

UNDERSTANDING SUICIDOLOGY: RESEARCH & PRACTICE

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CLINICAL COMMENTARY | POLICY ANALYSIS

When the Lifeline Goes Dark:

How suicide prevention in Canada lost its pulse

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Funding:

This article received no external funding. It is published as part of the open-access research and education activities of Understanding Suicidology: Research & Practice.

Conflict of interest:

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Abstract

Background: The closure of the Canadian Association for Suicide Prevention (CASP) raises concerns about the future of national suicide prevention leadership in Canada and the public accountability of organizations that carry symbolic authority within the field.

Purpose: This article examines CASP’s public record and interprets its closure within a broader shift from grassroots suicide prevention advocacy toward centralized organizational management.

Approach/Methods: Public annual reports, AGM documents, bylaws, financial statements, and public announcements from 2018 to 2026 were reviewed, with attention to governance, membership, staffing, finances, and accountability.

Findings/Argument: CASP appears to have shifted from a volunteer-driven coalition toward a more professionalized, centralized, and staff-intensive structure. Public records suggest that expenses rose markedly while revenues remained comparatively stable, and that governance changes narrowed some forms of member participation and influence.

Implications: CASP’s closure should not be understood only as a funding failure. It also raises questions about how national suicide prevention infrastructure can remain transparent, participatory, and accountable to the communities it claims to serve.

Keywords: Canadian Association for Suicide Prevention; CASP; suicide prevention; nonprofit governance; public accountability; Canada

Practice and Policy Points

- National suicide prevention infrastructure requires transparent public accountability, especially when an organization holds symbolic authority for clinicians, families, researchers, survivors, and people with lived experience.
- Funding challenges should be interpreted alongside governance, staffing, reserve policy, member participation, and operating-model sustainability rather than treated as a stand-alone explanation.
- Any successor structure should preserve cross-provincial, Indigenous, lived-experience, clinical, research, crisis-service, and survivor networks rather than allowing the field to fragment into disconnected local efforts.



Introduction

Several years ago, Antoon Leenaars wrote a piece titled *The Death of Suicide Prevention in Canada*, lamenting what he saw as the gradual erosion of national leadership, meaningful advocacy, and coordinated suicide prevention efforts across the country. At the time, the title may have sounded dramatic to some readers, perhaps even a little excessive, like one of those warnings that feels too large for the room it is spoken in. Yet in light of the recent announcement that the Canadian Association for Suicide Prevention (CASP) will cease operations on June 30, 2026, Leenaars' warning now feels less like hyperbole and more like a painful premonition.

There is something uniquely unsettling about watching a suicide prevention organization disappear in near silence.

Not because organizations never fail. They do. Not because financial strain is unusual in the non-profit sector. It is. And not because anyone seriously imagines that national advocacy groups are immune to the same administrative drift, personality conflicts, governance problems, and financial overreach that affect almost every other institution. They are not.

What makes this different is that CASP occupied a strange and important symbolic role in Canada. It was never simply another charity competing for grants, conference registrations, or donor attention. For many people, especially those who had lost someone to suicide, worked in crisis services, volunteered in prevention, or tried to advocate in a system that often seemed indifferent, CASP represented the idea that suicide prevention in Canada belonged to someone.

It belonged to a network. A movement. A loose, imperfect, often underfunded coalition of clinicians, survivors, researchers, family members, crisis workers, and advocates trying to insist that suicide deserved to be taken seriously.

For decades, CASP functioned as one of the only places where all of those people could still find each other. It was where a parent who had lost a child, a nurse from a rural emergency department, a researcher studying Indigenous youth suicide, a crisis line volunteer, and a military veteran could sit in the same room and realize that despite their different languages, professions, and experiences, they were all circling around the same wound.

The abrupt announcement that CASP would cease operations effective June 30, 2026 therefore feels larger than the closure of an organization. It feels, at least for many of us, like the quiet disappearance of one of the few national spaces where suicide prevention could still gather itself together.

There is something almost Cervantes-like about it. In *Don Quixote*, the tragedy is not simply that the protagonist mistakes windmills for giants. It is that he is one of the last people still willing to believe that giants exist, that some battles remain worth fighting even when the rest of the world has become cynical, bureaucratic, or tired. Leenaars often occupied a similar role in Canadian suicidology. He could be relentless, idealistic, sometimes uncompromising, but he remained one of the few people willing to keep insisting that suicide prevention was not merely a service issue, a funding line, or an administrative responsibility. It was, in his view, a moral project.

CASP's public statement cited "significant and sustained funding challenges" and indicated that the board had reviewed alternative models before determining that closure was necessary. That may well be true. Yet the public record suggests a more complicated story: one involving organizational expansion, changes in governance, rising overhead, reduced member participation, and a growing distance between the institution and the community it was originally created to serve.

In many ways, this report is written as a follow-up to Leenaars' earlier critique, and especially to the updated version of that critique that appeared years later. Both versions warned that suicide prevention in Canada was becoming increasingly fragmented, professionalized, and detached from the grassroots communities that had originally sustained it. Both warned that institutions can slowly begin to confuse managing a problem with caring about it.

The closure of CASP may therefore reflect more than a financial problem. It may represent the culmination of a much longer shift away from the kind of grassroots, advocacy-oriented, publicly accountable suicide prevention movement that once existed in Canada.

If that is true, then the story of CASP is not simply the story of an organization that ran out of money. It is the story of a country that may have gradually lost one of the last places where suicide prevention still felt collective, human, and unfinished.

Background

Historical Context and Organizational Legacy

Before the organizational restructuring that began around 2017, CASP functioned less like a modern non-profit corporation and more like a coalition held together by urgency, volunteerism, and the stubborn belief that suicide prevention deserved a national voice.

It was grassroots, uneven, occasionally chaotic, and often underfunded. Yet it was also deeply alive.

Much of CASP's visibility during this earlier period was tied to long-standing leaders, volunteers, clinicians, researchers, and survivors who spent years carrying the issue into public spaces where it had often been ignored. Their work involved public education, survivor support, media engagement, community advocacy, conference organization, and direct lobbying of governments at a time when suicide prevention in Canada was far less visible than it is today.

One of the most prominent figures in this earlier era was Antoon Leenaars, whose influence became inseparable from the organization itself. Leenaars was not simply an academic or advisor attached to CASP. In many ways, he became one of its public consciences. Through decades of public speaking, survivor advocacy, policy consultation, writing, media appearances, and government engagement, he helped position suicide prevention as something more than an unfortunate social issue relegated to the margins of mental health care.

Leenaars believed suicide prevention belonged in the public square. He argued repeatedly that suicide was not merely a private tragedy or a clinical concern but a national and moral issue. That belief animated much of CASP's earlier identity. It gave the organization a sense of urgency and purpose that could sometimes feel almost quixotic: a small group of people insisting, often against indifference, bureaucracy, and limited funding, that the suffering of suicidal people deserved national attention.

There is perhaps something of Don Quixote in the early story of CASP. Not because its leaders were naïve, but because they continued to fight for something others often dismissed as impossible, too complicated, too stigmatized, or too politically inconvenient. They fought for the idea that suicide prevention should be coordinated nationally. They fought for survivors and families to have a voice. They fought for Indigenous communities, military members, youth, and other marginalized groups to be recognized within prevention efforts. And they fought for the idea that suicide prevention was not only about crisis response but about culture, meaning, community, and human dignity.

Much of the progress that later resulted in greater governmental attention to suicide prevention, including federal awareness campaigns, increased public discourse, improved recognition of military and Indigenous suicide, and the eventual development of a national suicide prevention framework, emerged during a period when CASP's influence was strongly connected to these advocacy efforts. What CASP offered was not simply programming. It offered a sense that someone, somewhere, was still willing to gather the fragments together.

Following the governance changes beginning around 2017, however, CASP appears to have shifted away from this earlier advocacy-based model toward a more professionalized and organizationally centralized structure. Although the organization continued to conduct awareness campaigns, conferences, and fundraising efforts, there appeared to be less visible emphasis on direct policy advocacy, public-facing national leadership, and broad member-driven activism.

In one sense, this evolution is understandable. National organizations often become more formalized as they grow. They develop larger budgets, more staff, more committees, more reporting structures, and more sophisticated governance processes. This can create stability, consistency, and legitimacy.

But organizations can also become so focused on sustaining themselves that they begin to lose contact with the thing they were created to sustain.

This shift may help explain why some long-standing members and observers perceive the post-2017 organization as substantially different from the earlier CASP model. While the newer structure may have brought greater administrative sophistication, it may also have reduced some of the volunteer energy, public advocacy, and grassroots identity that once made CASP feel less like an institution and more like a movement.

Why CASP Mattered

CASP was never important simply because it existed. It mattered because of what it made possible.

For decades, CASP provided one of the only national spaces in Canada where researchers, clinicians, survivors, families, Indigenous leaders, crisis workers, military advocates, policymakers, and people with lived experience could gather around a shared concern. It created a place where suicide prevention was not fragmented by province, discipline, or profession, but approached as a national responsibility.

Its conferences became more than academic meetings. They functioned as one of the few places where someone working in a northern Indigenous community, someone running a crisis line in a large city, a researcher studying youth suicide, and a parent who had lost a child could sit in the same room and recognize that they were all, in different ways, trying to solve the same problem.

In this sense, CASP did something rare. It created rooms that otherwise would not have existed.

The organization also played an important role in helping suicide prevention become visible at the national level. Much of the momentum that eventually contributed to the federal framework for suicide prevention, broader public discourse, improved recognition of military and Indigenous suicide, and the normalization of postvention and survivor support was built through decades of advocacy by CASP leaders and members. CASP gave suicide prevention a national voice at a time when many governments still viewed suicide as a private tragedy rather than a public issue.

The roots of this national vision can be traced back to the 1987 Lake Louise meeting, where Canadian suicidology was described as fragmented, under-resourced, and near collapse. That meeting became a turning point. Under the leadership of Antoon Leenaars and others, CASP was reimagined as a collaborative, multidisciplinary, and culturally informed movement. The organization's goals were not merely administrative. They included building membership, developing regional and national support networks, improving suicide prevention programs for Indigenous communities, and promoting research that could influence public policy.

Leenaars' leadership helped transform CASP from a fragile and fragmented organization into a national force for suicide prevention. His vision was rooted in the belief that suicide was not merely an individual mental health issue but a broader social crisis that demanded cultural sensitivity, public accountability, and collective action. He argued that prevention efforts needed to include those who had been historically overlooked, including Indigenous communities, veterans, military personnel, and those living on the margins of Canadian society.

This broader vision was complemented by the work of Brian Mishara, whose emphasis on practical intervention helped bridge the gap between theory and action. Mishara was instrumental in advancing Applied Suicide Intervention Skills Training (ASIST), which became one of the most influential suicide prevention training programs in Canada and internationally. Through ASIST and related efforts, suicide prevention was brought beyond academic journals and policy reports into schools, hospitals, crisis centres, military settings, and communities.

CASP's influence extended well beyond conferences and training programs. It helped normalize conversations about suicide at a time when stigma was often overwhelming. It supported World Suicide Prevention Day campaigns, public awareness events, survivor memorial activities, postvention initiatives, and grassroots advocacy. It connected isolated clinicians in rural communities with larger professional networks. It created opportunities for families and survivors to tell their stories publicly. It offered a national structure through which local efforts could feel part of something larger.

Even beyond its formal achievements, CASP mattered because it gave people a sense that they belonged to something larger than themselves. It reminded people working in suicide prevention that they were not alone. It connected isolated advocates across provinces. It gave families a place to grieve, clinicians a place to learn, researchers a place to collaborate, and survivors a place to speak.

In this sense, CASP was not simply an organization. It was an infrastructure of belonging.

That is why its closure feels so significant. The concern is not only that an organization is disappearing. It is that one of the few national structures capable of holding together the many fragmented pieces of suicide prevention in Canada may be disappearing with it.

Scope

This article is a policy-facing clinical commentary and interpretive document review rather than an empirical, forensic, or legal investigation. Public documents were treated as organizational texts, with attention to how governance arrangements, financial decisions, membership structures, and closure explanations shaped the public narrative of CASP's dissolution.

The source material consisted of public annual reports, AGM documents, bylaws, financial statements, and public announcements released between 2018 and 2026. The analysis focused on five domains: governance, membership, staffing, finances, and accountability. These domains were selected because they speak directly to the article's central concern: whether CASP's closure can be understood only as a funding problem or also as the outcome of a broader institutional shift.

The analysis is bounded by the available public record. It does not infer private intent, wrongdoing, illegality, or internal board deliberation beyond what can reasonably be supported by disclosed materials. Its purpose is to clarify the public record, identify unresolved accountability questions, and situate CASP's closure within the wider problem of sustaining national suicide prevention infrastructure in Canada.

Findings

Governance Changes Since 2017

CASP's own records suggest that what began around 2017 was not simply a routine administrative update but a much broader attempt to rethink the organization's structure, identity, and direction. The 2018 annual report described a "renewed mandate" and referred to a "strategic reset" that had begun the year before. Subsequent reports framed this period as a multi-year transition process focused on bylaw revisions, restructuring membership, redefining priorities, building sustainable funding, and expanding staffing and infrastructure (Canadian Association for Suicide Prevention [CASP], 2018, 2020).

On paper, much of this language sounds reasonable. National organizations often need to grow up a little in order to survive. They add staff, formalize policies, create committees, professionalize fundraising, and become more attentive to branding, reporting, and governance. There is nothing inherently suspicious about that.

But there is a point, in many organizations, where structure starts to become something else. Where an organization no longer feels like a coalition of people gathered around a cause and instead begins to feel like a cause gathered around an organization.

That appears to be part of what happened with CASP.

The clearest evidence of this shift can be seen in the organization's bylaws. The 2025 AGM package established two classes of members: Voting Members and Non-Voting Members. Voting membership was no longer something automatically attached to participation in the organization. Instead, it became something a person had to apply for, be accepted into, pay for, and maintain. Institutional or corporate members could appoint representatives to vote on their behalf. Meanwhile, non-voting members, including honorary members and "Friends of CASP," could still participate symbolically in the organization but without the same ability to influence its direction (CASP, 2025).

The bylaws also indicate that membership applications may be declined if an individual or organization does not align with CASP's "values or incentives towards the mission." Directors are elected through slates presented to members rather than through a fully open nomination process. Proposals brought forward by members are first reviewed by the Executive Committee before they can appear at the AGM. The President is also permitted to call closed meetings of members when deemed necessary (CASP, 2025).

None of these mechanisms, taken on their own, is illegal or even especially unusual. Canadian nonprofit law allows organizations to create voting and non-voting classes of membership, and many organizations use nominating committees or executive committees to streamline governance processes (Corporations Canada, 2025).

The concern is not that CASP suddenly became unlawful. The concern is that, taken together, these changes reveal a subtle but important shift in the center of gravity of the organization.

The earlier CASP model often felt messy, volunteer-driven, and at times perhaps even a little inefficient. Yet that inefficiency was also part of its democratic character. It was an organization where people argued, proposed ideas, nominated leaders, and carried the sense that the movement belonged to its members.

The newer model appears more polished, more managed, and more administratively coherent. But it also appears more filtered. More gatekept. More dependent on executive approval and less dependent on the unpredictable energy of ordinary members.

There is a kind of irony here. Suicide prevention, at its core, is often about helping people feel that they still matter inside systems that have become too large, too impersonal, or too procedural to notice them. Yet CASP’s own governance changes may have gradually moved the organization in exactly that direction: toward something more corporate, more centralized, and less permeable to the people who once gave it life.

Nonprofit governance scholars often describe this kind of shift as a move away from participatory association governance and toward managerial governance, where efficiency, reputation management, and centralized decision-making begin to eclipse democratic participation and member voice (Van Puyvelde et al., 2016). Board governance literature similarly warns that executive committees, while useful in some circumstances, can unintentionally weaken the broader board and membership when too much authority becomes concentrated in a smaller leadership group (BoardSource, 2023).

This matters because CASP was not an ordinary nonprofit. It was an organization whose authority rested largely on trust, collaboration, and the idea that suicide prevention belonged to everyone: clinicians, survivors, researchers, families, volunteers, Indigenous leaders, military advocates, and people with lived experience.

Once an organization built on belonging becomes too insulated from its own membership, it risks preserving the shell of the mission while quietly hollowing out its participatory core.

Financial Trajectory

CASP’s financial records tell the kind of story that is easy to miss if one only looks at the final number and sees “closure due to funding challenges.” The problem was not simply that revenue fell. In fact, revenue remained relatively substantial throughout most of the post-pandemic period. The deeper issue appears to have been that the organization expanded itself as though the unusually strong pandemic-era years were permanent rather than temporary.

In 2020–2021, CASP reported total revenue of \$651,595 and expenses of only \$210,506, producing a surplus of \$441,089. Even in 2021–2022, when revenue declined to \$443,315, expenses remained lower than revenue and CASP still produced a modest surplus of \$51,967 (CASP, 2021, 2022).

Then something changed. Beginning in 2022–2023, CASP entered a sustained deficit position, as shown in **Table 1**.

Table 1
CASP yearly revenues, expenses, and surplus/deficit, 2020-2025

Fiscal Year	Revenue	Expenses	Surplus / (Deficit)
2020–2021	\$651,595	\$210,506	+\$441,089
2021–2022	\$443,315	\$391,348	+\$51,967
2022–2023	\$346,853	\$609,462	-\$262,609
2023–2024	\$402,241	\$548,552	-\$146,311
2024–2025	\$443,432	\$702,913	-\$259,481

The most obvious example of this expansion can be seen in salaries and benefits, as shown in **Table 2**. What is striking is not merely that CASP began spending more than it brought in. It is the speed and scale of the increase. As shown in **Figure 1** between 2020–2021 and 2024–2025, total annual expenses rose from roughly \$210,000 to more than \$700,000. In other words, the organization more than tripled its expenditures in just five years while revenues stayed relatively flat in the range of roughly \$350,000 to \$450,000 per year (CASP, 2021, 2022, 2023, 2024, 2025).

Table 2
CASP fiscal year salary and benefits, 2020-2025

Fiscal Year	Salaries And Benefits
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2020–2021	\$132,302
2021–2022	\$261,773
2022–2023	\$247,803
2023–2024	\$290,464
2024–2025	\$316,709

There is nothing inherently wrong with paying people. National organizations need staff. They need someone to answer emails, manage conferences, coordinate volunteers, write grants, handle communications, pay invoices, book venues, prepare annual reports, and keep the whole machine moving. The issue is not that CASP spent money. The issue is that CASP appears to have gradually built itself around a much larger operating model than the one it could realistically sustain, as shown by the comparative breakdown of expenses in **Figure 2**.

Figure 3 highlights the contrasting relationship between revenue and expenses. By 2024–2025, salaries and benefits alone represented roughly 71% of annual revenue and approximately 45% of total expenses.

Figure 1

CASP salaries compared with revenue and expenses, 2020-2025

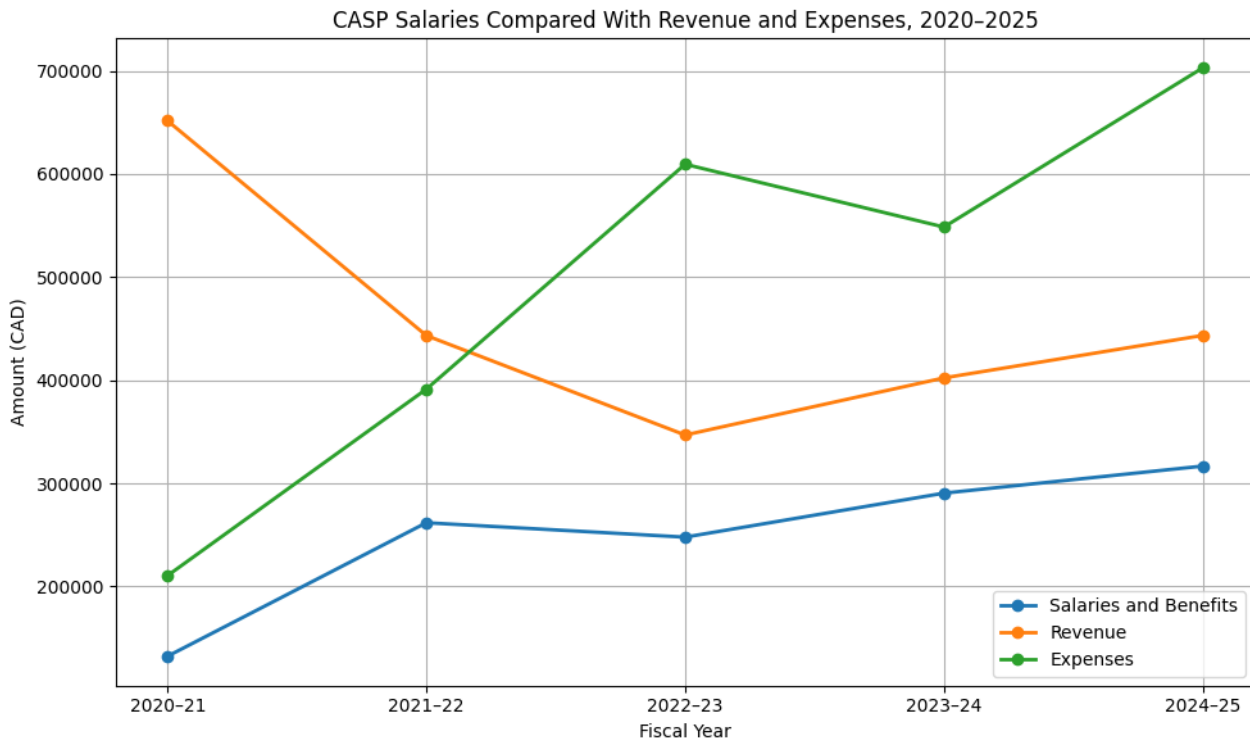


Figure 2

CASP financial trajectory with year-to-year change, 2020-2025

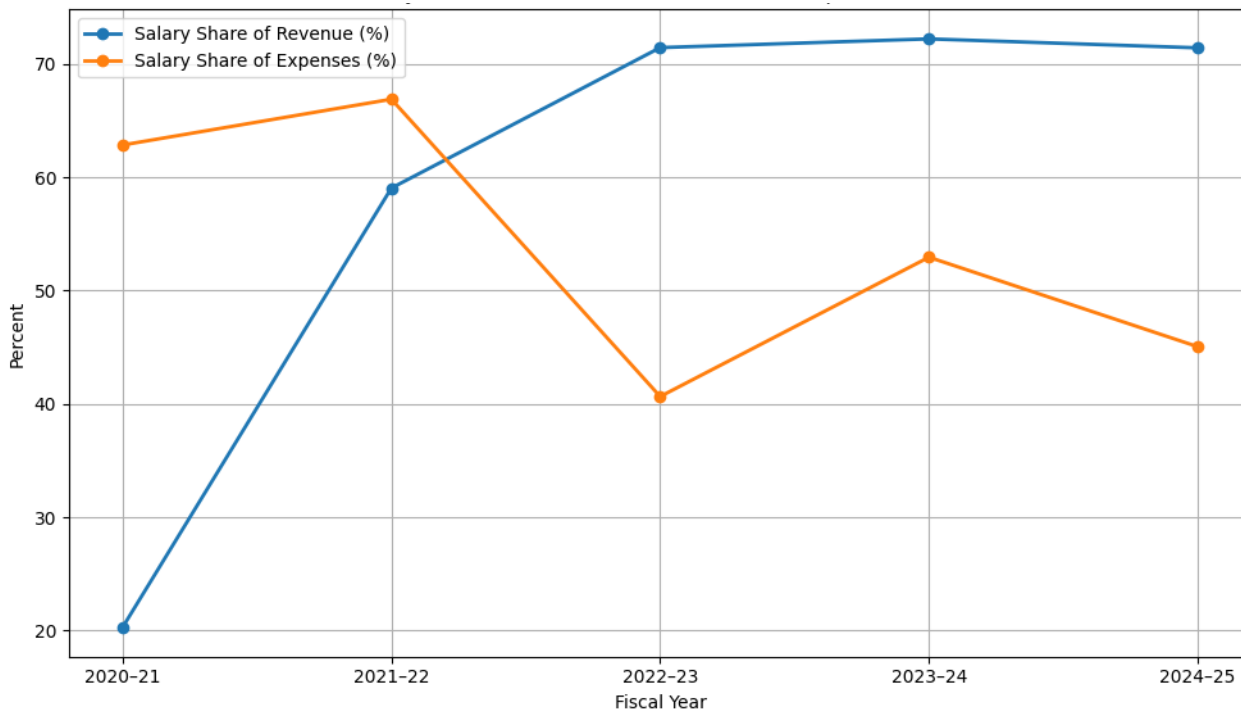
Fiscal Year	Revenue	Expenses	Surplus / (Deficit)
2020-21	\$651,595 —	\$210,506 —	\$441,089 —
2021-22	\$443,315 -32.0%	\$391,348 +85.9%	\$51,967 -88.2%
2022-23	\$346,853 -21.8%	\$609,462 +55.7%	-\$262,609 -605.3%
2023-24	\$402,241 +16.0%	\$548,552 -10.0%	-\$146,311 -44.3%
2024-25	\$443,432 +10.2%	\$702,913 +28.1%	-\$259,481 +77.3%

That is a very different organization from the older CASP model, which relied more heavily on volunteer labour, grassroots advocacy, and smaller-scale administration.

There is something almost sadly familiar about this pattern. Many nonprofits experience a brief period of financial abundance and begin, understandably, to imagine that this new level of revenue will continue. They hire more staff. They create more programs. They expand communications, fundraising, infrastructure, and strategic planning. And then, when the temporary surge in funding fades, they discover that they are trying to support a much larger organization with a much smaller base of recurring income. That appears to be what happened here.

Figure 3

CASP salary burden as a share of revenue and expenses, 2020-2025



The comparison with other organizations is revealing. The Mood Disorders Society of Canada reported more than \$1.5 million in expenses in 2024, but directed the overwhelming majority of those expenditures toward direct programming, veteran wellness initiatives, advocacy, national campaigns, and community services. Its spending model appears to have

remained much more visibly tied to service delivery and advocacy rather than to organizational expansion alone (Mood Disorders Society of Canada, 2024).

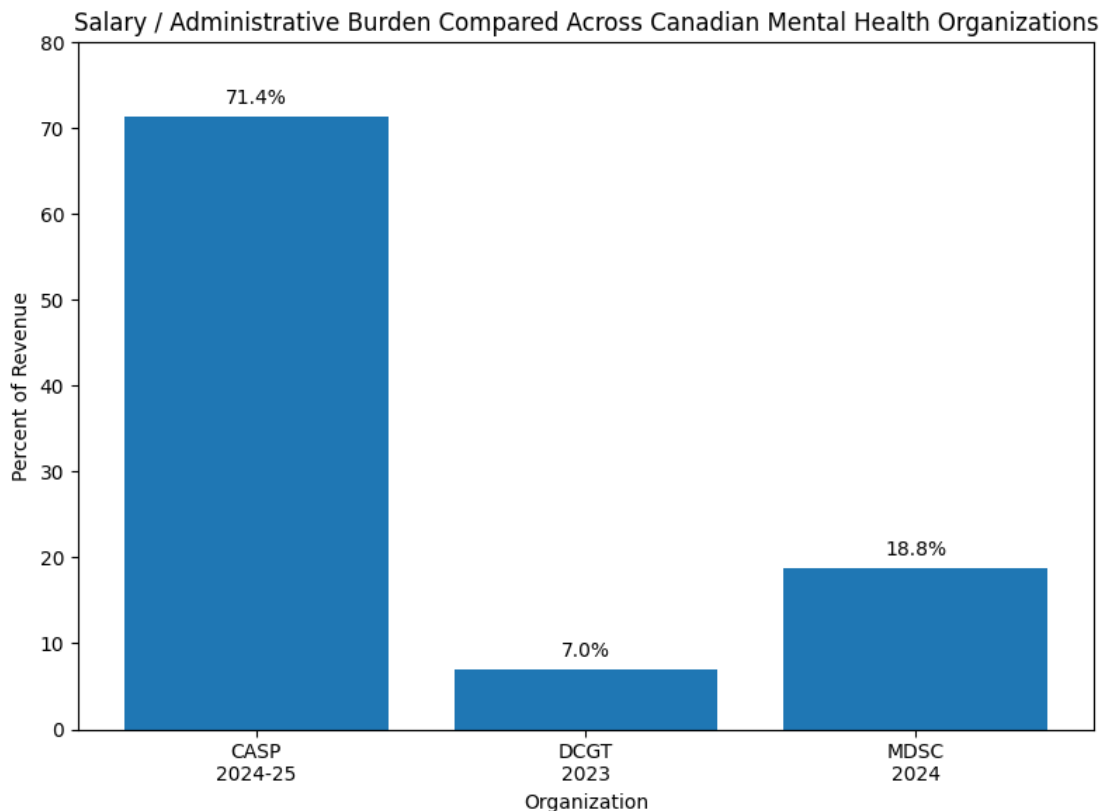
Similarly, Distress Centres of Greater Toronto continues to provide 24-hour crisis support, suicide prevention, postvention, volunteer training, language lines, and national 988 support while relying heavily on volunteers. The organization reports that volunteers contribute more than 110,000 hours each year to crisis and support lines (Distress Centres of Greater Toronto, 2024). Even much larger organizations such as Centre for Addiction and Mental Health Foundation publicly emphasize efficiency ratios when discussing fundraising and administration. CAMH reported that for every dollar spent on fundraising, approximately five dollars were raised in return (Centre for Addiction and Mental Health, 2025).

Figure 4 compares CASP's 2024–2025 salary burden against similar Canadian mental health and suicide prevention organizations. CASP devoted approximately 71.4% of annual revenue to salaries and benefits, substantially higher than the approximately 7% administrative cost ratio reported by Distress Centres of Greater Toronto and the estimated 18.8% salary burden reported by the Mood Disorders Society of Canada. Although these organizations differ in scope and mandate, the comparison suggests that CASP had become unusually staff-intensive relative to its size and revenue base.

There is, of course, a danger in being too simplistic about overhead. Charities are not automatically virtuous simply because they spend very little on administration. Some organizations genuinely require higher staffing costs, particularly when they operate nationally, manage grants, deliver training, or maintain complex programming. Experts on charitable governance often note that overhead in the range of 20% to 35% may be entirely reasonable depending on the nature of the work (First Reference, 2024).

Figure 4

Salary/administrative burden compared across Canadian mental health organizations



Still, the broader pattern here is difficult to ignore. CASP appears to have built an organizational structure that assumed continued growth without securing the recurring revenue necessary to sustain it.

As reserves accumulated during the pandemic years began to shrink, the organization may have found itself trapped inside a structure that had become too large, too administratively heavy, and too dependent on future growth to shrink itself back down.

There is something David Foster Wallace-like in that kind of institutional tragedy. Not dramatic in the cinematic sense. Just familiar. A thing that starts out trying to solve a problem and slowly becomes consumed by the problem of sustaining itself.

This pattern suggests that the organization adopted an expanded operating model that depended on continued fundraising growth and reserve spending. Although revenues remained substantial, expenses rose faster than recurring income.

Inconsistencies Between Financial Position and Closure Narrative

Perhaps the most unsettling part of the public record is not simply that CASP is closing. It is that, less than a year ago, CASP was describing itself in very different terms.

At the 2024 Annual General Meeting, CASP leadership stated that the organization remained in a “healthy financial position.” AGM documents noted that assets remained relatively strong and that some liabilities were attributable to deferred conference revenue rather than to immediate instability or insolvency (CASP, 2024).

Then, less than one year later, CASP announced that it would cease operations because of “significant and sustained funding challenges.”

These two statements are not necessarily incompatible. An organization can appear financially stable on paper while still moving toward a future cliff. A balance sheet can look healthy even as reserves are quietly shrinking, overhead is rising, and leadership realizes that the current model cannot survive another year or two.

Still, the speed of the shift is difficult to ignore.

It raises a series of questions that have not yet been answered publicly:

- *When did the board first become aware that CASP’s financial model was becoming unsustainable?*
- *How much of CASP’s retained earnings was unrestricted and available for operational use?*
- *What reserve policy governed the intentional use of deficits across several years?*
- *At what point did the possibility of closure first emerge internally?*
- *Why were members, donors, conference participants, and volunteers not informed earlier that closure was being considered?*
- *What efforts, if any, were made to involve provincial partners, lived-experience advocates, clinicians, or affiliated organizations in discussions about restructuring, merger, downsizing, or alternative models?*
- *Why was there no public consultation process despite CASP’s long-standing role as a national association?*

The problem is not necessarily that the board made the wrong decision. The problem is that the public has very little sense of how the decision was made.

There is something oddly fitting, and also deeply sad, about a suicide prevention organization disappearing in the same way that many people experience bureaucratic systems in moments of crisis: quietly, abruptly, with little explanation, and with the feeling that the important decisions had already been made somewhere else by the time anyone was invited into the room.

Concerns Regarding Process and Accountability

The process leading to CASP’s closure appears to have been highly centralized. CASP’s public statement noted that the board reviewed “multiple options” before determining that dissolution was necessary, but there is little evidence that members, donors, volunteers, lived-experience advocates, conference participants, or affiliated organizations were invited into that process.

For an organization that spent decades emphasizing collaboration, partnership, and community engagement, the absence of public consultation is striking.

Several accountability concerns emerge from this:

- Members do not appear to have been formally consulted before the closure decision.
- There was no publicly announced strategic review process.
- There was no public release of a restructuring proposal, merger analysis, or alternative sustainability plan.
- The explanation for closure has been framed primarily as a funding issue, despite evidence that organizational expansion, staffing growth, and increased overhead likely contributed in meaningful ways.

- There is currently limited information regarding what will happen to CASP's remaining assets, reserves, educational materials, intellectual property, conference funds, and ongoing commitments.

Again, none of this necessarily implies wrongdoing. Boards sometimes have to make painful decisions quickly. Yet for an organization that functioned not merely as a charity but as one of the only national coordinating bodies in Canadian suicide prevention, the absence of transparency feels important.

CASP was never just a corporation. It was, at least for many people, a shared meeting place. A place where clinicians, survivors, families, researchers, Indigenous leaders, military communities, volunteers, and people with lived experience could imagine that they were part of something larger than their own local region.

To close that kind of organization without broad consultation risks creating the impression that the people who gave CASP its meaning were among the last to know that it was ending.

Discussion

Future Implications

The closure of CASP leaves behind a series of practical and existential questions about the future of suicide prevention in Canada.

CASP organized conferences, public awareness campaigns, memorial events, postvention initiatives, training programs, policy advocacy, and connections across provinces and territories. It was often imperfect. It was frequently underfunded. It frustrated people. But it also occupied a symbolic place that no other organization quite occupies now.

Without CASP, several questions remain unresolved:

- Who will assume national leadership in suicide prevention advocacy?
- Who will coordinate future conferences, memorial events, and awareness campaigns?
- What will happen to CASP's educational materials, toolkits, webinars, archives, and member networks?
- How will provincial and territorial organizations remain connected without a national umbrella organization?
- What structures will exist to ensure that lived experience, Indigenous leadership, researchers, clinicians, and families continue to speak to one another across Canada?

These are not merely logistical questions. They are questions about whether suicide prevention in Canada still sees itself as a national movement.

There is an image that runs quietly underneath much of Antoon Leenaars' writing: that of a small group of people continuing to push against a problem that is too large, too painful, and too politically inconvenient to ever fully solve. In that sense, CASP often resembled the old Don Quixote story: flawed, idealistic, perhaps occasionally impractical, but still animated by the stubborn belief that some causes matter even when they are difficult.

The fear now is not simply that CASP is disappearing. The fear is that Canada may quietly decide it no longer needs a national suicide prevention movement at all.

That possibility deserves far more public discussion, transparency, and accountability than it has received so far.

Limitations

Several limitations are important. This article relies on publicly available documents rather than internal board minutes, staff interviews, or private correspondence. It cannot establish intent or definitive causation, and its financial comparisons are descriptive because organizations differ in size, scope, mandate, and accounting categories. The contribution is therefore interpretive and accountability-oriented rather than forensic, legal, or epidemiological.

Conclusion

The story of CASP's closure appears to be about more than money.

The public documents suggest an organization that, over time, became more centralized, more administratively complex, and more expensive to operate. At the same time, it seems to have become somewhat more distant from the grassroots identity that once gave it meaning and legitimacy.

Earlier versions of CASP felt less like a corporation and more like a coalition. In many ways, this was the version of CASP that Antoon Leenaars spent decades trying to build and protect. They were sustained by people like Antoon Leenaars and many others who carried the work forward through advocacy, scholarship, grief, volunteerism, public speaking, and persistence. The organization once seemed animated by a sense that suicide prevention was not merely a service sector issue, but a moral and national one.

What appears to have changed after 2017 was not simply the structure of the bylaws or the financial model, but the character of the organization itself. CASP became more professionalized, more centralized, and perhaps more insulated. Some of this may have been necessary. National organizations often require greater administrative sophistication as they grow. Yet sophistication can become its own kind of distance. Institutions sometimes begin to mistake the management of a cause for the cause itself.

The most difficult part of this closure is not that CASP is ending. It is that the ending seems to have arrived without the kind of public reckoning that an organization of this importance deserved. Members were not broadly consulted. Alternatives were not publicly debated. The people who had built the organization, relied on it, donated to it, or believed in it were largely asked simply to accept that the decision had already been made.

For a suicide prevention organization, this is especially painful because so much of suicide prevention itself depends on collaboration, relational trust, dialogue, and the feeling that one still belongs to something even in moments of crisis.

If CASP is truly ending, then what remains is not only the practical question of who will take its place, but also the larger ethical question of what kind of national suicide prevention movement Canada wants to build next.

Perhaps the most important lesson from CASP's closure is that organizations do not disappear all at once. They disappear slowly, often in the space between their public mission and the quieter internal decisions that gradually reshape what they are.

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