in training has increased as a result of CAST's work.								
The knowledge and skills of providers has increased as a result of CAST's work.								
Comments:								

Overall

1. What are CAST's overall strengths?
2. What are CAST's overall challenges?
3. How can CAST improve its work in the future?
4. Are there any (positive or negative) unintended outcomes of CASTS's work? If so, what were they?
5. Do you have any other comments?