WISE PRACTICES

FOR PROMOTING LIFE IN FIRST NATIONS COMMUNITIES

INTRODUCTION/BACKGROUND: WHAT THE LITERATURE SAYS

STARTING PLACE

Many authors from around the world provide the important reminder that until very recently, youth suicide was a relatively rare occurrence in Indigenous communities (Leenaars, EchoHawk, Lester, & Leenaars, 2007; Tatz, 2012). Importantly, Chandler and Proulx (2006) note that there is a great deal of variation in suicide rates and NOT ALL INDIGENOUS COMMUNITIES HAVE DISPROPORTIONATELY HIGH RATES OF SUICIDE, relative to general population. In fact, "90% of [British Columbia]'s Aboriginal youth suicides occur in only 15% of its bands, while more than half of the province's bands have not experienced a single youth suicide in the 14 years window for which data is now available" (p. 137).

This diversity – over time, and among distinct cultural groups – makes it clear that suicide is not, in fact, a problem inherent to Indigenous peoples or communities. Several authors make explicit connections between colonization and the crisis of youth suicide in Indigenous communities (Elliot-Groves, 2017; Gone, 2013; Walls, Hautala, & Hurley, 2014; Wexler & Gone, 2012; Yellow Horse Brave Heart, Chase, Elkins, & Altschul, 2011). Some authors (see for example Barker, Goodman, & DeBeck, 2017) also explicitly CONNECT SUICIDE WITH THE COLONIAL PROJECT in that it is a response to the efforts to thwart Indigenous identities. Elliot-Groves (2017) reminds us that "despite the similarities among Indigenous populations in settler colonial states, North American tribes are extremely heterogeneous. Thus, to address Indigenous suicide, it is necessary to design strategies that fit the UNIQUE social, cultural, and human needs of each community" (p. 12).

COMMUNITY-BASED SOLUTIONS

Cwick et al (2016) provide evidence of the effectiveness of a COMMUNITY-BASED approach to reducing rates of suicide among Indigenous youth. Their work is a significant contribution to the body of knowledge on this topic, given the depth, extent, and quality of the data they collected (over a period of eleven years). Among other things, the approach they advocate includes a community surveillance system that provides a foundational role and PREVENTATIVE function. Given the complex interplay of factors that contribute to high rates of youth suicide in some Indigenous communities, there must also be a COMPREHENSIVE APPROACH to addressing it.

PARTICIPANT VOICES

LINDA CAIRNS, PRINCE ALBERT GRAND COUNCIL YOUTH ACTION COUNCILS (SASKATCHEWAN):

And the problem that we're faced with is colonization – Aboriginal people have been led to believe they're the cause of their own dysfunction …

We need a community of 'small L' leaders where everyone had a role, just like we had in the past. … Community members *are* the experts.

JASMIN FLAMAND, MOTESKANO, METAPEROTIN AND MAHIKAN (QUEBEC):

When the [land-based] projects are happening, the whole community feels as one. All the walls between the different services and entities in the community are not felt as much during the project. The whole community feels as one.

White and Mushquash (2016) remind us that in Indigenous communities it is vitally important to not only consider individual or even social risk factors, but to consider how SOCIO-POLITICAL AND HISTORICAL FACTORS including "racism, cultural dislocation, legacy of residential schools, land theft, loss of language, overcrowding, poverty, unsafe housing, and multi-generational trauma" interfere with wellbeing (p. 6). Wexler and Gone (2012) call into question the assumptions about suicide that currently underpin many mainstream efforts: the presumptions that suicide expresses underlying psychological problems, that suicide is a private act, that suicide prevention is best achieved by mental health professionals, and that suicide prevention falls within the purview of formal mental health services (p. 800). These four assumptions are generally informed by biomedical understandings of the problem, and lead to particular approaches to suicide prevention (with varying success). Importantly, these conventional approaches may be out of step with Indigenous peoples' worldviews, where suicide is often considered "a SOCIAL AND SPIRITUAL DILEMMA that is constituted and inextricably tied to family, community, and tribal context" (p. 802). These authors suggest effective and CULTURALLY RESPONSIVE SUICIDE PREVENTION in Indigenous communities is more likely to come in the form of community projects as opposed to formal health services.

This means that in addition to ensuring that Indigenous peoples have equitable access to a full range of mental health services, changes in social conditions - particularly related to DECOLONIZATION and community self-determination - can significantly support life promotion and suicide prevention for First Nations youth. This also means that all Canadians have a part to play.

LIFE PROMOTION RESOURCES

Drawing from what is working well in communities throughout the country, there are now a number of PRACTICAL RESOURCES related to life promotion that have been developed by and for Indigenous peoples.

The British Columbia First Nations Health Authority (2015) has produced a HOPE, HELP, AND HEALING toolkit in partnership with British Columbia's Ministry of Health, which is intended to be used by Community Workers. Rather than proposing a top-down approach, it outlines an approach that is responsive to COMMUNITY STRENGTHS AND NEEDS. The concepts of Hope, Help, and Healing correspond with Prevention, Intervention, and Postvention and these activities occur in a circular way so communities can begin anywhere in the circle, depending on what is happening for them. The toolkit also provides a quick reference guide, a glossary, and several appendices.

The Assembly of First Nations Youth Council (2016) has published an accessible collection of CALLS TO ACTION ON LIFE PROMOTION. The youth-centred initiatives are described in detail and importantly, they are community-specific; they are not universalized or decontextualized. As written in the introduction, the Calls to Action "highlight examples of thriving collaborative, community-based, suicide prevention projects. These projects remind us that our chances of success are greater when we WORK TOGETHER, ENGAGE YOUTH, and root our healing approaches in our community's knowledge" (p. 2).

The Assembly of First Nations and Health Canada (2015) have developed a First Nations Mental Wellness Continuum Framework, which helps to better understand the holistic nature of wellness, and the interconnectedness of the various factors that contribute to it. The FIRST NATIONS MENTAL WELLNESS CONTINUUM FRAMEWORK "is a complex model, rooted in culture and comprised of several layers and elements foundational to supporting First Nations mental wellness" (p. 2). "The Continuum aims to support all individuals across the lifespan, including those with multiple and complex needs. The centre of the model refers to the

INTERCONNECTION BETWEEN MENTAL, PHYSICAL, SPIRITUAL, AND EMOTIONAL behaviour—purpose, hope, meaning, and belonging. A balance between all of these elements leads to optimal mental wellness" (p. 2).

Conceptualized as a series of concentric circles, the Continuum includes multiple elements: the four directions (outcomes), community, populations, specific population needs, continuum of essential services, supporting elements, partners in implementation, Indigenous social determinants of health, key themes for mental wellness, and culture as foundation. There are multiple components within each of these layers, and it clearly requires A SYSTEMS APPROACH to addressing care. Key themes that inform the Framework and the Continuum are: Culture as Foundation; Community Development, Ownership, and Capacity Building; Quality Care System and Competent Service Delivery; Collaboration with Partners; and Enhanced Flexible Funding. Within each of these themes, the Framework identifies concrete PRIORITIES FOR ACTION.

This Framework and Continuum emerged out of collaboration with key partners and is based on feedback from a wide range of sources. Since conditions continue to change, it will be important to continue engaging communities, tracking process, and adapting as needed (Assembly of First Nations and Health Canada, 2015).

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