

WISE PRACTICES

FOR PROMOTING LIFE IN FIRST NATIONS COMMUNITIES

REDUCING PROBLEMATIC SUBSTANCE USE AS A WAY OF PROMOTING LIFE: WHAT THE LITERATURE SAYS

THE RELATIONSHIP BETWEEN PROBLEMATIC SUBSTANCE USE AND SUICIDE

The literature identifies connections between problematic substance use and suicide in Indigenous communities, though this relationship is not described as causal. Sometimes, problematic substance use is described as a 'risk factor' for suicide (Strickland & Cooper, 2011). According to Philip et al (2016), there is a relationship between social networks and both suicide and alcohol use disorder. In particular, their research suggests that connections with adults and connections with elders can serve as family protective factors. In their article about a community-level prevention initiative in Alaska, Allen, Mohatt, Beehler, and Rowe (2014) describe **ALCOHOL AND SUICIDE AS "TWIN MALADIES"** that represent "the most significant source of existing disparities in mortality among [Alaskan Native] AN people" (p. 100).

Allen et al's (2014) review begins with the epidemiology of substance use and suicide among Alaska Natives, and notes that they are co-occurring phenomena – particularly among youth. Three implications of this epidemiological research are: 1) that there is an "**ENORMOUS HEALTH INEQUITY**" in terms of the 'risk' experienced by Alaska Natives in contrast to the general population, 2) approaches to preventive that address alcohol use and suicide as co-occurring phenomena are needed, and 3) that generalizations should be avoided since there is such a vast range of diversity among communities. Thus, prevention efforts should be "flexible and adaptive" (p. 103).

Similarly, Gone (2013) acknowledges suicide is one among a range of "formally designated 'mental health 'problems'" (p. 684) that, together, can be understood as precipitated by the distress, poverty, and discrimination Indigenous people experience as a **RESULT OF SETTLER-COLONIALISM AND ITS LEGACY**.

COMMUNITY RESILIENCE

Over the past 40 years, resilience research has shifted from a primary focus on individual qualities, to seeing resilience as promoted by collective (ie. family, community, cultural) factors since "researchers recognized that some protective factors were external to the individual" (Fleming & Ledogar, 2008. p. 9). According to Kirmayer et al (2009), there are two ways '**COMMUNITY RESILIENCE**' can be understood: One is how individuals overcome stress and adversity by drawing on cultural resources and social networks. The other is how communities themselves respond to stress and challenges "in ways that restore their functioning" (p. 66).

Given the community level damage inflicted by the historical traumas associated with colonization in Indigenous communities in Canada, both of these understandings of community resilience make it a relevant concept for exploring healing and wellbeing for First Nations youth. Importantly, Aboriginal approaches to resilience "tend to consider the **WHOLE STATE OF THE PERSON**, describing well-being in terms of the balance of physical, cultural, emotional, and spiritual elements" (Kirmayer et al, 2009, p. 78). This means – among other things – that it may be fruitful to address life promotion in First Nations communities not by specifically targeting distinct issues (such as suicide and/or substance use), but by embracing a more holistic approach to wellbeing and community health. For instance, Andersson and Ledogar's (2008) research indicates that "self-efficacy, self-esteem, absence of distress,

and pride in one's heritage" are personal assets that contribute to resilience/ They also note "a series of social 'resources'" such as family and community support that do as well (p. 11).

Wexler (2014) makes the important point that we must understand and clarify "the mechanisms and meaning systems that support (or hinder) resilience" (p. 75). Her research with Alaska Native groups across three generations of different experiences of culture sheds light not only on the fact *that* CULTURE CAN PROMOTE RESILIENCE, but *how* it may do so.

HOLISTIC APPROACHES TO HEALING

Barker, Goodman, and DeBeck (2017) remind us that "suicide is one of many health disparities arising from the ongoing social and historical injustices endured by Indigenous peoples." The "immense social suffering faced by Indigenous populations" is a relatively recent historical phenomenon, and has been attributed by many to "to the loss of cultures and identities as a result of the forced displacement from territorial homelands and government mandates of assimilation such as the residential school system" (p. e208). Thus, it makes sense for responses to these injustices to take a holistic form that CHALLENGE STANDARD AND INDIVIDUALISTIC APPROACHES - particularly since standard suicide prevention programs focusing exclusively on individual risks, which have been imported to First Nations communities from elsewhere, have not been met with great success (Barker, Goodman, and DeBeck, 2017).

The recently developed First Nations Mental Wellness Continuum Framework (Assembly of First Nations, 2015) presents a COMPREHENSIVE MODEL AND COORDINATED APPROACH to mental wellness, highlighting the central importance of culture in this model. "The Continuum aims to support all individuals across the lifespan, including those with multiple and complex needs" (p. 2). Importantly, the framework is not organized on the basis of these various needs, fragmenting individuals' lived experiences. Rather, it is a "complex model, rooted in culture and comprised of several layers and elements foundational to supporting First Nations mental wellness" (p. 2).

Wesley-Esquimaux and Snowball (2010) put forward the concept of 'wise practices'. In contrast to narrow and prescriptive notions of "best practices," they argue that wise practices can lift up Indigenous people by tapping 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. These are not exclusive, but work together, as elaborated in great detail by the authors.

Braveheart, Chase, Elkins, and Altschul (2011) define HISTORICAL TRAUMA "as cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma" (p. 283). They advocate for culturally-grounded work that reduces emotional suffering of Indigenous people across the generations, taking into consideration the diversity that exists among them. Similarly, Gone (2013) identifies historical trauma as an important "countercolonial construct" (p. 688) in that it preserves a relational emphasis, focuses on social pathology rather than "broken brains" (p. 688) and makes way for "opportunities for indigenous cultural education and ceremonial participation in service to powerful renewals in tribal identification" (p. 688). Gone elaborates the experience of one woman at a Healing Lodge, making a strong case for "culture-as-treatment" (p. 697) on the basis of this evidence.

Understanding "culture as prevention", Baete Kenyon and Hanson (2012) state that research shows that the inclusion of "cultural and spiritual development [show] a reduction in risk factors for suicide" (p. 273). The authors then outline a Positive Youth Development (PYD) framework to demonstrate how cultural strengths can be

integrated into programs and policies. This framework uses positive socialization to build on strengths, and to “prevent high-risk behaviors such as substance abuse, violence, and school dropout” (274). Likewise, Walters, Simoni, and Evans-Campbell’s (2002) research on substance use among Alaska Native and American Indians identifies the importance of an ‘INDIGENIST’ approach to support for coping with stresses. Their model provides “a coherent means of integrating social, psychological, and cultural reasoning about discrimination and other forms of trauma as determinants of substance use and health-related outcomes” (p. S106).

Potvin-Boucher and Molone (2014) do not address suicide in isolation, but sees it as related to other negative outcomes (such as substance use and school dropout). According to their research, ONGOING YOUTH ENGAGEMENT in mental health literacy programs is seen to alleviate these negative outcomes, but integration of meaningful cultural content in these programs for First Nations youth is seen as essential. One way to do this is to recognize the importance of participating in cultural practices and getting out into the community and on the land – mental health literacy programs need not take place separately from community life.

Potvin-Boucher and Malone (2014) offer the example of a peer mentorship program to support these points. Additionally, they argue that “a precursor to fostering identity and pride is gaining an understanding of history and context” (p. 349). This moves the conversation from engagement to empowerment, which is argued to be critical for resiliency. Specific examples are provided to demonstrate that not only does building programs in culturally relevant ways enhance engagement, but it also increases resiliency and a range of positive outcomes for First Nations youth.

SOME STORIES FROM COMMUNITIES

In southwestern Alaska two communities developed THE QUNGASVIK: A TOOLBOX PROMOTING REASONS FOR LIFE AND SOBRIETY among youth. It consists of a series of modules that support the creation of experiences “in Yup’ik communities that build strengths and protection against suicide and alcohol abuse” (Rasmus, Charles, & Mohatt, 2014, p. 140).

The name *Qungasvik* means ‘toolbox’ and is a meaningful name because this resource “contains tools to help Yup’ik people find their own answers and approaches to problems threatening their communities and youth, including the problems of suicide and alcohol abuse” (p. 141). 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 past, but rather emergent from existing structures, theories, and practices (p. 141). It draws from Indigenous and post-colonial frameworks,

PARTICIPANT VOICES

ANONYMOUS TRAINEE (MANITOBA):

“I found the modules helped the students build self-esteem and confidence ... And hopefully teaching healthy coping skills they can carry and use as they go through their life’s journey.”

NORA BRESSETTE (ONTARIO):

“To me that’s the beauty of it: It has the ability to develop the community, and the youth within the community, and the facilitator.”

ANONYMOUS TRAINEE (MANITOBA):

“The materials focus on changing the way we think. I used the Creation Story to support positive changes and build positive identity. Where does it say that we are violent, dishonest, and weak? We are born to be kind, honest, and strong.”

but does not see these as synonymous. It is also not as simple as taking “the best of both worlds”; rather it is about a “collapse of dualities” that can only occur when community members determine what is and isn’t meaningful in the process (p. 141).

In terms of process, it is significant to note that the *Qungasvik* toolbox itself is the result of a community-initiated process, with researchers coming in by invitation. Furthermore, it built on existing local traditions, resources, and infrastructure, as well as prior relationships with the research organization. The existing infrastructure provided the settings for the research process. All of these factors are understood to have contributed to its success.

As another example, Finlay, Hardy, Morris, and Nagy (2010) explore “the guiding principles and the work of MAMOW SHA-WAY-GI-KAY-WIN [everyone searching for the answers together] AS A MODEL THAT INSPIRES RESPECTFUL AND TRUSTING WORKING RELATIONSHIPS between First Nations and non-Aboriginal peoples in a way that is healing, enduring, and facilitating of resource exchange and development” (p. 246). It does not centre suicide prevention specifically, but relational and collaborative approaches to addressing community difficulties.

Seven communities have participated in the process to date, and sharing the learnings with other communities is seen as an integral component. Assessments are done in a variety of ways, and capacity building initiatives are generated locally. The authors emphasize that this is an evolution, and the results of assessments and evaluations are not explicitly presented.

Finally, Crooks, Chido, Thomas, and Hughes (2010) do not focus specifically on suicide prevention, but on addressing “negative behaviours” in general, through “culturally relevant opportunities for youth to build healthy relationships and leadership skills” (p. 160). In particular, their article showcases a RANGE OF PROJECTS INITIATED WITHIN A SINGLE SCHOOL BOARD AIMED AT IMPROVING RELATIONSHIPS AND ENGAGEMENT FOR FIRST NATIONS YOUTH. The case is made for strength-based programming that is culturally appropriate, particularly for First Nations youth in Canada as it helps to see current negative outcomes as responses to “the deliberate suppression and elimination of culture and tradition [which] led to multi-generational trauma” (p. 161) rather than an indication of individual pathologies.

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