

WISE PRACTICES

FOR PROMOTING LIFE IN FIRST NATIONS COMMUNITIES BEING CULTURALLY-RESPONSIVE: WHAT THE LITERATURE SAYS

CULTURAL ENGAGEMENT WITH MAINSTREAM APPROACHES TO SUICIDE PREVENTION

Gatekeeper training is a well-established approach to suicide prevention. It is designed to ensure that participants learn to recognize warning signs of suicide and develop the skills and confidence for providing appropriate follow-up care and support to a potentially suicidal person. The goal of gatekeeper training is to ensure that persons in a suicidal crisis receive appropriate support so that death by suicide can be prevented. **GATEKEEPER TRAINING** can lead to increased knowledge and readiness to intervene among participants (Cross et. al., 2012; Evans & Price, 2013; Isaac et al., 2009).

The findings of a literature review by Bennett et al (2015) suggest that many questions remain regarding the effectiveness of youth suicide prevention, including gatekeeper training. Meanwhile, concerns have been expressed about the **CULTURAL RELEVANCE** and value of standardized gatekeeper training, especially for Indigenous communities (Sareen et al., 2014; Wexler, White, & Trainor, 2016). For example, a randomized controlled trial examining the effects of gatekeeper training in a First Nations community in Canada found that there was no evidence that the training had any significant impact on participants' capacity to intervene (Sareen et al 2014). Concerns about increased suicidal ideation among those who received the training were reported, leading the authors to express caution about the use of widespread implementation of gatekeeper training in Indigenous communities.

A specific critique of mainstream – and specifically gatekeeper training - approaches to suicide prevention comes from those exploring their implications in Indigenous communities. White (2007) explores “the limits of a narrowly constructed, hierarchical definition of evidence” (p. 219) when applying the concept of ‘evidence-based practice’ in Indigenous communities. Similarly, Wesley-Esquimaux and Snowball (2010) remind us that the universalized notion of ‘best practices’ is created from a **EUROCENTRIC PERSPECTIVE**. When it comes to Aboriginal communities, they note that a “best practice” in one situation should not automatically be regarded as replicable in similar situations given, “the variety of unique cultural and situational environments that characterize Native peoples lived experiences” (p. 391). They draw from Thoms who postulates a more appropriate term - “**WISE PRACTICES**” - to describe the practices and protocols that are more reflective of Aboriginal peoples' ways of living (p. 391). This concept deliberately taps into an “underlying current of wellness that is related to traditional teachings that has found root and expression at the community level” (p. 391). The foundation for wise practices is described as the **SEVEN SACRED VALUES** or Teachings. These are: Courage, Honesty, Humility, Respect, Truth, Love, and Wisdom.

When it comes to addressing suicide in Indigenous communities, it is also “important to recognize that many of the biggest threats to well-being among Indigenous youth arise from existing **STRUCTURAL INEQUITIES**” (Wexler, White, & Trainor, 2015, p. 209), including for example: racism, colonial violence, and a lack of equitable access to resources. With this being the case, focusing so much energy on identifying “at-risk youth” may not be effective or appropriate in Indigenous communities. “With the broader historical and socio-political view in mind, suicide prevention efforts might best be directed towards strengthening social and familial support, addressing multiple forms of trauma, and providing culturally grounded healing practices” (p. 209). The broad range of conditions that

fall under the umbrella of mental health and illness are “currently understood and situated in a predominantly Eurocentric Western paradigm and ... may not recognize, or meet the health needs of Aboriginal peoples, particularly if such programs ignore cultural, historical, and social political contexts” (Vukic, Gregory, Martin-Misener, and Etowa, 2011, p. 67).

INDIGENOUS WORLDVIEWS AND LIFE PROMOTION PRACTICES

So what else is there? While it is acknowledged that more research is needed (Kirmayer et al, 2007), the value of culturally grounded practices is increasingly being recognized. Aboriginal worldviews have long emphasized the interconnectedness of all beings with their environments, suggesting important connections with contemporary understandings of RESILIENCE. “Aboriginal knowledge would add to resilience theory an emphasis on relational, cultural, and spiritual dimensions” (Kirmayer et al, 2009, p. 79). Importantly, Aboriginal understandings of resilience must be understood in historical context of the particular forms of adversity Aboriginal peoples have faced. A recent study by Elliot-Groves (2017) explicitly links settler-colonialism with suicide among the Cowichan people of British Columbia. In interviews about increasing rates of suicide among their people, “[e]very single participant framed suicide as an expression of POWER INEQUITY resulting from colonization, while land loss, land ownership, or land management was identified as a reason for suicide in 16 [of 21] interviews” (p. 6). Thus, any life promotion effort would do well to foreground of Indigenous epistemologies and ways of life.

Aboriginal understandings of resilience emphasize the importance of ‘upstream’ processes to foster resiliency in youth – this means supporting family relationships instead of ‘protecting’ children by removing them from their families. Values associated with family connectedness are significant. One way family and social connections are enhanced is through oral and STORYTELLING traditions. Equally important is connection to the LAND and environment, which involves dynamic, interpersonal, and intimate relationship. The connection to the land extends to food, hunting, sustenance, spirituality, ceremony, mental health, healing, and enhanced family relationships (Kirmayer et al, 2009).

Acknowledging the diversity among First Nations youth, Potvin-Boucher and Malone (2014) outline some of the commonalities that exist among a range of First Nations worldviews, ways of teaching and learning, spiritual practices, and cultures. Key recommendations they offer for tailoring mental health literacy programs for First Nations (FN) youth include “appropriate development or adaptation of programming and CULTURAL SENSITIVITY training for those who administer” the programs (p. 348). Importantly, programs that are “developed and applied locally by FN people” are more effective than generalized programs that are adapted (or applied as is) (p. 348). These authors outline four specific principles: cultural awareness on the part of the program facilitator, individualization of learning within the program, community collaboration, and ongoing program evaluation.

Others echo these findings – with variation:

- Kirmayer, Whitley, and Fauras (2009) recommend ABORIGINAL COMMUNITY WELLNESS TEAMS, with specific consideration of key cultural, historical, and geographical issues in order to be successful. They also recommend creating at least three levels of organization as useful: local, regional, and national.
- A multiple case study of Indigenous community initiatives by Cousins et al (2010) highlighted emergent themes related to practices that showed promise of effectiveness. These themes were: “Multidimensionality of programs and program contexts; Intervention design features; Cultural adaptations; Cross boundary cooperation; Evaluation and inquiry activities; Resourcing; and Gender issues” (p. 32). These authors also note that a significant commonality among each initiative reviewed was its emphasis on NURTURING PROTECTIVE FACTORS, rather than confronting risk factors.

- Nabigon and Wenger-Nabigon (2012) explore some fruitful possibilities of integrating western and Indigenous approaches. It is important that these are understood as ways of being – and healers must hear the lessons in these teachings before they can support others in doing the same. Integrating approaches is not simply a matter of ‘applying’ techniques or strategies in a piecemeal way. They acknowledge that integration is not always easy, and the direction will not always be obvious, but we cannot let these tensions prevent good work from taking place. “The greatest wisdom often comes from INTEGRATING PARADOXICAL TRUTHS” (p. 52).

A RANGE OF COMMUNITY RESPONSES

Many Indigenous communities are successfully creating their own ways of promoting life among youth based on their own cultural traditions, ceremonies and values. Sometimes this involves the development of new programs or services, and sometimes it involves adapting those that have been developed elsewhere. (Sometimes it doesn’t involve programs or services at all, but this particular section will focus on those that do). Below are HIGHLIGHTS from a few examples to demonstrate a diversity of community responses:

The Carrier Sekani First Nations of northern British Columbia have their own institutions for maintaining language, governance, health, and knowledge related to all aspects of life. They embarked on a suicide prevention research project that “promoted Carrier systems as the core intervention strategies, including the development of a community-led suicide intervention resource manual based on Carrier values and the creation and provision of what became known as ‘CULTURE CAMPS’” (Harder et al, 2015, p. 22). In addition to the notion of cultural continuity, their research suggests it is “hope for the future and how one fits into that future, while understanding and accepting one’s own culture” that “is the true mitigator of Aboriginal youth suicide” (p. 30).

The Youth Suicide Prevention Initiative was started over a decade ago by the Youth Secretariat staff of the Assembly of Manitoba Chiefs (Nicol, 2012). This program is described as “remarkable because it goes beyond crisis intervention to tackle the entire SOCIAL MATRIX of First Nations youth across Manitoba, enabling them to take greater control of their lives and building on community pride” (p. 20). ASIST remains central to the program, but a one-day grief workshop has now also been added.

Elliot-Groves (2017), of the Cowichan Nation of British Columbia’s Vancouver Island, conducted an inquiry into increasing rates of suicide in her community. This study integrates the interpersonal theory of suicide (which looks at individual experiences of “thwarted belongingness, perceived burdensomeness, and acquired capacity to enact lethal self-harm” [p. 2]) and settler-colonial theory (which highlights the concerted efforts to eliminate tribal societies for the purposes of land acquisition). Findings from her 21 interviewees of various ages, along with

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There are commonalities among the models of risk assessment, suicide prevention, intervention, and postvention that I respect and adhere to in my community work. But like any researcher, albeit an indigenous methodologies one, I am constantly learning and having breakthroughs in my understanding of my field.

TIFFANY [LAST NAME?], STO:LO
ASCIRT TEAM (BRITISH
COLUMBIA)

For me personally it has been a journey. Originally I wasn’t planning on doing any facilitation work. However, once I saw the good work that was being done with ASCIRT really had an impact on me.

participant observations and field notes, shed important light on the interplay between individual experiences and political, economic, social, and cultural realities. Her work strongly supports the thesis that

The appropriate next step in addressing Indigenous suicide is to develop intervention strategies that **STRENGTHEN RELATIONS WITH THE LAND AND ALL LIFE FORMS**; honor the interdependent, relational orientation of Indigenous societies; and place Indigenous realities, including ethical and moral approaches, at the center of every effort. (p. 10)

PC CARES (Promoting Community Conversations About Research to End Suicide) has been implemented in six rural Alaskan Native communities, and was developed in collaboration with local Indigenous leaders. Pre- and post-data is being collected to assess its effectiveness. It is community-situated and is **GROUNDED IN LOCAL PROTOCOLS AND PRACTICES**. “The model invites community stakeholders, tribal leaders, rural providers of health and human services, law enforcement, religious heads, and others to come together each month to learn ‘what we know, think, and want to do’ about suicide and suicide prevention” (Wexler et al, 2016, p. 117). Drawing from adult learning theory, attention is paid to *how* content is delivered, *how* dialogue is facilitated, and *how* the learning environment is structured. Local, mostly Indigenous, facilitators foster an environment where participatory processes can take place. A flexible and responsive approach is prioritized, although a predictable structure frames every gathering. The content of each session varies, but scientific information does comprise some of the knowledge shared in bite-sized pieces during the ‘what we know’ section of the session. Importantly content is also generated by participants themselves in the ‘what we think’ and ‘what we want to do’ sections.

Two communities in southwestern Alaska have developed the *Qungasvik*, which is a **TOOLBOX** promoting reasons for life and sobriety among youth, and “is made up of thirty-six modules that function as cultural scripts for creating experiences in Yup’ik communities that build strengths and protection against suicide and alcohol abuse. The *Qungasvik* manual represents the results of a community based participatory research intervention development process grounded in culture and local process, and nurtured through a syncretic blending of Indigenous and Western theories and practices” (Rasmis, Charles, & Mohatt, 2014, p. 140). Importantly, it does not consist of solutions that are replicable. Rather, it consists of processes that can be supportive for communities and their young people to derive their own solutions and resources. It is “culturally-grounded,” which does not mean connected to an imagined passed, but rather emergent from existing structures, theories, and practices (p. 141). It is built on existing local traditions, resources, relationships, and infrastructure.

Other interesting intersectional approaches embraced by Indigenous communities include Project HOPE – which uses **SENSORY INTEGRATION** and occupational therapy in culturally responsive ways (Doll and Brady, 2013) – and a **MINDFULNESS-BASED PRACTICE** that has been developed and implemented collaboratively in community (Le & Gobert, 2015).

A WORD ON POSTVENTION

There is not a lot of research on postvention (intervening after a suicide to reduce risks for imitative suicidal behaviour and support those who are bereaved), but its significance is understood by those who do centre it in life promotion work. A new initiative of the Ontario Centre of Excellence for Child and Youth Mental Health (which is part of the Ontario youth suicide prevention plan through the Ministry of Children and Youth Services) includes postvention in its approach (Manion et al, 2015). “Recognizing that youth suicide prevention is a **COLLECTIVE ISSUE** that benefits from a whole-community approach” (p. 13), it includes: community mobilization forums that bring together community partners, an online community mobilization toolkit (called togethertolive.ca), and coaching supports to build community capacity.

Focusing specifically on Ojibway First Nations (Anishinaabe) healing practices and postvention, Connors, Rice, and Leenaars (in progress) offer elaborate detail about RITUALS AND PRACTICES AT THE TIME OF A DEATH. It is not intended to represent all First Nations, but there is hope that this perspective can be a contribution to broader conversations, since most suicide prevention approaches have thus far been developed from the colonizer's perspective. The attention to detail is very important. It is also very important to note that "since the community has reintroduced traditional grieving and burial ceremonies it has become uncommon for clusters of suicide to occur amongst families who have been living an Anishinaabe worldview" (n.p.).

Non-Aboriginal prevention programs have not centred cultural safety, and have been imposed in communities – potentially contributing to a disconnection from the very knowledge and practices that can help to promote life. Reclaiming what has been lost – ACTIVE DECOLONIZATION – is central to life promotion in First Nations communities in Canada and Indigenous communities worldwide. The knowledge and practices persist, and according to these authors nurturing their revitalization is a culturally safe way of promoting life (Connors, Rice, and Leenaars, in progress).

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