

My anchor point

Regaining power



Project context and relevance

Every year, thousands of people in Quebec experience episodes of intense psychological distress, marked by suicidal thoughts or suicide attempts. These situations lead to frequent visits to emergency rooms and hospitals. In Montreal specifically, 548 people are hospitalized following a suicide attempt, 974 people visit the emergency room for a suicide attempt, and 10,782 people visit the emergency room for suicidal thoughts, every year.

However, despite these significant and impressive figures, the support offered too often remains fragmented, insufficient, or sporadic. Once back in their living environment, many of these individuals find themselves without a solid safety net, exposed to relapse or increased isolation.

Our local support project for people experiencing suicidal distress and their loved ones aims to fill this fragmented support gap and create a strong safety net around these individuals through personalized care. This project offers a front-line monitoring and intervention model specifically designed for people who are suicidal or have recently attempted suicide, as well as their loved ones. It is particularly aimed at people experiencing a difficult return home after a stay in hospital or the emergency room, a pivotal moment when continuous, personalized, and accessible human support can make the difference between life and death.



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This project aims to ensure continuity of care and support after a suicide crisis, in order to reduce the risk of relapse and strengthen the safety net around the person in distress and their loved ones.

In concrete terms, a personalized support program will be offered to people who have been hospitalized or have visited the emergency room following a suicide attempt or suicidal thoughts. A specialized mobile intervention team will respond quickly upon discharge from the facility to offer immediate, compassionate support tailored to the person's situation. From the first contact, a needs assessment will be conducted to develop an individualized action plan. The priority is first to ensure the person's safety and stabilization, then to offer them ongoing support with a specialist in suicide prevention. These meetings will provide a safe and non-judgmental space, conducive to expressing emotions, regaining control over one's life, and developing strategies for coping with difficult times.

At the same time, when appropriate, support will also be offered to family and friends. Meetings can be organized with key members of the person's circle to provide them with practical tools, boost their confidence, and strengthen the safety net around the person. This collaborative approach ensures that the person in distress is not only accompanied by a professional, but also supported by a solid network that can be mobilized in the event of new difficulties.

Throughout the process, close collaboration with partners in the health network and community organizations will ensure continuity of services and avoid any gaps in follow-up.



Knowledge and expertise rooted in the community

The project is led by the SPCM, a recognized community organization that has been rooted in its community for several decades. Thanks to its experience, its deep understanding of the human realities associated with suicidal distress, and its approach focused on helping relationships, the SPCM is ideally positioned to develop and implement this innovative model and to join forces with strong, structured partners to offer personalized continuity in support.

Entrusting this project to a community organization means focusing on:

- **Proximity:** a direct connection to the lives of individuals and communities;
- **Flexibility:** the ability to adapt quickly to changing needs;
- **Humanity:** an approach marked by empathy and respect;
- **Complementarity:** an essential role in supporting and continuing public services.

This structure will build strong bridges between citizens, hospitals, caregivers, and the Montreal community network.



General objectives

- Improve post-crisis support to ensure smooth, integrated, and efficient follow-up, guaranteeing rapid, coordinated, and continuous care for people at risk.
- Strengthen the existing network by acting as a complementary lever, contributing to a more comprehensive and consistent response to suicidal distress.
- Recognize and legitimize requests for help by fighting taboos and promoting a climate of trust, empathy, and kindness.
- Preserve the autonomy and power to act of community organizations by valuing their unique role in the continuum of care.
- Reduce gaps in the care system to prevent vulnerable individuals from bouncing between different services, with potentially dramatic consequences.
- Offer humane, professional, and accessible support to both individuals in distress and their loved ones through individualized follow-up tailored to their needs and life experiences.



Project timeline and phases

Year 1

Design and research

- Development of a support model tailored to the realities identified.
- Research and comparative analysis of best practices in suicide prevention and post-crisis follow-up.
- Definition of protocols for intersectoral collaboration with community and institutional partners.

Years 2 and 3

Pilot implementation

- Gradual rollout of the pilot project, offered in French and English.
- Recruitment and training of a team specializing in post-crisis follow-up.
- Individualized support for an initial group of targeted users.
- Rigorous evaluation of each stage to measure the relevance, effectiveness, and cohesion of the actions implemented.

Years 4 and 5

Implementation of a strong local support model

- Official rollout of the local support intervention model.
- Concrete and complementary contribution to the continuum of care for people in suicidal distress.
- Increase in the number of people receiving care.



Expected scope and measurable impact

Through its implementation, this project aims not only to save lives, but also to bring about lasting change in suicide prevention practices.

By focusing on the links between institutional services and community organizations, we ensure cohesion and continuity of services.

Accessibility and coverage of the service	Quality and intensity of support	Consultation and integration of services
Follow-up within 72 hours for people leaving hospital.	Join all users upon leaving hospitals.	Strengthening the social and community safety net, promoting a climate of mutual aid and solidarity.
Visibility and search engine optimization	Medium-term impact	Research and innovation
Increased mobilization of community and institutional partners around a common and shared mission.	Reducing pressure on emergency and hospital services through early intervention and follow-up care provided by the community.	Publication of research following the implementation of the project in the Montreal community.



Why support this project?

Supporting this project means investing in a proactive, humane, and sustainable solution that is perfectly aligned with the National Suicide Prevention Strategy. It also means recognizing and strengthening the essential role of community organizations in protecting mental health and preventing avoidable tragedies.

Through this project, the SPCM aims to offer a concrete and structured response to the pressing needs of vulnerable individuals, focusing on proximity, humanity, and collaboration.

Together, we can strengthen the resilience of our communities, save lives, and transform the way we care for one another in a lasting way.





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