

**YOU
ARE
NOT
ALONE**

A purple speech bubble containing the text "SUICIDE PREVENTION" in white, with a white circle containing the number "5" and the text "Year Anniversary" below it.

Suicide Prevention Toolkit: Resources for Workplaces

*Windsor-Essex County Health Unit &
Canadian Mental Health Association –
Windsor-Essex County Branch*

If you, or someone you know, is experiencing a mental health crisis, please contact the local crisis line at 519-973-4435, 911, or go to your closest local emergency department.

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Mental Health, Suicide, and the Workplace during COVID-19

Prior to the COVID-19 pandemic, people were spending as much as 60% of their waking hours at their workplace (Canadian Association for Suicide Prevention, 2016). Despite all the flexible work arrangements (e.g., work from home), many people still spend a significant portion of their day performing the duties and functions of their employment. As a result, it is important that workplaces have the necessary measures in place to raise awareness of and provide education about suicide and mental health, while also providing the corresponding training on suicide prevention and implement mental health promotion interventions to meet the current needs of their employees.

According to Statistics Canada (2020), 5.5 million Canadian workers were impacted by the COVID-19 economic shutdown from February – April. This included a drop in employment of 3 million and a COVID-related increase of absences from work of 2.5 million (Statistics Canada, 2020). In just two months, employment fell 15.7% below the pre-COVID levels reported in February (Statistics Canada, 2020). This is of particular concern as a recent study by McIntyre & Lee (2020) projected that the number of suicide-related deaths in Canada could increase by 1% for every percentage point increase in the annual employment rate, until the end of 2021. Furthermore, a recent poll conducted by the Canadian Mental Health Association (Ontario) (2020) found that 90% of Ontarians are concerned about COVID-19's impact on the economy and 69% are concerned about the impact the outbreak has on their personal finances. Statistics Canada (2020) also found that 43% of participants who reported significant impacts on their ability to meet financial obligations due to COVID-19 reported symptoms that were consistent with moderate or severe anxiety.

Overall, the negative consequences of unemployment may lead to worsening mental health problems and/or suicidal ideation among the unemployed workforce as result of lower standards of living, income and job insecurity, reduced self-esteem, and a loss of social networks (Institute for Work & Health, 2009). These modern challenges indicate that suicide prevention, timely access to mental health supports, and the availability of financial and labour support programs will be of paramount importance to support the needs of Canadians during the COVID-19 pandemic (McIntyre & Lee, 2020).

Quick Facts

Suicide in Canada: Key Statistics (PHAC, 2016; PHAC, n.d.)

- 11 people die by suicide each day
- There are 4,000 deaths by suicide each year and one-third of these are people between 45 and 59 years old
- Suicide is the leading cause of death for youth and young adults aged 15 to 34
- 8 out of 10 people who die by suicide each year gave previous indications of their intentions

Suicide & Mental Health in the Workplace

- 70% of all suicide deaths in Canada are among working aged adults (ages 30-64) (Mustard et al., 2010)
- Businesses in Canada lost \$6 billion in productivity due to poor mental health in 2011 (Mental Health Commission of Canada, 2013)
- Psychological health problems cost the Canadian economy \$51 billion per year, \$20 billion of which results from work-related causes (Mental Health Commission of Canada, 2016)

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- 47% of working Canadians consider their work to be the most stressful part of daily life (Mental Health Commission of Canada, 2016)
- 70% of Canadian employees are concerned about the psychological health and safety of their workplace and 14% do not think their workplace is healthy or safe at all (Mental Health Commission of Canada, n.d.)
- 23% of Canadian workers feel comfortable talking to their employer about a psychological health issue (Centre for Occupational Health & Safety, 2016)

Considerations for the Workplace

High Risk Populations

Based on the available data, certain populations are at higher risk for suicide and mental illness due to social and environmental factors. These populations include the following:

- **People With Previous Suicide Attempts** - A British study conducted by Harris et al. (1997) found that patients with a previous suicide attempt were 38 times more likely to die by suicide than those with no previous attempts.
- **People with Pre-Existing Mental Health Conditions or Illnesses** - Of the 4,000 deaths by suicide each year, 90% were living with a mental health problem or illness (PHAC, n.d.).
- **Indigenous Populations (First Nations, Metis & Inuit)** - A National Household Survey by Statistics Canada (2011-2016) found that the rate of suicide among First Nations people (24.3 deaths per 100,000 per-years at risk) was three times higher than the rate among non-Indigenous populations (8.0 deaths per 100,000 person-years at risk). Furthermore, suicide rates were approximately twice as high among the Metis population (14.7 deaths per 100,000 person-years at risk) and approximately nine times higher among the Inuit population (72.3 per 100,000 person-years at risk) than the non-Indigenous population. Socioeconomic factors, including household income, labour status, level of education, marital status, and geographical factors accounted for 78% of the excess suicide risk among First Nations adults 25 and older, 37% for Metis adults, and 40% for Inuit adults.
 - The recent Canadian survey released by CMHA National and UBC (2020) also found that people who were Indigenous (16%) were 10% more likely to have had suicidal thoughts since the outbreak of COVID-19 when compared to the general population (6%). The Indigenous population was also more likely to report difficulties coping with COVID-19 (26% vs. 15%), to feel depressed (31% vs. 23%) or lonely and isolated (46% vs. 31%), and to have increased alcohol use (25% vs. 19%) since the COVID-19 outbreak.
- **LGBTQ2S+ Populations** - According to the Suicide Prevention Resource Centre (2008), youth who identify as lesbian, gay, or bisexual are five times more likely than non-lesbian, gay, or bisexual youth to consider suicide and seven times more likely to attempt suicide. Existing research also demonstrated that LSB populations may be at increased risk of depression, anxiety, and substance use (Haas et al., 2011), which can also be indicators for suicide risk if left untreated.
 - According to Bauer et al. (2015), 0.5% of the population identifies as transgender. Of this 0.5%, Bauer et al. (2015a; 2015b) found that over 10% of persons who identify as transgender report recently attempting suicide and 22-43% attempted suicide in their lifetime. People who identify as

transgender are also 2 times more likely to think about and attempt suicide than people who identify as lesbian, gay, or bisexual (Irwin et al., 2014).

- The recent Canadian survey released by CMHA National & UBC (2020) found that people who identify as LGBTQ2S+ were more likely to report worse mental health during the COVID-19 pandemic than the general population (45% vs. 38%), to have tried to harm themselves (7% vs. 2%), and to have increased use of cannabis (18% vs. 6%).
- **Middle-Aged Men (Suicide Moralties) & Women (Suicide Attempts)** – According to the Centre for Suicide Prevention (n.d.a), men die by suicide more than any other demographic group. Middle-aged men, between the age of 40 and 60, have the highest number of suicides. Men are also three times more likely to die by suicide than women. The Centre for Suicide Prevention (n.d.a) also reports that men are less likely to seek help before reaching a suicidal crisis due to the gender norms prevalent in society that expect men to be “tough”, financially stable, and stoic.
 - Although men are more likely to die by suicide, women are 2-3 times more likely to attempt suicide (Centre for Suicide Prevention, 2012).
 - In the recent survey conducted by CMHA National & UBC (2020), women (44%) were 12% more likely to report that their mental health has declined since the COVID-19 pandemic began than men (32%). The CAMH National COVID-19 Survey (2020) found that women (29.5% - 20.1%) were also more likely to experience moderate to severe anxiety during COVID-19 than men (21.2%- 18%), to feel lonely (27.3% - 24% vs. 19.1% - 21.6%), and to feel depressed (24.5%-20.1% vs. 16.3% - 16.6%).

High Risk Occupations

According to the Centre for Suicide Prevention (n.d.b), the following occupations have the highest suicide rates:

- **Occupations with high suicide rates include those with:**
 - Easy access to lethal means (e.g., guns, pesticides)
 - Exposure to chemicals (e.g., pesticides) that can cause mood or behaviour impairments
 - High workplace stress (e.g., trauma, dangerous working conditions)
 - Job insecurity (e.g., contract work)
 - Low wages
 - Stressors related to gender imbalance (e.g., women working in traditionally male-dominated industries)
 - Inconsistent work schedules (e.g., shift work, which can cause a disruption of family routine, inconsistent sleep patterns, and other challenges)
 - Isolation in the workplace
- **Occupational sectors with the highest rates of male suicide (per 100,000) include:**
 - Construction workers (53.2)
 - Installation, maintenance, and repair workers (39.1)
 - Farmers, ranchers, and other agricultural managers (32.2)
- **Occupational sectors with the highest rates of female suicide (per 100,000) include :**
 - Arts, design, entertainment, sports, and media professionals (15.6)
 - Protective services (e.g., police) (12.2)
 - Healthcare support (11) (Peterson et al., 2018)



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Self-Harm & Suicide in Windsor-Essex County – The Local Context

The Windsor-Essex County Health Unit's *Intentional Self Harm Report* (2018) indicated that the rate of self-harm emergency department (ED) visits increased by 31.8% between 2012 and 2017 (WECHU, 2017). Of these self-harm injury-related ED visits, 60.2% were females, with younger females between the age of 10 and 19 years old having the highest rates in Windsor-Essex County. While the proportion of self-harm ED visits were higher amongst females when compared to males, the risk of self-harm mortality for men living in Windsor-Essex County was 3.3 times higher compared to women in the period between 2007 and 2016. In particular, the greatest age-specific self-harm mortality rate was identified in the 45-64 year old group. Furthermore, preliminary data from the Office of the Chief Coroner & Ontario Pathology Service (2019) indicates that there were 56 deaths caused by intentional self-harm in 2017, which represents the highest number of self-harm mortalities in Windsor-Essex County from 2007 onwards.

Suicide Prevention Resources & Tools

Suicide Prevention Toolkits & Resources

A number of suicide prevention toolkits have been developed to raise awareness about suicide prevention in the general context, within workplace environments, and for high risk populations. These toolkits can be helpful resources for workplaces to learn more about suicide prevention, but also to enhance their capacities to support employees who may be struggling with varying mental health issues or conditions, suicidal ideation, or bereavement from suicide (within or outside of the workplace).

Workplaces

- Centre for Suicide Prevention
 - [The Workplace and Suicide Prevention: A Suicide Prevention Toolkit](#) – A collection of facts, figures, and best preventative practices regarding suicide in the workplace

General Populations

- [Safety Plans to Prevent Suicide Toolkit](#) – A toolkit for people wishing to help someone they know who is struggling with thoughts of suicide
- Centre for Suicide Prevention
 - [Self-Harm and Suicide Toolkit](#)
 - [Trauma and Suicide Toolkit](#)
 - [Depression and Suicide Prevention Toolkit](#)
 - [Substance Use Disorder and Suicide Toolkit](#)
 - [Suicide Prevention Primer Toolkit](#) – A toolkit containing suicide prevention myths and facts
- Canadian Mental Health Association (National) – [Preventing Suicide Toolkit](#)
- Mental Health Commission of Canada (**Bereavement Toolkits**)
 - [Toolkit for People Who Have Been Impacted By A Suicide Attempt](#)
 - [Toolkit for People Who Have Been Impacted By A Suicide Loss](#)
- World Health Organization – [Preventing Suicide: A Community Engagement Toolkit](#)



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- A step by step guide for communities to engage in suicide prevention activities, to have ownership over the process, and to keep efforts sustained.

High Risk Populations

- **Indigenous Populations**
 - Centre for Suicide Prevention
 - [Trauma and Suicide in Indigenous People Toolkit](#)
 - [Indigenous Suicide Prevention Toolkit](#)
 - [Aboriginal Suicide Prevention Resource Toolkit](#)
- **Men**
 - Centre for Suicide Prevention
 - [Men and Suicide Infographic](#)
 - [Preventing Suicide in Men Guide](#)
- **Women**
 - Centre for Suicide Prevention – [Women and Suicide Toolkit](#)
- **LGBTQ2S+ Populations**
 - Centre for Suicide Prevention
 - [Sexual Minorities & Suicide Infographic](#)
 - [Transgender People and Suicide Infographic](#)
 - [Sexual Minorities & Suicide Prevention Toolkit](#)

Mental Health Promotion at Work – Toolkits & Resources

A number of toolkits and resources have been developed to help support employers in promoting mental health at work. These include:

- CSA Group – [National Standard for Psychological Health & Safety in the Workplace](#)
- Employment & Social Development Canada – [Psychological Health in the Workplace](#)
- Guarding Minds @ Work – [A Workplace Guide to Psychological Health & Safety](#)
- Canadian Mental Health Association (Ontario) – [Workplace Mental Health Promotion – A How-To Guide](#)
- [Not Myself Today](#): A toolkit that provides employers with a set of activities, tools, and resources that are proven to support and promote mental health in the workplace

Suicide Prevention & Mental Health Promotion Resources & Information for High Risk Occupations

- Arts, Design, Entertainment, Sports, and Media Professionals
 - Lester & Stack – [Suicide and the Creative Arts](#)
 - Centre for Addictions & Mental Health – [Mental Health in the World of Sport](#)
- Healthcare Support
 - Centre for Addictions & Mental Health: [Resources for Health Care Workers](#)
 - Canadian Centre on Substance Use & Addiction: [Managing Stress, Anxiety, and Substance Use During COVID-19: A Resource for Health Care Providers](#)
 - WECHU: [Regulated Health Professionals Workplace-Specific COVID-19 Resources](#)

- First Responders & Military Workers
 - Centre for Suicide Prevention – [First Responders Trauma Intervention and Suicide Prevention Toolkit](#)
 - Mental Health Commission of Canada – [Suicide Prevention & Awareness for First Responders](#)
 - Military Workers: Centre for Suicide Prevention – [Military Suicide Prevention Toolkit](#)
 - Frontline Resilience: [Coping with COVID-19 – Guidelines for First Responders](#)
 - Mental Health Commission of Canada – [The Working Mind First Responders](#)
 - Windsor-Essex First Responder Coalition – [WeHelpFirst](#)
 - [BC First Responders Mental Health](#)
 - Canadian Centre for Occupational Health & Safety: [COVID-19 Tip Sheet for First Responders](#)
- Construction, Installation, Maintenance, & Repair Workers
 - Action Alliance for Suicide Prevention & Carson J. Spencer Foundation – [A Construction Industry Blueprint: Suicide Prevention in the Workplace \(USA Resource\)](#)
 - [Construction Industry Alliance for Suicide Prevention \(USA\)](#)
 - Workplace Safety & Prevention Services – [Workplace Safety & Prevention Services Guidance on Health and Safety for Maintenance and Facilities Maintenance during COVID-19](#)
 - Workplace Safety & Prevention Services Guidance – [Health and Safety for Service Managers, Service Technicians and other Vehicle Sales and Service Employees during COVID-19](#)
- Farmers, Ranchers, and Other Agricultural Managers
 - CMHA Ontario – [Mental Health in the Agriculture Industry](#)
 - House of Commons Canada – [Mental Health: A Priority for Our Farmers](#)
 - WECHU: [COVID-19 & Mental Health – Resource for Migrant Farmer Workers in Spanish](#)

COVID-19 & Workplace Mental Health Promotion

- [WECHU – Workplace Mental Health Promotion & COVID-19 webpage](#) – This webpage provides information and resources about workplace stress and COVID-19, building stress management and resiliency-building strategies at work, and mental health promotion tips for working from home. It also includes guidance on how to socially support co-workers and reduce stigma at work, building financial health and wellness, and the role of employers in fostering a psychologically safe workplace during COVID-19.
- CMHA Ontario – [Return to the Workplace \(A Psychological Toolkit for Heading Back to Work\)](#) – A guide to support the mental health of individuals as they plan safe transitions back into their workplaces and to help employees as they develop policies and procedures for supporting staff returning to work.
- Workplace Safety & Prevention Services – [COVID-19 Mental Health Resources](#) – A comprehensive listing of resources to support the mental health of employees during COVID-19, including resources to support remote working, stress management, employees who are sick or caregiving, employees who have been laid off or terminated, and more.

Frequently Asked Questions

Stigma remains one of the most significant barriers for people reaching out for help in order to get the mental health supports they need. Workplaces have an important role to play in suicide prevention. The following includes some warning signs associated with suicidal ideation along with some questions employers and co-workers may ask to engage someone who may be thinking about suicide in the workplace.

1. What are the signs that a colleague may be experiencing thoughts of suicide?

Many people who are experiencing thoughts of suicide demonstrate warning signs or indicate their intent verbally or through changes in behaviour (CMHA-WECB, n.d.; Centre for Suicide Prevention, n.d.b). People who are experiencing thoughts of suicide may demonstrate the following signs:

- a. A sudden change in mood or behaviour
- b. Show a sense of hopelessness and helplessness
- c. Express the wish to die or end their life
- d. Increased substance use
- e. Withdraw from people and activities they previously enjoyed
- f. Experience changes in sleeping patterns, commenting on being tired all of the time, or being noticeable fatigued
- g. Not showing up for work as often or being absent for long periods of time (absenteeism)
- h. Not being as productive as usual or being unmotivated at work (presenteeism)
- i. Have a decreased appetite
- j. Give away prized possessions or make preparations for their death (e.g., creating a will)

2. How do I talk to a colleague who I think may be experiencing thoughts of suicide?

It is important to show a potentially suicidal person that we care and that we are concerned for their safety. It is also important to directly ask the person if they are considering suicide. This shows that we are taking their feelings seriously, and helps to determine the levels of risk for suicide. If you feel uncomfortable asking, it is important that you get someone else to ask, such as a supervisor, manager, Human Resource Representative, or a Union Representative. We need to listen to the person – without judgment and by showing empathy. If the person says they are considering suicide, it is important to get help for that person by enlisting the help of professionals, such as a family doctor, a mental health professional, a 24-hour crisis line, or even a hospital emergency room if the person is imminently at risk. It is also important to enlist familial, friendship, and social supports. If the person is at imminent risk of harming themselves, do not leave them alone until they have been assessed and received help from a competent and trustworthy professional, or until another trustworthy adult arrives to stay with them. If, at any time, a colleague is experiencing a mental health emergency, or their safety is in immediate danger, please call 911 or arrange plans to bring that person to your closest local emergency department immediately.

Adapted from Frequently Asked Questions (Crisis Services Canada, n.d.a).

3. What are some suicide prevention measures that I can take as an employer in my workplace?

- a. Employee/Family Employee Assistance Programs (EAPs/FEAPs) can support employees in accessing mental health services (SPRC, 2013). If your workplace offers an EAP benefit to staff, ensure that you inform employees about their entitlements to this program and how to access the program for support. If you are interested in offering an EAP benefit to staff, please visit [CCHOS's website](#) to learn more about locating a local EAP provider and further considerations to make when contracting and hiring an EAP provider.
- b. Promotion of mental health in the workplace, such as paid mental health days, sufficient vacation time, benefits that acknowledge both physical and mental health services, and other mental health promotion activities in the workplace. See below for more tips on how to implement mental health promotion activities in your workplace during and beyond COVID-19.
- c. Suicide prevention awareness and training at work, such as ASIST, safeTALK, and Suicide to Hope
- d. Fostering a culture when help-seeking is encouraged (e.g., open door policy)

Adapted from Centre for Suicide Prevention (n.d.b)

4. What steps should the workplace take if an employee dies by suicide?

- a. Immediately after a suicide, leadership should:
 - i. Send their condolences to the deceased person's family
 - ii. Ask family members if they are comfortable with the leadership acknowledging the death as a suicide to other members of the organization
 - iii. Communicate the death to employees while respecting the family's wishes
 - iv. Follow any existing crisis response policy guidelines
- b. In the days and weeks following the suicide, leadership should:
 - i. Offer psychological resources and supports to all employees
 - ii. Identify those employees most impacted by the death and ensure they receive the grief support that they need
- c. In the months and years following the suicide, leadership should:
 - i. Ensure preventative measures are put in place (see above).

Adapted from the Centre for Suicide Prevention (n.d.b)

Getting Help

If you, or someone in your workplace, is experiencing challenges with their mental health or having suicidal thoughts, it is important to reach out for support. Reaching out for support has many benefits. Sharing your thoughts and feelings with a mental health professional can help to reduce stress and bring relief, provide opportunities to work through problems and identify solutions, help to reduce feelings of isolation, and increase overall feelings of hope, connectedness, and empowerment (Crisis Services Canada, n.d.b). Remember that you are not alone. There are many local programs and services that are available for support. The list of local programs and services included below can be shared with employees in your workplace to increase awareness that help is available.

Employee Assistance & Family Employee Assistance Programs (EAP/FEAPs)

EAP or Family Employee Assistance Programs (FEAPs) offer employees with access to free, professional, and confidential counselling, coaching, and consulting services 24/7. These services can help to manage personal, family, financial, or work-related concerns related to a wide variety of issues. If your workplace offers an EAP benefit to staff, ensure that you inform employees about their entitlements to this program and how to access the program for support. If you are interested in offering an EAP benefit to staff, please visit [CCHOS's website](#) to learn more about locating a local EAP provider and further considerations to make when contracting and hiring an EAP provider.

Crisis Services

- [The Community Crisis Centre](#): Offers mental health services for individuals ages 16+ who are experiencing an acute mental illness and/or psychosocial crisis. Services include a 24-Hour Crisis Telephone Line (519-973-4435) and walk-in crisis support.
- [Distress Centre of the Downtown Mission](#) - Offers free and confidential support services through their support line 365 days a year from 12pm-12am each day. This service provides emotional support, crisis intervention, community referrals, and other supports over the phone to adults and youth who need assistance or information. Support services can be accessed by calling 519-256-5000 during their service hours.
- [Crisis Services Canada](#) – Offers a 24/7 telephone crisis line at 1-833-456-4566 and a crisis text line at 45645 (4:00 p.m. – 12:00 a.m. daily).
- [Crisis Text Line](#) (powered by Kids Help Phone) – Offers Free 24/7 support for people in crisis. Text 'HOME' to 686868 to text with a trained real-life Crisis Responder.
- [ONTX Ontario Online & Text Crisis Service](#) - Offers a Crisis Chat that is available between 2 p.m. and 2 a.m. (Text 741-741)
- [Youth Space](#) – Offers a 'Youth Text' service that is available in Ontario between 6 p.m. and 12 a.m.

Bereavement Services

- [Canadian Mental Health Association – Windsor-Essex County Branch \(CMHA-WECEB\)](#) – Offers an Adult Bereavement Program that provides therapy to bereaved individuals who are at risk of complex grief/trauma.

Mental Health & Mental Health Promotion Services

Given the current closures and restrictions on operating hours for several organizations across Windsor-Essex County, it is recommended that you call ahead of time prior to accessing any in-person services or utilize the telephone-based or online services listed below:

- [Family Services Windsor-Essex](#) – Offers telephone counselling during the COVID-19 pandemic. To set up a telephone appointment or to speak with a counsellor, please call 1-888-939-1831 or email info@fswc.ca.
- [Bounce Back Ontario](#): A free skill-building program managed by the Canadian Mental Health Association designed to help adults and youth ages 15+ manage low mood, mild to moderate depression, and anxiety. Services are delivered over the phone with a coach and through online videos.
- [The Big White Wall](#): An online community that allows individuals to interact with a supportive network of community members when dealing with anxiety, depression, or other mental health issues.
- [Windsor-Essex Counselling Support Line](#): A temporary support line set up to provide timely, safe, and responsive counselling support to people who may be experiencing difficulties with coping during the COVID-19 pandemic. Please call 519-946-3277 or 1-877-451-1055 for support.
- [Wellness Together Canada](#): A new online portal for mental health and substance use support during the COVID-19 pandemic.
- [Canadian Mental Health Association \(Windsor-Essex County Branch\)](#) – Offers a variety of mental health programs and services during the pandemic, including a pandemic therapist and a Mental Health & Addictions Urgent Care Centre. Please call the Coordinated Access Line for more information about the programs and services that are available at 519-973-4435.
- [Connex Ontario](#): Offers free and confidential health services information for individuals experiencing mental health, substance use, or gambling issues at 1-866-531-2600.
- [Centre for Addictions and Mental Health](#): Developed a mobile application in response to the COVID-19 pandemic that provides evidence-based coping strategies to help people manage stress and anxiety during this time.

For a comprehensive listing of programs and services available in Windsor-Essex County during COVID-19, please visit <https://www.wechu.org/cv/where-access-help-resources>.

Programs & Services for High Risk Populations

Indigenous Populations

- [Southwest Ontario Aboriginal Access Centre \(SOAHC\)](#) – Provides crisis counselling support services by telephone to individuals from First Nations, Metis, and Inuit communities during the COVID-19 pandemic.

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Please contact SOAHAC by phone at 519-916-1755 for more information about the services available or to schedule a telephone appointment.

- [Hope for Wellness Hotline](#) - Offers immediate mental health counselling and crisis intervention services to all persons who are Indigenous across Canada during the COVID-19 pandemic. Telephone support is available 24/7 by phone at 1-855-242-3310 or through online chat.

LGBTQ2S+ Populations

- [W.E. Trans Support Community Health & Wellness Centre](#) - Offers increased access to support services for the LGBTQ2S+ community and their families during the COVID-19 pandemic. Counselling and peer mentorship services are being offered over the phone and through online methods and the support line has increased its hours to 8:00 a.m.-10:00 p.m. Other services include curbside and delivery support for the W.E. Trans Support foodbank, a hormones replacement therapy relief program, and other services and supports. To access services, please visit the W.E. Trans Support website or call 1-833-938-7267.
- [Windsor Pride Community](#) – Offers a variety of programs and services to support the mental health of LGBTQ2S+ populations. For a list of programs, please visit the Windsor Pride Community website.

Programs & Services for High Risk Occupations

- **Healthcare Workers**
 - [ECHO Coping with COVID](#) – An online peer support program for healthcare providers and doctors responding to the COVID-19 pandemic
 - [ECHO Care of the Elderly for LTC: COVID-19](#) – An online peer support program for those working in long-term care settings
 - Ministry of Health & Long-Term Care (MOHLTC) & Partnering Hospitals – The MOHLTC partnered with 5 hospitals to provide mental healthcare services to frontline healthcare workers. To self-refer for psychotherapy and psychiatric services, please visit <https://www.camh.ca/en/health-info/mental-health-and-covid-19/information-for-professionals>.
- **First Responders**
 - Peer Support Programs - Many first responder organizations have peer support teams that can offer mental health support to staff. Consult with your supervisor, manager, Human Resource Department, or Union representative to learn more.



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