What is Working, What is Hopeful….

Supporting Suicide Prevention Strategies Within Indigenous Communities

(and any other community that's interested)

Throughout history there are stories of oppression, dehumanization, tragedy and hardship. Attempts at such destruction of the human spirit that one wonders how anyone could have survived.

Equally, there are stories of people that fought and survived, who overcame their circumstances to create a better life for themselves, their families and their communities. One only has to take a look around to understand that life in fact, is the stronger force.

It is time to tell your story.

What is Working, What is Hopeful……..

Developing Suicide Prevention Strategies
Within Indigenous Communities

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Printed Copies are available through First Nations Inuit Health Branch, Health Canada

PDF copies are available on-line through the Community Lifelines web site (www.communitylifelines.ca).

Également disponible en français sous le titre : Ce qui fonctionne, ce qui donne espoir...
Pour l'élaboration de stratégies de prévention du suicide au sein des communautés autochtones

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Beginnings

This publication is concerned with telling the story of your community. The story about how suicide impacted the community, those situations and events that contributed to suicidal behavior, and how the community recovered, is recovering, or will recover. This story has a past which has to be understood, a present which needs to be recognized, and a future. This is the important part to recognize - that this story isn't finished. Decisions have to be made as to how it will continue and who will tell it. By telling and sharing stories, we can better understand what is working, and hopeful in reducing suicide and its impact.

In developing this publication, six meetings were held across Canada with representatives from a number of Indigenous communities. These meetings provided an opportunity to share stories and comments about what was working and hopeful in their communities. Portions of these stories and comments are included here. Given its limited size, it was not possible to include everything that was contributed. The full version of people's stories and comments are provided on the author's website listed at the front.

Listening and reflecting on these stories and comments revealed that change took place because a few people were willing to do something, or something different. An activity, a program, an event somehow managed to capture the community's interest and responded to a need.
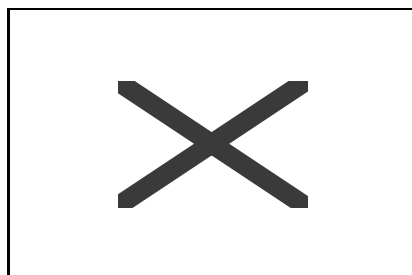
Many times during the discussions the theme of "connectedness" was identified. Participants talked about activities that helped to connect people to their losses, strengths, accomplishments, history, families, peers, community and culture.

We would like to believe that strategies are developed, or can be developed in a neat, systematic way with everyone's input. A problem is identified, a process of consultation happens (or is imposed), and then everyone proceeds on a list of agreed upon activities. Hopefully the situation improves.

The reality is that many times the work is *messy*. Not everyone agrees that suicide is a problem, with the approach taken or that anything can be done. Sometimes progress is made, and then it feels like you are slipping back. If you are going to get anywhere, you have to be able to learn to live with *messy*.

Most activities, if not all strategies are developed because people are hurting, fed up, angry and frustrated with the number of suicides. They are tired of 'fishing people out of the river, and want to know who or what is pushing them over the falls so they can put a stop to it'. It is their grief, fear, frustration and anger which motivates them into doing something. Sometimes, those people that are left behind after a suicide become strong

advocates for change and turn their pain into positive action by leading suicide prevention activities in their community.

There are people who are working long hours to intervene with those at risk, comforting families and communities that are bereaved. These are the same people who are working into the long hours of the night to finish a proposal to bring a few thousand dollars into the community to sponsor a workshop, or a youth project. Everyone wonders if there is a better way of working, and how to get the community more involved.

A suicide prevention strategy cannot be developed by merely providing a set of steps, tools and activities. There are questions and issues to think about, discuss, and try and come to some understanding about. The journey at times will be intense and painful, just as it has been intense and painful in the past. But you will be working toward something very worthwhile, which includes strengthening your community and promoting life and well-being.
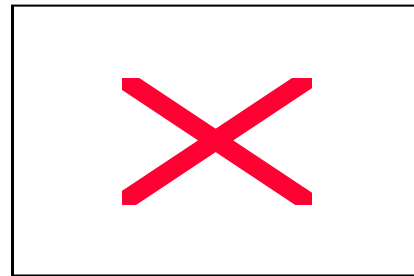
There are many factors to consider when thinking about strategies. Our approach to dealing with problems is heavily influenced by our views about how the world works (worldviews) which is shaped by our past experiences. Over the past few decades there has been increasing attention to the "clash" between the Western worldview and the Indigenous worldview.

Within each of these worldviews there are sets of belief systems that have some important differences. The first is that in the history of Indigenous people worldwide, there has been a systematic destruction of the Indigenous worldview (and many times the people) by the Western worldview. The impact of this is discussed later in this publication.

The second is that the process by which knowledge is recognized differs. The Western approach sees knowledge as the result of science. There is no greater "proof" than the statement that something has been endorsed by science. What is forgotten is that each age has its own ideas as to what passes for scientific proof. Western knowledge faces continuous pressure to "prove" itself.

Indigenous knowledge is based on experience. Experience tells you whether the knowledge that exists is still helpful. Knowledge doesn't come about through the process of an artificial system, but is the result of interaction with the environment, rather than attempts to control the environment.

The third factor is that within Western practice there is the division into private and public sectors. The private sector includes businesses, industry, research and development. The public sector includes government, health (at least in Canada), social systems, charities, etc.

However even with this division of private and public sectors, the public sector has historically been influenced by what happens in the private sector. The private sector is concerned primarily with business, the development of products and services for profit. It works on the belief that by controlling conditions and events, you can make a better product or service and therefore increase profits.[1]

Out of this approach came two influential processes, strategic planning[22] and best practices[3] . Within the private sector, both processes are concerned with controlling conditions and events in the development of products and services. Strategic planning and best practices were adopted by the public sector. While the outcome didn't involve profit, the idea that you could control conditions and events to produce an outcome remains.

This is a strong, central core belief that many operate on daily – that we can *control* conditions and events to produce an outcome. Secondly that if we want a situation to change (suicide), we have to use strategic planning to *control* conditions and events.

This leaves   us with a few problems. The first is, how do you control a community to produce an outcome? The answer is that you can't control a community, you have to find a way to work with it and that involves developing relationships. It also recognizes that a community is not a business or industry concerned with the development and marketing of products and services. No matter how much we think it is, or try and make it into one.

Secondly, if we operate on the idea that the only way we can change is to create a strategy to control conditions and events that result in suicide, then we miss those "strategies" that are naturally occurring. Often, these naturally occurring strategies and the knowledge they contain is not recognized. If we are going to tap into this knowledge we have to find other ways of doing so and that involves much more than *strategic planning*.

In the same respect, we can't always wait around for the answer to make itself known. Rather than debating the use of "deliberate" strategies versus those that are "naturally occurring", this publication accepts that both have much to contribute. Both can help to tell the story, and influence how it turns out.   Communities should be supported to choose the path they would like to take and how it suits them best. In doing this, it is important to look at what has worked and not worked in the past.

In attempting to understand what a strategy is, this publication departs from the usual definitions as a plan to meet a goal or objective, and sees strategy as an ongoing process. It isn't *"strategic planning"* that is important, it is *"thinking strategically"* as to how we are going to recognize and support those conditions and events that help to reduce the number of suicides and their impact. It has to do within understanding the nature of the problem beyond a statistical description, and the community it impacts upon.

If there has to be a "best practice" it has more to do with asking the right questions, than producing identical products and services for everyone.

- How can we help to manage the fear that is involved with suicide so that many more will become involved with our efforts?
- If suicide involves overwhelming pain, what are some things that we can do to reduce that pain?
- If social isolation increases individual and collective risk, what are some things we can do to reduce isolation?
- If those who suicide believe that the have no value, how can we support them to recognize the value they have?
- If many do not become involved because they think they have nothing to contribute, how do we change that?

In this publication, the word "strategy" refers to the ongoing health and development of a community. In the following diagram it is represented by the arrow. It isn't something that you can control, or plan to control. The word "strategies", represented by the circles, refers to those conditions, events and activities that contribute to the health and development of the community. There are two types of strategies, deliberate (planned) and naturally occurring (referred to as natural).
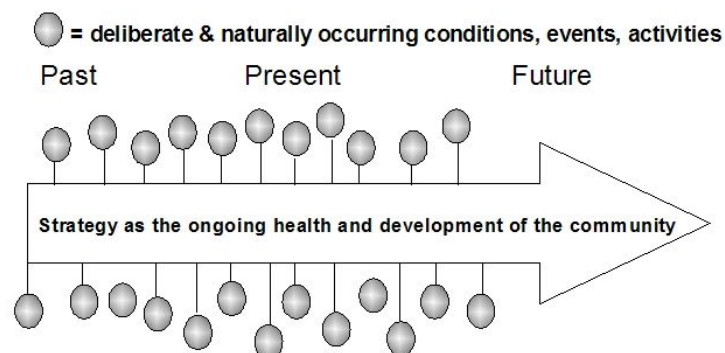
In telling the story of your community, you and others will have to think about what you need to make it happen. This publication provides one framework for doing so. This framework is not designed to tell you what the story (or strategies) should be. This framework helps to think of a number of issues involved.

The framework is referred to as "CURE" which stands for:

Community – knowledge about the community, identifying and developing community capacity (assets, skills and resources) and engaging community members from the start.
Understand – the problem, the community's perception of the problem and the challenges that exist.
Respond – matching assets, skills and

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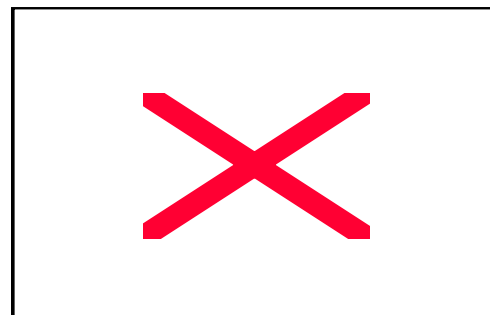
resources with activities Supporting deliberate and natural strategies.
Evaluate – identifying the value of what is happening, the knowledge that has been gained and then added to the community's understanding of itself.

This framework is represented as a cycle to reinforce that prevention is not an activity that has a beginning and an end. It has to do with the continuing health of the community. Like the seasons, you will cycle through many times as you and others gain a deeper understanding about suicide, but more importantly about recovery, healing, health and growth.
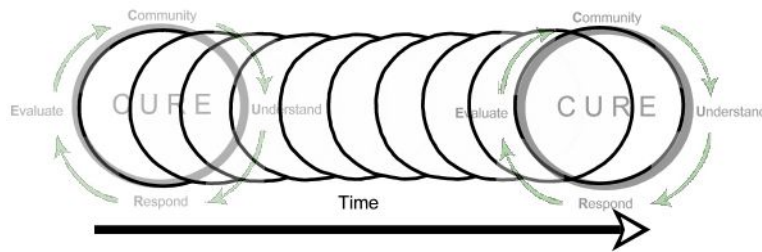
Each part of this cycle contains a discussion along with questions, tasks, activities and worksheets to help support the work involved.

Again, the idea is not to tell you what your strategies or story should be. It is to provide a base of ideas and activities that can help those involved discover what this story has been, what it is now, and how it can be different in the future. You are more than welcome to help with the continued development of this framework by submitting stories of success and what has been learned in your community[1].

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[1] For information on contributing to this framework, consult the author's website at www.communitylifelines.ca.

Values

Among the questions that will need to be discussed, the identification of values that will guide your work is central. Values can be considered the criteria that will help you decide what is important for your community. One example of the use of values is found in the "National Strategy to Prevent Abuse in Inuit Communities"[2].Values were discussed at the beginning of each of the six community meetings. For the purpose of this project the following values were used in helping to shape this publication.

Community Based

> Decisions must be made and endorsed by those in the community who are interested in change. Solutions cannot be imported without community consent, and only after everything else has been tried.

Strengths Based

> Work must proceed with identifying and using the assets, skills and resources that exist within the community. All work needs to be strengths-focused.

Shared Knowledge

> All knowledge that is identified, or generated must be shared with everyone in the community. Personal information must be respected and only shared with the consent of those it impacts.

Contributes to the Health of the Community

> All activities/strategies must contribute to the ongoing health and development of the community. Health includes physical, psychological, social and spiritual.

Safe – both emotionally and physically.

> All activities must be safe for those involved, both emotionally and physically. If there are unseen and unintended consequences, action must be taken to address these.

While you are more than welcome to use the above, your community is not obligated to do so. The point of the exercise is to develop a list of values that can help guide development. The above five are included as criteria in the activity planning sheet provided later in this publication.

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[2] This publication is available on-line at: www.pauktuutit.ca/pdf/publications/abuse/InuitStrategy_e.pdf. See section entitled "Inuit Principles of Healing and Working Together."

Using this Guide

The following are suggestions for reading through and using this guide.

- Some of the stories are intense and may result in re-experiencing emotions connected with loss and suicide. Know who your supports are and who you can talk to if feelings are stirred up.

- Work through this guide with others as a mutual support and learning group.

- With the exception of the self-care exercise, read through the entire guide first so as to get a "feel" for what it involves before doing any of the exercises. The worksheets are reprinted in the appendices and on-line at the author's website for easy reproduction and copying.

- If there is content that you do not understand, feel free to email the author at dave.masecar@sympatico.ca. If you don't understand it, there may be a good chance that someone else may not understand it. Email and the author's web site can be used to provide clarification, further explanations or just a better way of explaining the content.

- There may be questions for which there are no immediate answers. These questions require continued discussion and a greater understanding. Feel free to post these questions and discussion on the author's website.

- With respect to your community's story, there is a lot of information and knowledge which exists, and will be discovered. Find a way of collecting, recording and sharing this knowledge so that it is available to all in the community. Keep in mind that there will be a wide range of language skills and learning styles. Consider creating a "mini-library" that takes into account the range of skills, abilities and resources.

- While a list of resources is typically included with many publications, the challenge is that they are always changing. A continuously updated list is located on the author's website. (www.communitylifelines.ca).

Something to think about.[3]

A wise elder was teaching his grandson about life. "A fight is going on inside me," he said to the boy. "It is a terrible fight, and it is between two wolves."
"One wolf is evil; he is anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority and ego. The other wolf is good; he is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion and faith. This same fight is going on inside you, and inside every other person, too."

The grandson thought for a minute and then asked, "Which wolf will win?"

The wise old elder replied, "The one we feed."

Each day when you get up ask yourself a question.

Which wolf am I going to feed today?

Self – Care

In publications, workshops and training opportunities the issue of self-care is usually left until the end. It is however, the first part of helping your community. You are not helping anyone if you become another statistic, another helper who worked until they were exhausted and then could work no more. We either put ourselves in this position, or others attempt to put us there.

No matter how many times this is discussed, it is easy to slip into a style of working that leaves us exhausted, bitter and resentful. The work you do, while rewarding, is also difficult. If we want the community to be healthy, we have to model this. Before you read on, complete the following worksheet. If you are unable to answer these questions, how are you going to change that? **Hint: Involve others.**

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[3] Story told by Mariano Aupilardjuk. http://www.niyc.ca/news.php?extend.33. Thanks to Qajaaq Ellesworth for re-telling it.

Self-Care Worksheet

(Review and update this sheet every two months).

Who is Your Support System?



How do you take care of yourself?

Physically?

Emotionally?

Socially ?

Spiritually?

Success Stories

There is a strong narrative history within Indigenous communities which over the generations has been devalued in favor of Western knowledge. There is a certain irony in this as story-telling is one of the most powerful ways of learning and passing on knowledge. The importance of telling stories, personal and about the community helps in recovery and making sense of past experience.[4]
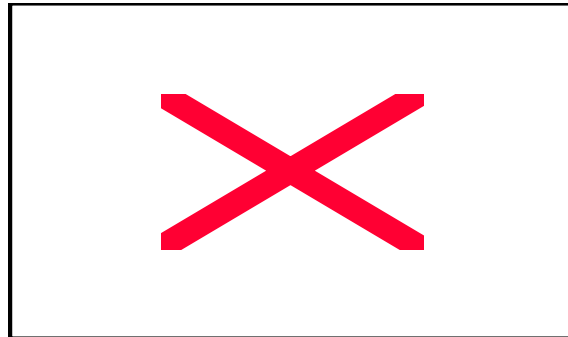
The following are excerpts from a number of stories provided to this project. As you read these, ask yourself what these stories contain that could help with our work. A few of the stories involve individual's experience with the impact of suicide, while others talk about what happened within a community.

Wapakeka

Wapakeka is a remote community in Northwestern Ontario with a population of approximately 350. It is a community in the Nisnawbe Aski Nation. Between 1989 and 1998 there were 17 suicides. In response to this the community developed a safety net. Part of this safety net was to let community members know that there would always be someone to talk with. This included telephone contact, face to face meetings, and through the internet. One elder commented that as he had difficulty sleeping, he spent his nights walking through the community checking to make sure that youth were okay.

As many of the suicides involved youth, they made a deliberate effort to engage youth, by visiting, talking with them, monitoring and tracking high risk youth. They increased the number of youth and recreational counselors. Since 1999 youth have been involved in conferences and youth driven activities. There are opportunities for youth to operate a store, work in a radio station in both production and broadcasting. They can play music, provide news and discuss issues that are important to youth and the community.

There was an effort to have the schools provide a more Indigenous friendly curriculum with programs that include land based activities. These have been extended to all grades including junior kindergarten. The helping services are much more proactive. Rather than just having youth with offenses meet the requirements of their sentence and parole conditions, staff talk about how they will work with that youth to get them more involved in the community. This proactive approach contributed to the development of the store and radio station.
Tele-psychiatry has also been made available in the community.

Those who are involved with suicide prevention help out in the school. This brings them closer to youth. September 29th is set aside for celebrating our youth. The belief that children are important is not only voiced, but acted on. There is training to support adults, volunteers and youth to become coaches. When youth grow up they have some basic skills.

One important annual event is the Survivors of Suicide conference. Survivors include those who are impacted by suicide and experienced suicidal feelings. The conference began as an idea to set up recreational activities for youth, but it developed into a conference that included spiritual teachings, healing ceremonies, sharing circles and workshops.

Workshops include topics such as sexual abuse, communication, parenting, grief, residential school, substance abuse, crisis intervention, native traditions and medicines. Spiritual leaders and elders participate. Conference activities also include sports, home visits, and singing.

The conference involves community members from Wapakeka, and over the years the number of communities involved as grown from 5 to 13. The conference is open to all age groups. It has grown to 225 participants in a community of 350.

As one participant commented,

> *"This conference gives participants a voice for their pain. I can't carry the burden of others, but I can be there with them. I can listen the best I can. Sometimes it takes a person a whole day to digest what they have told me, and another day to debrief myself."*

One woman commented that this conference was her last hope. Participants talk about the impact of residential schools, acculturation, suicide, substance abuse and the lack of meaning in their lives. Throughout the conference participants start to gain a new sense of life.

Since 1999 there has been one suicide in Wapakeka.

There is "hope" in Hobbema.

Hobbema is a community approximately 45 minutes south of Edmonton, Alberta. Although the larger community is referred to as Hobbema, it actually consists of the communities of Samson Cree, Erminiskin, Montana and Louis Bull with a total population of approximately 12,000.

Over the years Hobbema has received considerable media attention regarding a number of social issues including suicide, with one newspaper headline banner stating

"No hope in Hobbema." Up until 2005 the community experienced 10 to 12 suicides per year.

During the meeting in Hobbema, participants discussed a number of events they believed help to impact on the number of suicides.

In July of 2005 a community symposium was organized for the purpose of talking about suicide and the impact that it had. A large number of youth attended. During the symposium there were presentations involving people's experiences with suicide, how it has affected them personally, or where they were at risk and what helped to turn that around. There were spiritual teachings about suicide, a presentation on a program where youth visit other countries, a presentation on depression. The difference with this symposium was that it was held for the community, and not just caregivers. A number of Elders credit this symposium with representing a turning point.

For the six months prior to this symposium, and after, counselors visited the local schools to discuss a number of issues such as suicide, drug abuse, etc. They emphasized that these problems were community problems.

There has been an effort to increase the role of spirituality in the lives of youth. These efforts have consisted of a youth retreat and meetings where spirituality is discussed as part of who we are.

There was a change in the way that youth and families were helped with respect to addictions. Previously youth were referred outside of the community and could travel as far away as Northern and Southern Alberta. One person commented that parents and youth would spend their time arguing about whether they (youth) were going to attend these services. Youth were reluctant to attend the local clinic for fear that they would be sent away. Services were developed locally to which youth were referred. As a result of this, many more youth agreed to attend, and more were self-referring.

One person reported that there has been a change in the number of youth who participate in their program when they dropped the word "crisis" from their center's name. There has been a shift from reacting to crises to prevention. They have noticed that once an activity is finished, youth are in their faces asking what is next.

The procedure for managing those arrested for public intoxication has changed. After they have sobered up, they aren't released until after a visit with a mental health counselor. There is an attempt to hook them up with a service after their release.

One of the more dramatic changes took place when two local RCMP officers started a cadet program. While the development of this program wasn't discouraged, some were skeptical that it could help. They felt there may be a good initial turnout, however interest would likely decline.

There are now 699 youth enrolled in this program with more added each week. Since the program has grown rapidly, the number of volunteers needed to help has also increased. Youth are asking their parents and relatives to get involved which has allowed parents a way of getting back in touch with their children. Cadets have had the opportunity to march in parades, participate in the air show in addition to receiving a lot of publicity.

In addition to marches and the air-show, the cadet program teaches life skills and self-defense. They learn that it is safe to walk away from a fight. They learn teamwork and what healthy competition is Because of the high involvement of parents and relatives the youth are reconnecting with their families and learning who they are related to.

Those in the meeting discussed the importance of youth belonging, of finding meaning in their lives. This is what many of these activities have done - allowed youth to develop healthier connections with their community. One of the challenges that Hobbema has faced is the number of gangs that exist within the community. It was joked that what the cadets program did was allow kids to join a better gang.

There has been one suicide from July of 2005 until September of 2006.

Nishnawbe Aski Nation (NAN) Decade for Youth and Development

The Anishnawbe have an ancient prophecy that tells of seven prophets foretelling the future. The seventh prophet—or the seventh fire—told them of a time when a younger generation would regain the people's pride and greatness after a period of loss, tragedy and alienation. Many believe that this seventh generation has now been born. We are part of that seventh generation. We have a voice. We hope you will listen to our story.

A snapshot of youth life in NAN

We go to school. We watch TV and play video games. We hang out with our friends every day, walking around our community. In many ways we have lives very similar to other youth in southern parts of the province. But there are many differences. Many of us can't go and play hockey at a local rink or go to the mall because there are none. In our communities, some of us speak our first language which is Cree, Ojibway, or Oji-Cree depending on which community we live in. And in some communities, we only speak English, because our parents or grandparents lost our first language when they attended residential school. Some of us go fishing, hunting, and camping if there is someone to teach us how to do these things. A good thing about our communities is that we grow up with close knit families. We see our cousins, aunties, uncles, and grandparents almost everyday.

There are many well-documented "risk factors" for suicide including poverty, physical, mental and sexual abuse, racism and ongoing trauma from residential school abuse. While we would agree that these risk factors contribute greatly to high rates of suicide, we also want to reinforce that NAN communities differ in their culture, language and how they cope with death and suicide. It's impossible to say that these factors exist in every community, or to the same degree.

After a suicide – what happens to us?

People react to a suicide in different ways. At first, there is unbelievable shock and then pain. Then your mind races with a million questions. "What made them do it?" "How could I have helped to stop it?" There is guilt and hurt all mixed together. People move from disbelief and denial to being angry at others, angry at themselves and angry at the person who took their own life. Because our communities are small and many families are related, it's almost impossible not to be deeply affected by a suicide. And then there are the social service workers who must deal with all of our pain and grief. They spend a lot of time counseling and this becomes exhausting after awhile. Burn-out is a problem. It's hard to judge the total impact of suicides, especially when we've had 14 in NAN since January. You never get used to it. It's always there, sometimes just a matter of time before another one happens. It has a way of coloring how you look at yourself and the world.

What NAN is doing about suicide

> *I believe that healing comes from learning about our culture. Healing will give us, the young people, pride and hope.*

<div align="right">Youth presenter at NAN Chiefs Winter Assembly 2005</div>

In January of 2000, based on recommendations made by youth at a suicide prevention conference, the NAN Chiefs in Assembly declared 2001 to 2010 the Decade for Youth & Development. Part of this focus includes a suicide prevention strategy. A key component of this prevention initiative has been the development of the NAN Decade Youth Council of which we are members.

Why we think the Youth Council is important

The NAN Decade Youth Council is passionate about its work. We believe that no one should experience the grief and impact of a completed suicide. As youth we are at the frontline of this epidemic. This is one of the main reasons why we have taken the initiative to work with our peers. We want to create better lives for ourselves, and for our younger generations. We want to share with our peers that suicide should not be an option. We want to share that there are ways to learn about a healthy, balanced lifestyle.

Our guiding philosophy – Save culture, save lives

> *My thoughts and aspirations reach high points when I consider the objectives of my fellow youth. As youth we need to unite to build a local and international network, work with other struggling indigenous youth. I would like to see my fellow brothers and sisters reunite with the traditional way of life so we can be strong people once again.*

<div align="right">NAN Decade Youth Council member</div>

What we have heard many times when we have been talking to our peers is that they would like to learn more about our traditional teachings and culture. Many of us have never been exposed to the ways of our grandparents. Some people ask if we think we can "go back to the land" to practice this lifestyle. Most of us realize that isn't possible to do, but we do know that we can live our lives with purpose, dignity and peace by respecting and following our culture and traditions. What is the connection to suicide prevention? We believe—and a Canadian research reinforces this3—that when we feel connected to our culture, we feel connected to ourselves. We feel a sense of belonging and of meaning. This makes us feel valued and supported. How can you destroy what you value the most?

Helping ourselves - philosophy into action

How are we transforming our "Save culture, save lives" approach into action? The NAN Decade Youth Council has several programs that use a youth-driven, positive approach to build self-esteem, self-reliance and resilience within young people.

Girl Power Program helps leaders and participants

> *With Girl Power! Training I received from NAN, I was able to coordinate and provide various workshops for the young girls within my community. I enjoyworking with the youth and being a member of this council because it has helped me to grow in many ways and at the same time to help others.*

> Girl Power trainer, Moose Cree First Nation

This is one of the most successful programs within the NAN Decade initiative. We target Aboriginal adolescent and younger girls within NAN territory. We work on self-esteem and life skills, nutrition, traditional teachings, violence prevention, healthy sexuality and decision making. Even better, we get to become role models for many of the participants, which builds a rapport and offers girls new and supportive relationships. Right now we have three successful Girl Power programs running in Moose Factory First Nation, Kashechewan First Nation, and Sandy Lake First Nation. We receive more requests every month than we sometimes have the resources for.

Wolf Spirit Program targets boys with traditional life skills teaching

This is a brand new pilot program that started in March 2006 to target adolescent boys. It's very similar to Girl Power in that it offers young men an opportunity to learn skills and teachings needed to develop healthy lifestyles. So far, we've trained 15 young men, who also gave input into the content of the program, and now one program is running in Neskantaga First Nation. We focus on preventing violence against woman, teaching life skills, introduction of ceremonies, drumming, and men's traditional roles.

Recreation programs promote fun and learning

How can you not feel good about yourself when you're having fun through games and sports that connect you with your culture? We give other youth recreation and leadership skills so they can run their own programs in their own communities

Charitable Youth Trust Fund allows us to host our first arts show

We established and now maintain our own non-profit charitable organization created to promote education opportunities, and to foster the spiritual, mental, physical, and social development of youth ages 12 to 29 within NAN. Our first project is "Showcasing the Creative Spirit," an arts competition and exhibition, with the theme of treaty commemoration.

Youth suicide awareness conference shows kids they're not alone

> *This year has been really hard for me. Three of my friends committed suicide, my cousin died and one of our Elders drowned. This conference helped me and showed me how to deal with loss. I'm thinking of getting my Native Name because I really think it will help me through my journey in life. Thank you.*

<div align="right">

Participant in Seven Sacred Teachings
Youth Suicide Awareness Conference

</div>

Over 75 youth and 50 front line workers participated in this January 2006 conference that introduced youth to traditional strength-building ceremonies and teachings, such as sweat lodges and sharing circles.

> *I have trouble trying to describe how this youth conference has helped me understand the feelings that I have felt and hidden inside when I recently lost a young family member to suicide. Most of the workshops I attended really touched my heart and helped me to recognize that I am not alone in my pain. This gathering along with the traditional activities helped to instill pride in me and for my people. I'd say this conference is a success and I'm glad to have been part of it.*

<div align="right">

Participant in Seven Sacred Teachings
Youth Suicide Awareness Conference, January 2006

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Beverly's Story - My Journey

How does one begin to tell a story of a powerful lethal epidemic that has consumed the lives of so many First Nations people? This story I am revealing to all, is the story of my life, which at one time was filled with shame, anger, fear and sadness. Amidst this turmoil, I was forever haunted by the only question that could never be answered why?

I am telling a story of how "Suicide" has impacted my life and how I was able to defeat this heinous dark resolve. How I was able to find alternatives to tackle the trials of my life as a female aboriginal woman. I am who I am today as a result of life's lessons learned.

Suicide has profoundly impacted my life in ways I could not imagine. It wasn't until I took a real good look at my life and analyzed my very being, did I begin to heal. As much as it hurt, I had to look at my life thoroughly as though I was looking at it through the lens of a microscope. Every essence of my being, be it my thoughts, actions, lifestyle, belief systems is a direct result of what suicide has done to me. I too, had thought and considered this solution. This killer at times was my friend when I thought times were too unbearable to even consider living one more day on this earth. It was also an enemy I fought   the demon that took my family members away.

This is the story of my journey. It must be noted that my recollections of what happened during those dark times are my memories. I saw and felt things differently than my siblings. They too have their stories to share. This is mine. To be truth~ully honest, it still angers me that some people feel that the only way to solve life's problems is to destroy other people's lives by taking their own.

Once a person ends their life it is done, Is over. However, the painful reality is that it is the ones who are left behind who are paying for this cowardice act. They are the ones living with a legacy of pain and shame. Its kind of ironic to share such a strong feeling of anger towards people who have previously attempted. Especially when I am in a profession that encourages me to teach empathy and compassion and above all, to be non-judgmental. This too is part of what I had learned and still learning on my journeyto wellness. My only wish is that if my story has touched even one person who has contemplated suicide and chose to live then we both win.

I continue on with my journey of healing and revealing my life is just one other way for me to
heal from the hurts of my past. As I tell this story, I will shed many tears and contemplate if I am doing the right thing: Revealing the dark shameful truths of my past, risking more shame and embarrassment and the possibility of being ostracized from my family. I realize that it's the insecure child within me thinking these thoughts. I know what I am doing is right. I will use my voice, my past life lessons to aid in any way I possibly can to stop suicide.

My first encounter with suicide:

I was only six years old when my older brother Ronnie committed suicide. He was only seven years old. Growing up on the rez with my family was not easy. It was damn hard. If the Webster's dictionary needed an example to define "dysfunctional", we were that family. However, we had our good times as well. I have many fond memories of growing up. At a very young age I was drawn to the magical healing power of animals. I could reveal my deepest, darkest secrets to the horses and the dogs and they would never reveal to anyone how I felt. I felt safe with the animals on our farm. I trusted them more than I trusted people. Adults in my mind at that time were only placed on this earth to hurt little girls and little boys. Maybe that is why Ronnie ended up taking his life. I will never know. It was early evening; I don't remember what season it was. All I remember was that evening was total chaos in our home. I recall my older sister screaming, yelling, crying and going absolutely crazy. Mom and dad were arguing... .blaming each other. As any curious six year old would do, I went to investigate. I managed to make my way down into the basement. My sister was still freaking out and crying hysterically. Then I saw my older brother Ronnie lying on the cement floor, eyes open and a rope around his neck. I also remember his face was a weird unnatural color. He just lay there, motionless.

Then the police came. I remember the priest and several nuns and so many other people I did not know had arrived. I didn't see them take Ronnie away. I thought (being six at the time) that they took him to the hospital. I was certain he would come back home.

During the wake, I would sit beside his coffin and talk to him. To me, he was just taking a long nap. The next few days were a blur of activity. I remember going to the grave yard but didn't go to the grave. Ronnie should have been forty four this year. He would have been an awesome uncle to my children and I know he would have been an incredible dad. I feel so cheated, not just for myself but for my children too. They will never have the opportunity to be spoiled by him. loved by him and supported by him. Not only did I lose a brother. I lost a friend. Many times I think of the possibilities of what it would have been like to have my brother beside me. I often think of what he might have been if he didn't die.

My second encounter.

On April 18th, 1994, I was six months pregnant with my third child who is now twelve years old. When I think about it, it still feels like it just happened yesterday. I was at an Amway meeting at the Jim O. Cultural Centre when my sister was called outside by her husband. I didn't think anything of it until I was called out also. 1 saw my sister crying and then my brother in law told me the horrific news. I was in a complete state of shock. He said their had been an accident and that my dad had died. He too committed suicide. He shot himself in the head while he was supposedly checking fence or cattle in the pasture back home in Saskatchewan. There again the question of why?

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I will never know. Here again my anger within me raged. Why didn't he talk to someone about what was troubling him. He didn't have to do that. I loved my dad and still do. He was my best support in all the activities I had participated in from hockey to rodeo. He was there. when I won my first buckle at a rodeo. He called me his "lil champion". My dad was by no means perfect. He had faults but he was my daddy. I was so mad at him for the longest time because here again I was cheated and robbed. My unborn children were also robbed. He would never be able to hold these precious girls in his arms and love them unconditionally.

My older children, Allison and Ryan only knew him for a few short years. They too missed out on the unconditional love of a grandfather. He would never see me convocate with my masters degree in Social Work. I know he would have been so proud of me.

<u>My third encounter:</u>

On November 29, 1995. a little over a year later, just when I was on the verge of acceptance of my fathers death, my brother Murray decides to end hislife also. I was seven months pregnant with my daughter Madison. I was working as the registrar at Maskwacis Cultural College when my niece Nadine called me. She was crying as she tried to explain to me about Murray committing suicide. Oh my God! Not again. Not Murray. not the happy go lucky kid that
made every attempt to put a smile on someone's face. Not him... ... .no, no, no. no! I found out that he ended his life using carbon monoxide as his aid. He did write a letter which explained his warped reasoning as to why he had to end it that day. I was enraged; I was so devastatingly hurt by this. He was an awesome young man with so much potential. so much life and so much laughter to share with everyone. He left behind his son Justin. My sweet nephew, I see the sadness in his eyes still to this day. I can feel that void in his life that is irreplaceable. The same emptiness that haunts me. Recently I went back home to spend time with my family. It just so happened that sweet Justin was visiting for the summer. Danyl and I were looking at him as he played with his cousins.

Then we started reminiscing about Murray and how his goofy traits were transferred to Justin. We laughed at the stones of how many times he broke bones in his body, all from silly accidents. Then we paused for several minutes... ..sitting in silence as we watched Justin play. We still miss him, our dad and though Darryl was too young to remember Ronnie, I still miss him dearly.

I had lost my mother approximately four years ago. She died from a massive heart attack. My mom had been sick for a long time and had to undergo dialysis treatments three times a week for many years. Her passing and how I felt was totally different from the feeling I experienced when the men in my family committed suicide. When Ronnie, Murray and my dad committed suicide,
I felt rage and shame. It was so hard to explain to people how they died. So asbest as I could, I would avoid answering the question. I would ask the Creator asto why so many

would chose this path, while so many were fighting every second of their lives to breath one last breathe. To spend their remaining days fighting to live, to be with the ones they loved. - Such as my mom. She did have a hard life and it wasn't easy being a daughter that knew she was not one of the "chosen ones".

I had made my peace with her on her death bed. I told her that we would be okay and that it was time for her to go home. I told her I loved her and I hadforgiven her. She didn't have to worry about us. I was okay at letting her go, in fact as weird as it sounds, it was as if I had participated in a "rite of passage ceremony". It was beautiful to see her spirit rise from her body. I am at peace with her passing. Though still sad at the loss of my mom. Two different circumstances to death with two completely different reactions.

I decided to tell my story because we needed to do something about the rising suicide rates in Hobbema. We decided as a team in the Mental Health Program at Hobbema Indian Health Services to approach this problem by talking to the youth. I volunteered to tell my story. My manager was very shocked when I revealed to him what I had experienced and how I actually remained sane through the ordeal. He never would have guessed that I had gone through something that horrific and still be a functioning caregiver. After all, if a person was to see me, they would assume by my personality, the profession I work in and my happy go lucky demeanor that I probably had a very comfortable, supportive childhood. Not the case with me. It has taken me many years to hold my head high and be proud of who I am.

As I had previously mentioned, I came from a dysfunctional family with the presence af alcohol and family violence. We were not rich by any means, however, we did manage fairly well. My dad was a good provider and an extremely hard worker. He however had a dark side to him when it came to alcohol. My mom also worked hard but the lessons she learned in the residential schools were taught to us in a very brutal manner. Her parenting skills were not the greatest In fact they were very harsh and felt uncaring. There was no showing of love and affection in our home. Back then. I thought that was the norm.

After my brother Ronnie committed suicide my dad quit drinking for many years. I guess it was a brutal awakening for him. Our Christmas's were happy and joyful without the presence of alcohol to dampen the holiday spirit. No longer did the children have to hide in the basement while the adults drank themselves into a stupor. No longer would we be scared of adults trying to do nasty things to us while our dad was passed out. It was a good change and a
chance for a new beginning. In ~ sad revelation, something good did come out of Ronnie's death. It still did not have to be that way.

However, there was something starkly missing in my life. For as long as I can remember, I was always searching. Searching for God knows what. I knew I had to find it in order for me to survive in this world. We were not raised in a traditional manner. In fact, I learned most of my native language by listening to elders and spending as much time as I could with my best friend from school. Darlene was a treasure back then and

still is to. this day. She would invite me into her home and I would marvel by how she was raised. Her home was full of love and laughter. I enjoyed spending time listening to her grandparents speak. They included me in many activities...ss though I was part of the family. I thank her for that. At home, the Cree I learned was mostly swear words that my mom yelled out on a daily basis. I think I knew every Cree swear word and then some that my mom had cleverly invented while in one of her tirades. I can laugh about it now. Humor has such a healing capacity and I continue to use humor on a daily basis to lift my spirits.

Then one day, during one of my social work classes we were given an assignment This was one of the most difficult papers I have had to write because I was to write about "who J was/am". I put it off as long as I possibly could. J cried when the revelation carne to me that I am who I am as a result of my life's experiences. I came from a dysfunctional family and was totally lost. The most important aspect of my life was revealed that very day which had long remained hidden. I needed to find myself, my spirituality, my culture, my God. This is still a work in progress. That light at the end of the tunnel was getting brighter and brighter as I began to learn about my spirituality, the ceremonies, traditions, customs and of course my language. I partake in many ceremonies such as the sweat lodge and sun dance. These have been my saving grace. Without them, I honestly don't know where I would be.

They, along with the love and patience of beautiful elders and friends have helped me walk a great journey. It still is not over by any means. I have a long way to go and so much to learn still. My beautiful children have been my foundation, and I strive on a daily basis to be the best mom I can "be. I strive to be an educator, a protector, a messenger, a friend and a warrior in today's stark world. With so many things happening in today's society, I look to the Creator for guidance, for assurance, for strength and for peace of mind. I know that this message I send forth is harsh, yet as mentioned before, if someone who has ever thought of committing suicide and has read my story about my struggle then it is all worth it.

I am also blessed with an incredible partner who is kind, caring and very loving can be "me" with him and is very understanding of my previous struggles and current victories. My dear friends and family have also been by my side supporting me and loving me for who I am. The message I send forth is of hope.

To believe in a higher power and to talk to someone you trust. Love yourself and love life, for you are a beautiful gift from the Creator.
Hai Hal.
Beverley Carter-Buffalo MSW,. RSW.

The following story was provided by Dr. Brenda Restoule. It talks about the experiences of her family and community after her brother's suicide.

Barry's Story[4]

On November 3, 2000 news quickly spread through my family and the community about the suicide of my youngest brother, Barry. Like any death in our community it was met with great sadness and shock, particularly since there were no indications that my youngest brother was experiencing any personal or emotional struggles or that he was considering suicide as a way of dealing with these struggles. As suicide was not a common occurrence in my community there was no developed community plan on how to intervene after a suicide. The response then, included a combination of traditional and western approaches to dealing with grief and loss.

One of the most important factors that highlight some of the protective factors of a community is the mobilization of its natural caregivers. In coping with the suicide of my brother, there were a number of natural caregivers who assisted my family and the community in coping with the suicide.

As the news spread of the recent suicide of my brother many community members came to the aid of my family to assist in coping with our loss. These natural caregivers offered sympathy and emotional support in the early hours after the discovery of Barry's death as my parents awaited the arrival of family members to return to the community. These caregivers also assisted the family in the physical cleansing of the suicide site, also known as the spirit door where Barry entered the spirit world. Natural caregivers in the community also offered extended family members accommodations in the community as a way of alleviating stress for the family.

Another family who previously experienced the loss of their adult son by suicide offered emotional support to my family, particularly my parents. These parents shared their personal experiences of dealing with suicide, including the resources they accessed outside of the community. The father, in particular, shared symbolic stories about wildlife and how it related to the spirit of my brother in the weeks following the funeral. He shared that he witnessed a moose visiting my brother's grave, which he interpreted as the moose honoring the journey my brother was embarking on and his skills as a hunter. My father shared his dream of a family of bears. In Ojibwa culture, the bear lives in the northern doorway of the medicine wheel and represents healing. As part of the interpretation of the moose and bears, this father created two collages to signify the symbolic importance of these two events. He presented these collages to my family as a reminder that the moose honors my brother and out of his death there will be healing for Barry and my family.

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[4] This story was taken from "A Holistic Response to First Nation Suicide: One Family and Community's Response. It was edited to fit within this publication. The entire version can be found on the author's website.

Preparation for the burial ceremony holds particular significance in my community. To assist Barry's friends in their grief journey they were encouraged to assist Barry in preparing him for his spirit journey. With the guidance of the community workers and traditional people in the community, the youth were guided through teachings to prepare the medicines, cedar and tobacco, that would be needed for Barry's spirit journey. The community workers gathered tobacco and the youth were given teachings on making tobacco ties. The tobacco ties are an important part of the sacred fire ceremony and the burial ceremony. In both instances, the tobacco ties are used as prayer offerings to assist family and community members in their grief journey. A family friend has the role of gathering men in the community to prepare the grave and complete the final burial. He fulfills his role with the gifts of empathy and gentleness, which were a comfort for my family as they chose the burial site for my brother. The role of building the cross to mark the grave habitually belongs to my grandfather. Due to the circumstances, he did not feel able to meet the expectations of this role. My husband spoke with the family about the importance of maintaining this role within the family and with the blessing of my parents and grandfather he took on the task of making a cross to be carried with the casket and placed as a marker on the grave.

TRADITIONAL CEREMONIES

A number of traditional ceremonies were conducted as part of the grief rituals of my family and community. Natural caregivers from surrounding communities, who have close personal ties to my family, conducted most of these ceremonies. All of these individuals follow the traditional path and most are community workers and caregivers in their home community. These individuals may best be described as a 'community caregivers network' since they respond to requests of community members from their home community and surrounding communities who seek their traditional gifts and teachings.

Spiritual Cleansing Ceremony:

The first ceremony was conducted at the site where Barry entered the spirit world. A close personal friend and colleague, along with his wife who both follow the traditional path, conducted a spiritual cleansing ceremony. With the use of the traditional medicine, sage, a spiritual cleansing and smudge ceremony was conducted with members of my family where prayers were offered to the Creator requesting his guidance and comfort to my family as we embarked on our grief journey. The Creator was also asked to welcome Barry into the spirit world and help him as he embarked on his own journey, to the land of the ancestors. For some members of my family this was the first opportunity to say *"till we meet again in the spirit world".*

Sacred Fire:

The second ceremony conducted was the lighting of the sacred fire. A sacred fire is lit when someone enters the spirit world to assist them as they begin their spirit journey. The sacred fire is also an opportunity for family, friends and community members to send their prayers to the one who has passed to the spirit world. Our belief as Ojibwa people is that our prayers offer guidance and support to the one on the spirit journey and provides us with a chance to say, "Till we meet again". Our teachings tell us that we are never completely separated from those who enter the spirit world and we will reunite with them on our own spirit journey. It is for this reason that we will say "till we meet again" instead of good-bye. Prior to lighting the sacred fire, there is much preparation that must occur. My close personal friend and my great uncle accepted the role of preparing the site and lighting the sacred fire.

\My great uncle, along with some of Barry's friends, gathered the grandfather rocks needed to outline the site of the sacred fire. Two circles of grandfather rocks are laid, the inner circle where the sacred fire is lit and the outer circle that outlines the path to be completed when entering the sacred fire. As is our teachings, the eastern doorway is clearly outlined in the outer circle with the traditional medicines, cedar and tobacco, where we enter to make our prayer offerings. The medicines were gathered and prepared by the community youth, many of these friends to my brother, after they received the teachings of preparing the medicines. The teaching of the sacred fire states that the fire must burn continuously for 4 days and nights, to be naturally extinguished at the time of the burial ceremony. Friends of my brother accepted the role of fire keeper of the sacred fire after receiving the teachings by my great uncle. Friends and extended family gathered and contributed the wood needed to keep the sacred fire burning over the four days. Once the site was prepared both gentleman completed the ceremony by lighting the sacred fire, with my family in attendance.

Each day members of my family visited the sacred fire to offer prayers and make emotional connections with community members who were also impacted by my brother's suicide. Some who visited the sacred fire also spoke of receiving visions that suggested Barry's spirit had found his physical body and began his spirit journey. The sacred fire became a place to conduct sharing circles; one specifically for Barry's friends and one open to the entire community to offer stories and memories of Barry. I had the distinct honor of being present at both sharing circles where I had the opportunity to hear people's special memories of interactions with Barry and/or what he meant to them. It was here that I learned of the special qualities and gifts my brother possessed and those he shared with the community. The opportunity to participate in honoring the person who passed on to the spirit world is another important component of the sacred fire.

The second sharing circle at the sacred fire was conducted by another member of the community caregiver network who has a strong connection to the community and is viewed by the family as a cousin and extended family member. Prior to conducting the sharing circle our cousin conducted a pipe ceremony, with those at the sacred fire,

calling to the grandfathers and grandmothers (ancestors) to bring guidance to Barry on his spirit journey and to family and friends on their grief journey. There are special teachings for those who accept the role of carrying the pipe and my cousin utilized his teachings to create another opportunity for a meaningful grief ritual. Once the pipe ceremony was completed our cousin brought his drum to the sacred fire and offered a healing song for all of those impacted by the suicide of my brother. The circle was completed with a sharing circle allowing everyone an opportunity to speak of their personal grief and their stories of my brother.

Another caregiver from the community caregivers network visited my family and offered to conduct a family sharing circle with my immediate family (parents, siblings, grandparents, aunts, uncles, first degree cousins), close family friends and Barry's friends who were identified to be pallbearers. This sharing circle was the first opportunity we had to come together and share in our grief, to cry together and to honor the memory of my brother.

Medicine Bundle:

A family friend and colleague who was also part of the community caregiver network offered considerable support to my family leading up to and during the burial ceremony. Once funeral arrangements were made he accepted the role of creating the medicine bundle that was included in my brother's casket. He shared the teachings of the contents of the medicine bundle and its use with members of my family. He also shared the teachings on the activities of the spirit journey to my family that offered comfort to all of us as we questioned what would happen to my brother on his journey.

At the wake and gravesite this caregiver shared the teachings of the spirit journey with everyone present. Again this appeared to offer considerable comfort to those in attendance as many reported its benefits to our family. At the funeral home, this caregiver conducted a smudge and drumming ceremony meant to assist my brother on his spirit journey. These ceremonies also bring comfort to family and friends, as it is an opportunity to send prayers to the Creator. Prior to sending my brother on his spirit journey, family and close friends were offered a chance to send their thoughts and prayers to my brother by giving them to the eagle feather. This eagle feather had also been used in the sharing circle at the sacred fire with his friends. In Ojibwa culture the eagle feather is the highest sign of honor one can receive that acknowledges the gifts they share while on Mother Earth. We gave this eagle feather to my brother as another tool for his medicine bundle that he would take on his spirit journey. Once all members of the family had given their thoughts and prayers to Barry and the eagle feather, our friend placed the eagle feather in the casket along with his medicine bundle.
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In our community we accompany the person on their spirit journey to the grave where we conduct a final prayer and burial ceremony. Our friend welcomed everyone to the gravesite and offered teachings on the use of the cedar boughs, tobacco ties and spirit journey instruction. He shared the purpose of the tobacco ties is to ask forgiveness from the Creator on behalf of the person who has passed, for all of the times in his life when he may have killed an animal such as a deer, without 'dropping his tobacco'; for the

times in his life when he may have stepped on a blade of grass and hurt it and to ask forgiveness for all of the things in life that the person may need forgiveness for, to make amends and take care of what we sometimes refer to as 'unfinished business'. While family, friends and community members were participating in the burial ceremony, our cousin conducted singing and drumming for my brother as he embarked on his spirit journey. Our friend guided the traditional component of the burial ceremony and everyone then participated in the feast that was prepared by the women of the community.

After the completion of the burial ceremony, our friend arranged for a local Elder to visit the family. Prior to meeting with the family she conducted a pipe ceremony to gain some direction and call to the spirits for their guidance. During this ceremony the spirit of Barry came to visit her. In his visit he made a number of specific requests that she shared with the family. In preparation for her visit and teachings she directed the family to gather a few items. Upon her arrival she shared that Barry requested needing these items to complete his spirit journey, these included his favorite pair of pants, a pair of moccasins and a ribbon shirt in his colors. The Elder also learned that he had never received his spirit name, clan or colors, and that they were all needed for his spirit journey. She offered her teachings to us about the need to conduct a ceremony to close the spirit journey and the importance of these items for Barry's spirit journey. She directed my mother to make his ribbon shirt from his colors and as we learned his colors a number of connecting factors were highlighted that made the ceremonies particularly comforting to us and told us we were doing the right thing for Barry and the family.

As she described her visit from Barry she knew many of his gifts and qualities that he possessed yet she had never met him while on Mother Earth! As she was giving the teachings on the ribbon shirt we learned his colors were green, brown and yellow. An unplanned connecting factor became his moccasins. As Barry did not own a pair of moccasins nor did we have time to make them, we purchased a pair. The only pair that would fit him had green, yellow and brown beads! Along with all of this she told us that Barry had requested she seek out his spirit name and called her Grandmother. As we shared stories of Barry we learned that she shared the same birthday as Barry making the reference of Grandmother understandable. As my mother made the ribbon shirt the women were given the teachings for tobacco ties that we made for the ceremony. The men in the family were given the teachings on the sacred fire that they prepared for the ceremony.

Once everything was prepared, a ceremony to close the spirit door was conducted by the Elder at the site where Barry entered the spirit world. This ceremony offered a sense of closure to my family and a tree was planted in that spot the next day to represent the spirit of my brother. It also became another place for the family to visit and send prayers to the Creator. Prior to ending the ceremony Barry received his spirit name and the family was told that he requested the entire family receive their spirit name before the "snow flies". Upon completion of the ceremonies, a feast was held to honor the ancestors. The family prepared to meet the teachings offered at the spirit door

ceremony and two months later 21 of 24 members of my family received their spirit name.
The Elder has instructed my parents to conduct a give away ceremony that is yet to be completed.

In the first year of Barry's death my family always prepared a spirit plate at each of our family's get togethers to honor the spirit of my brother and to assist him on his journey. My family now reunites annually on the anniversary date of my brother's spirit journey where we prepare a feast to remember my brother. It is also an opportunity to expose his young nephews and cousins to his memory so they too will be able to honor him. A friend of my brother's also conducted a sacred fire at the first anniversary of his death, as a way to help all of his friends acknowledge their relationship with Barry. Once the family has feasted my brother we attend mass and visit the gravesite where we say prayers and lay tobacco. Each year this provides ongoing comfort and support to my family as we acknowledge our continued grief in the suicide of my brother.
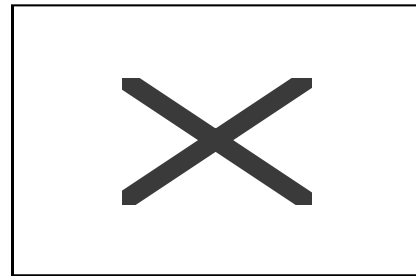
Community

Telling the story about the community requires:

- ➢ Knowing what defines a community.
- ➢ The impact of history.
- ➢ Identifying community strengths.
- ➢ Recognizing the challenges involved with change.
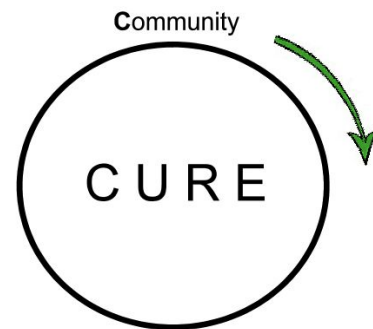
Defining Community

While everyone agrees that "community" is important, there is a wide range of ideas as to what makes a community. Many think of a community as a geographical place (e.g. reservation, village, town or city) with political boundaries referred to by a specific name. However, community can also refer to a group of people in formal and informal situations with a common identity. Youth, elders, schools, medical personnel are all examples of this. With the expansion of the internet, one can now belong to a community without ever meeting its members, or even knowing their names. Terms such as "community involvement", "community development" and "community participation" can mean different things to different groups,[5] resulting in differing expectations. Think about how you define community.

A number of authors[678] suggest that community can be better understood by focusing on what creates a "sense of community" rather than membership within a particular community. A "sense of community" involves the networks and structures that give people a sense of belonging, identification and meaning. A sense of community can also involve the bonds that people have with the natural environment.[9] This is often observed within a number of Indigenous cultures in their relationship with the land, and activities on the land.

When it comes time to discuss or design community prevention strategies, a number of beliefs can affect the success or failure of these strategies. Many times community prevention strategies assume that all the members of the community have similar characteristics, interests and struggles.

Many prevention efforts fail to take into account the differences that exist, even within a small remote community. Or they assume that because a community is identified as "Indigenous" that it must be like all other Indigenous communities. Across Canada the

term "Aboriginal" is meant to refer to First Nations, Inuit and Metis, but even within these groups there is a wide range of customs, languages and cultural practices. Additionally, many Inuit do not view themselves as "Aboriginal".[10] According to Statistics Canada there are over 1.3 million people reporting Aboriginal ancestry.[11] There are 53 distinct Aboriginal languages that have survived since early colonial expansion.[12]

Attention to community is necessary when designing suicide prevention strategies because fragmentation of communities, or the lack of a "sense of community" can increase the overall risk for suicide. Keep in mind however, that although communities experience fragmentation, this doesn't mean that there are not situations where community members do work together and function as a community.

Historical Factors that have impacted Indigenous Communities

There are an estimated 300 million Indigenous people worldwide.[13] Even with the wide range of differences there is a common historical experience - colonialism and acculturation. This process has had a profound effect on Indigenous communities that has to be taken into account when addressing suicide or any other serious social, health and economic problem.

The impact of generations of cultural destruction has been referred to as "Historical/Cultural Trauma". It is the result of numerous historical events beginning with the early spread of diseases (similar to the Black Plague that devastated Europe), destruction of cultural practices including government and religious prohibitions, genocide and destruction of families and communities through experiences as residential schools and the child welfare system[14][15][16].[17]

In attempting to understand this impact, it is necessary to discuss what culture is, and its purpose. Culture, like community, can have different meanings for different people.

> There is a huge connection between how the person sees them self, how they live and their identity. Many urban Aboriginal youth are so thirsty for cultural knowledge and are always looking for teachings. Living further away from their communities means that we have to make sure they have access to that information.

Culture can provide a template, a framework, a way of organizing society. It provides a system of meaning to help explain life and what we experience. Culture includes instruction on how people should interact with each other, raise children and resolve conflicts. Most importantly, culture helps us to manage the many experiences in our lives, and particularly those that are terrifying. In times of great stress and distress (e.g. loss, traumatic events), people fall back on their cultural practices to help them understand what is happening, and to provide ways of coping.[18]

Attempts to destroy culture meant that not only did Indigenous people experience numerous traumatic events (e.g. violence, dislocation), but the active destruction of

cultural practices took away the means to cope with these. The imposition of western beliefs and approaches (highly individualized) did not help when it came time for recovery and rebuilding communities.

It also set into motion a process where destructive practices were internalized as few socially acceptable means of expressing the accumulation of loss, grief and trauma existed. This internalization is referred to as "lateral violence". Lateral violence refers to feeling powerless to fight the cultural system one is living in. Those caught in this system frequently turn their anger towards others who are close to them in their families and community.[19] This is not a conscious choice, but one that is influenced by history and social conditions.

Being disconnected from the past means that important historical events that helped to shape a particular society are "forgotten". All that is left are the effects,, which many people from inside and outside the culture assume are innate characteristics (stereotypes) of people within that culture. Furthermore, because a predominant attitude towards loss and trauma is that "you should be over it by now", many within or outside of a cultural group fail to recognize the ongoing impact.

As noted by Wesley-Esquimaux and Smolewski[15] cultural/historical trauma is not a disease, but a cluster of events that impact people and communities in many ways.

> *"the historical trauma disrupts adaptive social and cultural patterns and transforms them into maladaptive ones that manifest themselves in symptoms. In short, historical trauma causes deep breakdowns in social functioning that may last for years, decades or even generations"[15]*

A set of symptoms or problems may be passed to the next generation which can result in continued re-traumatization. However, caution should be taken in concluding that because of historical/cultural trauma that everyone who is part of an identified cultural group is "damaged".

As seen in the following diagram[5], in the entire history of Indigenous people, this destruction is relatively recent. Considering the intensity and inter-generational destruction that took place, the survival of Indigenous people can be attributed to their strength and "resilience". Many consider the present historical period as one of recovery and rebuilding, although the remnants of colonial practices are still evident today.

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[5] The existence of Indigenous people in North America has been controversial, mainly along Indigenous and Non-Indigenous lines. The Bering Strait theory suggests that migration took place from Asia approximately 12,000 years ago. However archeological evidence of humans has been traced back to 40,000 years ago.[20] For many, dismissing the existence of Indigenous people prior to the Bering Strait theory is consistent with the attitude that "North America was discovered by Europeans". Many believe that Indigenous people have always existed in North America. The time period doesn't change the point regarding resilience.

Indigenous History → Recovery/Rebuilding — European Contact — Cultural/Historical Trauma

Because of this common historical experience and the presence of cultural/historic trauma, suicide prevention within Indigenous communities is linked to recovery, healing, and building healthier communities. These efforts can be promoted through practices such as connecting to family, community, spirituality and nature.[21] Attention to healing "intergenerational pain" is also viewed as a primary suicide prevention strategy.[22]

Suicide prevention is directly tied to the health of the community as well as a sense of ownership. Chandler and Lalonde[23] found a number of factors that separated high from low suicide rates in First Nations communities in British Columbia. These factors included self-government, settlement of land claims in addition to control over education, health, child protection, fire and police services and the development of cultural facilities. This study is being replicated in Mantioba First Nations recognizing the diversity that exists between communities and regions. It is possible that the protecting factors may differ based on unique past and present issues impacting the different regions in Canada. What is true in BC may not be true in Manotiba or Nunavut for example. It is true however, that we have something very profound to learn from those communities among us that have not experienced any loss of young lives due suicide. This knowledge could be used to assist more vulnerable communities.

Becoming reconnected with the history of the community helps to clarify that the present conditions are not because people are 'just that way'. They are shaped by many historical, social, political and economic forces. One activity to consider then is developing a history of the community and then understanding how that history is tied to the overall history of Indigenous people.

Using a Strengths-Based Approach

Like "community", one hears the words "strengths-based". The fact is that many times it is easier to talk about using a strengths-based approach, than putting it into practice. The following discusses some of the reasons why this is.

The words in the following picture are from a child in public school in a remote community. If children are going to write nasty remarks, they usually do it about other children, rarely about themselves. This child has even gone as far as putting quotation marks around "ugly" as if the message wasn't bad enough.

Many who see this wish they could find this child, understand what led him or her to reach this conclusion, and help to rewrite these words. It is words like these that are involved in suicide.

How does a child reach a conclusion like this? The usual answers consist of explanations such as violence, physical/sexual/emotional abuse, rejection, exposure to substance abuse, bullying, school failure, poor self-esteem and many others. These are all reasonable answers, but they do not go far enough in understanding the complete picture as to why many continue to feel this way.
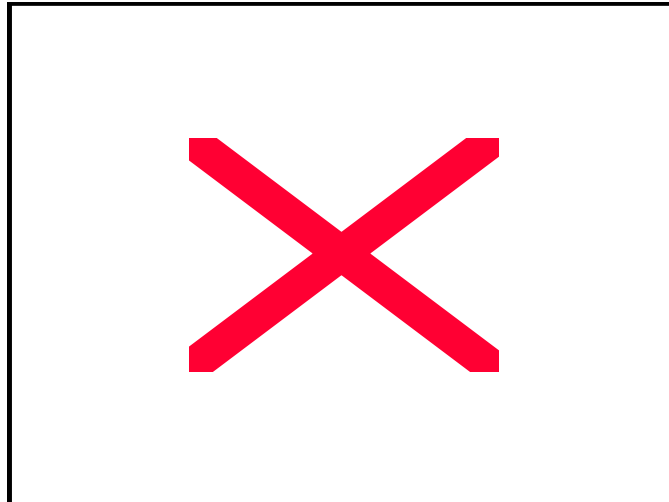
As we develop from children to adults we develop beliefs about how the world works. One way to express this is to say that we develop "maps" (images) about ourselves and others including people, communities and cultures. These maps are influenced by the experiences we have.

The maps we draw about people and communities often look like the one to your right. If this is all that children see, if this is all that is ever reinforced, it doesn't take too much for the "ugliness" to be internalized.

These maps are also heavily influenced by racism and stereotypes. Claxton-Oldfield and Keefe[24] in a study on stereotypes, studied the impressions of college students in response to a community that received considerable media coverage. They found that 20% of these students described those in the community as uneducated, alcoholics, poor, isolated and gas-sniffers. The two most important sources of their information were newspapers and television. A content analysis of newspaper headlines revealed that 44% included words reflective of conflict or deviance (e.g. gas-sniffing, sexual abuse, protest).

A child's understanding of who or she is as an Indigenous person is not only influenced by what they experience within their community, but the impressions that are created outside of the community.

How do children within your community learn about their identity as Indigenous people? What are the direct and indirect messages about who they are?

The danger also exists, that this map can be drawn and reinforced by our approach to communities and the challenges they experience. In fact, in our efforts to help, we may be reinforcing the very problems we are trying to help the community

solve. These involve practices that are referred to as "deficit" approaches which involve focusing on the deficits a community experiences. The above map and how it was drawn is an example of a deficit approach.

There are a number of characteristics of "deficit" approaches that can reinforce the map drawn. For one, a deficit approach locates the source of the problem, and the reasons solely within the individual, family or community. It fails to connect present conditions to history, social, political and economic factors.

Secondly, as Jackson and others[25] point out, the problems with a deficit approach is that the labels used can be disabling when:

1. community members internalize such information and describe themselves in negative or problem-based terms.

2. community workers and agencies come into communities to 'fix" problems that workers have identified and offer training to community members to "fix" problems.

3. communities are denied opportunities for growth and development because of how labels lead others to perceive their communities.[25]

How many times are individuals, families and the community described as "dysfunctional" without ever identifying and understanding when they are being "functional". When does the community "act" like a community? One example is during crises; are there other times?

Because the individual, family or community is seen as "deficient", and worse, see themselves as deficient, the only hope for change comes from outside. However, improvement only lasts as long as that outside help is involved. This approach fosters dependency and doesn't promote growth. There is nothing in the map that allows them to think differently. The view is that the individual, family or community is ignorant and need to be educated, or they are damaged and need to be fixed.

> In the north we have been persuaded that we are an addicted population, and that we will be that way forever, because that is what addicts are. In the Family Wellness Program one tool we use looks at internal strengths, resources, and then we plan how to get at that. Individuals and families tell us that no one has ever done this before.

Another feature of this approach involves what McKnigh[26] refers to as "professionalizing" help and care.

As we have increased the criteria for being a helping professional, we have decreased the number of people in a community who feel they can help. So the list of potential

helpers is shortened to counselors, social workers, psychologists, psychiatrists, nurses and doctors. If a community doesn't have these services, or few of these, then the community feels inadequate.

Even if these positions exist, the fact that these are the only people who are perceived as being able to help means that they are constantly busy risking exhaustion and high staff turnover. With exhaustion comes resentment which contributes to high turnover, which then contributes to discontinuity and instability.

Finally, how these maps are drawn also determines the potential solutions. Problems are seen as separate requiring separate solutions. There are few efforts to understand how they are connected, or the common factors and influences that are involved. As those solutions involve outside sources of help, which also are organized as separate solutions, the fragmentation a community experiences is maintained.

As illustrated here, the separation of problems, the lack of recognition of the underlying connections, and the way that problems are addressed and funded, means that those in the community are left dependent on outside sources, rather than developing interdependence among themselves.

Many times the energy required to maintain these outside relationships prevents time and opportunity to develop relationships with each other.
The final frustration is that many efforts start and stop, rather than being part of a continued progression.

There are alternatives to a deficits approach. This alternative looks at an individual, family or community capacity (strengths). The assets, resources, skills and success stories (CARSS) which exist within the community can help to address the challenges it experiences.
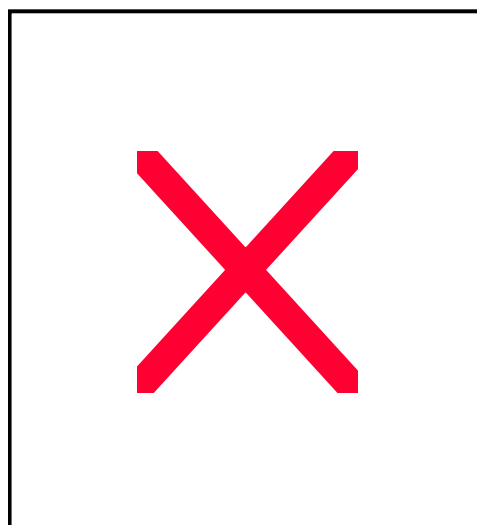
Matching Capacity

The following map was developed using answers about skills and success stories provided by members of a number of communities. The earlier map of deficits was positioned in the middle. Could any of these skills and successes be used to address the problems in the center? Draw a line to match the answers to the problems.

first female from home to shoot a polar bear, harpooned 5 whales this sumer

youth coordinator

literate

communicate in my language

community is developing a healing path for their people

respect of everyone in my community

finding alternative solutions (thinking outside the box)

one of 8 who graduated from grade 12 in our community

10 years sobriety

starting a new life, new job, new volunteer opportunities

sewing - traditional & non-traditional

8 certificates- suicide prevention

finance

sharing & caring community - 100 years treaty 8 signing

Financial support of a family with an ill child

a good parent with an alcohol/drug free life for 11 years

organizing & helping at events

writing skills

Skills in communicating with young and old people

helping those in distress

people person (friendly)

Being on time, learning new things

speaking to groups

helping people who are blind and homeless

started a food bank, collected 2 tons of canned goods

using the power of prayer

youth overcame peer pressure to become a hockey player trying out for the nhl

athletic

communicate safely with both children, learning to share our hardships

parenting / caring

A & D worker

loss & Grief

Teaching my family to be helpers & grow in our way of life

relate to youth/children (patience)

relationship with creator

understanding

good communication skills

sew, crochet, knit (sweaters)

relate easily to women and children

respect, trust, caring

Drug and alcohol free life

talk with people when they are suicidal

talking about respect with different views

getting my cat to lose weight

skills and knowledge of culture

relationships

time management

creative - from work to leisure

adjust/learn when working in different situations

good mother

organizing activities

developed a process to provide date for collection of month billing

being a young mother helped to open my eyes to helping youth

Annual friendship festival brings together musicians from across the north

lived with major medical problems, not given up, still have hope and determined to live

Violence

"living hope" an interactive tv suicide information & assistance special made by cbc in english & inuktitut

Annual track & field community comes out to volunteer

friendly

Sexual Abuse

Unemployment

Mental Illness

Outlook of a better tomorrow

reaching out to help young ones

love to help others

Suicide

Addictions

community rallied to help an unmarried girl to have her child out of wedlock

Lack of Services

No one cares

sewing crafts

volunteering

creative writer

work with the whole community, best work done on land where you have everyone's attention

Substance Abuse

Poverty

sewing

Group work

trained my mind and fingers to berry pick

good reader/ narrator/speaker

listening, comforting

i like to draw

raised 2 sons while living in an abusive relationship

Problem solving (youth)

helping women & children

coordinating events

alcohol free for the past 2 years

preparing / storage of & working with traditional foods

speak 3 languages

Passion

learning about my culture

project execution

a good trainer

bake, prepare nutritional snacks

created annual health fair in community

motivating people

organized family violence awareness events week, 150-200 people out every night for events

community working together to address homelessness

two days with the cbc about homeless people in the north

having respect for others

developed an adult baseball league promoting awareness on suicide prevention

children's programming

Flexible

carrying my daughter full term during a high risk pregnancy

Midway music festival

plan/schedule activities & special events

strong organizational skills

a good driver

stopped drinking 13 years ago, stopped smoking 3 years ago

music - play piano

re-organizing a safe house so that it wouldn't be shut down, now a women's shelter

becoming pro-active in a small school

good at facilitating, organizing presentation awareness workshops

community health representative workshop -building a bridge for change

Good communication skills

raised my daughter as a single parent

residential care aid

having grade 12 graduates in our community

listening skills

Better polcing due to good sgt who interacted with the community, learned about the culture

problem solver

don't give in to peer pressure good humour, respect others

sober for 11 years

30 years sobriety

excellent cooking skills

participating in an international student exchange program

cooking - for up to 30 people

respect, trust, caring

administrative

sharing stories about my life - staying sober

cycling from fort smith to winnipeg, raised funds and learned from the experience

experience in addictions & recovery
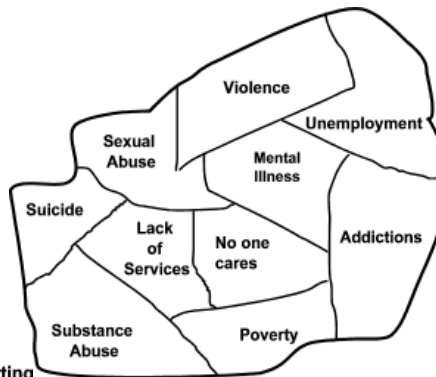
<u>Questions</u>

- How could these skills and success stories help with the identified problems?
- Compare the earlier deficit map with the above one. What changes in thoughts and feelings do you experience?

One approach which focuses on community capacity (assets, skills and resources) has been described by Kretzman and McKnight[1] as Asset Based Community Development (ABCD). This approach has been used to address social, health and economic problems. It consists of mapping the assets, resources, skills and success stories from the community. This positive and solution-focused way of approaching the issue is also known to be more appealing to community members in general, making it more inviting and safer for them to get involved in the activities.

Assets include facilities (recreation, social, health, education) and programs that exist. Resources refer to information and knowledge such libraries. However, those who have knowledge, such as Elders who can talk about culture and history are a resource. Skills refer to the gifts and talents people have. Success stories involve the identification of some type of challenge and how individuals, families and communities overcame that challenge. Success stories can be used to identify skills, assets and resources.

The process for doing this consists of meeting, visiting, talking to others in the community about the fact that your group wants to try a different approach to resolving the community's problems. It then asks participants to list the skills they have, and of these, the skills they are willing to share and teach others. This process itself often helps people feel proud and competent. It forces people to start thinking in a different way. Many times we talk about a strengths-based approach, but continue to use the same deficit focused approach.

There are a number of conditions involved in using a community capacity approach. The first is that the problem or challenge is identified and defined by those in the community, and even more specifically those who are experiencing and impacted by the problem.

Involving resources and skills outside of the community is only done after the internal ones have been used. Any use of outside resources has to involve understanding how they are going to contribute to the health and continued development of the community.

With well publicized community "crises", there is no shortage of offers for outside help and resources. A number of these are sincere, a number fall into the category of selling a product, and others can be considered "drive-by" therapy[6].

Get into the habit of asking if these are "community-friendly". That is, do they contribute to the health and development of the community? Are they under the control of the

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[6] My thanks to Russ Reiter from Hobbema for the term "drive-by" therapy.

community or have their own agenda? What will be left in the community? And if it ends up being destructive, who is going to clean it up?

Mapping Community Assets, Resources, Skills and Successes
(CARSS)

<u>Instructions:</u>

This activity involves "mapping" the assets, resources skills and success stories that exist in the community. Assets that exist outside of the community can also be included – however they are only assets if they are "community-friendly".

Since we are not used to talking about our strengths, this activity may feel awkward, for the people who are asking and answering the questions. Additionally, if trust is an issue, those who are being interviewed can become suspicious. It is important to explain the reasons why the interviews are being conducted and how the information will be used. Stress that participation is voluntary and they do not have to include their name if they don't want to. Also, if they change their mind later, that decision will be respected and the information removed.

There are a number of ways that you can do this activity. You could print it as a small questionnaire and distribute it with instructions on how to complete and return. it. If you use this approach, you need to consider language and reading skills. It can be completed as a group exercise, or by taking a few minutes during an activity that in the community. Even if you do it this way, the most effective way is to ask people individually.

Some suggestions for organizing the work involved.

- ➢ While you can ask about skills and success stories, you will probably have to spend time constructing a list regarding the assets and resources which exist within the community. These include the more formal programs and facilities (health, mental health, social, recreational).
- ➢ Discuss with your partners how you are going to introduce this activity to the community. One example is provided below.

   "We are a part of a group in the community that is looking into the strengths that exist here. These strengths consist of examples of success stories, resources and skills. We are doing this for two reasons. The first is that many times we only hear about what is wrong with the community. We think it is important to also know what is right. Secondly, by doing this we can develop a list of skills and resources that we have. We can use these to address the problems we are experiencing, rather than having to always look outside of the community.

   If you have a few minutes, we have three short questions to ask you."

- ➢ Think about people's comfort level when asking questions. For example, youth asking youth, elders with elders, women with women, men with men.
- ➢ Pay attention to language issues. If someone is stronger in their own language have the interview conducted in that language.
- ➢ Think of creative ways to involve as many as possible. Could this be a class project where children interview other children? It could be used as a way of teaching social skills and building self esteem.
- ➢ When asking about skills and success stories, request only one. If the person provides more that is fine, record those also. It is better to aim for one and get it, rather than asking for three and only being able to list one.
- ➢ Be prepared to give the person the time they need to answer the questions. Let them know that they an always get back to you, if they are unable to come up with a skill or success story.
- ➢ When asking about skills, do not put those who are being interviewed in the position of having to "prove" these skills.
- ➢ Success stories can be used to identify skills. For example – *"from what you have told me about the dance you planned, it sounds like you have good organizing skills. Can I add that to the list?*
- ➢ Think about how you are going to organize this information. Will it consist of lists, a database?
- ➢ Think about how you are going to distribute the results from this. Are you going to produce one list, or different lists for different situations (ie. Government offices, school, etc.). What about those who cannot read, how are they going to have access?
- ➢ Think about how you are going to display the results. How are you going to grab people's interest and attention? A printed report may not have as much impact as producing a huge map that covers the entire wall of a school, or building.

The above instructions and a worksheet are provided in the appendices. You can also write or record the answers provided.

Activities under the Aboriginal anti-tobacco strategy can be used for much more than helping youth to stop smoking. There is a significant cultural component that helps youth understand about their culture, and themselves. One of the areas we are paying closer attention to is how we can deliver messages around smoking in a more meaningful way, rather than just giving youth information on why smoking is bad for you.

Understand

Understanding the problem requires:

➢ Understanding the nature of the problem
➢ Knowing the history and impact of the problem.
➢ Factors that contribute to, and maintain the problem.
➢ Challenges to change.
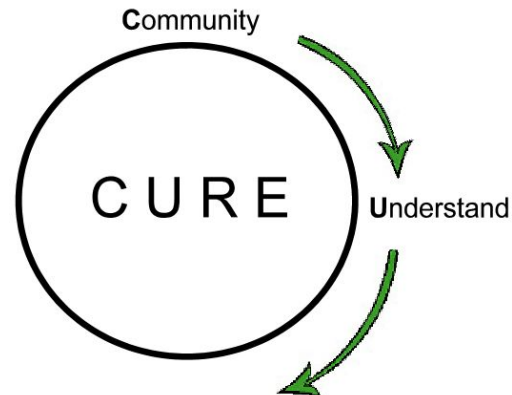
Understanding Suicide: A Brief Working Knowledge

"I can't continue any longer. The pain has become too unbearable."

Few deaths are as difficult to understand as suicide. There are many questions, the most painful being "WHY". Few answers can reduce the pain someone experiences at their loss. In the end, there are explanations that help us to be able to live with the knowledge and experience of suicide. Hopefully they help to minimize the impact of suicide on those who are bereaved and prevent additional suicides.

Suicide is the outcome of biological, psychological, social and spiritual factors. It is impossible to cover all we know, and need to know about suicide in a publication of this size. So what is presented can be considered a "*brief working knowledge*". It is an explanation of suicide and its impact that can help when developing strategies to reduce the numbers and minimize its impact.

There are of course many explanations for suicide, and knowledge of these can only help the reader to understand more about the problem and potential solutions. The *"brief working knowledge"* provided here discusses the role of overwhelming pain and the concept of lethality as it applies to individuals, families and communities.

Overwhelming Pain

Since suicide is an outcome of biological, psychological, social and spiritual factors, it is easy to get lost in all the possible and different combinations these represent. Edwin Shneidman[27] proposed that a better understanding of suicide could be reached by studying what is "common" rather than "different" among many if not almost all suicides.

Shneidman described the decision to suicide as a dialogue that happens in the mind. It is a discussion the person has with him or herself. If we want to prevent suicide, we need to understand this dialogue.[28] Understanding contributing factors such as mental illness and substance abuse are helpful, but they do not explain the decision to suicide.

Shneidman identified a number of commonalities, characteristics that are found in the vast majority of suicides (listed at the end of this section). Four of these are central to understanding suicide risk. They include:

- Overwhelming emotional pain, a condition he calls "psych-ache", much like physical aches.
- Increased feelings of helplessness and hopelessness.
- Increased constriction, (narrowing view of life).
- Ambivalence

As pain (psych-ache) increases, the person's thinking and feelings constrict (become narrower) accompanied by increased feelings of helplessness and hopelessness as the person tries to cope without success.
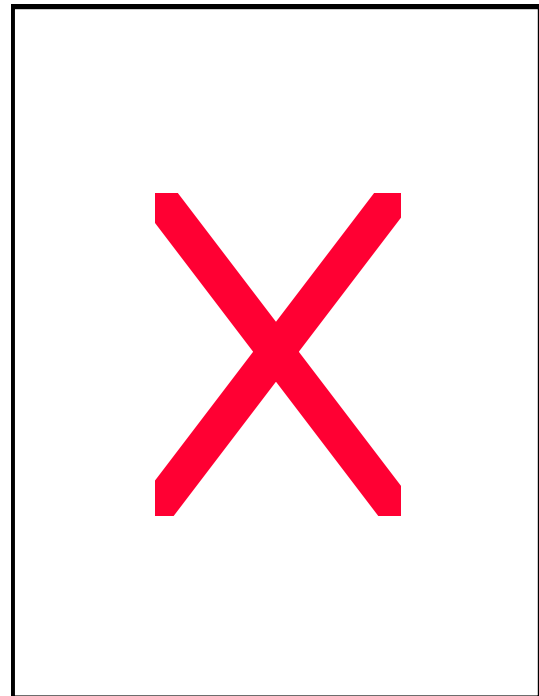
When the pain reaches the point were it can no longer be tolerated there is a need to escape. This pain can be rated as low, moderate and high.

Lethality

Lethality refers to how much the person accepts suicide as the means to escape this pain. It can also be rated as low, moderate and high. It isn't overwhelming pain that kills - it is lethality, the idea that suicide is the solution. However, if we can help to reduce the pain to a point where it once again becomes tolerable, lethality decreases.

Like many decisions, the greatest stress and distress is connected to making the decision. Once the decision is made, a person often feels relief, even if the decision is to suicide. This relief can be confusing to those who are impacted after a suicide. They

make statements such as "I knew that he was having difficulty, but he looked better" The improvement was due to the fact that a decision was made, taking away the stress and distress of making a decision.

Understanding the role of overwhelming pain, helplessness/hopelessness, constriction, escape ambivalence and lethality can help when it comes time to intervene with someone at risk for suicide. Greater knowledge about pain and lethality as it applies to the community is necessary for the development of suicide prevention strategies.

Lethality is influenced by a number of factors. Suicide is not new - it has existed for thousands of years, although the frequency isn't equally represented across cultures. The factors that influence lethality include:

- Previous experience with suicide ideation and/or a non-fatal attempt. The more experience a person has with suicide, including their own suicidal thoughts and behaviors, the greater the likelihood that it becomes a means of personal problem solving. For example, if someone continuously thinks about suicide, they are not thinking about other ways to solve their problems. They may also have few skills to meet the challenges they experience.
- Suicidal behavior by others in the family, friendships and community. Even if the person is not known personally, other suicides can serve as a powerful model of problem solving.
- Those who are bereaved by suicide are at 6 time greater risk for developing suicidal feelings.
- Media influences including a general acceptance of suicide. There is research that shows a connection between media stories about suicide, especially where the stories are sensationalized, there is little accurate information about suicide, or how to identify risk and where to get help. Greater media attention also contributes to the "attractiveness" of suicide. The internet has to be included in this as there are web sites that encourage suicide.
- Easy access to the means for suicide. Ambivalence plays a big part in this. If it is harder to obtain the means for suicide, it can buy time in which a person's suicidal thoughts can change.
- Community normalization of "suicide as a solution" to problems. One of the biggest impacts that suicide can have, is that an increase in suicidal behavior can be viewed, particularly by children and youth, as an acceptable way of problem solving. After awhile, suicide can be threatened in response to both big and small disappointments.

The Impact of Suicide.
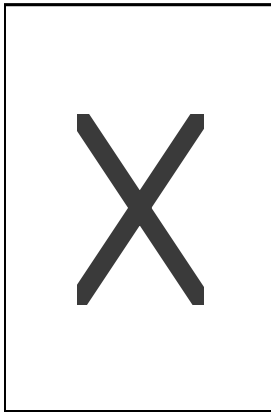
Those who experience suicidal feelings are overwhelmed by pain, helplessness and hopelessness. However with their suicide that pain hasn't disappeared, it is only transferred to others, family, friends and the community. It now becomes their burden.

After a suicide, there are experiences similar to death by other causes and unique to the fact that it was a suicide.
The most difficult aspect of the suicide is our desire to understand "WHY". This is the most painful question and those who are bereaved can spend months if not years trying to answer the question.

Many of the complications to the grief process involve feelings of shame and blame. It is normal for those who are bereaved to experience regrets - wishes that something about the relationship could have been different. Putting suicide aside, most understand that the regrets and cause of death are separate issues. It was old age, disease, an accident, a homicide that was responsible for their loved one's death. With suicide, many experience the same type of regrets, however they add one more powerful sentence and that is:

"because if I had acted differently, they would still be alive today."

What is happening is that the cause of death (suicide) and regrets are confused.
How does a person and others know they are doing better? When they can understand that the cause of death and regrets are separate issues. It isn't regrets that killed the person.

Feelings of shame and blame can be reinforced by what others do, or don't do. Apart from obvious accusations that someone was responsible for the suicide, the lack of, or withholding support and comfort can reinforce these feelings. Not only immediately after the death, but in the long term.
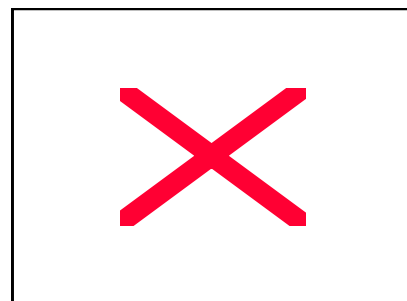
Another factor to consider is the rush to provide suicide intervention information, education and workshops immediately after a suicide without considering the issues concerned with grief. As information and training includes lists of warning signs, and ways to intervene, participants can internalize feelings of guilt and shame that they didn't recognize these signs and intervene. Information regarding warning signs, risk factors and intervention is important, but there has be consideration as to when and how it is delivered.

Feelings of shame can be experienced by family, friends and even the community. Perceptions can evolve that the suicide is "proof" that they failed, they are inadequate and live in inadequate communities.

Another complication is the increased risk for post traumatic stress reactions, and post traumatic stress disorder. This can be a normal reaction to being placed in an abnormal situation. There are a number of conditions that increase the risk for these reactions such as:

- Discovery of the body.
- Closeness of the relationship.
- Amount of shame and blame experienced.
- Additional problems with health and mental health.
- Frequency of losses including deaths by suicide.

With a high number of losses including suicide, the community can become exhausted and "numb". This can be frustrating for many within and outside of the community in that it can be assumed that no one cares. Although it is easy to assume this, numbness and apathy may be a protective screen against the intense pain associated with the high rate of loss. Any discussion or attempt to deal with suicide runs the risk of touching this "deep pain" resulting in withdrawal.

There are additional consequences when numbness sets in, and this is when attention to self-care and safety can decrease. A decreased sense of awareness makes it difficult to pick up on signs of danger for one's own safety, and the safety of others. This can increase the number of loss situations which in turn contributes to the impact of accumulated loss, grief and trauma.

One community[7] which received a lot of media attention due to a high rate of suicide experienced a pattern of losses in the chart to the right. It is not just suicides that impact the community. It is the accumulation of numerous losses, particularly when accompanied by traumatic grief which can leave communities feeling overwhelmed and numb.
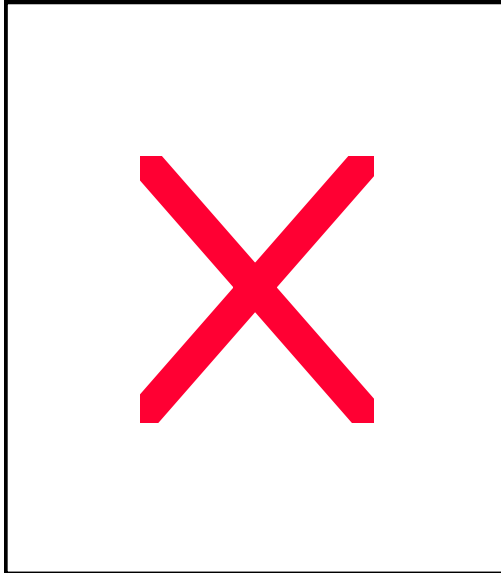
Suicide and Non-Suicide Deaths
1981-1994
Population = 1100
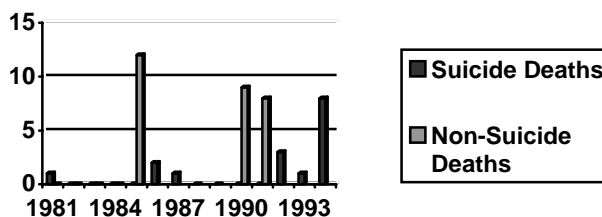
In addition to 15 suicides, there have been 29 non-suicide deaths including drowning, infant deaths, elders and accidental overdoses. The outcome is that the community is kept in a constant state of bereavement and trauma.

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[7] Name withheld to protect anonymity.

There is a tendency to see each death and its impact as a separate event. It is much more accurate to understand them as ripples. It is like throwing rocks into the water and watching the ripples collide.

One way to understand this in your community is to construct a loss timeline. Because many in the community are impacted by the loss of family and friends through suicide and other deaths, this activity can be difficult. It is best done within a group which can offer mutual support, rather than alone by one person.

While completing this exercise, it is important to protect people's privacy. Public display of this document can add to feelings of vulnerability. As much as possible try and avoid using information that identifies the person. Better still, speak to those involved, explain why you are doing this activity and ask their consent to include non-identifying information. Respect their wishes.

With your partners, select a start and end date, it doesn't matter which direction the timeline is drawn in. List basic information such as date, age, gender and type of death.

Once the timeline is complete, it can be used to identify any connections and patterns which exist. It can also help to clarify why many in the community are "exhausted" and reinforce the need for mutual support and recovery.

Depending on how far back the timeline extends, there may be information which can help shed some light on the increase in suicides. For example, if you are able to see when the increase took place, you can ask questions about what was happening in the community prior to, or during that time.

While understanding the impact that repeated and traumatic losses can have is important, attention should also be paid to stories of recovery and healing. It is important to able to identify the opportunities for support and healing that exist within the community. Even with all these tragic losses, what has allowed people to survive and continue with their lives?

Information about suicide

Information about deaths by suicide can be collected from the coroner's office and police. This information may not provide anything more than date, time of death, location, age and gender. It is still worth collecting as it can help to narrow the focus on those who are at higher risk. Information about non-fatal suicide attempts and ideation

is a little more challenging to put together. It can be found in medical facilities, crisis and counseling services. This information is also important in that it can help to identify patterns. With this type of information, it is worth understanding if there were any follow up services provided.

Challenges to Change

In the past, a number of those in the helping professions have operated on the idea that providing people with insights about their behavior, and the solutions should result in change. If it didn't, those who were being helped were viewed as resistant and uncooperative. These same conclusions applied to communities as well as individuals and families.

It is now recognized by a greater percentage of the helping professions that change is influenced by many factors and challenges, not just the person's willingness to change. The same is true for communities. Factors such as "readiness" and "motivation" are now recognized as influencing individual, family and communities.

Plested, Edwards and Jumper-Thurman[29] have developed a tool to assess community readiness to change. Readiness is defined as "the degree to which a community is prepared to take action on an issue".[29] The model looks at six dimensions, (e.g. community knowledge, leadership, resources, etc.) and based on information about these dimensions produces a single score that represents a community's stage of readiness. There are nine stages of readiness. They include:

1. No Awareness[8]
2. Denial/Resistance
3. Vague Awareness
4. Preplanning
5. Preparation
6. Initiation
7. Stabilization
8. Confirmation/Expansion
9. High Level of Community Ownership

The use of a single score to represent a community's stage of readiness recreates the problem of seeing the community as a singe entity. However, the model they develop does help to think about the issue of readiness.

With respect to the challenges that high numbers of suicide represent to the community, the question is still how can we get more people involved. In thinking strategically about this question, a number of challenges have to be considered.

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[8] In an earlier publication[30] this stage was referred to as "Community Tolerance". This is where a behavior had become accepted as normal. With respect to lethality, this description may have been more helpful in considering that suicidal behavior can become normalized.

The first is that the historical record of outside involvement in the community hasn't been great. Given the number of times that decisions have been made for, rather than with or by Indigenous communities, is there any doubt as to why there is mistrust and suspicion about the helping professions.

Secondly, the impact of continuous loss and trauma isn't fully considered. Apart from the exhaustion that sets in from numerous experiences with loss and trauma, it has to be recognized that these experiences involve as Campbell[31] has referred to it, "deep pain". Because of the intensity involved, it can be difficult to manage even daily stresses and challenges, and in a larger sense a number of those who are impacted are vulnerable to continued crises.

The situation can be compared to receiving a deep physical wound. Those who are wounded become concerned with attempts by others to "touch" the wound because it will be painful. This is especially true when they are at the point of feeling vulnerable and weakened. More importantly, if there are not systems of support in place, this pain is re-experienced in isolation and can further destabilize individuals, families and communities.

The same can be said for the announcement of a community strategy on suicide, sexual abuse, etc. It isn't that these shouldn't happen. They are important. But in doing so, it has to be recognized that it is going to tap into a lot of deep pain, and that can scare people off. While workshops, training short term counseling and research can be helpful, they are situations where they have they have resulted in more, not less distress.

Concern is expressed when there is a feeling that suicide has become normalized. Many social and health problems are viewed as outside the range of normal daily experience. In this respect it is easier to talk about taking steps to prevent them.

However when suicide is normalized, it is no longer seen as outside normal daily experience. One of the challenges involved with reducing smoking, is that, while smoking is an addiction, and leads to poor health, the behavior itself is not seen as "abnormal".

This raises the question as to how can you prevent something that people view as normal and expected. There has been a growing effort to educate youth that "suicide is not a part of our Indigenous way of life".

Third, while we want to reduce suicide, stop sexual abuse, domestic violence, substance abuse, the conditions that exist have to be recognized. It is hard for a child to sit in class and listen to that day's lesson on self-esteem when they have had little to eat in the past week. It is also hard to listen to the importance of health when you and members of your family have been continuously ill because the water is contaminated.

Finally, change can be threatening because of self-interests. If your community decides that it is going fight substance abuse, those who are making a profit from selling drugs and bootlegging alcohol are not going to be happy. If the community decides that it will tackle sexual abuse, those who perpetrate acts of sexual abuse will feel threatened as they risk exposure, and possible arrest and jail time. Both groups will not cooperate and will even go as far as actively trying to undermine your efforts.

So thinking strategically, how are we going to act in a safe way so that people recover, and are not re-traumatized? How are we going to manage efforts to undermine the work that we want to do?

Respond

**Responding to the problem requires redrawing the map. This requires:**

- Attention to how we think about the problem.
- Designing activities to increase success.
- Thinking "outside the box".
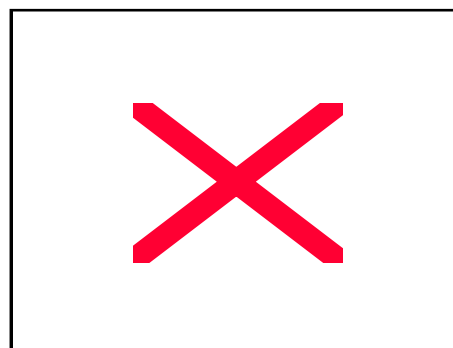
How we "think" about the problem determines what we do.

There is a considerable amount of literature and programs that talk about how to respond to suicide. Like many social and health problems they usually recommend a number of activities including public information and education, training in intervention skills, screening and referral to professional services and therapy.

It isn't that these are wrong, or shouldn't be part of your strategy. However, as long as we think that these are the only solutions, they limit the work that gets done. If these activities are not having the desired effect then we feel stuck.

Public Information / Education

Teaching Intervention skills.

Screening and referral to professional services.

Counseling and therapy.
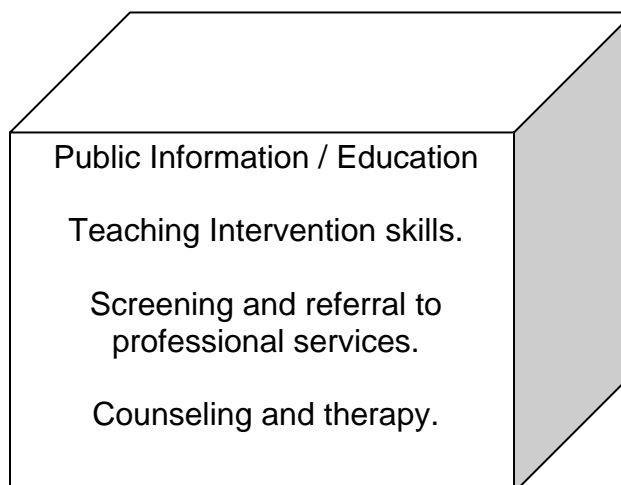
Beliefs about what causes the problem exert a strong influence as to what we and others are willing to try. Within the above box you can place any number of causes. If we think that mental illness and addictions are at the core of suicide, we will invest in the identification and treatment of mental illness and addictions. If we think self-esteem is the problem we will invest in approaches and programs to increase self-esteem. If we think that suicide is the result of social problems, we will recommend activities to solve those problems.

Likewise, research, evaluation and funding are also based on a set of beliefs and assumptions about the problem and potential solutions.

Our responses to the problem can be a problem.

There is a temptation to respond to many serious social and health problems by rushing ahead with a number of activities that will hopefully reduce the problem and its impact. These activities usually include public information and education campaigns, workshops, brochures, services etc. There may be other activities such as a "needs assessment" and research, searching for "best practices", statements that we don't need to reinvent the wheel, let's find something that worked for others and use that.

One of the constant challenges that all prevention efforts face can be compared to "target fixation". Target fixation is where a person, group, etc. is so focused on the target that they fail to notice obstacles and hazards around them. It happens with motorcyclists and mountain bikers where they actually collide with objects they are trying to avoid, because their focus was only on that target.

All medical procedures, mental health treatments and community prevention efforts have one thing in common. They can be helpful, and they can produce unintended consequences. Events and side effects that occurred because everyone was so fixated on the target that they forgot to take into account what was happening around them.

A second challenge is that our approach to social and health problems have been plagued by the same problems of disconnectedness and fragmentation. Those who experience the problem are viewed as a separate group from those who treat, evaluate the success, or research the problem.
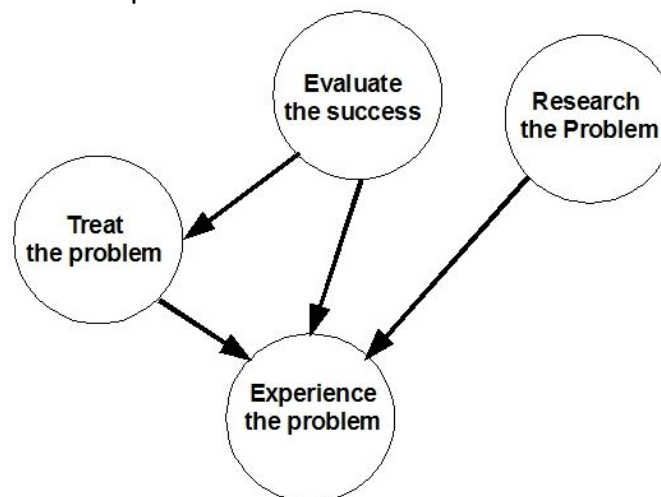
As illustrated, any interaction is usually one way, with treatment, research and evaluation acting on, rather than with those who experience the problem.

This fragmented approach has resulted in a number of problems in designing strategies and activities, particularly within Indigenous communities. While the situation is improving, those who experience the problem rarely feel as if they are the experts about the problem, that they can participate in understanding the problem, treat the problem and evaluate their success. There are efforts through such activities as Participation

Action Research (discussed later) to reduce this fragmentation and put responsibility for identifying and responding to the problem within the community.

In addition to how people think about and approach the problem, the belief in their ability as individuals, families and communities to solve the problem is the most important factor. As children grow into adults they learn that they can have an impact on the world through what they experience. My willingness to learn and try something new is based on the fact that I have experienced success in my past.

If a child, family or community believes that they have experienced little success, and won't in the future, then the idea that they can solve a problem as complex as suicide is going to seem foreign to them. No matter how many times you tell people that they can solve the problem and this is how to do it. If those same people have experienced generations of being devalued, these beliefs can be even stronger.

This idea that I can try more difficult challenges because I have experienced success is referred to as "self-efficacy". The same can be applied to a community (community efficacy) in its belief that it can overcome the challenges it experiences.[32]

So in helping to design strategies and activities it is necessary know what those who experience the problem think about the problem and their ability to solve it. If they have experienced little success, then there is a good chance that they won't come out to your meeting, follow through with your recommendations or participate in planning.

If there is a lot of suicidal behavior, then it also means that there is a considerable amount of helplessness and hopelessness about the ability to impact successfully on life, to make a difference, even a small one. When you add the impact of accumulated loss, grief and trauma, then the question becomes where people will get the "energy" to tackle the problem.

As mentioned at the beginning of this publication, many times people get their initial energy from anger and frustration. While this helps, you can't rely on anger and frustration to help with the longer term work that needs to happen.

Those who are impacted will need support to talk the impact, to express feelings associated with loss, grief and trauma. Support for people to talk about the impact of suicide and other loss experiences is ongoing. But to change the problem, you have to help people become involved in activities that are going to help develop a sense of control and success. That will help to provide the motivation to try more difficult challenges associated with the problem.

The first step is helping the community to identify the successes they have experienced. Stress and distress affect memory and so we forget that there are situations in the past where we have overcome challenges, small and large. The first task in planning for the longer term is to help people re-connect with their memory, recent, past and historical. Never start from the position that nothing has happened, or that people have not

contributed valued work in a number of ways. The exercise in identifying CARSS (community assets, resources, skills and successes) discussed in the community section can help with this.

The second task is to put the problem within the range of people's skills and abilities. If we can agree that increasing the community's sense of efficacy (belief in itself to solve problems) is necessary then we widen the potential range of activities that can help to reduce suicide and its impact.

In order for this to happen, we have to help place the problem, or parts of the problem within "reaching distance".

> Becky Kalubik is an artist and photographer living in Iqaluit, Nunavut. One activity that she is involved with is photographing young women, working with the natural beauty they have, but maybe don't believe. The photography sessions can take up to 8 hours with selecting wardrobe, makeup, composing the shot, etc. Many of these young women have lived difficult lives. They are young mothers, unemployed, facing numerous challenges. They will talk about their lives during these sessions. In the end, many are surprised as to how the pictures turned out. They are indeed beautiful. Looking at these pictures during our meeting, it would be hard to believe that they weren't models.

Breaking down the problem into do-able parts.

When designing responses, one way to think of the problem and contributing factors is like a loosely built pyramid of building blocks. As much as possible "map" (make visual) the problem and the contributing factors. Also map any potential activities and strategies.

Any problem can occupy the top block. For our purpose it is suicide. The blocks underneath represent many of the contributing factors. Since suicide occupies the position at the top of the pyramid, it may be viewed as "unreachable".

In the diagram to the right, the higher up you go towards suicide, the bigger the threat, and the fewer people will become involved. This threat consists of stigma, fear, exhaustion and other factors. This threat also consists of perceptions that the
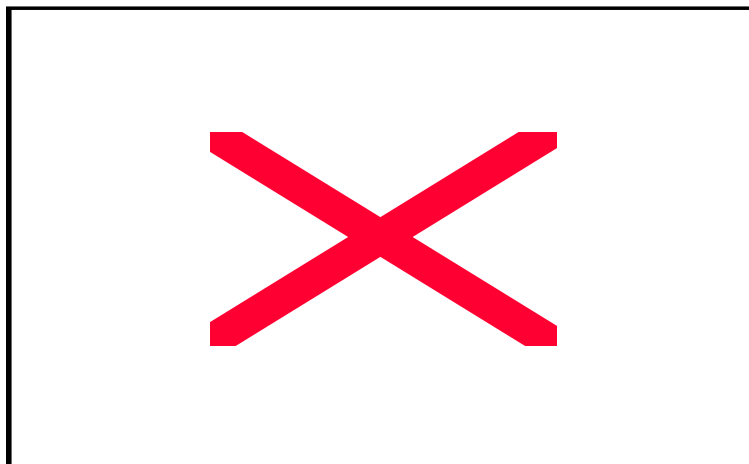
problem can never be solved. Especially if there is the perception that the only people that can solve the problem are from outside the community.
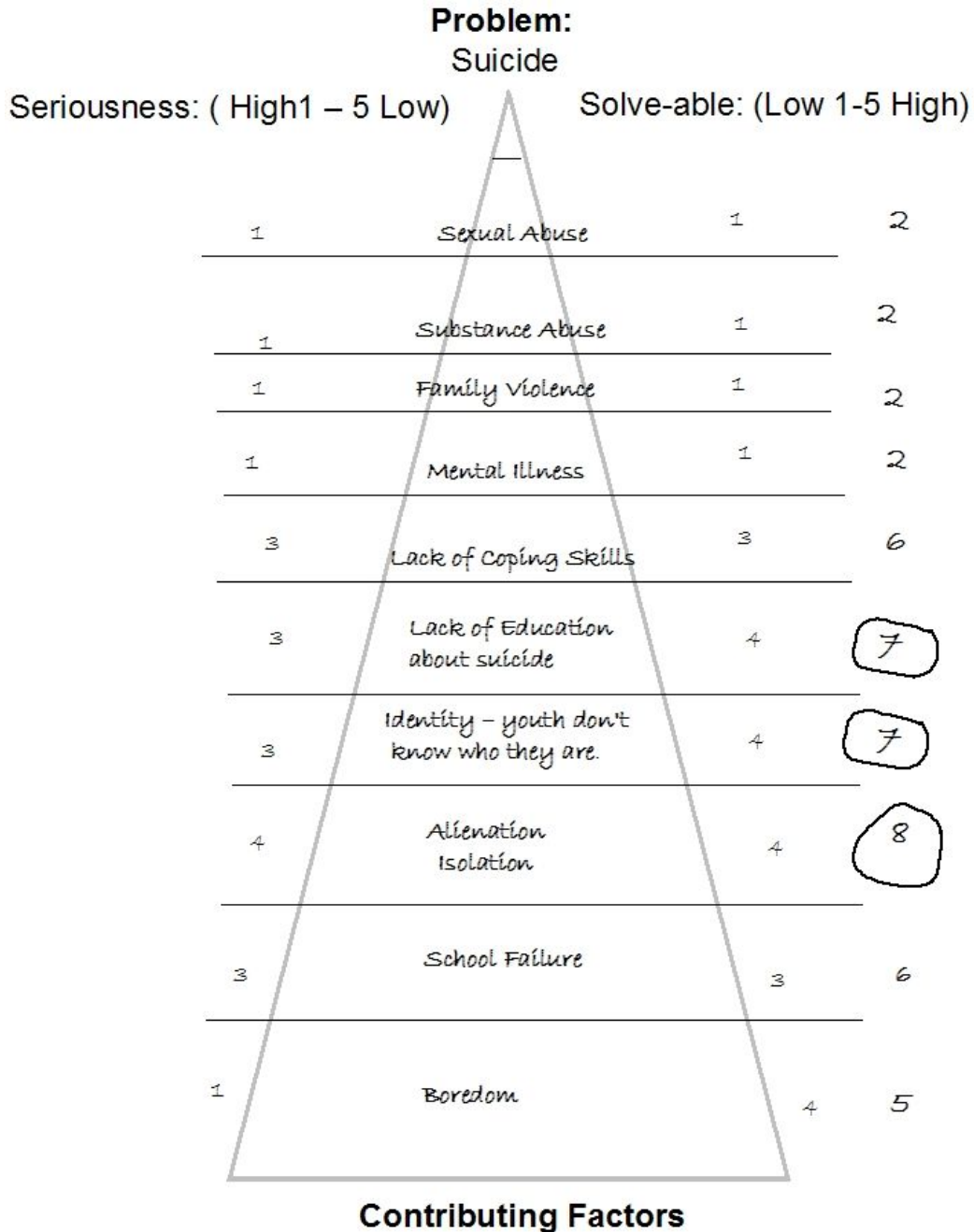
The further away you get from suicide the less threat, and more people and potential activities. However, the closer you get to the bottom, the greater the risk that the number of people and activities may be overwhelming. If you have to think about where to put your energy for the maximum payoff, working around the middle of the pyramid is probably the best.

Working in this way doesn't mean that you will ignore suicide, or the necessary work to respond to risk and bereavement. It helps to maximize the energy available, helps the community to develop a sense of accomplishment and removes enough of the blocks to "weaken" the pyramid.

One exercise that can help with some of the decisions you need to make consists of breaking down the problem into do-able parts[9]. In the following diagram partners have met to discuss their insights into suicide. The instructions and form for completing this exercise is provided in the appendices.

> At the Odawa Native Friendship Centre, we held a series of workshops for over a number of weekends. The single most important thing was that it was culturally based on the medicine wheel teachings. This helped to create a "functional wheel" where youth could see how all programs were inter-related, that they fit somewhere inside that wheel.

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[9] Adapted from the PARE problem solving model.[33]

Problem:
Suicide

Seriousness: (High1 – 5 Low)   Solve-able: (Low 1-5 High)

Seriousness	Contributing Factor	Solve-able	Total
1	Sexual Abuse	1	2
1	Substance Abuse	1	2
1	Family Violence	1	2
1	Mental Illness	1	2
3	Lack of Coping Skills	3	6
3	Lack of Education about suicide	4	7
3	Identity – youth don't know who they are.	4	7
4	Alienation Isolation	4	8
3	School Failure	3	6
1	Boredom	4	5

Contributing Factors

On flipchart paper they have made a list of the factors that they believe contribute to suicidal behavior. It doesn't matter that they have all the factors listed. They rank those factors from the most serious (1) to the least serious (5). On the other side they discussed the solvability of each of those factors and ranked them in reverse order, from low solvability (1) to high solvability (5).

Solvability doesn't refer to whether the problem should be solved. It recognizes that the problem can be viewed as so big and overwhelming that progress cannot take place. Solvability involves reviewing CARSS to see if there are things that we can do sooner than later to help build a sense that we are working towards solving the larger problem.

It helps to frame the problem, or more importantly a number of contributing factors within the range of a greater number of people who feel that they can do something about it. This helps to manage the degree of threat felt.

During the above exercise, your partners identify alienation and social isolation as a contributing factor they believe they can work on. It only makes sense that if you can decrease isolation, increase opportunities for developing social relationships, then you will have an impact on suicide.

They decided to host a youth night with three participants volunteering to take this on. After a few meetings they make the necessary arrangements including the facility, equipment, refreshments. They also developed posters and advertised it on the local radio station.

During the youth night the three volunteers outnumbered the two youth who attended. The volunteers felt disappointed and angry. They spent all this time to organize this event and only two youth show up. From this experience they could conclude that no one appreciated the work they did, so why bother. They report back that youth didn't attend and while youth generally talk about the fact that there is nothing to do, they aren't really interested in making things better. This experience is added to the mental list of failures that exists within the community.

However, what if instead, these volunteers decide that they are going to find out why the youth night didn't work. So they approach youth in the community and ask if they knew about it and more importantly the reasons why they would or would not attend.

They realize that the first problem was that there were no youth included as partners, or on their planning committee. Secondly, even though they advertised, many youth didn't know that it was going to happen as they don't listen to the local radio station during the times it was advertised. They also don't pay attention to posters. A number of youth didn't attend because they felt self-conscious about some of the activities (e.g. sports). Other youth reported that there are areas in the community they don't go to at night because it is considered "gang" territory and they fear for their safety. Other reasons included that their parents were at bingo and they had to watch their younger siblings, it was game 7 of the Stanley cup playoffs, etc.

After, the volunteers meet to discuss what they have learned. They decide to try again but do it differently this time. The first thing they do is to meet with a group of youth to ask what they see as the problem and the contributing factors. They may go through the same exercise and decide at the end that a youth night would be a great idea. The difference is that youth decided so they already have an immediate investment in it.

They then work together to plan this night, with the volunteers acting more as a resource, than planners. Rather than stopping after they have made the obvious arrangements (facility, equipment, refreshments, etc.) the volunteers ask what they need to do to make this a success. They discuss the issues they learned about, (not

knowing about the night, not feeling that they were skilled enough, fear, conflict with bingo etc).

In thinking strategically, the group decides that each youth and volunteer will make sure that one friend attends. Ask many youth why they attend something and they will tell you that it is because their friends do. The group will make sure that radio spots are repeated, that posters are designed and distributed in such a way to grab youth's attention. Teachers will announce the youth night in each class and the night will be scheduled so that it doesn't conflict with any other community activity. They will let their friends know that anyone who is concerned about safety can be picked up and taken home after. They even request that one local police officer, in civilian clothes, participates. Finally they spend time in thinking about how they can plan the activities to allow for a wide range of abilities.

On this night, 20 youth show up. Some of the youth planners are feeling disappointed that more didn't attend. In comparison to the first youth night they did ten times better. This youth night goes well and the next day many who participated are talking about it in the community.

There will be those who will question how this will help to prevent suicide? It doesn't fit within the traditional model of what preventing suicide should include (it wasn't in the box). It is not identified as a "best practice".

The youth night brings youth together. They are involved in the process of planning for it and therefore develop a sense of control and ownership. The planning includes identifying the possible challenges and barriers and they experience success. It was also made possible using the existing resources within the community. Using the same lessons, they can plan another youth night, or other youth-focused activity with the possibility that even more will get involved and attend. Finally, while they are participating, there are twenty plus youth who are not isolated thinking about suicide. Rather, they are working together, and engaged in planning a healthy activity.

> "I've never known anyone to suicide while they are out on the land, or doing land based activities like trapping".
>
> Darryl Diamond
> Odawa Native Friendship Centre

So latching onto the problem of youth isolation is a less threatening approach, allows more people to become involved and could possibly affect other problems. For example, twenty youth participating in a healthy youth activity are twenty youth who are not drinking, doing drugs, sniffing, being sexually, physically and emotionally abused during that time.

This also helps to recognize the link that social isolation has to suicide and could possibly have with many problems. For example, one of the factors that contributes towards and maintains sexual abuse is social isolation. Those who abuse are counting on the fact that their victims are alone when the abuse occurs. People rarely are

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sexually abused in more public places. So by decreasing social isolation, you are also cutting down on the opportunities for abuse. This then means that your strategies for dealing with sexual abuse are not confined to getting the police to press charges, which rely on victim statements, and the criminal prosecution of the abusers.

In Wapakeka's experience, making a deliberate attempt to reduce youth isolation by visiting, monitoring, keeping them busy became an important factor towards the reduction of youth suicide. The same can be said for the cadets program in Hobbema.

The "lessons" in a large sense are not much different when planning any activity. The problem is that many times planning doesn't take into account what will help to make it a success. Whether it will be successful or not is left up to chance.

The conference in Repulse Bay has been held for the past ten years. Elders, performers, both traditional and contemporary are invited. One purpose is to show sobriety and still be able to have fun. It still talks about suicide prevention, but also includes the message that although there are hard times, we can pull through. Many communities now fundraise in order to attend. The mornings are used to talk about suicide, with activities in the evening stressing the celebration of life. side of the road.

Review the activities that have taken place in your community. If you held a community meeting, what made it successful or not successful? What activities are people attending? Is there something that your group can do with these activities that can help with what you want to accomplish?

Many times literature such as information packages and brochures on suicide are distributed as one part of an overall strategy. Later on you find a large number of them in wastebaskets or lying on the

As part of the Dreamcatcher Tour, Tom Jackson signed autographs on the back of crisis line brochures. This was one way of ensuring that youth and others kept the information. You are less likely to throw away a brochure with a celebrity's autograph on it. Keeping the brochure will increase the possibility that you may refer to it at some point in comparison to not keeping it. The autograph helped to build in a meaningful connection to information that was important.

One participant in the Hobbema meeting commented that when she reviewed the brochures in an office, she was surprised to find out how old they were. A lot of the information had little to do with the community. So she set about finding local statistics, and information about local experiences with suicide. The Embrace Life committee (Nunavut) developed brochures showing youth against the background of their own land with life affirming messages in both English and syllabics.

If you are going to use information packages and brochures, how are you going to build in a meaningful connection? Experience has taught many that just giving people

information is probably the least effective way of solving a problem. How do you help people "make it their own"?

The final consideration is that it is easy to get stuck, because we continue to think and act in the same way each time. Is there another way to "think" about this problem? Can we approach it from a different angle?

For example, the problem of suicide is represented by the suicide rate. The number of suicides divided by the population times 100,000. In a community of 350, 2 suicides during the year would result in a suicide rate of 571 per 100,000. All activities focus then on reducing the suicide rate. Because we have always seen the problem this way, we tend to rely on the same prescribed solutions.

What if we calculated the no suicide rate, the number of people who didn't die by suicide? With the same community, the no-suicide rate would equal 99,429 per 100,000. Rather than lowering the suicide rate, is there anything we can do to increase the no-suicide rate? It may seem like a trivial change. But even a slight change in how we see the problem can suggest other solutions that we would not have noticed by using the same way of thinking.

Kugluktuk, a community of approximately 1300 residents in the western part of Nunavut experienced a high number of suicides in addition to substance abuse, vandalism and school dropout. A few teachers and coaches knew that youth feel better about themselves when they are involved in positive activities. One teacher, heavily involved in lacrosse, decided to start a lacrosse program as part of an athletics association they developed to encourage more activities. This led to the Kugluktuk Grizzlies. Participation isn't based on academic marks, but an 80 % attendance in school and keeping a journal.

The Grizzlies team has traveled to tournaments outside of their community. There is a merchandising and pizza store run by youth that goes towards supporting travel and other costs. Youth continue to hang out in streets, but it is usually with lacrosse sticks practicing their skills. The number of suicides and other problems among youth has dropped dramatically.

The point is that you do not have to be stuck with seeing the problem in the same way. Could thinking outside the box, produce different insights and solutions that wouldn't have been possible by staying inside the box?

With your partners ask, is there another way in which we can see this problem? Use creative thinking exercises during your next meeting to help with planning. Ask how you can help the community to see the problem in a different way. One of the reasons why community involvement becomes so powerful is that it has rarely been tried in the past.
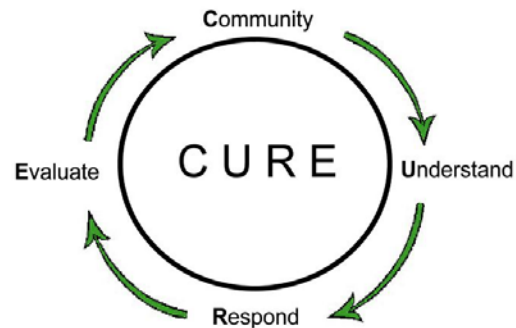
Evaluate

Evaluation involves telling the story and requires:

- Being clear on what evaluation is.
- Using evaluation to create "value" and a shared knowledge.

What is Evaluation?

Working with both types of strategies (deliberate and naturally occurring) evaluation is concerned with:

- Understanding why strategies work, or do not work
- How that knowledge will be shared.

There is a history of research and evaluation within Indigenous communities that has to be appreciated before the above questions can be addressed.

Research and evaluation are often lumped together, and while they share common ground, they are in fact different. A number of definitions describe evaluation as a method by which we learn if we are meeting the goals and objectives that we set out as part of a program or strategy. Research is concerned with collecting or producing information (e.g. an experiment, research project) to better understand a situation, problem, event, behavior, etc.

What they have in common is the emphasis on establishing some sort of control, and then measuring behavior and outcomes. As discussed earlier, the assumption has been that the only knowledge that really counts is that which is identified or created by the scientific method. Knowledge that exists within the community, even with naturally occurring strategies has not been "valued".

The history of evaluation and research has included teams of evaluators and researchers from universities and government departments coming into Indigenous communities and acting on, rather than with the community.

A second challenge is the idea that evaluation is a complex process. It can only be understood and performed by those outside the community with that type of expertise. The reality is that we are always evaluating our experiences. How was the meeting? Did you like the movie or restaurant? How was the conference? How well do you think they played? How is hunting and trapping this year? If you can ask a question, you can evaluate.

Because of these problems, new approaches are being used for research and evaluation. These collectively are referred to as "participatory action research (PAR)," or "action research". While there are still a number of challenges, there is general agreement that this approach is much healthier than what has taken place.

The use of PAR has involved a number of changes in the relationship between evaluators, researchers and those who experience the problem. The first change is that those who experience the problem are no longer treated as "subjects" or "clients", but as partners. They help to define the problem, the questions to be asked and how research and evaluation will be accomplished. Those who used to make these decisions (evaluators and researchers) act as advisors and resource people.

Decisions about how the knowledge is shared are made by those in the community, and not by outside universities and government departments. PAR isn't so much a method (a step by step activity) as it is an approach.[34] The difference with participatory approaches is that those who are involved in the community make those decisions, rather than outside evaluators.

Evaluating the Strategy

Staying with the idea that the overall strategy is a process and concerned with the ongoing health and development of the community, what information do we need to make decisions as to how it is going. Then what information do we need to decide if specific strategies (deliberate and natural) worked, or will work.
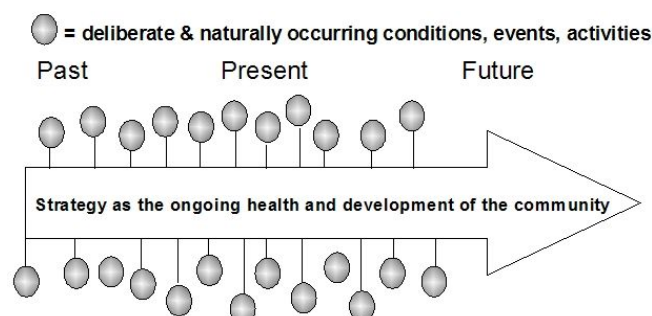
It is difficult to be able to show that strategies (either deliberate or natural) had an impact on the overall health of the community. As discussed earlier, a community is not a single entity, but consists of a complex set of beliefs, relationships, etc.

When you visit a medical professional, he or she usually begins by a general question such as how are you feeling. They may take your temperature, blood pressure and pulse because these measurements are sensitive to the changes in your body If these are okay, and you report that you are feeling fine, then there is a good chance that you are okay. However, health is not just the absence of illness, disease or damage. They may ask about how active you are, how many times you socialize with others, the amount of stress you experience, how your mood has been, your sleep and appetite.

Because communities are complex, evaluating the community strategy means occasionally taking the "pulse" of the community. This involves use of what are referred to as "population- based" measurements. These measurements can be negative and positive.

Examples of negative measurements include the number of suicides, suicide attempts, the suicide rate, deaths through violence/accidents, referrals to a crisis line, hospital visits and admissions, the number of medi-vacs out of the community, referrals to outside agencies, crime statistics, the percentage of people unemployed, the number youth not completing school, etc. The events that people generally do not want to happen. However, an increase in crisis line calls or referrals for help could be positive in that it means more people are actively seeking help.

Positive events include the number of youth who are enrolled in youth groups and recreational activities, who attend school, the no-suicide rate, the number of youth who graduate from high school, the percentage of people employed etc. The events that people generally want to happen.

We can safely believe that if the community is experiencing fewer negative and more positive events, then it is becoming healthier. We don't' have to worry about getting caught up in "proving" that this activity or that activity had an effect on the community strategy.

The ongoing success of the strategy can also be determined by asking people what they think. In your opinion are we better off than a year ago, or two years ago. What leads you to believe that? The fact is that people do know when they are feeling better.

When selecting population based measurements, use the ones that already exist and are continuously updated. An example is provided below.

Strategy Evaluation Worksheet

Community:

Date:

What information are we going to collect on an ongoing basis to help us understand the overall health of the community?

Population based measurement	Location (Where will we find this?)	How often will we use this? (Weekly, monthly, yearly).
# of suicides	Coroner's office, police	Monthly, yearly
# of youth graduating from high school	School	Yearly
# of people employed	Band office	Monthly
# of crisis calls	Health Centre, Crisis Line	Monthly
# of youth enrolled in recreational programs	Social and Recreational Dept.	Yearly
# of medi-vacs	Health Centre	Yearly
# and types of crimes	Police	Yearly

Evaluating strategies (natural and deliberate).

In comparison to a strategy, evaluating strategies involves working with more specific information

Natural strategies involve identifying and reviewing the information that exists. With natural strategies you can use population based measurements to help you to decide which strategies you want to evaluate.

> *"Between this date_____ and this date _____, we had fewer suicides. What was happening then that may help us to understand why?"*

This is essentially what happened with a number of stories that were included in this project. They were stories where the number of suicides, and/or the impact decreased. What was it that helped to make this happen?

With your partners, draw a time-line and list the natural strategies. An example follows.

JULY 2004 – 2005
12 SUICIDES

JULY 2005 – 2006
1 SUICIDE

• SCHOOL PRESENTATIONS ON MENTAL HEALTH, SUICIDE PREVENTION, ADDICTIONS
• EDUCATED YOUTH ABOUT THE SERVICES THAT EXIST IN OUR COMMUNITY
• COMMUNITY SYMPOSIUM
• INCREASED # OF CULTURAL PRESENTATIONS
• CADETS PROGRAM
• CHANGED PRACTICE OF REFERRING YOUTH OUTSIDE THE COMMUNITY TO SERVICES INSIDE THE COMMUNITY.
• INCREASED NUMBER OF YOUTH GATHERINGS

For the same time period, is there a decrease in other population based measurements? If so, you are onto something.

Evaluating **deliberate strategies** involves identifying the questions that can help you decide if:

- what you are doing is working
- those factors that may be affecting the success
- identifying what can be learned.

When discussing this evaluation there are a few things to think about and discuss with your partners.

- ✓ Who are you going to ask?
- ✓ When are you going to ask them?
- ✓ How will you share their feedback?
- ✓ What will you do with the results?

One way to frame this is to use "outcome measures". Outcome measures do not have to be complicated, in fact, the simpler the better. When using outcome measures, it is recommended that you select those that are SMART. SMART stands for:

- Specific
- Measurable
- Achievable
- Realistic
- Timely

In addition to listing the outcome measure, describe the results.

An example is provided below.

Evaluation – Outcomes (Example)

List one outcome measure.	**Is it**		**Describe the results.**
Number of youth who attended the meeting	Specific Measurable Achievable Realistic Timely	✓ ✓ ✓ ✓ ✓	12 youth attended the meeting compared to 5 youth from the last meeting.
List one outcome measure. Did youth find the meeting helpful, not helpful or both.	**Is it** Specific Measurable Achievable Realistic Timely	✓ ✓ ✓ ✓ ✓	**Describe the results.** 7 thought it was helpful, 3 didn't feel it was helpful, and 2 didn't express an opinion.
List one outcome measure. What made the meeting helpful, not helpful, or both.	**Is it** Specific Measurable Achievable Realistic Timely	✓ ✓ ✓ ✓ ✓	**Describe the results.** Helpful – list the reasons Not Helpful – list reasons
List one outcome measure. If another meeting was held, and the reasons why this meeting wasn't helpful could be addressed, would you attend?	**Is it** Specific Measurable Achievable Realistic Timely	✓ ✓ ✓ ✓ ✓	**Describe the results.** 4 said yes, 1 said no.

Outcome measures are only helpful if they lead to action. If you list the reasons why the meeting was not helpful, but do nothing with that to influence the next meeting, it isn't useful as an outcome measure. Those that took the time to help answer the question will feel that you really weren't interested in hearing what they had to say. In addition to listing the reasons why it wasn't helpful, ask for their suggestions as to what could help with the next meeting – and act on them.

With your partners, discuss your impressions of the meeting and what you learned. Examples of questions are provided on the next page. If 12 youth showed up this time in comparison to 5 at the last meeting, what helped to make this happen? An worksheet for identifying what can be learned is provided on the next page and in the appendices.

Although this is a deliberate strategy, there can be consequences and side-effects that weren't intended. If this happens, discuss these and how you can manage them the next time. If it has resulted in distress for one or more participants, discuss how you are going to respond to this.

Evaluation – What did you learn?

Overall, was the activity a success? Yes ___ No ___ Yes and No ____

What parts were successful and unsuccessful?

What made it successful and/or unsuccessful?

If it wasn't successful, or only parts of it were successful, what do you and others think could make the difference if you did it again?

Were there any benefits, or something positive that happened that you didn't anticipate?

Were there any "side-effects" or something negative that you didn't anticipate? How are you going to respond to these?

Did this activity help to develop any new insights about the problem, or contributing factors?

Identify any assets, skills, resources and success stories associated with this activity and add them to the map of community assets, resources and skills.

A Shared Knowledge

Finally, how are you going to share the knowledge you have gained? If you only keep it to yourselves, among your partners, then the community is still left with the same old map. Is there some way that you can you use this knowledge to redraw the map?

> *"Up until two years ago we had 10 suicides per year. Our community has experienced 1 since then. While we mourn that loss, like any other, the community has to be congratulated for the hard work it has done to reduce the number of suicides."*

This message can be powerful and liberating. It can radically redraw the map. Face it - there are enough reminders about when the community doesn't do well. There is no shortage of media stories and journal articles about those stories. The community needs to hear about when things go right.

Not everybody will be convinced. That is okay. Sharing this knowledge will help a greater percentage of the community to redraw the map, than if you didn't share it

The final question is:

> **"What community assets, resources, skills and success stories can now be added to your list of community strengths for the next journey through this cycle?"**

A Final Note

The work you are involved in can be difficult, painful, challenging, frustrating, and you probably do not get thanked as much as you should. Then there is that small success, something that gives you a bit of hope that you are making a difference.

It is difficult many times to see the long range effect of what we do. Sheila Levy from the Embrace Life council shared a story about working with a youth at risk for suicide. As part of the intervention, Sheila asked this young lady to promise that if she felt that she would act on her suicidal feelings, she would contact her or someone that she trusted.

This young lady improved. Many months later, including being away for summer vacation, Sheila returned to work at the high school. This young lady came to see her. Life wasn't going well again and she was experiencing suicidal thoughts. However she had remembered that she had made a promise to talk to Sheila if she felt that she was going to act on those thoughts. She waited for Sheila to return. She did not want to break her promise.

There are high numbers of suicides. It is easy to feel defeated, that the work you are doing is not paying off. Sometimes in the middle of a storm the best you can do is to try and make sure everyone is safe and hold onto each other.

Your work in helping to reduce the number of suicides and their impact makes you part of a bigger community. You may not always see it, but it exists. It is a community of purpose consisting of people like you. The reality is, that if this community did not exist, there would be even more suicides.

Take care of yourself,
Celebrate life

And if you haven't been told today,

Thanks

Appendices

- Self Care Worksheet
- Community assets, resources, skills, successes (CARSS) worksheet
- Assessing the impact worksheet
- Problem Breakdown worksheet
- Activity Planning Sheet
- Strategy Evaluation Worksheet
- Strategies Evaluation Worksheet

Self-Care Worksheet

(Review and update this sheet every two months).

Who is Your Support System?

How do you take care of yourself?

Physically?

Emotionally?

Socially ?

Spiritually?

Mapping Community Assets, Resources, Skills and Successes
(CARSS)

Instructions:

This activity involves "mapping" the assets, skills and resources that exist in the community. Assets that exist outside of the community can also be included – however they are only assets if they are "community-friendly" and help.

Since we are not used to talking about our strengths, this activity may feel awkward, for the people who are asking and answering the questions. Additionally, if trust is an issue, those who are being interviewed can become suspicious. It is important to explain the reasons why the interviews are being conducted and how the information will be used. Stress that participation is voluntary and they do not have to include their name if they don't want to. Also, if they change their mind later, that decision will be respected and the information removed.

There are a number of ways that you can do this activity. You could print it as a small questionnaire and distribute it with instructions on how to complete and return it. Even with surveys conducted in large cities, you only get about a 27 % return rate. You could do it as a group exercise, or take a few minutes during an activity that is already taking place in the community. Even if you do it this way, the most effective way is to ask people individually.

Some suggestions for organizing the work involved.

➢ While you can ask about skills and success stories, you will probably have to spend time constructing a list regarding the assets and resources which exist within the community. These include the more formal programs and facilities (health, mental health, social, recreational).
➢ Discuss with your partners how you are going to introduce this activity to the community. One example is provided below.

"We are a part of a group in the community that is looking into the strengths that exist here. These strengths consist of examples of success stories, resources and skills. We are doing this for two reasons. The first is that many times we only hear about what is wrong with the community. We think it is important to also know what is right. Secondly, by doing this we can develop a list of skills and resources that we have. We can use these to address the problems we are experiencing, rather than having to always look outside of the community.

If you have a few minutes, we have three short questions to ask you."

➢ Think about people's comfort level when asking questions. For example, youth asking youth, elders with elders, women with women, men with men.

- Pay attention to language issues. If someone is stronger in their own language have the interview conducted in that language.
- Think of creative ways to involve as many as possible. Could this be a class project where children interview other children? It could be used as a way of teaching social skills.
- When asking about skills and success stories, request only one. If the person provides more that is find, record those also. It is better to aim for one and get it, rather than asking for three and only being able to list one.
- Be prepared to give the person the time then need to answer the questions. Let them know that they an always get back to you, if they are unable to come up with a skill or success story.
- When asking about skills, do not put those who are being interviewed in the position of having to "prove" these skills.
- Success stories can be used to identify skills. For example – *"from what you have told me about the dance you planned, it sounds like you have good organizing skills. Can I add that to the list?*
- Think about how you are going to organize this information. Will it consist of lists, a database?
- Think about how you are going to distribute the results from this. How are you going to grab people's interest and attention? Are you going to produce one list, or different lists for different situations (ie. Government offices, school, etc.). What about those who cannot read, how are they going to have access?
- Think about how you are going to display the results. How are you going to grab people's interest and attention? A printed report may not have as much impact as producing a huge map that covers the entire wall of a school, or building.

Skills and Success Stories Worksheet

Community:

Date:

Person conducting the interview:

Name of person being interviewed:
(Only include if consent is given).

1. Can you describe one skill (gift, talent) you have?.

2. Can you provide a success story?

3. From what you have told me, are you willing to share your skills with others, or even teach one?

Problem Identification and Breakdown Exercise

Materials – flipchart or whiteboard, markers, masking tape.
Need – someone to facilitate and another person to record answers.

Instructions

1. Discuss the purpose of the meeting. Emphasize that it is an opportunity for those in the community to not only talk about the problem, but in a way that will help with taking action.
2. Ask participants what ideas they have about the problem and the contributing factors. Record these on flipchart paper. Someone may want to take notes, or use a computer to record answers.
3. Draw a triangle on the flipchart. Explain the idea of the pyramid and ask their help in ranking from the most serious to the least serious. A pyramid is reprinted on the next page.
4. Talk about the "solve-ability" of the factors they have ranked. Use the example provided in the Respond section if that helps.
5. Discuss the results. From this decide the contributing factor that the group will work on.

Once the group has identified the contributing factor it wants to work on, continue with the following.

6. List the ideas that could help address this. If you wish you can use another pyramid. Put the contributing factor on the top, but instead of "seriousness" list the assets, skills and resources that are available. Go through and rank the "solve-ability" placing the most difficult to accomplish at the top and the easiest at the bottom.
7. Choose one activity and complete the activity planning sheet. Make sure you discuss any obstacles and challenges and ideas for managing them. Also discuss evaluation including the outcome measures.
8. After the activity, meet as a group and review what happened.

Problem:

Seriousness: (1 - 5)   Solvability: (1-5)
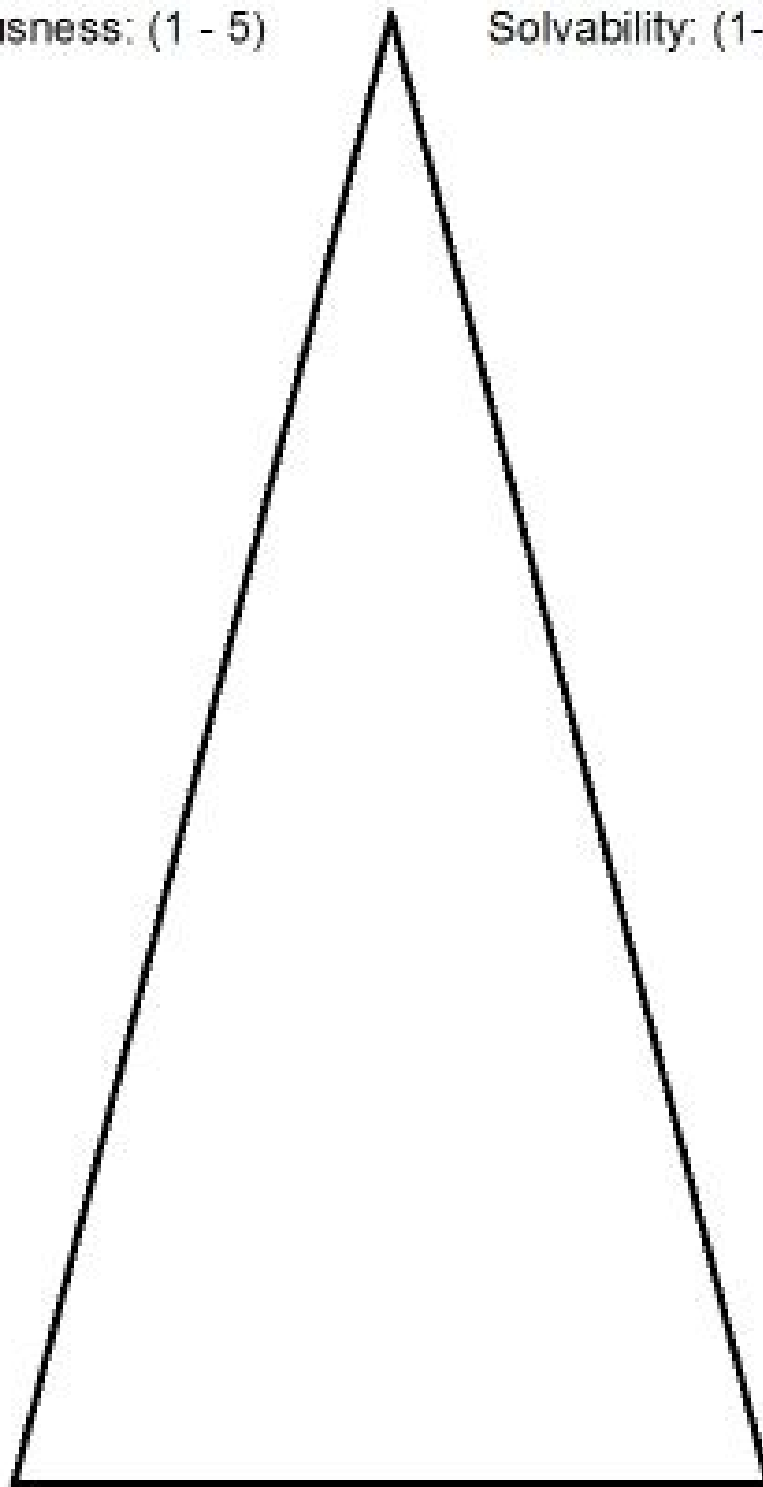
Contributing Factors

Activity Planning Sheet

Community: **Date:**

**Activity
Purpose:**

Planning Details	**Who is responsible?**	**Time Frame**

What challenges or obstacles exist?	**Solutions**

Is this activity?	**How?**
Community-Based	
Strengths-Based	
Involve a shared knowledge	
Contribute towards Health	
Safe – physically and emotionally	

Strategy Evaluation Worksheet

Community:

Date:

What information are we going to collect on an ongoing basis to help us understand the overall health of the community?

Population based measurement	Location (Where will we find this?)	How often will we use this? (Weekly, monthly, yearly).

Evaluation of Natural Strategies Worksheet

The identification of natural strategies can be helped by reviewing a time period, or comparison of different time periods. For example, between the time periods in which there was an increase and decrease in suicidal behavior.

Community:

Date:

Time period:

List the natural strategies which occurred during this time period that you are interested in learning more about.

For each strategy:

Who can help to tell the story?

What insights exist as to why suicidal behavior decreased?

Evaluation - Outcomes

List one outcome measure.   **Is it**   ✓   **Describe the results.**
Specific
Measurable
Achievable
Realistic
Timely

List one outcome measure.   **Is it**   ✓   **Describe the results.**
Specific
Measurable
Achievable
Realistic
Timely

List one outcome measure.   **Is it**   ✓   **Describe the results.**
Specific
Measurable
Achievable
Realistic
Timely

List one outcome measure.   **Is it**   ✓   **Describe the results.**
Specific
Measurable
Achievable
Realistic
Timely

Evaluation – What did you learn?

Overall, was the activity a success? Yes ___ No ___ Yes and No ____

What parts were successful and unsuccessful?

What do you and others think made it successful and/or unsuccessful?

If it wasn't successful, or only parts of it were successful, what do you and others think could make the difference if you did it again?

Were there any benefits, or something positive that happened that you didn't anticipate?

Were there any "side-effects" or something negative that you didn't anticipate?

Did this activity help to develop any new insights about the problem, or contributing factors?

Identify any assets, skills, resources and success stories associated with this activity and add them to the map of community assets, resources and skills.

Publication Evaluation

(Please photocopy this evaluation to complete).

With the goal of continually improving this publication and any related project activities, please take a few minutes and complete the following evaluation. While you do not need to provide your name, completion of some of the demographic information will help in providing feedback. It is also possible to complete this evaluation on-line at www.communitylifelines.ca.

Evaluations can be mailed to:

Ms. Kari Nisbet
First Nations Inuit Health Branch, Health Canada
20th Floor, Jeanne Mance Building,
Tunney's Pasture, AL;1920A
Ottawa, Ontario, K1A 0K9

Population of the community you live/work in _____
Your age _____ Are you Male_____ Female _____
Your interest in this publication is:
Through work as an employee: Occupation _____
Volunteer: ____
Interested Member of the Community: __

Please rate the following questions:

How "readable / understandable" was this publication?

Easy 1   2   3   4   5   6   7 Difficult

For ratings of 5 and above, what sections were difficult to read and understand?

How helpful was the information?

Not Helpful 1   2   3   4   5   6   7 Very Helpful

Which information did you find the most helpful / least helpful?

What information/exercises did you, or could see yourself and your community becoming involved in?

What could be changed or added to improve this publication?

If training on supporting community suicide prevention strategies based on this publication were available, would you be interested in participating.

Yes __ No __ Maybe (depends on what the training involves) __

What would you like to see as part of this training?

What would increase the chance of your participation in training based on this publication?

Would you be interested in joining a network of like-minded people interested in continuing our knowledge of "What is Working, What is Hopeful"?

Yes___ No ___ I'll wait and see____

Notes and References

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