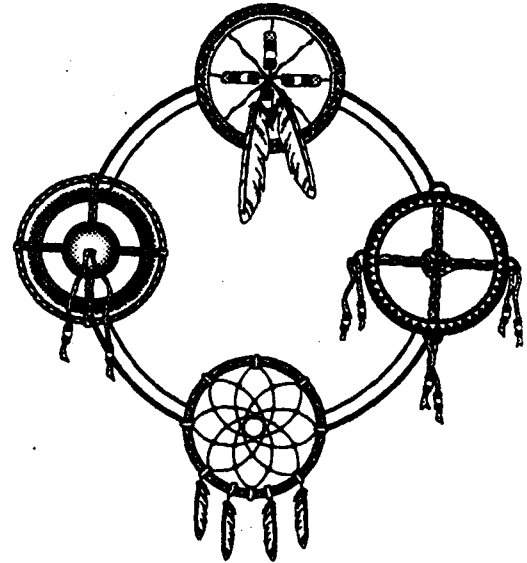




# **Suicide Prevention at the Community Level**

**(Discussion Notes from the Suicide  
Prevention Workshop)**





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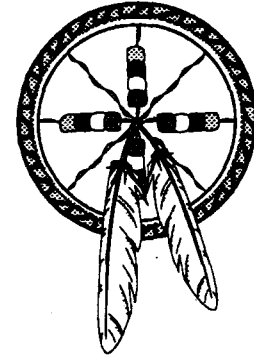
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## **Introduction**

Welcome! By deciding to read these discussion notes, you've taken an important step to help your community prevent suicide and find its own path toward healing and spiritual renewal.

The tragedy of suicide has had a tremendous impact on Aboriginal peoples and Inuit. Particularly among youth, suicide has become an epidemic that has touched virtually every Indigenous community in Canada. At a time when Aboriginal suicide rates are four times the Canadian average, no community can stand apart from the pain and trauma. Even in areas where suicide has not emerged as an immediate problem, there may be a need for prevention programs to help people stay healthy and strong.

In February, 1995, a group of front-line practitioners, Aboriginal clinical psychologists, youth delegates, and Medical Services Branch staff met in London, Ontario to discuss preventing suicide in Aboriginal communities. The Suicide Prevention Workshop: Framework for Living drew






*"We have taken some steps together today. And these steps will help us go back to our communities and families with new ideas, new skills. We've said some tough things here, and we've all given a lot of ourselves. But I think we would all agree that what we've given has also been replaced ten-fold. Let's all try to remember that, whatever it is that we gain through our path in life, we gain through what we are willing to share."*

GERRY MARTIN  
FACILITATOR

on the experience and wisdom of Aboriginal youth, professionals and front line workers who have been at the forefront of the fight against suicide. These discussion notes bring their ideas together, in the hope of helping other communities as they embark on their own healing journeys.

During the workshop, participants stressed two important points: that communities need practical tools to help prevent suicide and promote healing, and that no single solution will work for every community. The format of the discussion notes is intended to respect both of these concerns. By exploring the underlying causes of suicide and suggesting elements of a community response, the discussion notes provide guidance for community members who are trying to attack the problem at its root. At the same time, each section contains questions for discussion, to help communities develop the approaches and services that make most sense to them.



In the pages that follow, Health Canada presents the voices and the wisdom of the people who attended the Framework for Living workshop. We hope their experiences of courage, pain and transformation will provide a basis for healing and mutual support in communities across the country.

*"Everybody would like a concrete answer. But if we can at least get a general plan of action to bring back to our communities, then revise it to the specific needs of each community, I think that's the best way to go about it. I'd like to see a general program, because you can't solve a problem for every community - there is no one solution."*

ROBERT JOHNSON  
YOUTH DELEGATE  
MILLBROOK FIRST NATION, NOVA SCOTIA



## Notes:

*“Aboriginal people in the more physically isolated areas, especially the youth, are viewing the world through the ‘tube’. They see another world, and imagine themselves accessing part of the benefits, a piece of the pie. But people’s attempts to seek out those benefits, often by leaving the community, can result in negative experiences. People often return to their communities with no change in lifestyle, and may arrive home with new medical, physical or emotional problems.”*

DR. VINCE TOOKENAY  
PRESIDENT, NATIVE PHYSICIANS’  
ASSOCIATION OF CANADA



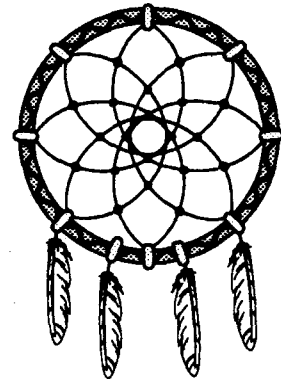
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## **Causes of Suicide In Individuals**

Suicide is the final self-destructive act of despair, committed when a state of hopelessness and depression exists. There appears to be no single reason why so many Aboriginal youth consider suicide as an answer to life problems. The reasons are complex, derived in large part from personal experiences such as:

- Prolonged or unresolved grief;
- Loss of identity or cultural dislocation;
- Economic disadvantages;
- High unemployment;
- Separation from family or extended family;
- Chronic family instability; or
- Physical, emotional or sexual abuse.

These factors can lead to alcohol and substance abuse, depression, social and psychological problems, ill health, withdrawal from relationships, anger, and a continuation of abuse and self-destructive behaviours.






*“Any kid is trying to find him or herself as an individual, but for Native youth there is the additional identity crisis of finding out who they are as a Native person.”*

YOUTH DELEGATE

## **Questions for Discussion**


- ◆ **What are the life experiences that can contribute to a feeling of depression, despair, or hopelessness?**
  - Nothing to do in the community?
  - Lack of a job, or appropriate job skills?
  - Exhaustion from working too hard in an emotionally draining job?
  - Sudden illness or unexpected death of a close friend or family member?
  - Abuse of alcohol or other drugs?
  - Removal of children by social service authorities?
  - Separation or divorce?
  - Past history of physical, sexual or emotional abuse?
  - Sense of betrayal that parents did not prevent the abuse from taking place?
  - Traumatic experience in the military, or in other job situations?
  - Grief over other recent suicides?



- 
- ◆ **When a person shows deep anger or rage, it could be a clue to unresolved grief over some past event.**
    - Have you noticed signs of this rage in anyone in your community or family?
    - Do you know why they're angry?
    - How would you expect the person to express his or her rage over time, if the underlying problem isn't resolved?
  
  - ◆ **How have the youth in your community been treated at school?**
    - Does the school hire good teachers?
    - Are Aboriginal students routinely streamed into non-academic courses?
    - Are students who leave their communities to attend high school left feeling alone and isolated? How are they treated when they return?

*"There are different ways of reaching your kids. You've learned that here. You have to be subtle, and you have to go about it with love in your heart. It's very important that your children see that you have time for them, and that you are trying to speak to them from your heart."*

EVANGELINE FRANCIS  
WELLNESS COORDINATOR  
BIG COVE, NEW BRUNSWICK



*"Everyone has been asking over and over again, for the last couple of days, 'what can we do to reach out to youth?' I'll tell you what you can do....Ask them how they feel. Ask them once in a while what they think about things. That's the first step."*

RAURRI ELLSWORTH  
YOUTH DELEGATE  
IQALUIT, N.W.T

◆ **How have psychologists and counsellors treated the youth in your community?**

- Does the community have access to counselling services?
- Are there counsellors or psychologists of Aboriginal origin?
- Do non-Aboriginal counsellors take the youth seriously?
- Are psychologists telling youth that the voices they hear or the visions they see are hallucinations, when they may be part of a search for a traditional healing path?
- Is there anyone in the community who provides guidance or a role model for gay and lesbian youth?

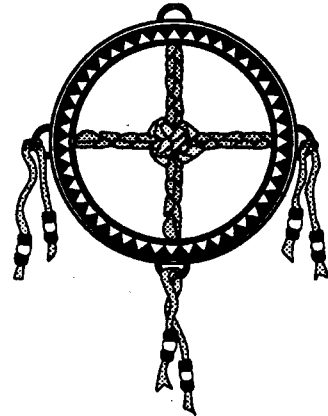


## Causes of Suicide In Families

“At-risk” families, where people are more likely to consider or attempt suicide, can be identified in smaller communities. Early intervention with these families can be effective if trained workers are available. Family risk factors for suicide include:

- Separation of children from their families;
- Family history of psychiatric disorder;
- Alcohol or other drug abuse;
- Family history of suicide;
- Severe conflict in the family;
- Family isolation.

The gradual breakdown of traditional family structures and relations has left several generations of youth adrift, without proper nurturing, a sense of self-identity, family security, or guidance. Poor economic conditions, inadequate education, and lack of jobs can also contribute to these problems.




*"In some Aboriginal communities, in some years, almost 80% of deaths result from suicides or accidents. Abuse of alcohol and other drugs is usually a factor in the majority of these deaths."*

DR. JOE COUTURE  
PRESENTATION ON GRIEF AND BEREAVEMENT



## **Questions for Discussion**

- ◆ **How strong are the families in your community?**
- ◆ **What kind of support is available to them? Is it enough?**
- ◆ **Think of a family in your community in which the parents are strongly committed to raising strong, healthy children who are proud of their Aboriginal heritage. Are the parents succeeding? Are they having any problems? Why?**
- ◆ **What makes a healthy Aboriginal family different from an unhealthy one?**
  - **Do family members fight among themselves, or try to co-operate and compromise?**
  - **Does the family show respect for everyone in the household, while still encouraging individualism and strongly-held opinions? Or does the family reflect a non-Aboriginal value system, in which physically weaker members (such as women, children or people with disabilities) have few rights?**


- 
- Do parents and children have a chance to identify with “who we are as a family”? What traditions, ceremonies or rituals are most important?
  - Are children seen as a gift from the Creator, or as a burden on the family?
  - Do children learn to function as effective, independent adults? Who are the positive and negative role models in your community?
  - Are generational roles well defined? Do families in your community use traditional ceremonies to mark the passage from one age level to the next?
  - Are there families where the roles of parents and children have been blurred? Are there adults in your community who act like children, or children who must act as parents to their sisters, brothers, or parents?

*“Suicide is a last call for help, and we have to let people know that they have to respond as soon as they hear the first call rather than waiting until the last.”*

RAURRI ELLSWORTH  
YOUTH DELEGATE  
IQALLUIT, N.W.T.

*"The exciting part for me is that families are getting stronger by healing unresolved grief. That work is being done by people taking responsibility and ownership. I see a lot of healing happening when I see people talking openly and honestly about suicide."*

WORKSHOP PARTICIPANT

- 
- ◆ **How strong are the links within extended families?**
    - What role do Elders play in the families in your community?
    - What role do grandparents or Elders play in helping to raise children and teach traditional values? Are most Elders accepting this role?
    - Are there any problems with the Elders' role?
  
  - ◆ **Is your community having problems with:**
    - Alcohol or other drug abuse?
    - Violence in families or in the community at large?
    - Addiction to bingo?
  
  - ◆ **Are any of these problems contributing to the risk of suicide? How?**

When families aren't functioning well, they are weakened and eventually destroyed by crisis. When a family is basically healthy, there is a better chance that the people involved will come closer together, grow as individuals, and become more adaptable and resilient.

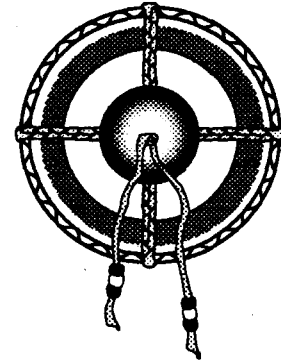



## **Causes of Suicide In Communities**

In Aboriginal communities, the social environment and family structures necessary to support healthy child development have been weakened under the unrelenting pressure of non-Aboriginal society.

Customs such as the extended family, teacher-learner relations, and traditional parenting could all help strengthen our children, families and communities. But these structures have been weakened over generations by community relocations, loss of traditional economies, the residential school experience, the child welfare system, and a lifetime of indoctrination into a Euro-Canadian way of life.

A large proportion of the Aboriginal adults who have been assessed with behavioural or psychological problems had contact with social service agencies or the residential school system as children. Today, health professionals see the multi-generational results of systemic abuses in the psychological make-up of Aboriginal and Inuit youth.





*"The best way to prevent suicide is in two ways. First, make the society that young people live in a better place to live, by providing recreation and education geared to making life more enjoyable. Second, it's important to teach people how to recognize and deal with suicidal tendencies."*


WORKSHOP DELEGATE

The loss of essential strengths like self-esteem, confidence, the ability to trust, and coping and communication skills can be traced back to the experience of Aboriginal and Inuit communities over the past century.

### **Questions for Discussion**

- ◆ **What are the factors that contribute to anger, stress or grief in your community?**
  - Are people grieving over past suicides or suicide attempts - either in the community itself, or among extended family members in other communities?
  - Has the community been involved in difficult or painful discussions over land claims, gambling, smuggling, health problems like addictions or AIDS, or other issues related to self-determination or economic self-reliance?
  - Is there very much conflict on your band council?



- 
- ◆ **Do the youth in your community feel isolated:**
    - From other Aboriginal people?
    - From traditional activities like hunting, trapping, ice fishing, vision quests, or sweat lodges?
    - From the consumer culture that people see on television and in other popular culture?
  
  - ◆ **Is there conflict or disagreement over the style of leadership in the community?**
  
  - ◆ **Are there different factors that contribute to grief, depression, rage and suicide among Aboriginal people and Inuit living in the cities?**
    - Isolation from home, friends and family?
    - Isolation from culture and traditions?
    - Disappointment?
    - Racism?
    - Lack of job, training, or money to cover living expenses?
    - Inadequate housing?
    - Alcohol or other drug abuse and related health problems?

*"When you look at places like Davis Inlet or Big Cove, how can you say you're going to go in and just focus on suicide? Our traditional culture has deteriorated to such an extent that if you send in money for a psychologist to work with people who are depressed, you'll be working with whole communities."*

JAMES WALKER  
PRESIDENT, NATIVE WOMEN'S ASSOCIATION OF  
CANADA



*"We need to look at a really varied idea of what suicide prevention is. We're talking about historical things such as residential schools and how this problem has been created over a couple of generations, what we call generational grief, and how it has filtered down to our young people. Because it wasn't their experience, it's confusing to them and I think we need to understand that."*

ELDER JANICE LONGBOAT  
TRADITIONAL HEALER, TORONTO

## **Notes:**

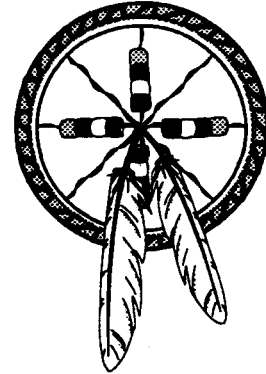



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## **Intervening with Individuals**

Family members, friends, teachers, health and social service workers, and others in the community who have regular contact with youth are in an important position to recognize the early warning signs of suicide.

*It is essential to take these warning signs seriously. Studies show that 80% of people who attempt suicide have given prior warning of their intentions. People who talk about killing themselves are sometimes accused of "wanting attention for attention's sake", but this is wrong. Chronically depressed and acutely stressed people need attention, and talking about suicide is often a direct or indirect plea for protection from a suicidal impulse.*






*"The whole grieving cycle starts with denial. When you work in suicide, the first thing you hit is denial. We've been conditioned to deny. Where we're challenged as workers in the community is to try to step out of that victim's role."*

WORKSHOP PARTICIPANT

x

Youth might think about suicide when they are caught in extreme emotional or psychological turmoil. The warning signs of a possible suicide include:

- Changes in routine, such as withdrawing from regular activities;
- Long periods of sadness;
- Self-imposed isolation from family and friends;
- Unexpectedly poor performance at work or school;
- Greater reliance on alcohol or other drugs;
- Being self-critical or making negative comments about oneself;
- Expressing hopelessness about their one's life or future;
- Increased hostility or negativity;
- Changes in sleeping or eating patterns;
- Being anxious or restless in what appear to be normal situations;
- Increased apathy;
- Giving away valued possessions.



It's not true that anyone who wants to kill him/herself eventually will. Most people who have seriously considered suicide are suicidal for only a limited time. If they get help during their time of crisis and receive the proper care, their will to live will be fully restored.

It's never easy to help someone who is agonizing over the decision to live or die. But always remember that the first step in a successful intervention is someone showing that they care. To a person in crisis, a meaningful act of caring can be as simple as someone taking the time to listen and talk.

*"I was an angry child. I was destructive. I felt that I was not accepted because I wasn't white. Those feelings came out as rage. If someone asked me about my background or culture, I became frustrated and that would make me even angrier."*

WORKSHOP PARTICIPANT

*"I know all the reasons why I should not commit suicide. I know why I shouldn't take my own life. What I want to know is how not to commit suicide."*

ABORIGINAL YOUTH  
KINGFISHER, ONT.

Quote in prepared remarks by  
Ovide Mercredi, National Chief,  
Assembly of First Nations



## Questions for Discussion

- ◆ **What forms of intervention do people need during and after a suicide crisis?**
  - Formal assessment?
  - Individual counselling?
  - Group counselling?
- ◆ **Are there differences between formal and informal ways of caring?**
  - What is the value of counselling skills and theoretical knowledge in helping people who are at risk of suicide, or intervening with their relatives and friends?
  - What is the value of emotional support and empathy? (before or during an attempt)
- ◆ **How can you help someone who is at risk for suicide, or who is interrupted in the middle of an attempt?**
  - Always take the incident seriously as a heartfelt cry for help



- Remember that “saved is not safe” - repeat attempts are common
- Remember that suicide attempts often take place on important anniversaries - of a past attempt, or of some other painful or traumatic event
- Recognize that self-mutilation (burning or cutting oneself) can indicate serious suicidal tendencies
- Help them realize that they are appreciated, loved, needed

◆ **What must the community do over time to help young people find their own reasons not to attempt suicide?**

After an incomplete suicide attempt, the most urgent need is usually for medical care. It may take days or weeks for a person to recover physically after attempting suicide. During that time, friends, professionals and the community at large can consider ways of helping the individual heal the emotional or spiritual pain that led to the attempt.


*“It has to come from the community and the grassroots. This summer, the community noticed a problem with gas sniffing, so they set up an adventure camp in the bush with Native counsellors. They made it a positive experience and a safe environment. There was a long list of kids who wanted to get involved.”*

WORKSHOP PARTICIPANT




*"There's still a lot we can learn. I often tell myself that in my work I am a peaceful warrior. I've learned a lot."*

WORKSHOP PARTICIPANT

- 
- ◆ **Sometimes a person fails to complete a suicide because he or she has some connection to life or reason to live. If you're working with a survivor of attempted suicide, is he or she motivated by:**
    - The importance of his or her role as the parent of a young child?
    - Love for family members or close friends?
    - Attachment to specific activities like fishing, hunting, or listening to music?
    - Last-minute fear of pain or death?
    - Strong commitment to meeting a challenge or completing a task?
  
  - ◆ **Was the suicide attempt interrupted by:**
    - Close surveillance or unexpected interference by family or friends?
    - Failure in the attempt (the rope broke; the gun jammed)?






**Critical Incident Stress Reaction** is the clinical term that describes an individual's response to severe trauma. The suicide or attempted suicide of a friend or family member is one of the experiences that can carry critical incident stress reactions through an entire clan or community.

The intensity of Critical Incident Stress Reactions is determined by the degree of personal loss that an individual feels, the duration of the loss, the importance of the loss to the individual, and the degree of terror or horror that the experience evokes for them. A person in the midst of critical incident stress reactions can be expected to show some combination of the following symptoms:

- Sense of vulnerability;
- Shattering of the meaning that he or she had attached to life;
- Fear that the critical incident will be repeated;
- Reduced emotional control;
- Self-blame or reduced self-esteem;
- Preoccupation with "what-ifs";
- Anger and rage;
- Fear of scrutiny;
- Guilt at having survived;
- Alienation from surviving friends and family.

*"You can't just deal with the intellectual perspective. Your heart and your spirituality also have to be engaged."*

JOAN GLODE  
WORKSHOP FACILITATOR  
SHUBENACADIE, NOVA SCOTIA



*"I've sat with families who have lost a loved one. I talk to them about what I've been taught death is in my own culture. We talk about how the person was, how they learned about the death. If there is anger, guilt or blame, it all comes out there. I end the session talking about the good times. In my culture we use the sweatlodge, so I take people to the sweatlodge and then we have a feast for those who have died."*

WORKSHOP PARTICIPANT

Critical Incident Stress Reactions can be addressed effectively only by those who have special training in dealing with the aftermath of traumatic events. There are two distinct approaches, one for first responders such as first arrivals on the scene of a serious accident or suicide, for instance, such as the approach used by the Medical Services Critical Incident Stress Response Team. This team has a mandate that permits them to treat Medical Services Branch health care workers only. Provincial teams are available in some provinces, and the Nodin Counselling Services operate in northern Ontario. Timely interventions by the specially trained teams must occur within 72 hours to be most effective.

A community approach is the "Nodin" model used for addressing the impact of a traumatic event on the community.\* This model is designed for communities, and is used by the Nodin Counselling Unit in Sioux Lookout. The models are not interchangeable. The program designed for first responders has a special seven step debriefing process, and much follow-up is required.

Although Critical Incident Stress Reactions must be addressed by specially trained people, community caregivers

\* Further information can be obtained from the Nodin Counselling Unit at Sioux Lookout.



can give support when a traumatic event occurs, such as:

- Protect the person from further stress;
- Respect the individual's capabilities and help them feel that they are in control of their life again;
- Stabilize the individual and help them remain as functional as possible;
- Help the person remain focused on the here and now, rather than focusing on events that took place long ago;
- Assess the person's psychological status, including the family support, religion, or other coping resources that are available to help them continue;
- Help them deal with practical needs and emotional issues as they arise;
- Draw in support systems, including professional referrals if necessary;
- Follow up in the weeks following the initial contact.

In response to an immediate trauma, caregivers can help survivors feel physically and emotionally secure, create a safe space where they can cry, scream, or rage, and remind them that the future can be better.

*"My ancestors used to say they had a problem even if it was a tenth cousin down the road who had a problem. But we've lost that. We have to re-educate ourselves and become at least some part of what our ancestors were all about."*

WORKSHOP PARTICIPANT



### Things to do:

- Listen and take their situation seriously
- Talk freely and ask questions
- Recognize that their suicidal feelings are real
- Offer interest and support
- Reassure them that there are other options
- Express your concern
- Encourage them to involve family, friends or neighbours
- Stay with the person until you're sure that they're safe

### Things you shouldn't do:

- Don't judge them
- Don't goad them on
- Don't try to shock or challenge them
- Don't refuse to talk about their situation
- Don't offer sayings or clichés
- Don't criticize or underestimate the importance of their problem
- Don't psychoanalyse
- Don't argue
- Don't try to persuade them or present them with reasons to live
- Don't make comparisons like, 'you're better off than...'

### And remember:

- Everyone has strengths
- Most suicidal people do not really want to die
- A crisis often offers a unique opportunity to help

*From Our Healing Journey Begins With Understanding: A Guide on Suicide Prevention for Community Helpers a discussion guide produced for Health Canada*



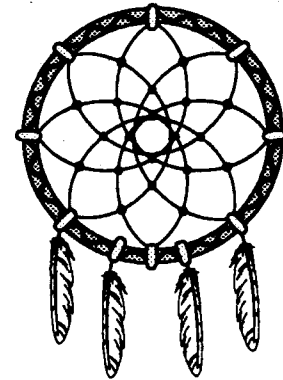
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## **Intervening with Families**

When a person attempts suicide, the life of his or her family is changed forever. Sisters and brothers, sons and daughters, parents, grandparents and extended family all feel the grief and trauma, whether or not the attempt leads to death.

Families sometimes pull closer together and heal after a suicide, particularly if they can confront the problems that led to the attempt. However, one suicide in a family can act as a trigger for one or more relatives to take their own lives. In Aboriginal communities, where the bonds of clan and extended family are often very strong, this means that “copycat” suicides can occur in communities that are far away from the original attempt, and can cross the line between the city and the person’s home community.

In the moments after a suicide or suicide attempt, it’s important to support family members as they find their own way to grieve - whether it’s by talking, crying, or shouting. In the weeks and months that follow, family






*"The family called on the community immediately to get involved. They wanted to talk about it publicly that the death was a suicide. They invited friends and family to their home. They held a potlatch ceremony, according to their culture."*

WORKSHOP PARTICIPANT

members will need caring support to work through their pain and loss and begin to heal together.

### **Questions for Discussion**

- ◆ **What forms of intervention does a family need during and after a suicide crisis?**
  - Formal assessment?
  - Individual or group counselling for all family members?
  
- ◆ **How can caregivers help family members during and after a suicide crisis?**
  - By listening?
  - By creating a safe, confidential space where family members can grieve, express rage, and share memories?
  - By trying to make sure that every family member has a chance to express his or her feelings?
  - By helping family members slowly unravel any past



conflicts, problems, or unresolved grief that may have contributed to the suicide, so that people can heal before further suicides or attempts take place?


- By watching for the warning signs of suicide in surviving family members?

◆ **How can the community help family members during and after a suicide crisis?**

- By listening?
- By getting involved at the time, and in a way, that the family wants?
- By helping to fulfill any last wishes the suicide victim may have had?
- By taking part in the funeral and any other grieving rituals?
- By helping the family with routine chores in the days and weeks following the event?
- By watching for the warning signs of suicide in surviving family members?

*"The friends and relatives met at the community centre. We had a counselor, and we all got to talk about our feelings. We knew that if we felt we weren't going to make it through the day, we had someone to talk to."*

YOUTH DELEGATE



*"In our community, when there's a death or a suicide, everything stops. The office is closed, everything - no more services. Everybody goes to support and help the family. There's a feast. We talk and cry together, and we also laugh at the good times."*

WORKSHOP PARTICIPANT

## **Notes:**





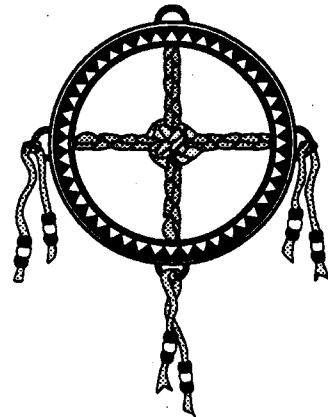
## **Intervening with Communities**


A suicide or suicide attempt can send the victim's friends, neighbours, and even casual acquaintances into an emotional spin. The impact on the community can last for weeks or months, and one suicide can lead to a series of other incidents.

Aboriginal and Inuit communities have identified the need for long- and short-term solutions to high suicide rates. These solutions must be planned and put in place by the community, and must be holistic in their approach.

In their discussions of the issues underlying suicide, communities have stressed the need for:

- Emphasis on mentally healthy communities, through a community development approach that focusses on the wellness of children, families and the community;
- A grieving process, so that healing can begin;
- Efforts to revive traditional values with Elders and traditional medicine;






*"I've been taught that we've been given gifts by the Creator - to cry and to laugh. But we've become disconnected from those gifts. I'd like us to give ourselves permission to grieve if we need it. Many of us are service providers, so we've been taught to believe that we're the experts and they're the clients. Maybe we need to rethink that."*

RHEENA DIABO  
WORKSHOP FACILITATOR  
KAHNAWAKE, QUB.

- Community-based and community-planned suicide prevention and intervention programs;
- Services that can respond to immediate crises.


### **Questions for Discussion**

- ◆ **What forms of intervention does a community need during and after a suicide crisis?**
  - Identification of all community members who might be at high risk of attempting suicide?
  - Mobilization of youth groups?
  - Care and support for the caregivers and rescuers involved in a suicide?
  - Detailed follow-up plan?
  - Programs that link people across generations and occupations?
  - Healing workshops or conferences on:
    - Sexual abuse?
    - Adult children of alcoholics?
    - Loss of tradition, culture and parenting skills?

- 
- ◆ **What can be done to put an intervention and healing plan in place before a crisis occurs?**
  - ◆ **What traditions and rituals has your community developed to deal with loss and grieving? How do people grieve?**
    - What do grief and bereavement mean to you, and to your community?
    - How did you learn to grieve? How did other people in your community learn?
    - Have you ever seen your grandfather, father, uncles or brothers cry?
    - Do people in your community think it's appropriate to cry when you're grieving? Are there different expectations for men and women, or for children, youth and adults?
    - Are your approaches to grieving traditional, contemporary, or a combination of both?

*"When the body was found, there was a four-page note attached to it with a number of wishes. On the day of the funeral, the wishes of the young man were carried out. There was a community meeting to decide how the funeral would be carried out. It brought the issue to closure for the community. We had a feast that night, and there was a lot of laughter. Our team stayed in the community for three more weeks. They just wanted to know that we were there."*

WORKSHOP PARTICIPANT



*"There are conflicting ideas about what an Aboriginal person is supposed to do when a loved one dies. Some people say "Indians don't cry. Period." Others go by a custom that you cry for exactly four days, then you stop. Some communities have one person (usually a woman) who decides how long everyone should grieve and when everyone should stop grieving - all at once, regardless of whether they're personally ready to. We're confused about some very important things, and we could benefit from putting more work into getting our traditions straight."*

DR. JOE COUTURE  
PRESENTATION ON GRIEF AND BEREAVEMENT

- Do different clans within the community step in to help each other cope with a suicide?
- Are your traditions and rituals flexible enough that people can grieve in their own way and get what they need from the experience? Are there fixed limits on the length of time that a person can grieve, or on the outward form that their grieving can take?
- Do people in your community understand that recovery from a suicide crisis is a long process?

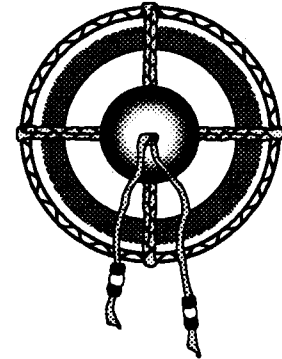



## **Language, Culture and Spirituality**

Recent studies of suicide among Native American youth link low suicide rates with the resurgence of Aboriginal culture. Communities with low suicide rates rely on strong traditions and customs, religious ceremonies, and traditional healing methods to provide youth with a feeling of security and a sense of belonging. Security and belonging are feelings that most high-risk youth have never or rarely experienced.

Traditional Elders and healers know that our ancestors were guided by strong spiritual beliefs and socio-cultural values that gave meaning and structure to family and societal relationships. With an economic base and political, spiritual and cultural customs in place, our communities were complete and were able to nurture and protect their young.

Today, traditional Elders say we have lost the order, balance, control and harmony in our lives. Instead, we find emptiness – particularly among youth at risk, where the loss of traditional values is often masked temporarily by






*“When it comes to making change in the community, it takes courage. One of the structures that have to be broken through in Native communities is the ‘ethic of non-interference’. There is that social norm in our communities that you are not supposed to interfere in other people’s business. The only way that I know to break through that is to ask yourself, ‘do I love myself more than my community?’....I have to be willing to risk what people are going to say about me because I am violating a norm in my community.”*

DR. STAN WILSON  
PRESENTATION ON ACTIVATING THE COMMUNITY

another culture or spirituality. The Elders tell us that this emptiness in youth can only be filled by what is naturally their own. This is why the values which guided our ancestors must be restored and honoured in our communities.

### **Questions for Discussion**

- ◆ **Are there certain “core Indian values” that most Aboriginal communities share? How do these values discourage suicide?**
- ◆ **What is the role of spirituality in the healing journey?**
- ◆ **Who is responsible for teaching language, culture and spirituality in your community?**
  - What is the role of Elders?
  - Of parents?
  - Of extended family?


- 
- ◆ **Does your community rely on traditions, ceremonies or rituals to help people feel that they are valued and have a place in the world? Which traditions are most important?**
  - ◆ **How do your community's spiritual traditions address suicide, and the related experiences of loss and grieving?**
  - ◆ **Is your community going through a transition from traditional to western values?**
    - Do many people in your community rely on Christian traditions for spiritual strength?
    - What have been the positive or negative aspects of this experience?
    - Which tradition or combination of traditions works best for your community?
  - ◆ **What is the place of humour in helping people grieve and heal?**

*"There are certain 'core Indian values' that all Indians share...some basically Indian ways of doing things. Take what you can from this. Later on, you can go off and put an Ojibway face on it, if you want to."*

DR. JOE COUTURE  
PRESENTATION ON GRIEF AND BEREAVEMENT

*"In my generation and where I grew up, I have found Elders contributing to the problem...In all honesty, I have a problem distinguishing an Elder from a person who is merely aged. The authenticity isn't always there."*

WORKSHOP PARTICIPANT

- 
- ◆ **When Aboriginal people cannot speak their original language, do they lose the ability to express their deepest feelings to themselves and to others?**
    - How do Aboriginal languages explain problems like depression, grief and rage? How does this understanding contribute to a healing path?
    - What is the role of Elders and other community members who know their Aboriginal languages in helping people heal?
  - ◆ **Are there problems with the ability of Elders in your community to assume their traditional leadership role?**
  - ◆ **What are the qualities of an "authentic" Elder?**
    - Effective teacher?
    - Good understanding of people?
    - Sensitivity to children and youth?
    - Respect for self, and for others?
    - Aware of the need to promote healing, rather than accepting or perpetuating the cycle of pain and abuse?





- Conscious of his or her own involvement in a healing path?
  - Able to learn from his or her own mistakes?
  - Able to help people find their own path, rather than asking or expecting them to follow blindly?
- ◆ **How does the Aboriginal sense of reliance on each other differ from non-Aboriginal peoples' emphasis on individualism? Can this traditional connection to family and community be drawn upon to support the process of healing?**
- ◆ **How has the loss of Aboriginal land contributed to community members' grief, depression, and rage?**
- How does a sense of injustice and deceit over the loss of traditional lands connect with the cycle of addiction, abuse and suicide in Aboriginal communities?

*"Young people go through a lot of pressures, and some Elders start looking down on them. They think they're just being lazy. But our young people are trying to survive in modern-day society."*

WORKSHOP PARTICIPANT





*“There was always trust (in the traditional way of life), and it didn’t get lost. My dad tells me of trapping with my mishomis (grandfather). They would be out on the trapline for days in really bad weather and life-threatening situations, and my dad would trust mishomis with his life, listening to whatever he would say and trusting him completely.”*

WORKSHOP PARTICIPANT

## **Notes:**



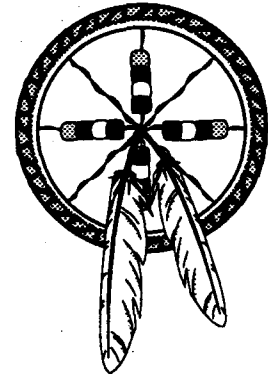
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## **Direct Support for Youth**

In many different parts of the country, Aboriginal and Inuit youth are talking about specific steps that communities should take if they want to prevent suicide. And more and more adults are recognizing that the youth themselves are the best source of information on the factors that can drive a young adult to consider taking his or her own life.

Young peoples' specific needs depend on the communities they live in, the situation in their families, and the degree of depression, anger or pain that each individual is feeling. With this in mind, communities can think about a series of suicide prevention options, from recreation programs for youth who feel they have nothing to do, to counselling services or crisis lines for people who are at greater risk for suicide.

For many youth, the pain and stress that can lead to suicide reflects a clash of cultures. Television and other modern media deliver a vision of luxury and wealth that is





*"The loss of land, culture and language is an important factor in suicide. Native youth recognize that they have lost their country and their voice as a people."*

WORKSHOP PARTICIPANT

at odds with day-to-day life in most Aboriginal communities, but that turns out to be unavailable when a young person heads for the city to seek his or her fortune. Aboriginal teens and young adults must also confront racism and discrimination at school, at work, on the streets, and very often in the language and culture of the dominant society. Many Aboriginal communities see a return to tradition and culture as a way of strengthening youth to cope and succeed in a world that often seems indifferent or hostile to them.

Specific forms of direct support for youth can include:

- High school programs for pregnant youth;
- Therapeutic drama or role-playing workshops to create a safe place for young people to express strong negative emotions and learn positive problem-solving skills;
- Social groups and cultural or recreational programs, to provide a setting in which youth can make positive contact with each other;
- Training of high-risk youth to work as peer counsellors.




## Questions for Discussion

- ◆ **What forms of support would help the youth in your community take charge of their lives and feel they have a reason to go on living?**
  - Youth activity groups?
  - Youth councils?
  - Informal support networks?
  - Full-time youth counsellor?
  - Volunteer counsellors?
  - Crisis line?
  - Job training?
- ◆ **Is there a strong, positive relationship between the youth and Elders in your community?**
- ◆ **Do young people know where to go in the community for the services and support that they need?**

*"It's taken three or four generations to build a new social order. It'll probably take another three or four generations for the healing to be complete....Now we have programs to develop healthy sexuality. I see a brighter future."*

WORKSHOP PARTICIPANT



*"I have thought a lot about my own culture and customs, because we're beginning to get away from that. We have become very individualistic. We don't have any unity. I think when all the Elders are gone, everything will be lost."*

YOUTH DELEGATE

- ◆ **What kind of activities can your community organize to help young people feel wanted and find things to do?**
  - Is it worthwhile to combine youth activities with events intended for the community as a whole?
  - How can traditional ceremonies and practices be incorporated into everyday community events and youth activities?
  - Are young people praised and rewarded for their successes - even if the success is as small as showing up for an activity?
  
- ◆ **Do adults follow through on their promises to young people?**
  - If not, are youth feeling cynical or depressed about hockey tournaments, field trips or dances that are talked about but never happen?




◆ **Is there a youth activity group in your community?**

- Do youth participants have a chance to talk about what they want to do with their free time?
- Are there opportunities for youth to take appropriate amounts of responsibility, so that they can run the affairs of the group while relying on proper supervision?
- Is there a place in your community that the youth can call their own, where they can organize activities or gather together when they want to?
- Can the youth group hold special events in facilities that are normally reserved for adult use?
- Do parents get involved with youth activities as guest teachers, or as chaperons for special events and trips?

*"I would like to talk about mobilizing people in the community....I have to say that the women were the first to start to take risks. They realized that men had always been in power and had always controlled everything. And one women said, 'that's enough. You men have tried to build a future, but how can we have a future when the women have no say?' There's been a lot of sexual abuse in our community, and the victims want people to go through therapy to change their violent behaviour."*

WORKSHOP PARTICIPANT




*"Children now say they can't wait to be 18, to get their first welfare cheque. When I hear them talk like that, it makes me scared for the future. A lot of the youth just take it for granted."*

WORKSHOP PARTICIPANT


- ◆ **Are there opportunities for youth to assume visible leadership roles in your community?**
  - Is there a youth seat on every community council, board and committee?
- ◆ **Do young people receive the respect they need and deserve from the adults in your community?**
  - How can community members learn to listen to youth, really hear what they're saying, set aside their own biases when necessary, and give them the support they need?
  - Do parents and other adults in the community have a chance to learn about the different warning signs that can precede a suicide attempt?
  - Are there confidential ways (like an anonymous questionnaire) for shy or quiet youth to make their concerns known?



- 
- ◆ **During a suicide crisis, do people in your community remember to involve the healthy youth in the healing process, to prevent them from becoming upset about the amount of attention being lavished on “problem” cases?**
  - ◆ **What forms of support should younger children receive, so that they grow up to be stronger, healthier young adults?**
    - **Can support and nurturing from community members outside the family make a difference for children and youth who receive insufficient care from their parents?**

*“AIDS is now one of the components of suicide. But we can’t talk about AIDS in our community.”*

WORKSHOP PARTICIPANT



*"I know from experience that when I feel as if someone is doing something to me, rather than with me, I get angry. And we're doing that in our community."*

WORKSHOP PARTICIPANT


An effective response to suicide begins with one courageous community member with the determination to put a prevention plan in place. One person can start a process of change that beneficially affects the whole community. A participant gave an account of the action of her son as an example:

"Our son was the person who took the risk in our community to establish a Young Warriors Society. As an Elder said to us, 'it isn't up to the Elders. It's up to the kids.'

"Our son felt he needed to do something at home. He was a school counsellor, and he called together young people in order to form the Young Warriors...He taught them martial arts and how to look after their bodies, physically and nutritionally. He asked the group what they wanted and took the lead from them.

"At the time, kids were roaming around the streets until all hours of the night. He opened the gym at night, as long as an adult and a member of the Young Warriors were present. The Young Warriors began patrolling the streets, and they would take young people home if they were drinking.

"The chief and council began to express concern about



the group. Suggestions were made that this group of young people was taking over the community, and there was also concern about traditional practices such as smudging and the smoking of the pipe. A meeting was scheduled to deal with it. When the meeting came, there was one grandmother who said, 'let's not put these young people down for what they believe, because we all know there is only one god and it doesn't matter how they worship.' That's when the youth got the support from the Chief and Council.

"Action has to be taken, and it has to come from within the community."

*"I feel happy. Yesterday's discussions gave me a lot to think about. It gave me light in my life. I feel hope. I feel energy here, and I'm learning a lot. I'm ready to help myself now."*

YOUTH DELEGATE



**Notes :**

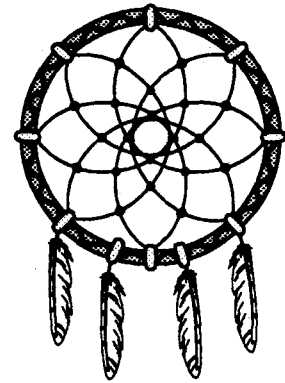





## **Parenting Skills and Family Supports**

The family is one of the centring points for Aboriginal communities, and with good reason. A healthy family has traditionally been recognized as the only place to raise strong children and build strong communities. The importance of the family is reflected in many of the problems that Aboriginal peoples are now experiencing, after several decades in which parenting skills were lost and traditional links between generations were gradually eroded.

For some Aboriginal and Inuit communities, a healing path means focussing on healthy child development, by helping young adults relearn traditional parenting styles. Experiences of abuse and violence are often passed on from one generation to the next, but many Aboriginal people who are survivors of abuse are now coming together to say that enough is enough. They share a commitment to making sure that their children never know the pain and grief that they experienced when they were younger.





*"Each resilient child has at least one intense relationship with an adult that is non-judgemental, caring and supportive. In a family where everyone should have the same problem, why does one child go one way and another child go the other way? It's that one factor that stabilizes and reaches out to the child."*

JOAN GLODE  
FACILITATOR  
SHUBENACADIE, NOVA SCOTIA

In families where parents do not yet fully understand the important role they play in child development, or are still struggling to build positive, nurturing relationships with their children, outside adults can play a very important role. Recent research shows that a relationship with one caring, non-judgemental adult can be enough to help a child grow up reasonably healthy and happy. This knowledge gives community members an opportunity and an obligation to show every child that he or she is loved, and is unique in the eyes of the Creator.




## Questions for Discussion

- ◆ **What forms of support do parents in your community need if they are to raise strong, healthy children?**
  - Parenting workshops?
  - Informal networks and peer support?
  - Counselling?
  - Crisis line?
  - Respite care and “time-outs”?
  - Jobs and financial security?
- ◆ **What do your community’s traditions tell you about the role of a “good parent” in transmitting culture, values and beliefs to the next generation?**
  - Do parents know enough about their traditional role? If not, what is the best way of helping them learn?

*“We know that children in poverty drop out (of school) much earlier and at a much higher rate, and in doing so lessen their chances for well-paid jobs that are meaningful and enrich their lives. They’re also more likely to marry or enter relationships and have children at a younger age, so the cycle of poverty continues into the next generation. (So) It’s not just poor parenting and the effects of systemic and internalized racism. There are also other factors, because it’s issues like poverty that place children more at risk.”*

JOAN GLODE  
FACILITATOR  
SHUBENACADIE, NOVA SCOTIA



*"We've started coming out of the eternal winter. There were just three of us 10 years ago who wanted change. Now, there are 35 or 40 of us. When someone dies, it's like throwing a rock in the water - there are all these ripples. We still have problems in our community, but we're better able to cope."*

WORKSHOP PARTICIPANT

## **Notes :**

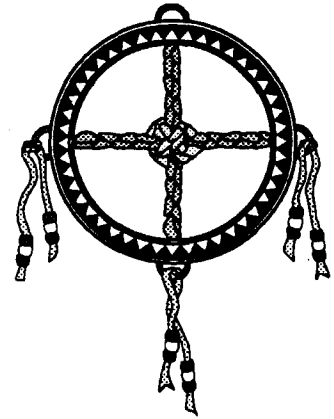



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## People Who Don't Want to Heal

One of the biggest challenges for a suicide prevention worker is to try to help an individual who doesn't want to heal. There are many people who cannot or will not confront alcohol or drug problems, show little interest in learning positive lifestyles or parenting skills, or are so determined to commit suicide that there seems to be nothing anyone can do to help them.

There are at least two good reasons to keep looking for a positive breakthrough with a person who is severely depressed, or who continues to create problems for him or herself and others. The first is that the individual is in a great deal of pain, and deserves all the support that the family and community can possibly offer. The other is that a community can be distracted from its healing path by an individual who keeps dealing with his or her problems in negative, unproductive ways. If that individual eventually commits suicide, his or her personal tragedy could lead to a series of "copycat" incidents that will leave one or more families in crisis.





*"We don't have the capacity to stop anyone from bootlegging or selling pot on our reserve. The people who are traditional can't even exercise some kind of Indian law."*

WORKSHOP PARTICIPANT

## **Questions for Discussion**

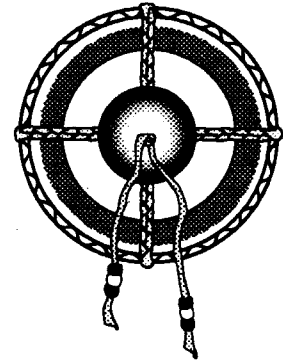
- ◆ **Who are the people in your community who are least likely to take part in healing programs?**
  - Bootleggers?
  - Drug dealers?
  - Severely troubled families?
  - Perpetrators of violence or abuse?
- ◆ **What impact do these people have on the rest of the community?**
- ◆ **What can be done to decrease the impact on the community?**




## **Building Strong Nations and Self-Reliant Communities**

In most Aboriginal communities, a strict focus on emotional and spiritual health will not be enough to prevent suicide and promote healing. For decades, Aboriginal peoples' self-esteem and community pride have been torn away by poverty, unemployment, poor housing, and a lack of basic services.

Communities whose individual members are healthy and strong are in a much better position to create jobs and wealth, but the opposite is also true. Government programs are usually divided by subject area, so that local band councillors, front-line workers, and individual community members are in the best position to look at the connections between issues - and to find creative solutions that work.






*"We need to set up crisis teams and not wait until a crisis in order to do that. Get together the people who are helpers in your community and establish criteria."*

DR. PEGGY WILSON  
PRESENTATION ON ACTIVATING THE COMMUNITY


## **Questions for Discussion**

- ◆ **What forms of support does your community need to prevent suicides and improve people's health?**
  - Counselling, including volunteers or a full-time youth counsellor?
  - Telephone crisis line?
  - Suicide patrol/neighbourhood alert project?
  - Re-entry programs to help people return to the community after spending time in treatment programs or prison?
  - Tribal justice programs?
  - Safe houses?
  - Youth councils?
  - Jobs?
  - Better housing?

- 
- ◆ **What sources of strength can your community draw upon to support young people, prevent suicide, and take charge of the future?**
    - Elders and traditional healers?
    - Religious leaders, traditional or Christian?
    - Chief and band council?
    - Friendship centres in urban areas?
    - Healing circles for women, men or youth?
    - Front-line health and social service workers?
    - Crisis counsellors and social workers?
    - Native peace officers?
    - Follow-up or after-care for the period following a crisis?
  
  - ◆ **If an important source of strength or support is lacking, what can be done to improve the situation?**

*"If community members say they need a crisis line, it's wrong for funders to respond that the suicide rate isn't high enough to justify it. Why do we have to wait? If that's what they say they need, then that's what they need."*

JANIS WALKER  
PRESIDENT  
NATIVE WOMEN'S ASSOCIATION OF CANADA



*"It's very common for leaders to be lobbying for things, especially healing centres and addiction programs....A centre may be built, but the community may not feel a part of it because they weren't part of the lobbying process. One of the biggest problems in our community now is that we think the workers at the treatment centre will be our saviours. Then we don't take responsibility for ourselves, because we see it as the health workers' responsibility. Unless people have ownership of the program, it won't work."*

WORKSHOP PARTICIPANT

◆ **Who are the most important participants in a crisis response team for your community?**

- Crisis intervention or suicide prevention worker?
- Native psychologist?
- Alcohol and drug abuse counsellor?
- Family service worker?
- Peer counsellors drawn from local youth, or from nearby Aboriginal communities?
- Friendship centre staff in urban areas?
- Youth group?
- Women's group?
- Men's group?
- Native constable or peace officer?
- Nurse or other front-line health care workers?
- School officials?
- Band council representative?
- Others?



◆ **Should the crisis team:**


- Come together to respond to a crisis?
- Meet on a regular basis to plan prevention programs for the community?
- Both?

◆ **What skills and personality traits should crisis response team members have in order to do their job properly?**

- Understanding and respect for the importance of confidentiality?
- Communication and listening skills?
- Ability to communicate with youth, including familiarity with teen slang and cultural references?
- Ability to avoid professional jargon and speak to people in plain language?
- Spiritual strength and knowledge of cultural traditions?
- Orientation toward action and problem-solving?
- Respect for other people's ways?

*"We need to go to the top and say that we need to enforce our own laws. What we have to understand and admit is that we don't really know what it is to be Indian. As much as I know, I don't know nearly as much as the Elders."*

WORKSHOP PARTICIPANT



*"Healing has a life of its own. Once it has started, you can't stop it. You either help it along or get out of the way."*

RHEENA DIABO  
WORKSHOP FACILITATOR  
KAHNAWAKE, QUE.

- Familiarity with the behavioural warning signs of a possible suicide attempt?
  - Knowledge of how to deal with the aftermath of a completed suicide?
  - Knowledge of the limits of what the group can do?
  - Ability to avoid conflicts and rivalries within the group?
  - Self-healing ability, and knowledge of where to go for their own emotional debriefing after helping to deal with a crisis?
- ◆ **Is confidentiality a problem in your community?**
- If so, would it help to bring in a mental health worker from outside the community?
  - When an outside worker is brought in, do community members feel abandoned when the worker leaves?





◆ **What does your community do to support people after they return from treatment programs for alcohol or other drug abuse?**

- What more could the community be doing?
- Would treatment be more effective if a program were available in the community? What resources would the community need to set up its own treatment program?

◆ **What role can community development play in helping people come together around health and healing issues?**

- Have people tried to use a community development model to meet their needs? How well did it work?
- How can community development workers keep in touch with the grassroots as their work progresses?
- Is it important in your community to create jobs and self-reliance as a way of building self-esteem among youth?

*"We have a network established in our community and when there's a crisis we have a team of five people who are contacted, including police, health and school representatives. The first thing we do is make sure there is a support system in place for the person who is in crisis, to get them through that stage. We then hook them up with whatever they need after that, whether it's one-to-one counselling, alcohol or drug treatment, or talking with an Elder. We have a follow-up assessment to see what kind of ongoing assistance is needed."*

WORKSHOP PARTICIPANT

*"There isn't any support for the front-line workers, and we are having to deal with three or four attempts in one day."*

WORKSHOP PARTICIPANT



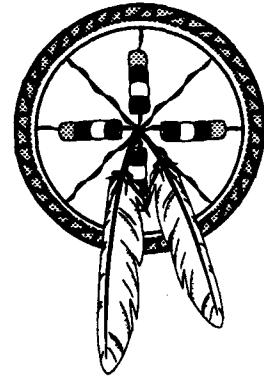
**Notes :**

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## **Caring for the Caregivers**

People usually become front-line suicide prevention workers because they see a gigantic need and decide to do something about it. It's not unusual for a counsellor or crisis worker to become so involved in the issue that he or she begins working 12-hour days, becomes exhausted and depressed, and burns out.

It's important for caregivers to share their excitement and grief, their successes and sorrows, to help each other keep going. Other community members can help, too, by offering a word of thanks or any other kind of appreciation.



*"We rotate our staff, so we avoid burnout....A lot of it has to do with networking and finding out who the people are that can deal with the situation, whether they are in the community or beyond."*

WORKSHOP PARTICIPANT



## Questions for Discussion

- ◆ **What kind of care and support do caregivers need?**
  - Stress management and relaxation techniques?
  - Therapy or counselling to deal with his or her own personal issues?
  - Regular attendance at Alcoholics Anonymous, Al-Anon, or other similar group programs?
  - Personal support?
  - Helpful, informed, and culturally appropriate professional supervision?
  
- ◆ **Do the caregivers in your community know when to say "no" when they feel they can't provide the support that someone needs?**
  
- ◆ **Are there opportunities for the caregivers in your community to acknowledge their own limitations and strains and take care of their own needs?**



**Notes :**

*“An important thing as workers in our communities is that when we get time out from the community and learn new stuff, we get into gung-ho mode. You’re going to want to take this back to the community and get things started. But we have to be realistic about what we can accomplish when we get back. We have to act as a bridge, and remember that other people have not had a time out and may not be as energized.”*

RHEENA DIABO  
WORKSHOP FACILITATOR  
KAHNAWAKE, QUE.

**Produced by:  
Health Canada  
Medical Services Branch  
Brighter Futures Initiative**