

# We Belong: Life Promotion to Address Indigenous Suicide Discussion Paper

Jennifer White, School of Child and Youth Care, University of Victoria Christopher Mushquash, Department of Psychology, Lakehead University

## Acknowledgements

We wish to thank Carol Hopkins, Executive Director of the Thunderbird Partnership Foundation, as well as the board of the Thunderbird Partnership Foundation for their support of this paper. We also want to acknowledge the work of the Assembly of First Nations in addressing suicide in First Nation communities across Canada. We are grateful to Meghan McKenna, Improvement Lead, Canadian Foundation for Healthcare Improvement, and the We Belong International Forum on Life Promotion to Address Indigenous Suicide planning advisory committee for their review and comments on early drafts of this paper.

#### **Foreword**

This discussion paper is meant to serve as a springboard for dialogue and joint learning on *Life Promotion to Address Indigenous Suicide*. The paper has been organized to achieve the following aims: (a) situate the issue of suicide among Indigenous peoples within a broad sociopolitical and historical context that calls attention to the legacy of colonial attempts at assimilation and ongoing negative effects of social inequities; (b) summarize the current knowledge base and highlight promising practices for preventing suicide and promoting life among Indigenous peoples (i.e. creating the conditions for Indigenous children, youth, families, and communities to flourish); (c) recognize that Indigenous and non-Indigenous peoples, as well as provincial, federal, territorial, and Indigenous organizations, must all be actively engaged as part of the solution; (d) emphasize the importance of long-term, comprehensive, strengths-based and life promoting approaches that recognize the significance of land and ceremony, and honor Indigenous knowledge, values, spirituality, and cultures; and (e) articulate a series of guiding principles that could stimulate further dialogue and provide direction for future suicide prevention and life promotion initiatives.

There is a great deal of valuable and important work in this area that is either underway, or already completed. The intention of this paper is to build on this strong foundation. 1 2 3 4 While much of the literature highlighted here is from a Canadian context, with an emphasis on First Nations communities, the material is expected to be relevant for Indigenous populations elsewhere, given the pervasive legacy of colonial attempts at assimilation that has negatively affected the lives of Indigenous peoples around the world through disruption of individuals, families, communities, and nations. <sup>5</sup> <sup>6</sup> That is, those conditions that contribute to increased rates of suicide in some Indigenous communities are typically the same factors that contribute to increased rates of suicide in neighboring communities. The paper focuses on suicide prevention and life promotion strategies that are aimed at reducing collective suffering and injustice and strengthening the conditions that facilitate the wellbeing of Indigenous peoples and communities. In keeping with recent recommendations to go "beyond the social" when considering determinants of Indigenous peoples' health, particular emphasis is placed on comprehensive, multi-level strategies that engage with Indigenous ways of knowing, draw on cultural values, recognize connections to land and ceremony, and advance the goals of social equity and community selfdetermination. Individual and biomedical treatment strategies will not be presented here, but may be part of a community-directed approach, when deemed appropriate by that community8.

Rates of suicide among Indigenous peoples in Canada (First Nations, Inuit, and Métis), the United States, Australia, and New Zealand are higher than the general population. <sup>910</sup> While there is a high level of variation in suicide rates across age groups, communities, and regions, <sup>11</sup> <sup>12</sup> and there is tremendous cultural diversity across

Indigenous communities, it has been well documented that Indigenous peoples as a whole, do not enjoy the same levels of health, education, income, employment, secure housing, social opportunities, or rights to community self-determination as non-Indigenous peoples. <sup>13</sup> It is indisputable that racism, colonization, assimilationist policies, structural discrimination, land theft and the residential school system have contributed to high levels of cultural disruption, trauma, health inequities, addictions, suicide risk, and suicide in many Indigenous communities. <sup>14</sup> <sup>15</sup> <sup>16</sup> While never losing sight of the legacy of colonization and deep "cultural wounds" that persist in many forms today, the strength, solidarity, and resilience of Indigenous peoples cannot be underestimated and is an important counterpoint to the singular and one-dimensional "damage-centric" and deficits-based narrative that often takes hold in the public imagination. <sup>18</sup> This paper finds strong resonance with a growing body of Indigenous and critical scholarship<sup>19</sup> <sup>20</sup> that, "…accounts for the loss and despair, but also the hope, the visions, the wisdom of lived lives and communities."

In the section that follows, we call attention to a number of influential Canadian reports that address suicide prevention and life promotion from an Indigenous perspective as a way to show that Indigenous peoples have long known what needs to be done and there is a solid foundation of knowledge and local community action on which to build. We then go on to summarize key findings from the published academic literature (including existing gaps and limitations) as a way to highlight additional opportunities for action, extend the knowledge base, and raise new questions.

## What Do We Know?

## Indigenous Responses to Suicide and Life Promotion

In response to the elevated rates of suicide observed among many Indigenous communities in Canada, a number of key policy documents, practice frameworks, and calls to action have been produced over the past 30 years (see **Appendix A**). Starting with the Royal Commission on Aboriginal Peoples' Report on "Choosing Life" in 1995, and reflected in each subsequent document thereafter, there is a growing clarity around the fact that suicide among Indigenous peoples can be understood as a direct consequence of the history of colonization. <sup>22</sup> <sup>23</sup> As each of the reports written over the past two decades makes clear, any proposed solutions to addressing the problem of suicide among Indigenous peoples must directly address the legacy of colonization. This includes dismantling structural forms of racism, settling land claims, promoting community self-determination, healing from intergenerational trauma, and reducing social inequities that contribute to high levels of hopelessness and distress among many Indigenous communities.

A number of comprehensive, culturally- and contextually-informed approaches to suicide and life promotion among Indigenous peoples have recently been developed in Canada. First, the National Inuit Suicide Prevention Strategy provides an excellent example of a holistic, evidence-based approach to suicide prevention that seeks to reduce suicide risk

factors and bolster protective factors within Inuit communities.<sup>24</sup> Second, the Assembly of First Nations National Youth Council "Calls to Action for Life Promotion" Report recognizes that honoring cultural practices, recovering Indigenous languages, creating opportunities for inter-generational learning, and recognizing Indigenous peoples' sacred connections to land and stories are vital components in any suicide prevention strategy.<sup>25</sup> Third, Métis youth councils have been established across the Métis Nation (Ontario, Manitoba and British Columbia). These Councils meet and discuss issues that directly relate to Métis youth, including life promotion and suicide prevention. Finally, the recently published "First Nations Mental Wellness Continuum Framework"<sup>26</sup> provides a clear outline of what a culturally responsive, holistic, strengths-based, comprehensive approach to promoting wellness looks like from a First Nation perspective. That is, fostering purpose, hope, belonging, and meaning are essential in promoting wellness.

In summary, Indigenous leaders and non-Indigenous allies have known for a long time that preventing suicide among Indigenous peoples cannot be achieved through an exclusive focus on individual risks or the provision of individually-focused mental health services (despite the need for such services), nor can the onus for change be placed solely on the shoulders of Indigenous communities or organizations. As the Calls to Action from the Truth and Reconciliation Commission of Canada make clear, all Canadians have a role to play in redressing the harms caused by residential schools, assimilationist policies, and "cultural genocide." Meaningful change will require a concerted and sustained commitment from individuals, communities and governments.<sup>27</sup> In short, it is unacceptable for Canadians to pay attention to Indigenous youth only when they are in acute distress or attempt suicide. <sup>28</sup> <sup>29</sup> Instead, and consistent with Indigenous values, ongoing attention must be placed on creating the conditions for all Indigenous children, youth, and families to flourish so that they can resiliently pursue lives of dignity, with purpose, hope, belonging, and meaning; and be enabled to realize their full potential.

## Contributions from the Published Scholarly Literature

Keeping their extraordinary diversity in mind, rates of suicide among Indigenous peoples in Canada, Australia, New Zealand and the United States are disproportionately high, relative to the non-Indigenous population.<sup>30</sup> Young Indigenous people are at greater risk to die by suicide compared with older age groups. In Canada, suicide rates among Indigenous people aged 10-29 are estimated to be 5 to 6 times higher than youth in the general population, with over a third of all deaths among Aboriginal youth attributable to suicide.<sup>31</sup> Recent statistics suggest that rates of suicide among Inuit peoples in Nunavik and Nunavut are ten times the national rate.<sup>32</sup>

We also know that there is a great deal of variation in youth suicide rates across communities. For example, in a Canadian study of youth suicide among First Nations in British Columbia, those communities that had higher levels of "cultural continuity factors" (i.e. self-government, active efforts to restore land claims, control over education, health care, cultural facilities, and police and fire services), had lower or zero rates of youth

suicide compared with those communities with fewer of these factors.<sup>33</sup> A follow-up study reported that Indigenous language use was a robust indicator of community wellbeing and was associated with lowered suicide rates.<sup>34</sup>

Social scientists have long been interested in identifying key **risk factors** for suicide, as the first step in any large-scale prevention effort. After several decades of research, a common set of risk factors for suicide has been identified, including: previous suicidal behaviours, depression, problematic substance use, childhood maltreatment, stressful life events, poor physical health, exposure to a peer's suicide, and a family history of suicide.<sup>35</sup> <sup>36</sup> <sup>37</sup> <sup>38</sup> The problem with conventional suicide risk factor research is that it illuminates individual traits and variables associated with suicide, but typically obscures from view those social, historical, and structural arrangements contributing to experiences of distress and suffering among Indigenous peoples and communities. <sup>39</sup> <sup>40</sup> <sup>41</sup> <sup>42</sup> Further, in a recent metaanalysis of risk factors for suicidal thoughts and behaviours, which examined 50 years of research on suicide in the published literature, prediction of suicidal thoughts and behaviours was only slightly better than chance, and predictive ability had not improved across 50 years of research.<sup>43</sup> These authors noted that studies on suicide risk factors and prediction rarely examined the combined effect of multiple risk factors. For Indigenous peoples, additional socio-political and historical factors include: racism, cultural dislocation, legacy of residential schools, land theft, loss of language, overcrowding, poverty, unsafe housing, and multi-generational trauma. 44 45 46 47 48

**Protective factors** refer to those factors and experiences that appear to reduce the likelihood of suicide despite exposure to risk. They include: coping and problem solving skills; experience with success; feelings of effectiveness; sense of belonging and connection; social support; interpersonal competence; family warmth, support and acceptance; success at school; supportive school climate; and school-based anti-harassment policies and practices.<sup>49 50 51 52</sup> The undeniable resilience of Indigenous peoples, who have maintained health and wellness despite facing a number of cultural assaults and historical adversities, cannot be overlooked. Scholars have begun to identify key cultural and institutional practices that can strengthen social relations and promote resilient outcomes for Indigenous communities, including:<sup>53 54 55</sup>

- revitalizing language and traditional healing
- enhancing cultural identity and spirituality
- supporting families and parents to ensure healthy child development
- enhancing local control and community self-determination
- strengthening social capital, networks and support
- building infrastructure (material, human and information)
- respecting human diversity

In general, the evidence base for suicide prevention is quite limited, making it extremely difficult to make unequivocal claims about the effectiveness of any one specific suicide prevention strategy. A small number of suicide prevention strategies for the general population have been identified as promising, including: some school-based suicide

prevention programs, gatekeeper training, physician education and training, means restriction, and brief Emergency Department (ED) interventions. <sup>56</sup> <sup>57</sup> <sup>58</sup> Importantly, a recent evidence based review from Canada suggested that First Nations, Inuit, and Métis leaders, non-Indigenous clinical and research collaborators, and community-based service providers review their recommendations, and then consider their own unique cultural and contextual factors when formulating conclusions regarding relevance to the needs of the youth in their communities. <sup>59</sup> Further, they also acknowledged and supported the need for community-led and community-based suicide prevention initiatives, including evaluation resources, such that unique contextual and cultural needs of Indigenous communities are respected and incorporated into shorter- and longer-term planning. Interventions have intended consequences but can also have unintended consequences. It is through robust research and evaluation that the full understanding of life promotion, and suicide prevention and intervention approaches in Indigenous communities can be achieved.

Very few evaluations of programs specifically targeting Indigenous communities have been published, 60 61 62 although there are some noteworthy exceptions. Specifically, a recent Canadian study showed that participating in culture camps designed to promote young peoples' involvement in cultural activities and strengthening their bonds with local Elders, had a positive impact on youth wellbeing. These cultural and community-building activities can be an important part of an overall youth suicide prevention strategy.<sup>63</sup> There is also some evidence to suggest that the Zuni Life Skills Program, which is a culturally tailored, school- and community-based suicide prevention program, designed to improve suicide prevention skills and decrease hopelessness among Indigenous youth can make a positive difference.<sup>64</sup> Long-term research on this program suggests that when suicide prevention strategies are embedded within existing cultural protocols, local values and Indigenous healing processes, the likelihood of broad community ownership and investment increases. Other evidence points to the effectiveness of comprehensive, flexible, public health approaches for preventing risks for suicide in Indigenous communities. For example, one study undertaken with an American Indian Tribal Nation found that multiple strategies, which addressed root conditions as well as social, psychological and developmental issues, contributed to reduced suicidal behaviours. <sup>65</sup> Strategies included: identifying specific individuals and families at high risk for suicide, violence, and mental health problems; implementing prevention activities to reach high-risk individuals, families and groups; providing mental health services to high risk groups; and mobilizing a community-wide, systems approach to increase community knowledge and awareness. Creating opportunities for ongoing community input was vital to program success. Finally, the White Mountain Apache Tribe developed a system of surveillance and prevention of suicide (named Celebrating Life) in 2006, which included universal, selected, and indicated tiers of intervention. Comparing the time periods 2001-2006 (pre-implementation) to 2007-2012 (post-implementation), there was a 38.3% overall decrease in suicide deaths and a 23.0% decrease among those aged 15-24 years.<sup>66</sup> The White Mountain Apache Tribe found that the *Celebrating Life* surveillance system played a central role in setting the foundation on which the community could provide prevention programming, while importantly providing the data needed to demonstrate success.

There are many **gaps in our knowledge** about suicide in general, and suicide among Indigenous peoples in particular. Some aspects of suicide and its prevention are not easily captured by traditional research methods and so our knowledge about "what works best" is always imperfect, evolving and subject to change. Standard suicide prevention practices which make assumptions about sources of distress and are predicated on models of expert interventions and individualized treatments can sometimes be out of step with non-western, non-European cultural conceptualizations of mental health and well-being.<sup>67</sup> Being culturally responsive means being attuned to local, historical, and sociopolitical influences on mental health and well being, and developing solutions that build on local strengths and address historical and contextual realities.

**Contributions from published qualitative research** respond to some of these gaps by focusing on local meanings, relationships and contexts.<sup>68</sup> For example, ethnographic fieldwork has been used to better understand the disproportionately high rates of suicide and suicidal behaviours among Inuit male youth in Canada. Findings revealed that suicidal behaviours were very often linked to disruptions in romantic and family relationships and intergenerational segregation.<sup>69</sup> Meanwhile, participatory action research (PAR) methodologies can engage community members in ongoing and transformative conversations about youth suicide. 70 By trying to better understand how community members make sense of youth suicide and by eliciting dominant cultural narratives of the problem, the stage can be set for collective critique and social action. In another participatory research design, young people were taught how to create digital stories as part of a larger youth suicide prevention initiative in Northwest Alaska.<sup>71</sup> Drawing on a positive youth development framework, the project was designed to be strengths-based, empowering, and transformative. Other researchers have utilized focus groups and interviews to better understand parents' and Elders' perspectives on colonization and the implications for youth suicide prevention in a Pacific Northwest American Indian community.<sup>72</sup>

## Given What We Know, What Can Be Done?

We know suicide among Indigenous peoples is complex and we know it will take the sustained and concerted efforts of governments, communities, families, and individuals to address this problem. The previous section documented that there is a decent foundation of empirical and cultural knowledge on which to build, even though many questions remain regarding the effectiveness of Indigenous-specific suicide prevention strategies. At the same time, it is becoming increasingly clear that many approaches to addressing this problem are less about implementing discrete suicide prevention programs, and more about **creating the conditions for Indigenous children, youth, families and communities to flourish,** preserve their languages, reclaim their land, recover their cultural and spiritual practices, and exercise their sovereign rights to be self determining, These are compelling life promoting practices that hold the seeds for social transformation and deserve serious consideration.<sup>73</sup> These approaches are diverse in scope but can be broadly characterized by a focus on reducing social inequities, building on community strengths, and creating practices and policies that support the broad goals of reconciliation:

Reconciliation requires that a new vision, based on a commitment to mutual respect, be developed. It also requires an understanding that the most harmful impacts of residential schools have been the loss of pride and self-respect of Aboriginal people, and the lack of respect that non-Aboriginal people have been raised to have for their Aboriginal neighbours. Reconciliation is not an Aboriginal problem; it is a Canadian one. Virtually all aspects of Canadian society may need to be reconsidered.<sup>74</sup>

Comprehensive, flexible, multi-strategy, ecological approaches, which are implemented across an array of settings and contexts and developed by/with local communities, are recommended. 75 76 77 These community strategies and practices should be informed by multiple and diverse forms of knowledge. This includes: the cultural knowledge of Elders and other knowledge keepers in the community; young people's knowledge and wisdom; professional knowledge of practitioners; knowledge generated through research and scholarship; and the knowledge of those with lived experience of suicide and suicide attempts. Each Indigenous community is unique and close attention must be paid to the particular social, cultural, political, and historical context when designing and implementing any life promotion or suicide prevention strategy. Comprehensive approaches, which reflect holistic views of children, youth, families and communities, recognize the significance of land and place; and draw on the distinct strengths and cultural practices of Indigenous communities hold the most promise. A wellresourced, high functioning continuum of services, including prevention, early intervention, assessment, crisis intervention, treatment, bereavement and postvention programs, staffed by practitioners who are clinically competent to provide culturally- and contextually-appropriate care to Indigenous peoples in a culturally-safe manner is also key to a comprehensive approach.

Strengths-based, life generating strategies which honour Indigenous ways of knowing and reflect relational, familial, social, and spiritual dimensions of selfhood are more likely to be effective than those which are predicated on de-contextualized, expert-driven, individualistic, biomedical understandings of distress. Building on local resources, respecting cultural protocols and sacred ceremonies, recognizing the importance of the land, valuing the spiritual dimension, and strengthening family and community relationships are critical components when working with Indigenous peoples and communities. By focusing on what is already helpful, hopeful, and life-giving (without denying the painful reality of suicide or avoiding talking about it), a spirit of possibility and solidarity can prevail. Focusing on life promotion and drawing on the existing strengths of people and communities can provide the right conditions for 'knowing and doing' in ways that mobilize hope, collective learning, and social action.

**De-colonizing practices** bring attention to the racist systems and colonial structures that perpetuate oppression and inequity among Indigenous peoples and communities. They contextualize experiences of distress and suffering (rather than locating risk within individuals). A commitment to decolonization underscores the importance of community

self-determination and reconciliation as key suicide prevention strategies.<sup>79</sup> Efforts to promote well-being and reduce risks for suicide should be informed by the concepts of cultural safety and reconciliation which are predicated on multiple forms of engagement and relational values of respect, trust, justice, relational accountability, and safety.<sup>80</sup>

# **Key Principles**

Given what we already know about the problem of suicide and the processes we might engage in as a way to reduce risks for suicide and promote life, we propose five guiding principles to ground future efforts in this area.

## **Indigenous Ways of Knowing**

Indigenous peoples in Canada are diverse with rich histories and cultures. In order to define *Indigenous ways of knowing* it is helpful to understand what has been termed *Western ways of knowing*. Western ways of knowing, which are generally associated with the Enlightenment period, are typically predicated on the following: rationality, bounded individualism, a separation between 'nature' and 'culture,' and a profound faith in scientific progress. Knowledge is understood as something that is generated through the scientific method, which assumes that there is an objective, and knowable world independent of human experience, language, tools, and descriptions. This empirical approach (often known as positivism) has been favored in science and medicine. Even though helpful discoveries have occurred through western knowledge paradigms, this way of knowing is often at odds with more contextualized, culturally grounded approaches. <sup>81</sup> <sup>82</sup> According to some critical scholars, the dominance of Western knowledge – with its emphasis on universal reason, linear notions of time and history, and the separation of mind/body – systematically conceals they way that such assumptions about 'truth' and 'reality' impose a form of systematic (colonial) discrimination on others. <sup>83</sup>

All systems of knowledge are dependent upon place, languages, unique values, beliefs, attitudes, artifacts, worldviews, and assumptions. Observation, imitation, metaphor, story telling, relationships to the land and Ancestors, experiential approaches, and collaboration are among the methods in which Indigenous peoples use to convey and share knowledge through teachings. In this way, culture-based practices, stories, and ceremonies are the ways in which Indigenous peoples are keepers of knowledge rather than knowledge creators. Knowledge is relational and shared between one who holds knowledge and one who seeks to learn. There are various ways in which knowledge can be sought and a variety of cultural traditions and ceremonies that signal transmission of knowledge. A strong ethic of relational accountability to the land, peoples, Ancestors, and future relations permeates Indigenous knowledge systems.<sup>84</sup> <sup>85</sup> The communal, relational, timeless, and contextual nature of this way of knowing can be thought of as the knowledge that a community accumulates over generations of living in a particular environment. This encompasses all forms of knowledge – technologies, know-how skills, practices, and beliefs – that enable the community to achieve stability in their environment. It also highlights the dynamic and fluid nature of traditional knowledge, its connections to the physical and social

environments of specific communities, and the social, political, and kinship structures that reinforce individual and collective wellbeing.

## Land, Language, and Stories

Wellness from an Indigenous perspective is understood to be the presence of balance in spirit, emotion, body, and mind through connection to language, land, beings of creation, and ancestry. Spiritual wellness creates hope, emotional wellness creates belonging, physical wellness creates purpose, and mental wellness creates meaning.86 These are the aspects of wellness that make an individual feel as though life holds value for them. Explicit in this definition of wellness is connection to land, language, and stories. In fact, healing for Indigenous peoples will necessarily include land, language, and stories if we accept that the presence of balance in spirit, emotion, body, and mind is our desired outcome. While there is a great deal of diversity across communities, most Indigenous ways of knowing reflect holistic understandings, inter-connectedness, and balance. The community is both a context and resource for healing and spirituality is intimately tied to the land. Understanding the role of history, tradition, cultural protocols, and local community norms are important aspects of building relationships with many Indigenous communities. Meanwhile, storytelling is a key mechanism for teaching and mobilizing culturally informed values and practices. Living in harmony and maintaining respectful co-existence with all living things are important cultural teachings that can be conveyed through both traditional and contemporary stories. Such stories link individuals, families, and communities, through the past, present and future, and can provide an important resource for resilience.87

## **Focus on Strengths**

Strengths-based approaches emphasize the unique resources, capacities and wisdom of individuals, families, and communities. Strengths-based strategies are in direct contrast to disease models and problem-based approaches to assessment and treatment. Working in a strengths-based way means knowing when and how to engage the existing resources of the local community (e.g. Elders, spiritual leaders, cultural mentors, extended kin, etc.). The existing strengths and resources of the community can be mobilized in respectful and culturally-appropriate ways through ongoing relationship building with community leaders and by honoring cultural protocols. One way to help people when they experience difficulties is through determining their intrinsic strengths as well as the strengths of their families, and communities and using these strengths and existing capacities to promote healing. Simply put, rather than asking: *What is wrong?* we can instead ask: *What is right?* What is working? What is hopeful? Doing so offers a number of benefits. This is particularly important in the case of suicide where an individual may feel particularly hopeless, of little value or worth, and may have lost sight of their unique resources, gifts, and skills. Further, it allows individuals and communities to access tools and strategies that are already available to them, rather than being inaccessible or specialized.

## **Decolonization and Community Self-Determination**

Decolonization is a long-term process. It requires challenging, resisting and dismantling colonial structures that impede communities' self-determination. Indigenous and non-Indigenous peoples must work together to support Indigenous communities to reclaim their land, their languages, and reestablish connections to culture and tradition. Through advocacy, scholarship, policy changes, and community action, Indigenous communities can work towards self-determination. As previously discussed, research clearly demonstrates that community self-determination is a key factor associated with reducing rates of suicide in Indigenous communities. Specifically, First Nations communities in British Columbia that have taken steps to secure title to their traditional lands, taken back from government rights of self-government, secured some degree of community control over educational services, police, fire protection services, and health delivery services, and established "cultural facilities" to help preserve and enrich their cultural lives showed lowered rates of suicide when compared to communities who had not yet established this level of selfdetermination.88 Hence, decolonization and community self-determination go hand in hand in strengthening a community's ability to adapt to changing contexts and respond to emerging crises in a timely and flexible manner that respects the community's ability to support their people.

## **Collective Responsibility and Reconciliation**

In Indigenous communities, it is understood that trauma, distress and suicide emerge from a complex set of determinants both individual and collective. That is, an individual can experience trauma, which overwhelms their ability to cope and leaves them feeling hopeless. However, this process can also exist within the collective in Indigenous communities. Historic and ongoing colonial processes can overwhelm a communities' ability to cope and leave the collective feeling hopeless. In the context of Truth and Reconciliation, the systems and policies imposed upon Indigenous peoples in Canada and the subsequent harms associated with these interventions are being discussed at community, regional, provincial, and federal levels as well as at many kitchen tables. In suicide prevention and life promotion, we have a collective responsibility to ensure that we help our young people by creating supportive communities where they can find a life for themselves. Reconciliation offers a pathway for encouraging collective responsibility. Reconciliation also offers a mechanism by which Indigenous and non-Indigenous Canadians can hold governments accountable while continuing to advocate for responses to the Calls to Action and other community-specific priorities.

### **Next Steps**

# 1. Focus on the Social Conditions and Practices That Reduce Risks for Suicide and Promote Life in Indigenous Communities.

When a suicide crisis occurs in our communities, the results are devastating. Young people lost, families broken, communities devastated, and disparities highlighted. Without substantive and sustained investment in our communities, it is a story that keeps being told through the media. Whether in Pikangikum, Neskantaga, Attawapiskat, Stanley Mission, La

Ronge, Iqaluit, or elsewhere, tragedy, sadly, continues. Government and systems-level responses have been to transport counselors into communities to be available to support people who have been affected. While such interventions may have some limited short-term value, suicide in Indigenous communities is not simply an individual-level problem that can be solved by mental health services alone. Instead, as many Indigenous organizations and leaders have been advocating for a long time, the focus must shift toward improving social conditions and strengthening communities to support life in all its forms. Indigenous youth and other community members already know this. For example, in April 2016 in the midst of ongoing suicide crises in Attawapiskat and Neskantaga, CBC News interviewed a number of community members. One young person commented with great wisdom and courage:

"The suicides, the water, the housing — everything is connected."

- Charla Moonias, age 18, Neskantaga First Nation<sup>90</sup>

We must communicate this story about the interconnectedness of all living things. This means pushing for a broader conceptualization of suicide that goes beyond thinking of it in individual terms. It means ensuring that communities are appropriately and fairly resourced to support youth and community well being at all times, not just during crises. Promoting life and reducing risks for suicide in Indigenous communities will require a shift away from a narrow and limiting narrative of *suicide as an individual mental disorder* towards a more expansive, life affirming approach that seeks to lift up all children, youth, families and communities through spiritual, cultural, social, and political forms of revitalization and engagement.

# 2. Generate Culturally Relevant Knowledge in Support of Practical Action and Positive Social Change.

Given the limited knowledge base in support of specific suicide prevention strategies for reducing suicide among Indigenous peoples, calls for more fruitful collaborations between Indigenous communities, government agencies, health care providers and researchers have recently been issued. 91 92 By privileging Indigenous knowledge systems and worldviews, involving more Elders and knowledge keepers in the generation of new approaches, and recognizing the need for flexibility, suicide prevention and life promotion strategies will better reflect the specific needs and interests of local communities. By drawing on Indigenous and de-colonizing methodologies and frameworks, the knowledge that is generated will be grounded in Indigenous worldviews, values, and a strong ethic of relational accountability. 93 94 Research that involves communities at every step of the way<sup>95</sup> and respects the principles of OCAP (Ownership, Control, Access and Possession) is recommended. This is because "OCAP offers a First Nations approach to research, data and information management. It is a way to say "yes" to beneficial research and "no" to research that may result in harm. It is a way to improve research relevance."96 Research and evaluation is essential. Any intervention has intended and unintended consequences. At best, improvement occurs as expected. At worst, the intervention causes harm. Sometimes, the intervention results in no change. Unless we carefully examine the effects of our interventions, and draw on measures and evaluation frameworks that are culturally responsive and contextually appropriate, we risk doing harm.

### Conclusion

To conclude, this paper summarized the current issue of suicide in Indigenous communities, provided an overview of what is known to be helpful from the perspective of Indigenous organizations and the published literature, and provided a number of recommendations for consideration that are grounded in Indigenous values and ways of knowing. It is our hope that this paper assists in the dialogue and supports the important work by Indigenous communities, our leaders, and those willing to help, so that together we can create the conditions for children, youth, families, and communities to choose life and embrace a future full of purpose, hope, belonging, and meaning.

Appendix A – Key Milestones and Reports Relevant for Promoting Life and Preventing Suicide Among Indigenous Peoples in Canada

**Canadian Task Force Report on Suicide (1987)** 

Choosing Life: Special Report on Suicide Among Aboriginal Peoples (Royal Commission on Aboriginal Peoples, 1995)

<u>Canadian Association for Suicide Prevention (CASP) Blueprint for a Canadian National Suicide Prevention Strategy</u> (2004)

**Aboriginal Youth: A Manual of Promising Youth Suicide Prevention Strategies (2007)** 

**Suicide Among Aboriginal People in Canada (2007)** 

OCAP: Ownership, Control, Access and Possession (2007)

**United Nations Declaration on the Rights of Indigenous Peoples (2008)** 

**Healing Traditions: The Mental Health of Aboriginal Peoples in Canada (2009)** 

Acting on What We Know: Preventing Youth Suicide in First Nations (2013)

First Nations Wellness Continuum Framework (2014)

**Truth and Reconciliation Commission of Canada: Calls to Action (2015)** 

**National Inuit Suicide Prevention Strategy (2016)** 

<u>Assembly of First Nations Youth Council Calls to Action on Life Promotion in First Nations Communities</u> (2016)

#### References

<sup>1</sup> Health Canada (2015). First Nations mental wellness continuum. Ottawa, On: Health Canada.

http://www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/ suicide/prev youth-jeunes/index-eng.php

<sup>4</sup> Kirmayer, L., Brass, G., Holton, T., Paul, K. Simpson, C. & Tait, C. (2007). Suicide among Aboriginal people in Canada. Ottawa, ON: Aboriginal Healing Foundation.

<sup>5</sup> Clifford, A., Doran, C. & Tsey,K. (2013). A systematic review of suicide prevention interventions targeting Indigenous peoples in Australia, United States, Canada and New Zealand. BMC Public Health, 13, 463.

<sup>6</sup> Lawson-Te Aho K. & Liu, J. (2010). Indigenous suicide and colonizaton: The legacy of violence and the necessity of self-determination. International Journal of Conflict and Violence, 4(1), 124-133.

<sup>7</sup> Greenwood, M., de Leeuw, S., Lindsay, N. & Reading, C. (Eds.)(2015). Determinants of Indigenous peoples health in Canada: Beyond the social. Toronto, ON: Canadian Scholars Press.

<sup>8</sup> Cwick, et al (2016). Decreases in suicide deaths and attempts linked to the White Mountain Apache suicide surveillance and prevention system, 2001-2012. American Journal of Public Health, 106(12),2183-2189.

<sup>9</sup> Kumar, M. et al. (2012). Suicidal ideation among Metis adult men and women – associated risk and protective factors: Findings from a nationally representative survey. *International Journal of Circumpolar Health*, 71, Available at http://www.circumpolarhealthjournal.net/index.php/ijch/article/view/18829

<sup>10</sup> Clifford et al. (2013)

<sup>11</sup> Chandler, M. & Lalonde, C., (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. Transcultural Psychiatry, 35(2), 191-219

<sup>12</sup> Lawson-Te Aho & Liu (2010)

<sup>13</sup> Greenwood, et al. (2015).

<sup>14</sup> Hackett, C. Feeny, D. & Tompa, E. (2016). Canada's residential school system: Measuring the intergenerational impact of familial attendance on health and mental health outcomes. Journal of Epidemiology & Community Mental *Health*, 1-10.

<sup>15</sup> Greenwood, et al. (2015)

<sup>16</sup> Kimayer, et al. (2007)

<sup>17</sup> Chandler, M. & Dunlop, W. (2015). Cultural wounds demand cultural medicine. In M. Greenwood, S. de Leeuw, N. Lindsay & C. Reading (Eds.). Determinants of Indigenous peoples' health in Canada: Beyond the social (pp. 78-89). Toronto, ON: Canadian Scholars Press.

<sup>18</sup> Tuck, E. (2009). Suspending damage: A letter to communities. *Harvard Educational Review*, 79(3), 409-427.

<sup>19</sup> Tuhiwai Smith, L. (2012). *Decolonizing methodologies: Research and Indigenous Peoples*. London: Zed Books.

<sup>20</sup> Million, D. (2013). *Therapeutic nations: Healing in an aged of Indigenous human rights*. Tucson, AZ, The University of Arizona Press.

<sup>21</sup> Tuck (2009), p. 417

<sup>22</sup> Kirmayer, L. MacDonald & Brass, G. (2001). *The mental health of Indigenous peoples*. Culture & Mental Health Research Unit, Report No. 10. Proceedings of the Advanced Study Institute. Retrieved from https://www.mcgill.ca/tcpsych/files/tcpsych/Report10.pdf

<sup>23</sup> Chandler & Dunlop (2015)

<sup>24</sup> ITK (2016). National Inuit suicide prevention strategy. Retrieved from https://www.itk.ca/wpcontent/uploads/2016/07/ITK-National-Inuit-Suicide-Prevention-Strategy-2016.pdf

<sup>25</sup> Assembly of First Nations (2016). AFN national youth council calls to action on life promotion in First Nations communities. Retrieved from

http://health.afn.ca/uploads/files/afn youth calls to action on life promotion en final.pdf <sup>26</sup> Health Canada (2015)

<sup>27</sup> Truth and Reconciliation Commission (2015). Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada (p. vi). Retrieved from http://www.myrobust.com/websites/trcinstitution/File/Reports/Executive Summary English Web.pdf

<sup>28</sup> CBC News (2016). Attawapiskat declares state of emergency over spate of suicide attempts. Retrieved from http://www.cbc.ca/news/canada/sudbury/attawapiskat-suicide-first-nations-emergency-1.3528747

<sup>&</sup>lt;sup>2</sup> Royal Commission on Aboriginal Peoples (RCAP). (1995). Choosing life: Special report on suicide among Aboriginal people. Ottawa: Canadian Government Publishing.

<sup>3</sup> Health Canada (2013). Acting on what we know: Preventing youth suicide in First Nations. Retrieved from

- <sup>29</sup> CBC News (2016). Northern Saskatchewan communities in shock as fourth girl takes her own life. Retrieved from http://www.cbc.ca/news/canada/saskatoon/fourth-girl-takes-own-life-sask-1.3811076
- <sup>30</sup> Clifford, et al. (2013)
- <sup>31</sup> Kirmayer, et al. (2007)
- <sup>32</sup> ITK (2016). National Inuit suicide prevention strategy. Retrieved from https://www.itk.ca/wpcontent/uploads/2016/07/ITK-National-Inuit-Suicide-Prevention-Strategy-2016.pdf
- 33 Chandler, & Lalonde, (1998)
- <sup>34</sup> Hallett, D., Chandler, M. & Lalonde, C. (2007). Aboriginal language knowledge and youth suicide. *Cognitive* Development, 22, 392-399.
- <sup>35</sup> Cheng, A. et al. (2000). Psychosocial and psychiatric risk factors for suicide: Case-control psychological autopsy study. British Journal of Psychiatry, 177, 360-365.
- <sup>36</sup> Hawton, K., Saunders, K. & O'Connor, R. (2012). Self-harm and suicide in adolescents. Lancet, 379, 2373-2382.
- <sup>37</sup> King, C. & Merchant, C. (2008). Social and interpersonal factors relating to adolescent suicidality: A review of the literature. Archives of Suicide Research, 12, 181-196.
- <sup>38</sup> Harder, H. et al. (2012). Indigenous youth suicide: A systematic review of the literature. *Pimatisiwin: A* Journal of Aboriginal and Indigenous Community Health, 10(1), 125-142.
- <sup>39</sup> Greenwood, et al. (2015)
- <sup>40</sup> Button, M. (2016). Suicide and social justice: Toward a political approach to suicide. *Political Research* Quarterly, 1-11.

  Lawson-Te Aho & Liu (2010)
- <sup>42</sup> Chandler & Dunlop (2015)
- <sup>43</sup> Franklin et al., (2016). Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. Psychological Bulletin. Advance online publication. http://dx.doi.org/10.1037/bul0000084 <sup>44</sup> RCAP. (1995).
- <sup>45</sup> Isaak,, C. et al. (2010). Community-based suicide prevention research in remote on-reserve First Nations communities. International Journal of Mental Health and Addictions, 8, 258-270.
- <sup>46</sup> Clifford, et al. (2013)
- <sup>47</sup> Truth and Reconciliation Commission of Canada (2015). Truth and reconciliation commission of Canada: Calls to action. Winnipeg, MB.
- <sup>48</sup> Hackett, et al. (2016)
- <sup>49</sup> Russell, S. (2005). Beyond risk: Resilience in the lives of sexual minority youth. *Journal of Gay & Lesbian* Issues in Education, 2(3), 5-18.
- <sup>50</sup> Alcantara, C. & Gone, J. (2007). Reviewing suicide in Native American communities: Situating risk and protective factors within a transactional-ecological framework. Death Studies, 31, 457-477.
- <sup>51</sup> Gutierrez, P., (2006). Integratively assessing risk and protective factors for adolescent suicide. Suicide and Life Threatening Behavior, 36(2) 129-135.
- <sup>52</sup> Prilleltensky, I. & Prilleltensky, O. (2006). Promoting well-being: Linking personal, organizational and community change. Hoboken, NJ: John Wiley & Sons, Inc.
- <sup>53</sup> Fleming, J. & Ledogar, R. (2008). Resilience, an evolving concept: A review of literature relevant to Aboriginal research. Plmatisawin: A Journal of Aboriginal and Indigenous Community Health, 6(2) 7-23.
- <sup>54</sup> Kirmayer, L. et al. (2009). Community resilience: Models, metaphors and measures. *Journal of Aboriginal* Health, 62-117.
- <sup>55</sup> Chandler & Dunlop (2015)
- <sup>56</sup> Bennett, K. et al. (2015). A youth suicide prevention plan for Canada: A systematic review of reviews. Canadian Journal of Psychiatry, 60(6), 245-257.
- <sup>57</sup> Mann, J. et al. (2005). Suicide prevention strategies: A systematic review. *JAMA*, 294(16), 2064-2074.
- <sup>58</sup> World Health Organization (WHO) (2010). *Towards evidence-based suicide prevention programmes.* Geneva: WHO.
- <sup>59</sup> Bennett, et al. (2015)
- 60 Clifford, et al. (2013)
- <sup>61</sup> Harder et al. (2012)
- <sup>62</sup> Cwick et al. (2016)

- <sup>63</sup> Harder H., Holyk, T. Russell, V. & Klassen-Ross, T. (2015). Nges Siy (I love you): A community –based youth suicide intervention in northern British Columbia. International Journal of Indigenous Health (10), 2, 21-32.
- <sup>64</sup> LaFramboise, T. & Lewis, H. (2008). The Zuni life skills development program: A school/community-based suicide prevention intervention. *Suicide and Life Threatening Behavior 38*(3), 343<sup>65</sup> May, P. Serna, P. Hurt, L & DeBruyn, L. (2005). Outcome evaluation of a public health approach to suicide
- May, P. Serna, P. Hurt, L & DeBruyn, L. (2005). Outcome evaluation of a public health approach to suicide prevention in an American Indian tribal nation. *American Journal of Public Health*, 95, 1238-1244.
   Cwick et al. (2016)
- <sup>67</sup> Wexler, L. & Gone, J. (2012). Culturally responsive suicide prevention in Indigenous communities: Unexamined assumptions and new possibilities. *American Journal of Public Health, 102*(5), 800-806.
- <sup>68</sup> White, J. (2015). Qualitative evidence in suicide ideation, attempts, and prevention of suicide. *Handbook of Qualitative Research for Evidence-Based* Practice (pp. 335-354). New York: Springer.
- <sup>69</sup> Kral, M. J. (2013). "The weight on our shoulders is too much and we are falling:" Suicide among Inuit male youth in Nunavut, Canada. *Medical Anthropology Quarterly*, 27(1), 63-83.
- <sup>70</sup> Wexler, L.M. (2006). Inupiat youth suicide and culture loss: Changing community conversations for prevention. *Social Science & Medicine, 63*, 2938-2948.
- <sup>71</sup> Wexler, L., Gubrium, A., Griffin, M. & DiFulvio, G. (2013). Promoting positive youth development and highlighting reasons for living in Northwest Alaska through digital storytelling. *Health Promotion Practice*, *14*, 617-623.
- <sup>72</sup> Strickland, J., Walsh, E. & Cooper, M. (2006). Healing fractured families: Parents and elders' perspectives on the impact of colonization and youth suicide prevention in a Pacific Northwest American Indian tribe. *Journal of Transcultural Nursing*, *17*(1), 5-12.
- <sup>73</sup> Chandler & Dunlop (2015)
- <sup>74</sup> Truth and Reconciliation Commission (2015)
- 75 Alacantra & Gone, (2008)
- <sup>76</sup> Baber, K. & Bean, G., (2009). Frameworks: A community based approach to preventing youth suicide. *Journal of Community Psychology, 37*(6), 684-696.
- <sup>77</sup> May et al. (2005)
- <sup>78</sup> Wexler & Gone (2012)
- <sup>79</sup> Tatz, C. (2005). *Aboriginal suicide is different: A portrait of life and self-destruction*. Canberra, ACT: Aboriginal Studies Press.
- <sup>80</sup> Smye, V. & Browne, A., (2002). Cultural safety and the analysis of health policy affecting Aboriginal people. *Nurse Researcher*, 9(3), 42-56.
- <sup>81</sup> Kirmayer, L. (2012). Cultural competence and evidence-based practice in mental health: Epistemic communities and the politics of pluralism. *Social Science & Medicine*, *75*, 249-256.
- <sup>82</sup> Wexler, L. & Gone, J. (2012). Culturally responsive suicide prevention in Indigenous communities: Unexamined assumptions and new possibilities. *American Journal of Public Health*, 102(5), 800-806.
- <sup>83</sup> Andreotti, V., Stein, S., Ahenakew, C., Hunt, D. (2015). Mapping interpretations of decolonization in the context of higher education. *Decolonization: Indigeneity, Education & Society*, 4(1), 21-40.
- <sup>84</sup> Wilson, S. (2001). What is Indigenous research methodology? *Canadian Journal of Native Education*, *25*(1), 175-179.
- <sup>85</sup> Battiste, M. (2013). *Decolonizing education: Nourishing the learning spirit.* Saskatoon, Sk: Purich Publishing Ltd.
- 86 Health Canada (2014). First Nations wellness continuum framework.
- <sup>87</sup> Kirmayer, L. et al. (2012). Toward an ecology of stories: Indigenous perspectives. In M. Ungar (Ed.). *The social ecology of resilience: A handbook of theory and practice* (pp.399-414). New York: Springer.
- 88 Chandler & Lalonde (1998)
- <sup>89</sup> Truth and Reconciliation Commission (2015)
- <sup>90</sup> CBC News (2016). *Neskantaga First Nation in 3<sup>rd</sup> year of state of emergency over suicides* Retrieved from http://www.cbc.ca/news/canada/thunder-bay/carolyn-bennett-neskantaga-attawapiskat-1.3539039
- 91 Bennett, et al. (2015)
- <sup>92</sup> Clifford, et al. (2013)
- <sup>93</sup> Wilson, S. (2008). Research is ceremony: Indigenous research methods. Halifax: Fernwood Publishing.
- <sup>94</sup> Tuhiwai Smith, L. (2012)

<sup>95</sup> Harder, et al. (2012)
96 First Nations Centre. (2007). *OCAP: Ownership, Control, Access and Possession*. Sanctioned by the First Nations Information Governance Committee, Assembly of First Nations. Ottawa: National Aboriginal Health Organization. Retrieved from http://cahr.uvic.ca/nearbc/documents/2009/FNC-OCAP.pdf