

ENVIRONMENTAL SCAN ON SERVICES IN OTTAWA FOLLOWING TRAUMATIC DEATHS

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[Link to download CMHA: Postvention Environmental Scan presentation slides](#)

EXECUTIVE SUMMARY



PRIMARY RESEARCH QUESTION

Could the Ottawa branch of the Canadian Mental Health Association's (CMHA Ottawa) expertise in postvention be more broadly applied to meet community needs?

RELEVANCE AND SCOPE

CMHA Ottawa is receiving more requests from the community for support following tragic deaths. The aim of this environmental scan is to identify existing resources and gaps in current community responses to tragic deaths. CMHA Ottawa would like to assess if their postvention service could be adapted and more broadly applied to meet these needs. The scope of this project is limited to the Ottawa area and focuses primarily on resources, programs, and services within the city and the immediate surrounding areas.

METHODOLOGY

The environmental scan was designed in collaboration with CMHA Ottawa, Suicide Prevention Ottawa, and the Victimology Research Centre (VRC) at Algonquin College. The scan included an online survey that received 66 responses from community members representing diverse organizations across Ottawa. Respondents included frontline staff and senior leaders such as program managers and executive directors. The scan also included a one-hour focus group with the Post-Incident Neighbourhood Support program (PINS), a coalition of community organizations that provide coordinated responses to traumatic events in Ottawa. We analyzed data from the survey and focus group in ATLAS.ti to identify key themes.

FINDINGS

We identified two key themes: the perceived benefits of postvention, and gaps in services following tragic deaths. Participants identified that postvention can offer education and awareness, community engagement, mental health care, prevention, and support. Participants also noted that current services are not accessible to everyone who needs them, few know the services exist, and there were concerns about the model of care and the limited capacity of current services.

RECOMMENDATIONS

We identified 8 categories of recommendations from participants for future practice, grouped into the following themes: accessibility and awareness, community-led programs, group support, individual support, outreach, prevention, training quality, and inclusive practices. VRC further recommends that CMHA Ottawa conduct a formal evaluation of existing postvention services prior to their expansion, improve the integration of trauma-informed care, and develop a plan for equity, diversity, and inclusion (EDI).

INTRODUCTION



GUIDING PRINCIPLES OF RESEARCH

Environmental scanning is a process of collecting and analyzing information from the internal and external environments of an organization (Charlton et al., 2019). These scans help identify strengths, weaknesses, opportunities, and threats, which can help guide strategic decision-making. Scans are conducted either by members of the organization itself or with the help of external bodies. In this case, an environmental scan was chosen to assess the potential need for program expansion in the Ottawa community, and learn more about local needs and priorities.

PROJECT OVERVIEW

CMHA Ottawa has been delivering a post-suicide support program for over 20 years, offering postvention to affected community members. Postvention generally refers to short-term assistance and support provided to people who are bereaved by suicide. Newer research suggests that similar approaches may be beneficial in response to a broader range of tragic deaths, particularly to support first responders and other service providers (Lanza et al., 2018). In addition to post-suicide intervention, CMHA Ottawa has received an increased number of calls for support after overdose deaths and non-fatal mental health crises. The purpose of this scan is to gain a better understanding of what services currently exist in Ottawa following tragic deaths, identify gaps, and learn more about community needs and the types of services that could be helpful.



CONTEXT

POSTVENTION

When a person dies by suicide, they often transfer a burden of distress onto their survivors (Andriessen, 2014). Postvention approaches aim to promote emotional recovery for survivors with the goal of preventing further tragic death (Andriessen, 2014). Research has shown that the average death by suicide leaves behind 5-10 survivors who are negatively affected by the traumatic death (Andriessen, 2014). Postvention is a short-term approach to managing the sudden onset of a crisis that also involves the development of a long-term plan to cope with the reality of being a survivor (Harrington-LaMorie et al., 2018).

COMPARING SUICIDE TO OTHER TRAGIC DEATHS

Aspects of the grief process for suicide survivors can be similar to the grief process for those bereaved by other forms of death (Andriessen, 2014). However, suicide bereavement can differ from responses to other causes of death due to the initial shock and immediacy of becoming a survivor, and dealing with social stigma or shame that may not be associated with other causes of death (Andriessen, 2014; Harrington-LaMorie et al., 2018; Young et al., 2012). While the grieving process for suicide may be more complicated in some cases, it may be possible to expand existing postvention approaches to support survivors of other types of acute bereavement compounded by social stigma.

SWOT ANALYSIS

Early in our consultations with CMHA Ottawa, we conducted a brief SWOT analysis to identify strengths, weaknesses, opportunities, and threats related to CMHA Ottawa's expertise in

postvention. This helped to assess the organizational readiness for the environmental scan and CMHA Ottawa's capacity to expand its postvention services.

STRENGTHS EXPERTISE

- Expertise in mental health
- Existing suicide postvention program
- Existing community partnerships

WEAKNESSES EVALUATION

- The perceived success of the existing postvention model is based on anecdotal feedback from engaged participants
- There has not been a formal evaluation of the postvention model

OPPORTUNITIES EXPANSION

- Services are already being requested
- An environmental scan can help identify opportunities to align with community efforts to respond to trauma

THREATS MODEL & FIT

- Debate about group vs. individual needs-based approaches to trauma
- Need to integrate evidence-based practice related to community and neighbourhood trauma
- Other service providers with overlapping mandates

METHODOLOGY



In consultation with CMHA Ottawa and Suicide Prevention Ottawa, the Victimology Research Centre developed an online questionnaire to collect information from community organizations. We asked a series of closed- and open-ended questions to identify organizations in Ottawa offering programs similar to postvention, to identify gaps in services, learn about community priorities, and explore perceived benefits and potential concerns related to postvention. CMHA Ottawa and Suicide Prevention Ottawa circulated the online survey throughout their networks and we received a total of 66 responses. A complete list of the survey questions can be found in Appendix B.

We held one focus group virtually with members of PINS (Post-Incident Neighbourhood Support Networks) to explore our research questions in more depth. Two members of the Victimology Research Centre facilitated the focus group. Both facilitators took notes on participant responses and combined their findings. The focus group protocol can be found in Appendix C.

We uploaded responses from the survey and focus group to ATLAS.ti for coding and qualitative analysis and sorted the data into major themes.

RESEARCH QUESTIONS

Our primary research question was: Could CMHA Ottawa's knowledge in postvention be more broadly applied to meet a need in the community? To better understand the need or desire for this type of adaptation, we asked service providers in the community the following questions:

- From your understanding, what programs currently exist in Ottawa that respond to needs arising from tragic deaths?
- Given what you know about existing programs in Ottawa, what gaps exist?
- Given what you know about existing programs, what areas do you think could be improved upon?
- How effective are employee assistance programs (EAP) at meeting the needs of staff and organizations following tragic deaths?
- What concerns, if any, do you have about postvention programs?
- What benefits, if any, do you see coming out of postvention programs?

A full list of survey questions and our focus group protocol are available in Appendices B and C. A list of organizations and services identified by participants is provided in Appendix D.

COMMUNITY ORGANIZATIONS INVOLVED IN SCANNING

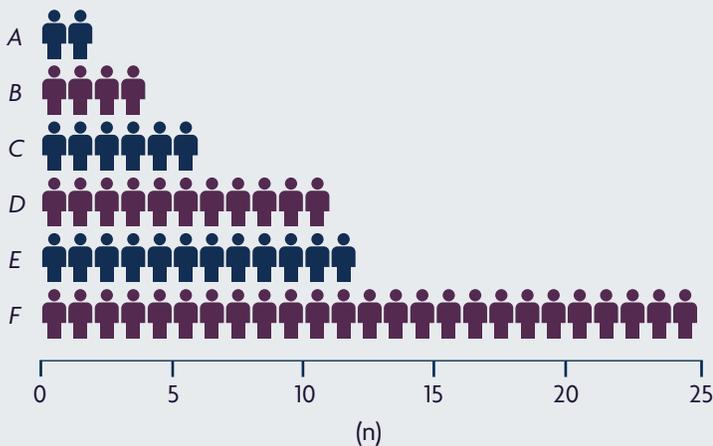
TYPES OF ORGANIZATIONS RESPONDING TO SURVEY

Respondent organizations were sorted into—

- Religious Organizations *A*
- Municipal and Provincial Organizations *B*
- First Responders *C*
- Hospitals and Specialized Mental Health Services *D*
- Community Organizations for Specific Populations *E*
- Community Health and Resource Centres *F*

For respondent numbers by organization see figure 1.

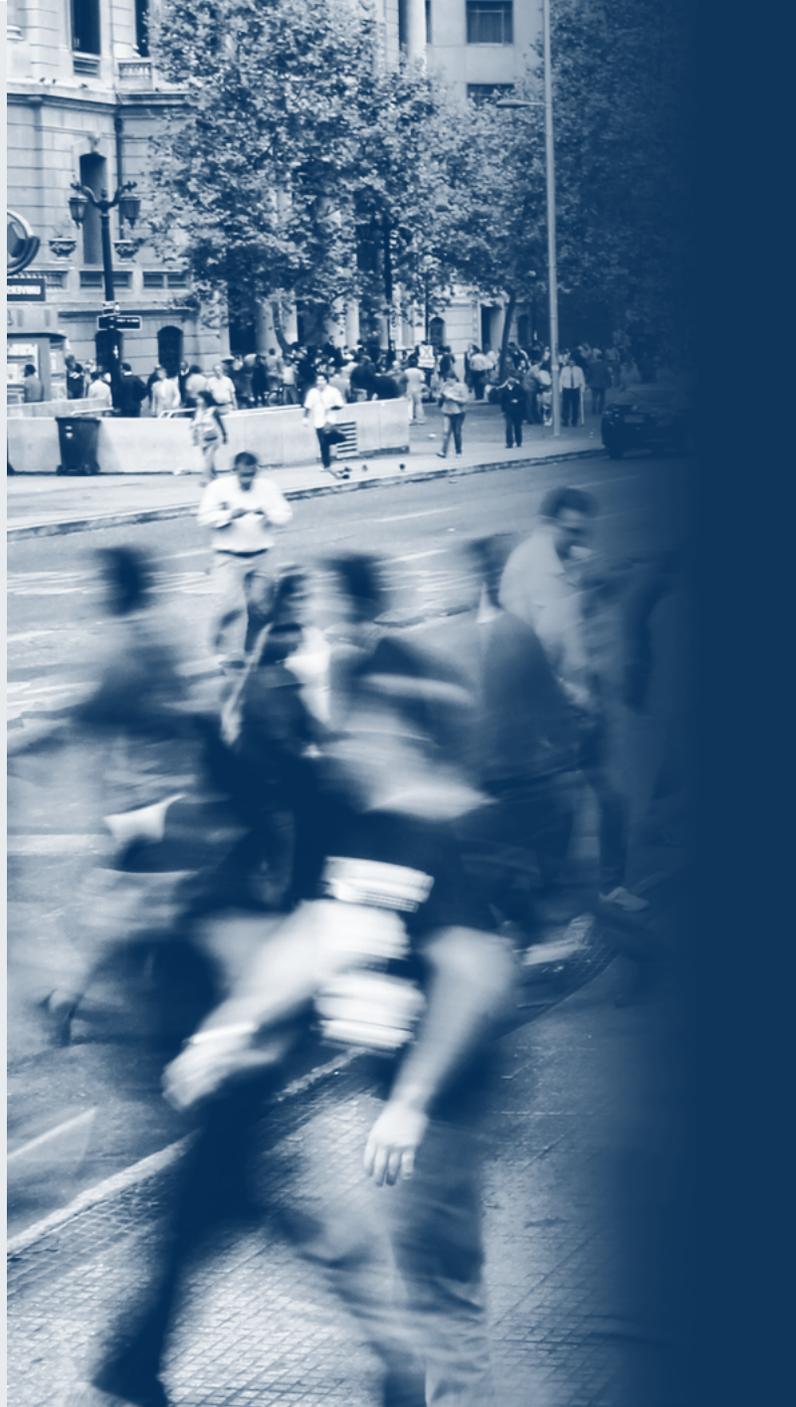
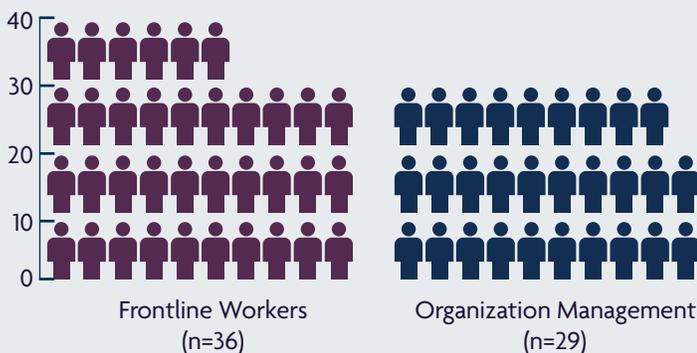
Figure 1
Respondent Sample Size by Organization



RESPONDENT ROLES IN ORGANIZATION:

Respondents were sorted into two categories: Management of organization, which includes roles like director, manager and chairperson; and front line workers, which includes roles like emergency services, case managers and program coordinators.

Figure 2
Rolls of Respondents (n=65)



LIMITATIONS

By providing respondents with open-ended questions, we were able to collect rich insights from the field. However, some survey responses were brief or lacked the nuances required to gain a deeper understanding of how respondents felt. The virtual focus group was helpful since we had the opportunity to discuss our questions in more depth and follow up for additional clarification. Since this environmental scan was conducted on a specific post-vention model in Ottawa, the specific findings can not be generalized to other communities with different stakeholders or needs. However, the methods and findings may still offer some guidance for program development in Ottawa or other communities.

KEY FINDINGS



These findings are based on responses to our online survey and virtual focus group.

WHAT BENEFITS DO POSTVENTION SERVICES OFFER?

EDUCATION AND AWARENESS

AWARENESS— Specialized response teams in affected communities improve awareness of what supports exist in the community and can assist community organizations with referrals.

COMMUNITY EDUCATION— Postvention services are an opportunity to educate the community on available support and to educate service providers in the community on responding to a tragic death.

ACCESS TO SERVICES AND SUPPORT— Community-level postvention provides support to those who have not accessed help before or do not know how. Group approaches to postvention help connect people to networks in their community.

COMMUNITY INVOLVEMENT IN HEALING

HOW COMMUNITY FOSTERS HEALING— Group approaches build community through communication, encouraging the sharing of experiences. Group sessions can validate collective trauma and discuss approaches to self-care and healing, fostering the capacity to collaborate with community members and encouraging adaptive coping. The mobilization of community resources builds solidarity and fosters resilience, potentially improving responses to a tragic death in the future.

HOW COMMUNITY PREVENTS FURTHER CHALLENGES— Group approaches to postvention prevent isolation of community members, helping prevent further negative outcomes. An increase in practitioners in the community combined with a bolstering of resources provides an extra set of eyes on who in the community is suffering, improving outreach to those at highest risk.

GRIEF MANAGEMENT AND ADDRESSING MENTAL HEALTH CONCERNS

SHARING— Individuals recovering from tragic death can benefit from the presence of others sharing the same burden, helping to manage their own grief.

PROCESSING GRIEF— Postvention support provides qualified assistance, and peer groups encourage the externalization and expression of personal and collective grief. Effective processing of grief can prevent the development of mental health concerns.

MENTAL HEALTH EXPERTISE— Services provide space for those affected to work through their grief. Postvention teams are professionals qualified to guide individuals through processing their loss safely.

PREVENTION

SUICIDE CONTAGION— A reduction in suicide contagion is often possible if resources and support are provided in a timely and accessible manner.

LONG-TERM TRAUMA— Mental health support provided to those affected can prevent long-term trauma and the development of mental health concerns.

SUPPORT

PROFESSIONAL SUPPORT— Staff working in the community or in crisis responses provide support during the complex emotional processes after a suicide or other tragic death. Professionals can also identify the most needed forms of support for clients in crisis or connect them to relevant resources.

COMMUNITY SUPPORT— The use of group approaches to recovery can foster feelings of inclusion and belonging within a broader supportive community. The community coming together can reduce factors that hinder the healing process, including shame and stigma that may be experienced by those connected to a tragic death.

WHAT CHALLENGES OR GAPS EXIST WITH CURRENT SERVICES?

ACCESSIBILITY AND AWARENESS

FINANCIAL— There is a gap in available resources for post-vention, prevention, and wellness. There have been significant increases in rates of tragic deaths such as opioid overdoses in marginalized communities, causing a further shortage of resources. The ability to afford care is a barrier, especially for vulnerable populations. Many services are provided through private providers, meaning a lack of access if individuals do not have personal or workplace coverage.

AWARENESS— The public and some service providers lack awareness of the available programs in their communities and on a broader scale. These programs cannot help the community without being activated by those involved, which cannot happen without awareness.

LANGUAGE AND CULTURE— There are significant linguistic and cultural barriers to accessing services. Services that are disconnected from cultural traditions or beliefs can lead to disinterest and dissatisfaction. Language barriers often cause a significant disconnect from service providers or a lack of capacity to communicate.

MODEL OF CARE

PATHOLOGIZING— Much of the care provided to survivors of suicide and tragic death comes from a medical perspective and can lead to pathologizing reactions to grief. Approaches that are too pathologizing can push individuals away from support, especially if they view their grief as normal and perceive no need for medical intervention.

CULTURAL BARRIERS— Cultural sensitivity is key in providing effective services. Many of the services provided are traditionally Western and struggle to meet the wants and needs of marginalized populations, leaving them dissatisfied.

NATURE OF CARE— Incoming crisis support teams, as outsiders, impose their perspectives on a community. This runs counter to the fact that communities know their own needs better than external bodies and support cannot be successfully implemented in a community without community members' engagement.

STAFF TRAINING— Staff responding to crises lack appropriate response techniques either in regards to trauma-informed approaches or cultural sensitivity.

STAFF SUPPORT— Frontline staff are often exposed to traumatic situations including tragic death, yet often are provided with substandard levels of support. The amount of mental health care available to staff is frequently limited by preset thresholds of workplace insurance which fails to accommodate the complex needs of staff with varied and complex experiences.

POLICING IN TRAUMATIZED COMMUNITIES— Police interventions after a tragic death are implemented without consideration of how police interventions can be retraumatizing for those involved, counter to the goals of their response.

TIED TO ORGANIZATIONS— Some people rely on support through their employee assistance program (EAP) or organizational resources. For-hire services are expensive which is a significant barrier to care for organizations who attempt to provide their staff with assistance. Services that are linked to organizations leave those who are unemployed, underemployed, or unsupported by their workplace or school without accessible care. Some people may not trust a service tied to their organization to be a safe place to process their personal grief.

LIMITED CAPACITY

IMMEDIACY AND LENGTH OF CARE— Services, especially from external organizations, can have delays in deployment, leaving community members without crisis support. Services are often not maintained long-term once implemented. These services miss a number of those affected who are not ready for care until later in their grieving process.

WAITLISTS— Many community-based services are available on a waitlist basis. Being on a waitlist for services can increase negativity towards care received and organizations as well as allow for the development of more concerns.

FOLLOW-UP— Services implemented during crises are often unable to follow up with clients on a long-term basis. Once clients have stopped accessing services in the immediate period, they are often left without support despite the possibility of developing further concerns.



RECOMMENDATIONS FROM PARTICIPANTS

ACCESSIBILITY AND AWARENESS

FINANCIAL ACCESSIBILITY

Programs should be offered for free or on a sliding scale. The ability to afford qualified help is limited for affected individuals, especially those in marginalized communities.

SERVICE CAPACITY

Service providers should increase support, with expanded hours and programs, based on increased community needs. Services often have capacity caps and need to be externally resourced in a way that can provide care to the whole community in cases of crisis.

WAITLISTS AND GAPS

Programs need to be implemented in a way that reduces delays in the provision of care to those in crisis. Organizations should provide services to a variety of community members affected by the traumatic death, not just those perceived as directly affected. Programs need to reduce the link between organization affiliation and service availability, given that many individuals do not have workplaces that can provide them support or coverage.

EDUCATION

Incoming crisis services need to increase awareness of their programs and network with community providers to inform the public of available support and foster trust from hesitant community members.

COMMUNITY-LED PROGRAMS

INTERNAL GROWTH

There should be a focus on promoting collaboration between incoming services and community resources, to bolster what is already available and trusted by the community.





BUILD COMMUNITY SOLIDARITY

Group approaches should foster sustainable relationships among community members, promote a sense of solidarity in the face of adversity, open opportunities for healing, and reduce stigma surrounding traumatic experiences.

LIVED EXPERIENCE

People with lived and living experience (PWLE) in the affected community should be involved in the planning and delivery of services. This can help motivate hesitant community members to seek care and improve service quality, as it comes from an informed standpoint and is planned by those with experience.



USE OF GROUP SUPPORT

GROUP PROGRAMMING FOR THE PUBLIC

Planning should encourage group support programs for community members. Group programming aids in building resilience and connections among community members. It can reduce shame and stigma in the community which consequently has a positive impact on the mental health of those involved.

PEER SUPPORT SERVICES

Peer support can be useful for community members, and respondents of our survey especially recommend peer support for staff members. Being able to connect with others facing similar challenges and experience positive engagement with other community members can reduce staff distress and increase networking capacity.



INDIVIDUAL SUPPORT APPROACHES

RESPONDING TO PRE-EXISTING CONCERNS

Service providers should design supports that address individual pre-existing issues that have been worsened by acute trauma, which may not apply to the entire community and would therefore reduce the efficacy of group methods.

TIMING OF ASSISTANCE AND SUPPORT

Individual supports should be in place to promote flexibility in the timing of care. People become ready for help at different speeds and need support available to them when they are ready, not when the rest of the community is.

UNIQUE OR LESS COMMON NEEDS

Group support can fail to address the more complex responses of community members with the highest level of need. Individual sessions can help individuals work through unique concerns that could not be addressed in group settings.

PRIVACY

While an individual may be comfortable sharing aspects of their experience with the community, many facets of grief are not suitable to explore in group discussions, and some community members may have concerns about their privacy or safety sharing in front of other members of the community. People deserve access to privacy to express their grief in ways that make them feel safe.



OUTREACH

SERVICE PROVIDER NETWORKING

Provider networks should coordinate communication after a loss of life to inform all those involved in a methodical manner. This will prepare community resources to be deployed once those affected start to seek support. Providers should be willing to help community members navigate the system.

REACHING OUT DIRECTLY TO THOSE AFFECTED

Services should reach out to those involved to connect them to the support they need on an individual and group basis and encourage them to seek further care. It is especially useful to use community-based resources to reach out since services already located within the region may be more aware of specific needs and have already established trust.

SPECIFIC OUTREACH

Services should partner with Indigenous providers to reach out in a culturally-informed manner to Indigenous communities that can be isolated from essential support or hesitant to seek support from non-Indigenous practitioners.



PREVENTION

FOR THE COMMUNITY

Support needs to be mobilized and offered in a rapid manner, prioritizing immediate access to services in order to prevent suicide contagion and the development of long-term mental health concerns.

FOR STAFF

Organizations need to introduce and fund counseling and peer support programs for staff that are easy to access and affordable, if not free. This would help to prevent burn-out and the development of mental health concerns in staff. Casual or part-time staff should also receive support.



TRAINING AND SERVICE QUALITY

SERVICES OFFERED EQUALLY TO ALL REGIONS AND POPULATIONS

Perceptions of quality are increased when resources address the needs of diverse populations; therefore, staff should be trained in culturally-informed care. Staff and services across different regions should be equitably resourced and trained.

TRAINING

Preceding a crisis, peer support volunteers should be trained in order to be part of a resource network for routine staff concerns as well as crisis intervention for the community. Training and services must be provided in a trauma-informed manner.

IMPROVING RESPONSE QUALITY

Planners should have a map of available community services with contact planning to deploy services and notify organizations as needed. Staff within organizations should be willing to reach out to other service providers if they lack experience or knowledge in a specific field in order to provide the best care to those affected. Services should be designed in collaboration with those with lived experience.



NEW SERVICES

Those who plan programs should focus on incorporating advocate services into the system that can help with public education and assist with navigating different types of support. Response teams should host information sessions for local organizations to foster collaboration.

CULTURALLY AND SOCIALLY INCLUSIVE PRACTICES

INCLUSIVE PRACTICE

Services should be offered in a variety of languages to maximize opportunities for participation. Organizations should acknowledge that traditional Western methods of perceiving and healing from grief may not be applicable or helpful to other cultural groups who have their own techniques. Organizations should therefore offer culturally-informed programming. Specifically, organizations should consider implementing collective approaches to grief and grieving rather than the traditional individualized models typical of Western practice.

INCLUSIVE DESIGN

Organizations should collaborate with Black, Indigenous, and People of Colour (BIPOC), PWLLE, and members of the LGBTQ2+ community when designing programs to integrate diverse ideas and perspectives on grief and recovery. Planning and staffing should also be mindful and representative of the unique needs of marginalized communities.

VRC RECOMMENDATIONS TO CMHA OTTAWA



FORMAL EVALUATION OF CURRENT PROGRAM

We recommend that the current postvention service model offered by CMHA Ottawa is evaluated and that recommendations from this report are integrated in the model before it is expanded.

INTEGRATION OF TRAUMA-INFORMED CARE

We recommend that the revised program include principles of trauma-informed care. This can be integrated into the current program by providing staff with proper training on survivors of trauma, and how to appropriately support their recovery.

CONSIDERATION OF EDI

We recommend that the revised program is developed around principles of equity, diversity, and inclusion (EDI). EDI-informed practices can help participants from diverse backgrounds feel included, valued, understood, and safe.

CONCLUSION

The findings of this environmental scan reveal a wide range of perceived benefits and gaps in postvention support in Ottawa. As identified by survey respondents and focus group participants, the benefits of postvention programs in Ottawa include education and awareness, community involvement, mental health care, prevention of further distress, and support. In contrast, it was found that there are numerous gaps in the provision of postvention support including a lack of accessibility and awareness, inappropriate models of care, and delayed responses.

In light of these gaps and benefits, we have generated suggestions for future development. Services should focus on accessibility and awareness; this includes offering services on a free or sliding scale, increased service capacity, reduced waitlists, and service provider education for increased program awareness. Programs must also be community-led, meaning these programs should foster intra-community growth through shared resources and partnerships, build solidarity, and include those with lived experiences in planning and coordination. Group support must also be included as not only a way for those affected to build connections and resilience, but also for service providers coping with the stress of their jobs. Conversely, individualized support approaches can be used to respond to pre-existing concerns, promote flexibility in the timing of care, address less common needs, and respect individual privacy during the grieving or healing process.

In regards to outreach, service providers must be informed in a timely and methodical manner following the loss of life of a client or community member. Those directly affected should be contacted with information on available support programs, and outreach strategies should be planned in a culturally sensitive manner. Support should be timely to prevent the worsening of mental health and the possibility of suicide contagion among those directly affected, including service providers. Training should be trauma-informed and provided preceding a crisis, maximizing quality through collaboration and inclusive design. Finally, postvention services should be informed by EDI and inclusive of BIPOC, PWLEE, and LGBTQ2+ perspectives.

The results of our environmental scan align with previous research (Andriessen, 2014; Harrington-LaMorie et al., 2018; Lanza et al., 2018; Young et al., 2012) and suggest that there are gaps in community services that could be effectively addressed by an expansion of CMHA Ottawa's postvention programming to provide support following other forms of tragic death. While postvention can offer many benefits for the community when paired with individual resources, CMHA Ottawa should continue monitoring emerging evidence on best practices.

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APPENDICES



APPENDIX A - KEY TERMS

TERM	DEFINITION
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CHC	Community Health Centre
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CRC	Community Resource Centre
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BIPOC	Black, Indigenous, and People of Colour
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PINS	Post Incident Neighbourhood Support: a plan for coordinating local providers and resources to respond to neighbourhoods impacted by traumatic incidents
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PWLLE	People with lived and living experience
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VRC	Victimology Research Centre
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APPENDIX B - SURVEY QUESTIONS

QUESTION 1— What is the name of your organization?

QUESTION 2— What is your role?

QUESTION 3— Are you aware of any programs or services that are currently offered that match the description in the introduction section? (Yes or No).

QUESTION 4— Please briefly describe your understanding of existing programs in Ottawa that respond to needs arising from tragic deaths.

QUESTION 5— From your experience, given the existing programs in Ottawa that respond to needs arising from tragic deaths, what gaps exist and what could be improved?

QUESTION 6— If you could improve responses in Ottawa, which services would you prioritize? (Ranked choices— Individual grief support for community members with referrals, group support sessions for community members with referrals, individual grief support for staff with referrals, group support sessions for staff with referrals, community development resources, prevention).

QUESTION 7— Would you like to explain or clarify anything about your choices? (Expanding on question 6).

QUESTION 8— Are there other types of services you think should be prioritized?

QUESTION 9— What concerns, if any, do you have regarding postvention?

QUESTION 10— What benefits, if any, do you see regarding postvention?

QUESTION 11— Final thoughts—Is there anything else you would like to share with us?

APPENDIX C - FOCUS GROUP PROTOCOL

THEME 1—EXISTING PROGRAMS

Question 1

From your understanding, what programs currently exist in Ottawa that respond to needs arising from tragic deaths?

Prompts—

- What do you know about available programs in Ottawa that respond to needs following tragic deaths?
- How do you know about these programs? How do others hear about them?
- How do community members access these programs?

Question 2

Given what you know about the existing programs in Ottawa, what gaps exist?

Prompts—

- Who is falling through the cracks?
- What needs are not being met?
- What barriers do community members face in accessing existing programs?

Question 3

How effective are EAP programs at meeting the needs of staff and organizations following tragic deaths?

Prompts—

- Can you provide examples of an effective EAP support experience?
- Can you provide examples of an EAP support experience that did not meet your needs?
- Are there organizations that do not have access to EAP programs but require support?

THEME 2—AREAS FOR IMPROVEMENT

Question 4

Given what you know about existing programs, what areas do you think could be improved upon?

Prompts—

- Which area(s) do you think should be prioritized for improvement?
- If you could improve one area, which would it be?
- Do you have any recommendations on how these improvements should be implemented, and by whom?

THEME 3—POSTVENTION PROGRAMS

Question 5

What concerns, if any, do you have about postvention programs?

Prompts—

- What challenges exist when implementing postvention programs?
- What harms might be caused to the community?
- How could these risks be mitigated?

Question 6

What benefits, if any, do you see coming out of postvention programs?

Prompts—

- What are the benefits to the community?
- What are the benefits to the individuals who participate?
- How could these benefits be measured?

APPENDIX D - INFORMATION ON ORGANIZATIONS

COMMUNITY HEALTH AND RESOURCE CENTERS

ORGANIZATION	CONTACT INFORMATION	DESCRIPTION OF SERVICES
Southeast Ottawa CHC	1355 Bank Street, Suite 600 Ottawa, ON, K1H 8K7 (613) 737-5115	<ul style="list-style-type: none"> • Anonymous HIV testing and counseling • Mothers services: breastfeeding, prenatal nutrition • Bereavement Support • Disease management and assistance
	Hunt Club-Riverside Community 3320 Paul Anka Dr., Ottawa, ON, K1V 9S1 (613) 580-2990	<ul style="list-style-type: none"> • Counseling • Food assistance: grocery bus • Health center: health promotion, nutrition guidance • House Cleaning and Homemaking Services • Housing support • Information, Referrals and Advocacy • Jewish Family Services of Ottawa (Hunt Club-Riverside site) • Multicultural programming • Newcomers' Programs • Respite Care • Seniors' activities: games, exercise, care, art • Landscaping services • Funding for winter clothing • Social Service Walk-in (Hunt Club-Riverside site) • Summer day camps • Support and Education Groups • Winter Warmth - fuel costs • Income tax clinics (Hunt Club-Riverside site) • Youth services: children's play groups, young adult employment
	Better Beginnings Better Future 22-1485 Heatherington Rd. Ottawa, ON K1V 8Z4 (613) 523-2223	
Carlington CHC	900 Merivale Road Ottawa, ON, K1Z 5Z8 (613) 722-4000	<ul style="list-style-type: none"> • Advocacy • After Hours Emergency Care • Anonymous HIV testing • Assertive Community Treatment Team • Disease management • Parenting Programs: birth control counseling, breastfeeding support, family support, midwifery, parent child sessions, education, postnatal care, prenatal care • Community services: computers, garden • Contact Ottawa • Counselling: individual, couples, families, groups, youth & their families, crisis services • First Words Speech and Language Program • Health clinics: flu shots, foot care, dental screening, smoking cessation • Food services: emergency cupboard, nutritional guidance • Housing Support • Immigration and Settlement Services • Information & Referrals • Low-Income Energy Assistance Program (LEAP) • Mindfulness programming • Harm reduction • Prescription Renewals • Seniors' Programs: outreach, advisor, support • Snowsuit Fund • Spanish Parenting Program • Women's services: stress and wellness group, violence against women • Well baby & child advice • Youth programs: homework clubs, counseling

**Sandy Hill
CHC**

221 Nelson St.
Ottawa, ON, K1N 1C7
(613) 789-1500

- Advocacy, civic engagement
- Mental health: anger management for men, addictions services, anxiety coping, counseling
- Food services: basic skills cooking group, cooking for preteens
- Sports: Boys Basketball, core training, girls multisport, indoor soccer
- Health services: Chiropody, managing chronic diseases, nurse consultations, nutrition, opiate substitution, primary care, smoking cessation
- English language services
- Services: Health Card Assistance, social work drop in
- Intensive Case Management
- Youth: homework program, toy library, summer camps, youth health
- Seniors services
- Parenting for children with unique needs

**Western
Ottawa
CRC**

2 MacNeil Court
Ottawa, ON, K2L 4H7
(613) 591-3686

- Legal services: child witness program
- Community services: children's community development, workshops
- School-based bullying prevention and Internet safety
- Service Arrangement
- Services pour les francophones
- Short-term counseling, crisis and phone support, violence against women support
- Food services: social & congregate Dining, meals on wheels
- Transitional and housing support program
- Volunteer Opportunities
- Youth supports: development, engagement, resources, LGBTQ+ drop in, peer support, homework clubs

**Nepean,
Rideau and
Osgoode
CRC**

1547 Merivale Road, Unit
240, 2nd Floor Emerald Plaza
Nepean, ON K2G 4V3
(613) 596-5626

- Community advisory committees and development
- Counselling, violence against women resources
- Diabetes Education Program
- Elder abuse services
- Housing Loss Prevention
- Multicultural & Newcomers Support
- Legal services: income tax clinics, utility assistance, legal aid drop in, debt solutions
- Children's resources: toy mountain (Salvation Army), tools for school, children's play groups, baby cupboard, family programming
- Youth services: counselling, programming, committees, retail employment, after school programs

**Pinecrest
Queensway
CHC**

Pinecrest: 1365 Richmond Road,
2nd Floor
Ottawa, ON, K2B 6R7
(613) 820-4922

South Nepean Community
Health Centre:
Cedarview Square, Suite 201,
4100 Strandherd Drive Ottawa,
ON, K2J 0V2
(613) 288-2820

- Community: gardens, housing, clinics, development, health promotion
- Employment services
- Seniors: fall prevention, connecting to primary care providers
- Housing: loss prevention and support
- Tax clinics
- Harm reduction
- Medical services: sexual health, smoking cessation, diabetes, chiropody, arthritis, preschool health screening, nutrition services, lung health
- Cultural programs: Somali fathers and youth, multicultural supports
- Violence Against Women & Children Who Witness Violence
- Children's and family resources: well baby program, toy library, child development, childcare resources, pregnancy counselling, prenatal, postnatal, breastfeeding support, speech and language
- Youth: outreach, leadership, retail employment program, school preparation

**Somerset
West CHC**

55 Eccles Street
Ottawa, ON, K1R 6S3
(613) 238-8210

- Community services: kitchen, cooking, mailbox
- Counseling services
- Harm reduction
- Language and culture services, chinese youth/family/senior services
- Prenatal and parental services: breastfeeding class, parenting information and support, parent child relationships, obstetric care, making baby food
- Recreational programs: physical activity sessions
- Housing: outreach
- Senior's services: shopping groups, primary care outreach, outreach to isolated individuals
- Vietnamese health, outreach
- Medical: walk in clinic, smoking cessation, HIV management, blood pressure monitoring, acupuncture, COPD and asthma management, flu clinics, diabetes, chronic condition management
- Youth: committees, drop in sessions

**Rideau
Rockcliffe
CRC**

815 St. Laurent Blvd Unit 3
Ottawa, ON, K1K 1N1
(613) 745-0073

- Anti-poverty community services
- Community services: development and voicemail
- Medical services: Diabetes education
- Food programs: emergency baby cupboard, emergency food program
- Families health programs, parent child education, healthy baby programs
- Francophone services
- Income tax clinics
- Counseling and crisis services: intake and crisis intervention
- Youth services: counseling, drop ins, programing, camps

**Eastern
Ottawa CRC**

215-1980 Ogilvie Road,
Gloucester
Ottawa, ON, K1J 9L3
(613) 741-6025

- Housing services
- Anti-Poverty
- Food stability: baby food cupboard, emergency food supplies, grocery bus, meals on wheels
- Financial services: tax clinics, budget assistance
- Counseling: individual, crisis intervention
- Community services: events, engagement, group consultation, neighborhood capacity building
- Medical services: dental screening, foot care, parkinson's support
- Legal Aid Clinic
- Outreach services
- Francophone services
- Respite Care
- School groups, homework clubs
- Seasonal Camps
- Violence against Women counselling and support groups

**Orleans
Cumberland
CRC**

240 Centrum Blvd., Unit 105
Ottawa, ON, K1E 3J4
(613) 830-4357

- Francophone services
- Children's and family services: baby cupboard, family healthy, healthy babies, lactation program
- Community development, events, support services
- Counseling: individual, family, crisis services
- Employment Services and Workshops/Income Tax Clinic
- Legal Aid
- Substance abuse and gambling services
- Low-Income Energy Assistance Program (LEAP), Ontario Works/ODSP
- Military support services
- Medical services: pre-diabetic dieting, diabetes management
- School Supplies Program
- Violence Against Women
- Youth counseling, programing

**Lowertown
CRC**

40 Cobourg St.
Ottawa, ON, K1N 8Z6
(613) 789-3930

- Community services: events, garden, store, movies, camps
- Counseling, intake
- Multicultural Program
- Parenting services: baby, children
- Senior's services
- Support Group for Women Victims of Violence
- Sports: swimming for women, basketball, hockey
- Youth counseling and drop ins, homework club

**Vanier
Community
Services**

290 Dupuis Street
Ottawa, ON, K1L 1A2
(613) 744-2892

- Catholic Family Services
- Community services: development, voicemail
- Counseling
- Employment: assistance, information and resources
- Family services: catholic services, breastfeeding guidance, family outreach, parent children resources
- Francophone services: school supports, legal clinic
- Children's services: playgroups for children and babies, healthy babies, early years centers, march break activities, toy library
- Support for elderly clients

**Centretown
CHC**

420 Cooper St.
Ottawa, ON, K2P 2N6
(613) 233-4443

- Community services: outreach, engagement, advocacy, voicemail
- GLBTTQ youth counseling
- Legal Advice Drop-in Clinic
- Multicultural outreach
- Harm reduction
- Parenting and children programs: Education programs, well baby programs, pregnancy support, making baby food, toy library
- Medical services: primary care, flu vaccine, smoking cessation, nutrition counseling, obstetrical care, addictions services, clinic walk in, dental screening, HIV testing, chiropody, diabetes, prenatal nutrition, breastfeeding
- Services for people who are homeless & in transition
- Counseling: settlement, coping with stress
- Senior's services: LGBT acceptance, chair exercises, primary care outreach, nursing services, outreach, senior pride network

COMMUNITY ORGANIZATIONS

ORGANIZATION	CONTACT INFORMATION	DESCRIPTION OF SERVICES
Children's Aid Society Ottawa	1602 Telesat Ct, Gloucester, ON, K1B 1B1 (613) 747-7800 yourcasquestion@casott.on.ca	<ul style="list-style-type: none"> • Aims to protect children and investigate cases of endangerment/allegations of risk • Provision of counseling to families to protect children and family systems, preventing the rise of situations that require child protection • Place children for adoption when deemed necessary
Sources of Strength Suicide Prevention	No fixed location, resources used in CHC's/CRC's, training available to public cody@sourcesofstrength.org	<ul style="list-style-type: none"> • Youth suicide prevention project using peer social networks to address forms of bullying and suicide through cultural shifts • Increasing help seeking behaviors and emphasizing the importance of connections to peers and adults • Focus on support/protective factors and promoting healthy actions and thoughts rather than focusing on risk factors • Training for adults and organizations to promote community level provision of resources
Salvation Army	Ottawa Booth Center- 171 George Street, Ottawa, Ontario, K1N 5W5 (613) 241-1573 Bethany Hope Center- 820 Woodroffe Avenue, Ottawa, Ontario, K2A 3V7 (613) 725-1733 Ottawa Citadel Church- 1350 Walkley Road Ottawa, Ontario K1V 6P6 (613) 731-0165 pat.millar@salvationarmy.ca	<ul style="list-style-type: none"> • Emergency assistance: provision of food, clothing and transportation • Community meals, 2 a day • Low energy assistance program: budgeting and financing of energy bills/utilities • Moneywise programming: managing budgets, assisting those on government assistance, goal of preventing homelessness • Christian summer camp and year round retreats
Crime Prevention Ottawa	No fixed location (613) 580-2424 ext. 22454 cpo@ottawa.ca	<ul style="list-style-type: none"> • Reducing likelihood of engagement in street violence • Post incident neighborhood support mobilization • Gender based violence initiatives • Youth: modelling healthy relationships, art programs, workshops • Information and resources for neighborhood, family, property and business

Options Bytown

380 Cumberland Street,
Ottawa, ON, Canada K1N 9P3
(613) 241-6363
(613) 241-4855
239-725 Bernard St. Ottawa, ON
K1K 1Y5
613-842-9582
b-506 Bronson Ave. Ottawa, ON
K1R 6J9
613-236-5051
117-110 Cobourg St. Ottawa, ON
K1N 8B7
613-688-0764
204-251 Donald St. Ottawa, ON
K1K 1N1
613-745-4956
211-255 Donald St. Ottawa, ON
K1L 7B5
613-744-8254
211-1455 Heatherington Rd.
Ottawa, ON K1V 8S3
613-260-5298
G1-380 Murray St. Ottawa, ON
K1N 8V9
613-241-8158
105-2080 Russell Rd. Ottawa, ON
K1G 3S7
613-523-2952

- Supportive housing with holistic services; four supportive housing sites for over 100 people, has housing agents on site and community engagement professionals for education and activities
- Resource centres for Ottawa Community Housing residents
- Transitioning people out of shelters into stable housing
- Workshops on reducing hoarding behaviours, using a peer to peer model, 16 week workshop series at no cost to participants; increase in stable housing and decrease in mental health concerns

Ottawa Community Housing

OCH 24/7 Call Centre
613-731-1182
Integrity Portall:613-691-5433
West: 1485 Caldwell Ave.
Central: 731 Chapel Cr.
East: 380 Murray St.
South: 1365 Bank St.
Head Office: 39 Auriga Dr.

info@och.ca

- Creation and maintenance of funding and refinancing to be invested into the community
- Increasing capacity and sustainability, maintaining relationships with community and organization partnerships
- Engaging tenants in successful community building initiatives, skill building for successful tenants
- Online tenant resources
- Integrity reporting
- Document and payment processing
- COVID-19 resources for tenants

Children's Hospital of Eastern Ontario

401 Smyth Road
Ottawa ON K1H 8L1
613-737-7600

- Medical services: emergency, routine care, advanced care
- Child and youth mental health and addictions services
- School based services
- Mental health: emergency services, long term and short term care, addictions and eating disorders, parent and family resources
- Community and social services

The Ottawa Hospital

Civic campus: 1053 Carling Ave,
Ottawa, ON K1Y 4E9
(613) 798-5555

General campus: 501 Smyth Rd,
Ottawa, ON K1H 8L6

Riverside campus: 1967 Riverside
Dr., Ottawa, ON K1H 7W9

Irving Greenberg Family Cancer
Center: 3045 Baseline Rd,
Nepean, ON K2H 8P4
(613) 761-4999

- Medical services: emergency care, specialists, long term care
- Family health team
- Mental health: CBT and DBT, eating disorders, inpatient and outpatient services, mobile crisis teams, multidisciplinary care approaches
- Preventing addictions in youth
- Social work and community services
- Specialized cancer services

Bereaved Families

Room 303, 211 Bronson Avenue
Ottawa, ON K1R 6H5
(613) 567-4278

office@bfo-ottawa.org

- Twice annually closed group sessions that last 8-10 weeks for individuals who have experienced tragic loss.
- Twice weekly weeknight “support and share” sessions for community members.
- Weekly grief walk.
- Peer support model for trauma response, run by volunteers, focused on fostering community and partnerships with and among participants.

Employment Assistance Program

Employee Assistance Program:
Online chat service available M
to F, 0800-1930.

1-800-268-7708, 1-800-567-
5803 (deaf/hard of hearing
support line)

Specialized Organizational
Services (SOS):

1-888-366-8213

hc.info.sos.sc@canada.ca

Informal Conflict Management
Services (ICMS):

1-844-899-3609

hc.icms-sgjc.sc@canada.ca

- Confidential, government run, bilingual services.
- Special phone service for individuals who are hard of hearing.
- 24/7/365 availability.
- Available crisis counselling.
- Phone line is run by certified mental health professionals.
- Addresses a variety of concerns including relationships, families, work life balance, psychological health and work challenges.
- Services available via e-counselling, video-counselling and telephone counselling
- Counselling provided on a short term basis with optional follow up as needed.

Ottawa Police Victim Services Unit

No fixed location, call or use
email tool online for further
information.
613-236-1222 ext. 2223

- 14hrs a day on weekdays and 9 hours a day on weekends open for crisis counselling.
- Crisis counsellors available in connection with civilian and sworn in officers.
- Provision of education and information regarding available services and navigating the criminal justice system.
- Considering and advising on safety needs, risk levels and development of individual safety plans.
- Information and resources on financial assistance in the community if eligible.
- Collaborative partnerships with local community programs to foster connectivity with long term support programming.
- Education and information on potential outcomes of trauma and inform those impacted on coping methods for fostering resiliency

**Ottawa
Public
Health
Mental
Health
Team**

100 Constellation Drive,
Ottawa, ON K2G 6J8

Telephone: 613-580-6744
TTY: 613-580-9656
Toll free: 1-866-426-8885

healthsante@ottawa.ca

Mental health line:
613-722-6914
outside Ottawa toll-free:
1-866-996-0991.

Youth crisis line:
613-260-2360
outside Ottawa toll-free:
1-877-377-7775.

- Connections to resources, information on finding a practitioner.
- Mental health resource lists available online including guidance for parents concerned about youth mental health.
- Available Mental Health Crisis Line, open 24/7.
- Special Youth Services 24/7 Crisis Line.
- Online publications on a variety of health topics.

**Boys and
Girls Club
Ottawa**

West: Ron Kolbus Clubhouse
2825 Dumauiier Ave.
613-232-0925
Satellite: Rochester 250
Cambridge St. North
613-315-2786
East: Don McGahan Clubhouse
430 McArthur Ave
613-746-8517
Satellites: Heatherington 1495
Heatherington Rd.
613-746-8517
Gloucester High School 2060
Ogilvie Rd.
613-746-8517
South: Tomlinson Family
Foundation Clubhouse 1463
Prince of Wales Dr.
613-727-5398
Satellite: Ridgemont High
School 2597 Alta Vista Dr.
613-727-5398

- Youth in conflict with the law diversion programs.
- Education support programs.
- Commitment to an accessible and barrier free environment.
- Socialization and peer engagement programs, fostering prosocial bonds.

**Canadian
Mental
Health
Association
Post Suicide
Support
Team**

311 McArthur Avenue, Ottawa
ON, K1L8M3
613-737-7791

general@cmhaottawa.ca

- List of crisis lines, organizations and contact numbers for immediate crisis services from a variety of sources
- Information services for a variety of organizations.
- List of Ottawa and Ontario supports and programs
- Service provider training and resources for a variety of community needs.
- Case management, integrated treatment plans, diagnosis services.

**Jewish
Family
Services
- The
Counseling
Group**

300-2255 Carling Ave. Ottawa, ON
K2B 7Z5
613-722-2225

info@jfsottawa.com

- Walk in counselling services. Single session counselling, variety of languages, no referral needed.
 - The counselling group: Organization of trained mental health professionals providing services in multiple languages. Includes a child, youth and family program.
-