

Suicide Prevention

Promising Strategies

**Aboriginal Youth:
A Manual of Promising
Suicide Prevention Strategies**



Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies

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Foreword

I feel very honoured to be asked to write a brief foreword for this timely and very useful manual. As an Aboriginal Psychologist and mental health consultant I have too often witnessed the devastating effects that a youth suicide has had on our communities. It is easy for mental health experts such as me to say that many of these deaths were preventable. It is, however, often the case that many of the suffering friends, families, and communities did not have the knowledge, resources, or confidence to deal with this problem.

Knowledge and resources can come from outside a family or community but confidence cannot. Without a sense of confidence or collective willingness to address this problem change is unlikely to occur. The solution to preventing youth suicide will not come from ignoring the problem nor will it come from “parachuting in” an outside expert who will always need to catch the 6pm flight home. I am firmly convinced that the ‘secret’ to suicide prevention is family and community involvement and commitment to trying as many strategies as is necessary to save the lives of our youth. It can happen and we will be the ones to do it.

Not all strategies will work for everyone as each community is different. That is why it is necessary to explore different strategies and adapt and modify them so that it fits the needs of your youth. Just as all communities are not the same, so it is that all youth are not the same. Communities need to have a wide selection of approaches to offer to their health workers, youth workers, families, school teachers etc.

This manual has been written for people who want to develop and implement suicide prevention programs. The authors have done their best to present this information in a positive, culturally respectful and straightforward way. Take what you can, modify it so it is more likely to work for you. It is important to note that this manual is only able to focus on the first important stage of addressing the suicide problem: prevention. It is hoped that future manuals might address later stages such as crisis management, treatment, and postvention.

The manual starts with a review of the literature of Aboriginal suicide prevention literature and provides some useful statistics and background information that may prove valuable to individuals who wish to write a proposal to obtain funding for their prevention program. Some of the main preventative factors are discussed as well as other useful sections that will tell you how you will know when you are making a difference. Practical information such as program contact names and contact information is also provided. Successful projects are divided into categories such as community development, peer helpers, gatekeepers, self esteem building, family and youth support.

Although several strategies and cultural relevant and effective programs are described in this manual, they only represent a starting point. There exist many innovative and often simple strategies that have so far gone unnoticed. It is hoped that the readers of this manual will convince their communities to take action to find these ways that work. For it is only in taking such action that we as Aboriginal peoples will gain the confidence necessary to utilize our newly gained knowledge and resources to deal with this problem. On behalf of myself, the advisory, and the authors of this manual, I wish you success and courage in your efforts to assist our youth.

All my relations,

Dr. Rod McCormick
Mohawk Nation

Acknowledgements

The creation of this manual originated from two separate projects: the *Whitestone* workshop and the document *Before the Fact Interventions: A Manual of Best Practices in Youth Suicide Prevention (1998)*.

White Stone is a five-day workshop for Aboriginal youth educators. Part of its research and design process included conducting a literature review and environmental scan across Canada. After compiling the best information possible, it was felt that the findings were unique and should be shared.

The work done in the *Before the Fact Interventions Manual* by Jennifer White and Nadine Jodoin provided an excellent model for presenting our new findings. Jennifer and Nadine agreed to adapt their original work and the draft of the new manual was reviewed by researchers and community caregivers from across the country.

With funding provided by the RCMP, National Aboriginal Policing Services, the project was coordinated by the Centre for Suicide Prevention.

This manual is the result of cooperative efforts and significant contributions made by many dedicated individuals. Thank you to the following people:

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Chapter 1: About This Manual

**Why did
we write
this manual?**

Youth suicide, in combination with other life-threatening behaviours, has become a significant issue for many Canadian Aboriginal communities. We know that overall suicide and suicide attempt rates are higher in Aboriginal youth as compared to the general population. Across Canada, the high rate of suicide amongst Aboriginal youth is having a devastating impact upon immediate and extended families, peers, as well as entire communities. All over the country, concerned community groups and individuals are trying to determine how best to manage and prevent further tragedies.

Despite the fact that youth suicide is a complex problem, we know that many of these deaths are preventable. In fact, several Aboriginal communities have already taken up the challenge and have been implementing a number of innovative and culturally-sensitive prevention initiatives. However, for many other individuals and groups, it remains challenging to determine the best approach to prevent youth suicide in their own communities. Even though research has been conducted within Aboriginal populations and a fair amount has been written on the topic, the information can be difficult to find or put into practice in a way that meets the particular needs of individual communities.


As a response, this manual was written to complement and guide the ongoing efforts of groups and individuals, such as yourself, who are interested in developing and implementing suicide prevention programs for Canada's Aboriginal youth. The purpose of the manual is to provide high quality and user-friendly advice and information in order to facilitate the development of successful programs. As such, the manual recommends a number of prevention strategies that follow the best evidence about what works and what should be done to prevent suicide amongst Aboriginal youth. By implementing proven and promising strategies in a timely and coordinated manner, we can make a difference in reducing the number of young people who choose to take their own lives.



The task of writing a manual that will be relevant to all Canadian Aboriginal communities is complicated because of the existence of multiple bands, distinct cultural areas, and different languages.

Referring to all these groups using the term Aboriginal may seem misleading given the wide diversity in cultural history, values, and lifestyles. While it is true that no two communities are alike, it is also true that Canadian Aboriginal people have much in common, especially in terms of their shared interests in increased self-determination and their common history of colonization and oppression – factors which are relevant for the prevention of suicide and other social problems.

The manual was written to reflect these common histories and current realities while remaining fairly generic. It is recommended that individual programs be planned to reflect the specific culture and conditions of the communities implementing them.



How will this manual support your efforts?

The manual will assist you and your group by:

- describing the problem of youth suicide among Canada’s Aboriginal communities;
- presenting a model for understanding suicide amongst Aboriginal youth and for situating the prevention strategies;
- presenting a total of 17 suicide prevention strategies for Aboriginal youth;
- providing examples of existing Aboriginal suicide prevention initiatives from across the country;
- suggesting a number of culturally-relevant resources (organizations, curricula, workshops, materials, and web sites) that can further assist you in your implementation efforts;
- providing a step-by-step action plan to mobilize your group and community.

An important acknowledgment...

This manual is very closely based on the document “Before-the-Fact” Interventions: A Manual of Best Practices in Youth Suicide Prevention which was authored by Jennifer White and Nadine Jodoin (1998) and produced by the Suicide Prevention Information and Resource Centre, Mheccu, UBC and funded by the BC Ministry for Children and Families.

That document presented a total of 15 youth suicide prevention strategies which were organized to help British Columbia communities mobilize for youth suicide prevention. Copies of the manual can be ordered from BC Government Publications at:

*BC Government Publications
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Who was the manual written for?

The manual was developed to meet the needs of individuals and groups interested in developing and implementing suicide prevention programs for Canada’s Aboriginal youth. In particular, it is hoped that the following groups will make use of the manual:

- youth groups/councils
- community individuals and caregivers
- band and tribal councils
- tribal administrators
- Elders
- agencies and organizations serving youth and families
- mental health workers
- addiction counsellors
- health nurses
- social workers
- government decision-makers
- school administrators and teachers
- community organizations and agencies
- justice system
- police/RCMP members

Background to the manual...

In June 1994, the Royal Canadian Mounted Police (RCMP), Aboriginal Policing Services, began sponsoring the national implementation of a 5-day suicide prevention workshop for Aboriginal caregivers and RCMP Members who were working in Aboriginal communities. This workshop was developed for the RCMP by the Suicide Prevention Training Programs (SPTP), Calgary, Alberta. This workshop was very well received among Aboriginal communities and a 1999 evaluation of the program by a team of evaluators from the University of Calgary revealed clear evidence of success in terms of positive impacts upon communities and individuals.

Based on the success of the initial workshop as well as participant feedback, the RCMP, Aboriginal Policing Service, decided to sponsor the development of a second suicide prevention workshop targeting youth themselves. The Suicide Prevention Training Programs (SPTP) was once again contracted to develop this workshop. The new program, White Stone, took two years of information gathering before it was piloted. The program is grounded in information collected from Aboriginal youth focus groups, current literature, experts in the field, participant feedback, and a review of programs in Canada, the United States, and Australia. The White Stone program was field tested in 2000-2001 in four provinces and is now available to communities across Canada.

While reviewing the literature during the development phase of the White Stone program, it soon became clear that a fair amount has already been written on the topic of suicide prevention amongst Aboriginal youth. However, it also became evident that this extensive knowledge has yet to be collated and published in one comprehensive and practical resource that would support and guide the prevention efforts of Aboriginal communities. From there, the idea of developing a user-friendly manual of suicide prevention strategies for Aboriginal youth was born.

A note to our readers

We recognize that suicide and suicidal behaviour among Aboriginal youth can only be understood through a historical and cultural lens, which gives prominence to the role of cultural oppression, racism, and the dominant culture practices and policies of colonization. We recognize and share many of the concerns and sensitivities that exist as a result of our decision to adapt a document that was originally developed for a mainstream, dominant culture audience for Aboriginal peoples. Having said that, we have been very encouraged by many of our Aboriginal colleagues and friends who have suggested that the material contained in this document will be of considerable value to Aboriginal communities who are working to prevent youth suicide. After considerable discussion and reflection, and based on the invaluable feedback of our Aboriginal advisors, we have decided that the information that was provided in the original Best Practices manual (which was produced in British Columbia) may also be of considerable benefit to Aboriginal communities across the country. Here are the principles and assumptions upon which we have based the revisions:

- We are starting from the premise that Aboriginal communities have many strengths and resources on which to build. This material is offered as a way to build on, and extend the good work that is already being done.*
- We bring a spirit of hopefulness to the process and believe in the capacity of Aboriginal communities to engage in practices that promote their own health and well being.*
- We respect our Aboriginal colleagues and community counterparts. They have the ability to know what will work best in their own local areas, which may require considerable “reinterpretations” of the strategies.*
- We are humble in our offerings here and do not see this manual as “the answer” or “the only way” to address the youth suicide problem, but we hope that it will provide some useful and practical ideas.*
- We see this manual as an “invitation” to think about the prevention of youth suicide in a way that makes sense for you and your community. Use what works and adapt or reject the rest.*
- Finally, we value your feedback, stories, and experiences and would welcome hearing from you regarding your local suicide prevention efforts.*

**How is
the manual
organized?**

► ***Understanding the problem of suicide amongst Aboriginal youth***

Before you begin planning your suicide prevention program, we invite you to read the first two chapters of the manual. Chapter 2 summarizes the problem of suicide amongst Aboriginal youth in Canada and presents the risk and protective factors that influence the rates of suicide. While the information presented in that chapter will be familiar to many readers, it will provide others who may not come from an Aboriginal background with a better understanding of the realities faced by Aboriginal youth. Chapter 3 is the most “theoretical” chapter of the manual and it describes a model – developed by Jennifer White – for thinking about and organizing suicide prevention programs and services. The model organizes the risk and protective factors (as described in chapter 2) and highlights the existing opportunities for prevention efforts.

What are the most promising youth suicide prevention strategies?

Chapter 4 is the most concrete and practical chapter, and really represents the heart of the manual. The chapter describes a total of 17 promising suicide prevention strategies targeting Aboriginal youth. A number of strategies focus on youth themselves or their families, while others are designed to influence the environments most common to youth, including schools and the communities in which they live. Several examples of existing programs are presented for each strategy as well as links to resources, curricula, workshops, or organizations that may be of further assistance. It is important to point out that the strategies presented in this manual are preventive in nature and do not include crisis intervention, treatment, or postvention strategies.

How do we implement and evaluate these strategies?

Chapter 5 is intended to guide you and your group in mobilizing your community for youth suicide prevention. It contains the following “how to” information: checking your community’s assets, capitalizing on others’ expertise, gathering pertinent information, organizing for success, coordinating your efforts at the local level, developing a workplan, and evaluating your efforts.

**What
this manual
is not**

► ***The focus of the manual is not on crisis intervention or treatment services***

The “work of suicide prevention” traditionally encompasses everything from mental health promotion and early intervention to crisis intervention and treatment. Since the assessment and treatment of mental disorders is a fundamental component of any suicide prevention effort and has traditionally received much more attention, we have deliberately chosen to bring more emphasis to initiatives that are preventive in nature and have excluded treatment programs or crisis intervention strategies. We did include, however, strategies which will increase the likelihood that youth-at-risk will be referred to existing mental health services.

The strategies are not described in exhaustive detail

One of the main goals in developing this user-friendly manual was to pull together, in one place, the most promising suicide prevention strategies for Aboriginal youth. Due to the

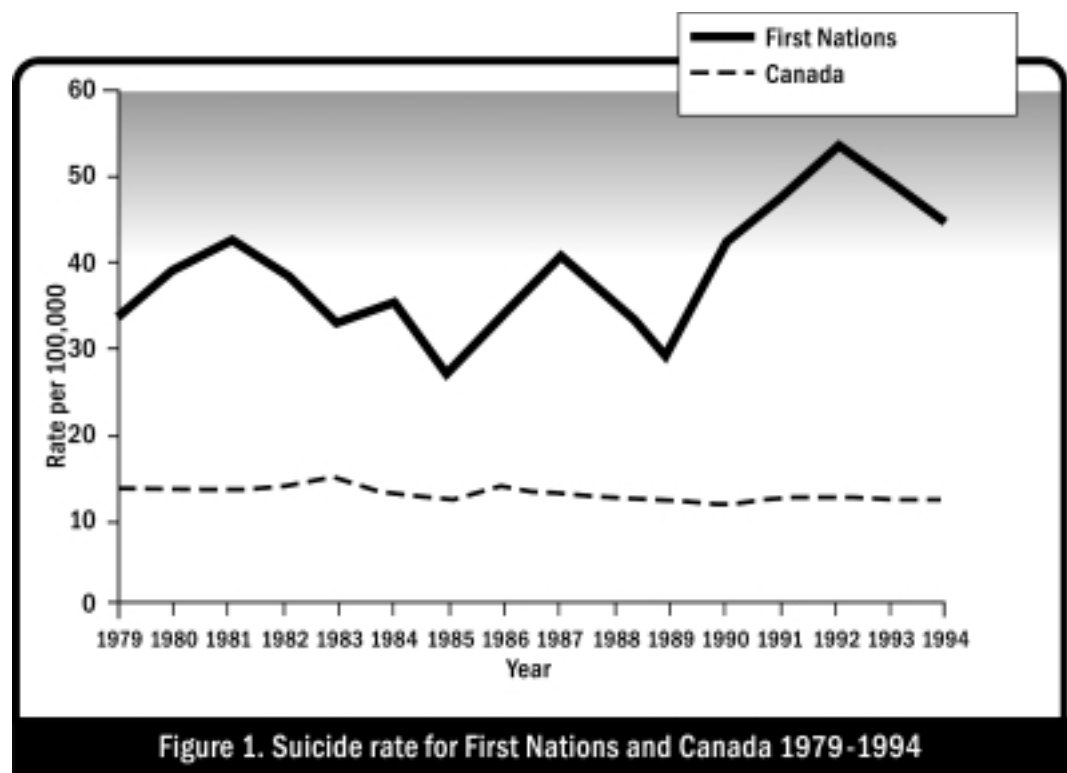
sheer number of strategies to be included in the document, it was not possible to provide a complete and detailed description of every strategy. In fact, for many of the strategies described in the manual (e.g. peer helping, school climate and community development), whole books have already been written on the topic. As such, you may need to gather additional information about a particular strategy as you move towards implementation. We are confident, however, that enough information has been provided to allow you to make informed decisions about which strategies will best meet your suicide prevention needs.

Chapter 2: Background: About the Problem of Suicide Amongst Young Aboriginal People

This section of the manual highlights basic statistics pertaining to the problem of youth suicide within the Aboriginal population of Canada. Gaining an understanding of the seriousness of this problem is helpful not only for individuals working in suicide prevention but also to help direct the attention of funders and policy-makers to the issue. At the same time, we need to remember and recognize the human beings behind the numbers and the impact that their deaths has on families, friends, and entire communities.

How many young Aboriginal people are dying by suicide in Canada?

Suicide is certainly a problem that is shared by all Canadians. The overall rate of suicide for the Canadian population places this country in the mid to high range among the countries of the world. Suicide amongst Aboriginal people was rare in pre-European contact times but the suicide rate for this population has since increased consistently, especially in the last few decades. Today, the suicide rate among Aboriginal people stands approximately three times higher than the rate for the general Canadian population.¹ In fact, suicide now represents the greatest single cause of injury deaths in this population. Annual suicide rates in recent years for all Canadians and for registered Aboriginal individuals are shown in Figure 1.



¹ Kirmayer et al., 1993

While in earlier times suicide was mainly considered by the old and the ill, suicide amongst the Aboriginal population is now especially common in individuals aged 15 to 29. It is estimated that suicide accounts for more than a third of all deaths among young Aboriginal people. Young Aboriginal girls are 7.5 times more likely to die by suicide than the average Canadian adolescent girl, while Aboriginal male adolescents are five times more likely to die by suicide than their average counterparts.² Young Aboriginal males between the ages of 15 and 29 are most at risk for suicide, with the highest rates of suicide of any group in Canada (see figure 2).

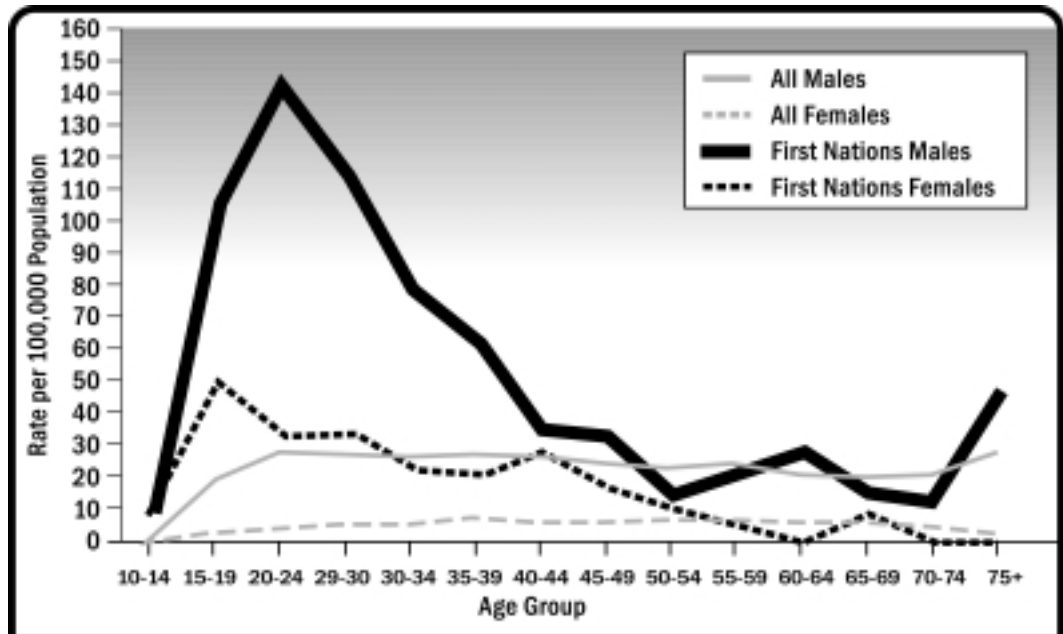


Figure 2. Suicide rates by age and gender for First Nations and Canada, 1990-1994

Even though the overall Aboriginal suicide rate is higher than the rate for other Canadians, it is important to point out that not every Aboriginal community in Canada is experiencing high numbers of suicides. In fact, there are marked differences between provinces, regions, and even between Aboriginal communities belonging to the same geographical region. For example, a recent study done in British Columbia showed that some Aboriginal communities in that province were experiencing youth suicide rates 800 times the national average. On the other hand, the same study found that slightly more than half of the 196 communities studied had not recorded one suicide in a five-year period.³ Similarly, other researchers have found that suicide rates in northern Alberta were three times higher than southern Alberta.⁴

² Kirmayer et al., 1993

³ Chandler & Lalonde, 1998

⁴ Bagley, Wood & Khumar, 1990

Do statistics accurately reflect the problem of suicide in the Aboriginal population?

We know that the Canadian Aboriginal population is experiencing an alarmingly high rate of suicide, especially in young Aboriginal males. Many agree, however, that the problem might be even more serious than what the statistics show. This may be the case for a few reasons.

First, the national data on suicide rates for Aboriginal people only include “registered” (or “status”) Aboriginals and Inuit residing in the Northwest Territories, leaving out non-status Aboriginal people, Métis, and Inuit living elsewhere. Therefore, deaths by suicides of individuals belonging to these non-registered groups are not included in the national suicide data. This leads to an underestimation of the actual incidence of suicide in this population.

Second, accidental deaths are four to five times higher among Aboriginal groups (compared to the rest of the population) and we can assume that a certain proportion of these accidental deaths are actually suicides. In fact, it has been estimated that up to 25 per cent of these deaths may represent unreported suicides.⁵ This means that an unknown number of deaths by suicide are being incorrectly recorded as accidental or unclassifiable, thereby contributing to the underestimation of true Aboriginal suicide rates at the national level.

It is also important to remember that actual suicides only represent the tip of the iceberg when it comes to the problem of suicide. Although difficult to put in numbers, nonfatal suicide attempts as well as thoughts of suicide must also be factored in when thinking about the whole picture of suicide and its impact on Aboriginal people and communities.

Are there any commonalities among Aboriginal youth who die by suicide?

Keeping in mind that suicide rates amongst Aboriginal youth vary greatly from community to community and region to region, common characteristics are worth mentioning. First, consistent with the general population, Aboriginal people who die by suicide are more likely to be male, young, and single. These suicides are also likely to be associated with alcohol intake. Suicides amongst Aboriginal youth are often carried out by highly lethal means (guns and hanging). There is also a tendency for suicides to occur in clusters, where the suicide of one young person may trigger a series of suicides or attempts in the same group of youth or community within a relatively short period of time.

Why is suicide such an issue for Aboriginal youth?

It is fair to question why young Aboriginal people are experiencing high rates of suicide, especially when compared to their non-Aboriginal counterparts. However, due to the complex and dynamic nature of suicide, the answer to this question is not likely to be straightforward.

⁵ Royal Commission on Aboriginal Peoples, 1995

One way to look at the problem of suicide amongst Aboriginal youth is to focus our attention on what researchers call “risk factors.” Risk factors are defined as variables or characteristics that are commonly found in the lives of individuals who die by suicide. These factors may reflect individual vulnerabilities (for example: depression, impulsivity) or they may reflect social or environmental conditions that affect specific individuals or groups (for example: family instability, inaccessible community resources). It is also generally agreed that suicidal risk intensifies as the number or severity of these risk factors increases.

We know that there are a wide range of general risk factors that have been shown to contribute to suicide in all adolescents, regardless of their cultural background. Examples of such risk factors include: depression, alcohol and substance abuse, a family history of suicide, social isolation, and access to firearms. However, in the case of Aboriginal young people, we can argue that they face, *on average*, a greater number of these risk factors at once or that the risk factors are more severe in nature.

In addition, Aboriginal youth often face additional risks that arise, at least in part, from being members of a historically marginalized and economically disadvantaged group. For example, the breakdown of cultural values as a risk factor for suicide is uniquely relevant to Aboriginal people because of the oppressive social forces that have historically characterized relations between Aboriginal people and the rest of Canada.

The number, severity, and type of risk factors experienced by many young Aboriginal people in Canada may partially explain why this group is currently struggling with such high rates of suicide. Having a thorough understanding of the specific risks (as well as protective factors) that are relevant to Aboriginal youth is important when we plan for suicide prevention. This understanding allows us to tailor our strategies to the particular circumstances and conditions that place the group at increased risk for suicide. For a more detailed discussion of the specific risk and protective factors that have been found to be most strongly associated with suicide among Aboriginal youth, please refer to Appendix A.

In closing

▶ The daily realities faced by many Aboriginal youth are often quite grim, with many young people growing up in remote and isolated communities. We must remember, however, that Aboriginal people across the country have continued to show remarkable resiliency in their ability to survive, and in many cases thrive, despite incredible odds. The negative living conditions and stressors faced by Aboriginal young people represent starting points for making change. Through the development of locally-driven initiatives that aim to lessen the impact of risk factors while enhancing those factors that are known to protect against suicide, we can make a difference. Several Aboriginal communities across Canada have already taken up the challenge and have implemented a number of innovative and culturally sensitive suicide prevention initiatives, several of which will be described in later sections. We hope that the remainder of this manual will inspire you and prove helpful in assisting your group and community in this important work.

Suggested
reading

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Chapter 3: Development of a Model for Understanding

Why should we be guided by a model?

Models provide a helpful and quick way for understanding fairly complex issues and problems, like suicide and suicidal behaviour in children and youth. Good prevention models show, usually at a glance, the main characteristics of an issue or problem and they suggest how, when, and where to focus our prevention efforts. Good models are generally straightforward and the concepts can usually be put into practice quite easily. In other words, good models show us the “lay of the land” and suggest some of the best routes for getting us to our destination. In this case, our goal is to reduce suicide and suicidal behaviour among Aboriginal youth in Canada.

A good model is not on the other hand, a mirror of the real world. Instead, a model stands as a symbol of our current knowledge or understanding of the world, shedding light on potential ways to make a difference. Models should not be seen as set in stone, nor should they be so complicated that it takes forever to understand their basic parts.

Setting the stage for the chapters that follow

The model developed here has three purposes:

- to describe the risk and protective factors for suicide amongst Aboriginal youth in a way that shows the complex nature of the problem
- to show how we might move from “what we know” to “what we should do”
- to underline the importance of developing and implementing prevention efforts much earlier in the chain of events, rather than waiting for a crisis to develop. In other words, to focus on the development and implementation of “suicide *risk* prevention” strategies instead of putting all our efforts into “death prevention” strategies, like crisis intervention, for example.

A comprehensive look at youth suicide

We know that suicide amongst Aboriginal youth is caused by multiple factors, which means that no one single solution exists. Individual, family, social, and cultural factors all play a role, making it similar to a lot of other youth behaviours that concern us: substance abuse, dropping out of school, and risky sexual practices. In fact, even though the focus of this document is youth suicide, many of the recommended strategies for reducing risk and increasing protective factors could just as easily apply to the prevention of other social problems among youth.

Multiple layers of influence

Suicide and suicidal behaviour do not take place in a vacuum. Instead, suicide takes place when several factors interact with one another over time and across a number of contexts. One way to appreciate the numerous factors that lead to suicide is to show them through a diagram.

That way, we can begin to see the many layers of human experience and the range of social conditions that can potentially influence an individual's choice to die by suicide.



Figure 3 provides one such diagram. It shows the individual at the centre (which includes spiritual, physical, thinking and feeling dimensions), surrounded by other layers representing family, peers, school, community, culture (including historical factors, shared language and values, and traditional practices), society (which typically refers to the mainstream societal values and beliefs, but can also include political and economic factors), and the environment (both local and global). Each layer represents a source of potential risk or protection, and we can use such a diagram to provide the backdrop for our further discussion about suicide. Basically, this model serves to remind us of the complexity of suicide and the number of influences that must be taken into account when trying to understand and prevent it.

Four types of factors

There are four types of risk and protective factors that we need to be familiar with in order to understand suicide and suicidal behaviour among youth:

- **stage-setting** factors, which set the stage for a vulnerability to suicide (e.g. family history of suicide)
- **contributing** factors, which act to heighten the existing risk (e.g. physical, emotional, and/or sexual abuse)
- **trigger** factors, which act as a trigger for predisposed persons (e.g. feelings of disconnection, feelings of abandonment, or feelings of rejection)
- **protective** factors describing those conditions which act to lessen the risk for suicide (e.g. availability of at least one significant adult who can provide warmth, care, and understanding)

It is important to remember that the first three types of factors represent what we call risk factors because they serve to increase the risk for suicide, while protective factors act to reduce the risk.

4 TYPES OF FACTORS: 3 Increase Risk, 1 Reduces Risk



What Figure 4 illustrates is that each of the four types of factors, in interaction with one another and across a number of settings, creates the conditions leading to suicide and suicidal behaviour. Suicidal behaviour does not follow a straight line or predictable path. In reality there are several possible routes leading to self-destructive behaviour, which is what makes suicide and suicidal behaviour virtually impossible to predict. We can, however, do something to reduce risks and our challenge as planners is to determine the best points for intervention in order to interrupt the various pathways to suicide.

A summary of risk and protective factors

Even though it does not represent an exhaustive list, Table 1 provides a summary of some of the most well-established risk and protective factors that are relevant to Aboriginal youth. The table is organized by the following key categories: individual, family, peers, school, community, and culture. For a more detailed and in-depth discussion of the specific risk and protective factors that have been found to be most strongly associated with suicidal behaviour among Aboriginal youth, please refer to Appendix A.

Being aware of the risk and protective factors linked to suicide amongst Aboriginal youth is an important first step towards the development of a successful suicide prevention strategy. As such, prevention programs should aim at either reducing the influence of one or more risk factors or enhancing the positive contributions of one or more protective factors. Depending on whether we want to reduce or increase a particular factor's

occurrence or effects, each of the factors listed in Table 1 can serve to suggest a specific course of action or strategy for prevention. For example, using some of the information provided in Table 1, we should be able to determine that each of the following would be good strategies to undertake in the prevention of suicide amongst Aboriginal youth:

- reduce depression in young people
- reduce substance abuse in individuals and families
- reduce child neglect and abuse
- reduce the negative impact of a peer's suicide
- improve problem-solving skills among young people
- improve parenting skills and strengthen families
- reduce sensational public communications about suicide
- increase the capacity of communities to be self-determining

Interestingly, a recent American study amongst Aboriginal youth who have attempted suicide found that increasing protective factors was more effective at reducing the probability of a suicide attempt than was decreasing risk factors. This led the investigators to conclude that preventive efforts should include the promotion of protective factors in the lives of all youth.

Since we know that no one single solution exists, we must work towards developing a comprehensive approach to preventing youth suicide and suicidal behaviour that incorporates these key factors in the most efficient, coordinated and systematic manner possible. We also have to concentrate on developing strategies in those areas that are the most modifiable. For example, while we can't change the fact that a person has a history of suicidal behaviour, we can focus on teaching him or her more adaptive coping and problem solving strategies for use in the future.

TABLE 1

STAGE-SETTING FACTORS	CONTRIBUTING FACTORS	TRIGGER FACTORS	PROTECTIVE FACTORS
<p>Individual</p> <ul style="list-style-type: none"> previous history of a suicide attempt depression/psychiatric disorder prolonged or unresolved grief 	<ul style="list-style-type: none"> rigid cognitive style poor coping skills alcohol and substance abuse sexual orientation being ‘two-spirited’ impulsivity hypersensitivity low self-esteem self perception of poor general health conflict with the law 	<ul style="list-style-type: none"> personal failure humiliation individual trauma developmental crisis 	<ul style="list-style-type: none"> good physical and mental health creative problem-solving personal autonomy previous experience with self-mastery optimistic outlook sense of humour strong spiritual or religious faith
<p>Family</p> <ul style="list-style-type: none"> family history of suicidal behaviour/death by suicide family violence/abuse family history of mental health problems early childhood loss/separation 	<ul style="list-style-type: none"> substance abuse within family family instability ongoing conflict 	<ul style="list-style-type: none"> loss of significant family member death, especially by suicide 	<ul style="list-style-type: none"> family relationships characterized by warmth and belonging adults modelling healthy lifestyle realistic expectations
<p>Peers</p> <ul style="list-style-type: none"> social isolation and alienation 	<ul style="list-style-type: none"> negative youth attitudes towards seeking adult assistance peer modelling of maladaptive behaviours 	<ul style="list-style-type: none"> teasing/cruelty interpersonal loss rejection bullying death, especially by suicide 	<ul style="list-style-type: none"> interpersonal competence healthy peer modelling acceptance and support
<p>School</p> <ul style="list-style-type: none"> social isolation and alienation 	<ul style="list-style-type: none"> negative youth attitudes towards seeking adult assistance peer modelling of maladaptive behaviours 	<ul style="list-style-type: none"> teasing/cruelty interpersonal loss rejection bullying death, especially by suicide 	<ul style="list-style-type: none"> interpersonal competence healthy peer modelling acceptance and support
<p>Community</p> <ul style="list-style-type: none"> community “legacy” of suicides community marginalization political disempowerment economic deprivation, unemployment isolated geographic location lack of proper housing conditions 	<ul style="list-style-type: none"> sensational media portrayal of suicide access to firearms or other lethal methods 	<ul style="list-style-type: none"> high profile/celebrity death, especially by suicide conflict with the law/incarceration 	<ul style="list-style-type: none"> opportunities for participation evidence of hope for the future community self-determination and solidarity availability of resources
<p>Culture</p> <ul style="list-style-type: none"> breakdown of cultural values and belief systems loss of control over land and living conditions 	<ul style="list-style-type: none"> negative attitude of the non-Aboriginal population 		<ul style="list-style-type: none"> strong traditional culture

**Development
of
strategies**

Too often, strategies for preventing youth suicide are developed without being grounded in the existing knowledge base. For example, suicide prevention programs often get developed “reactively” or in response to a particular tragedy. Sometimes nothing more than gut-instinct and good intentions drive suicide prevention program planning. Complicating matters even further, the term “prevention” is applied to everything from early childhood education to crisis intervention to postvention (intervening with groups of individuals who have recently been exposed to a suicide).

One of the primary aims of this chapter is to outline a systematic theory-guided approach to the task of youth suicide prevention that recognizes and underscores the importance of “before-the-fact,” suicide *risk* prevention efforts, including mental health promotion and early intervention.

At a very basic level, we can organize approaches-which have historically all been called “suicide prevention”-according to:

- those that are designed to achieve an effect “before-the-fact”
- those that are designed to be implemented “after-the-fact”

The “fact” in this case is the identification or development of suicidal behaviour, including significant levels of suicide ideation (thoughts about suicide), overt threats, attempts at suicide and other deliberate self-harming behaviours.

It’s a continuum

In reality, risk levels for suicide tend to exist along a continuum from none to high and Table 2 illustrates how we might consider our prevention and intervention strategies based on levels of risk, using the broad categories of “before-the-fact” (suicide *risk* prevention) and “after-the-fact” (death prevention).

By describing the timing (when), primary target group (who), scope (how broad), key factors of influence and types of interventions to be used (what), Table 2 also serves to show how we can use such a framework to bring more focused intention to the development of our suicide prevention approaches and strategies.

Before moving on to a more detailed discussion about the various “before-the-fact” approaches, a few words about the relationship between prevention and treatment are in order.

TABLE 2

	Before-the-fact*	After-the-fact
Primary Target Group	Populations and Groups	Individuals at Identifiable Risk
Level of Suicide Risk	Groups at Early Risk	Individuals at High Risk
	Low Risk	Acute (high) Risk
Scope of Intervention	None	Medium Risk
	Broad focus on risk and protective factors	Narrow focus on preventing imminent self-harm/death
Type of Intervention	Mental health promotion	Treatment
	Early intervention	Crisis intervention
Key Factors of Influence	Protective factors	Trigger factors
	Stage-setting and Contributing factors	
Promising Strategies	<ul style="list-style-type: none"> Cultural enhancement Community development Peer helping Youth leadership School climate improvement Self-esteem building Life skills training Family support 	<ul style="list-style-type: none"> Individual assessment/treatment Family therapy Clinical training Case management
Intermediate Indicators of Progress	<ul style="list-style-type: none"> Traditional healing practices Interagency communication and coordination Community gatekeeper training Public communication and reporting guidelines Means restriction School gatekeeper training School policy Suicide awareness education Support groups for youth Increased personal competencies among all youth Increased ability to detect and refer youth at-risk Increased capacity and responsiveness to deal with youth at-risk among families, schools and communities Reduced access to lethal means 	<ul style="list-style-type: none"> 24 hour crisis response services Hospital in-patient programs Drug interventions Increased coping ability among those receiving help Reduced individual risk for imminent self-harm or death by suicide Increased ability to manage future crises and increased willingness to reach out among those who received help
Ultimate Outcome	Reduced suicides and suicide behavior	

* This Manual only deals with the “Before-the-fact” suicide prevention issues

Prevention and treatment

These two concepts, prevention and treatment, often become improperly cast as oppositions or competing thrusts. In reality, these two approaches to youth suicide both play a crucial role and they must always be working in partnership. Reducing the rates of suicide and self-harm among youth requires the coordinated efforts of both the broad-based prevention system (before-the-fact interventions) and the more specialized, individually-focused treatment system (after-the-fact interventions).

Without effective prevention efforts, the treatment system (including counselling services, mental health centres, and hospitals) would become even more overwhelmed than it already is, and would be faced with trying to respond to higher levels of distress and disturbance among greater numbers of individuals. With effective prevention efforts in place, it is more likely that those who truly require the more intensive clinical efforts will be able to access the services they need in a more timely fashion.

**A focus on
“before-the-fact”
approaches**

For the purposes of this manual, “before-the-fact” approaches to youth suicide prevention will be our primary focal point. The following concepts will be used to describe various “before-the-fact” approaches:

Mental health promotion. Interventions targeting the entire population, designed to improve personal well-being through strategies aimed at increasing personal strengths or system-focused interventions (like those directed at schools or communities) aimed at increasing social support and belonging.

Early intervention. Interventions targeting groups of young people who are exhibiting signs of early risk to suicide and suicidal behaviour, but where a specific risk for suicide has not yet been identified; designed to reduce the levels of early risk and promote healthy functioning through specific skill-building or social and environmental enhancements; may also include efforts to improve the response capacity of various helping systems.

**Pulling it
all together**

The various approaches to youth suicide prevention described above can be understood to correspond (in a very general sense) with the various types of risk and protective factors identified earlier. See Figure 5 for a diagram of this relationship.



At its simplest, we are engaged in mental health promotion when we are trying to increase the protective factors of a population. We are engaged in early intervention efforts when we have identified groups-at-early-risk (for suicide) to receive specific skill-building sessions. When we intervene with an individual at extreme risk for self-harm, our approach becomes crisis intervention. When we refer a student who has a clinically significant level of suicide ideation to receive follow-up counselling, we have entered the domain of treatment.

To summarize, a comprehensive approach to youth suicide prevention is best and actions should be undertaken across multiple contexts, reflecting the coordinated efforts of broad prevention strategies and more individually-focused clinical approaches. What has been outlined here is a roadmap of sorts that should help us to become more focused and purposeful in our aims, serving as an important point of reference for those who are developing comprehensive youth suicide prevention plans.

Best practices strategies to follow...

The next section of this manual (Chapter 4) lists 17 promising suicide prevention strategies for Aboriginal youth that are distinctly “before-the-fact” in their focus. Every effort is made to show how the strategies link back to this model as a way of making sure that our efforts are well-grounded in sound theory.

**Suggested
reading**

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Chapter 4: Strategies in Suicide Prevention Amongst Aboriginal Youth

How did we decide what strategies to include in this manual?

The purpose of the manual is to assist you in the development of successful youth suicide prevention programs in your own community. In order to help you accomplish this, the chapter recommends a total of 17 promising youth suicide prevention strategies. For the purpose of this manual, we define promising as *those activities and programs that have the best chance of having a positive impact on youth suicide and suicidal behaviour, based on the best available evidence*. This means that, based on our existing knowledge, the strategies presented in this manual have either been proven to work or are showing significant promise and give us reason to expect a positive impact on suicide behaviours amongst Aboriginal youth.

In order to be defined as a promising strategy and recommended for inclusion in this manual, we needed to be confident that each strategy had reasonable potential to reduce suicide and suicidal behaviours amongst Aboriginal youth. The following process was adopted in order to identify the *promising* strategies:

1. Review of outcome-based evaluative research studies, specific to Aboriginal populations, as well as other studies which may have less scientific certainty but nevertheless strongly suggest a positive effect.
2. Review of two documents that have already reviewed the nature of the evidence and have recommended a number of youth suicide prevention strategies.
 - a) The first document, *Before-the-fact interventions: A manual of best practices in youth suicide prevention*, by White and Jodoin (1998), was produced by the Suicide Prevention Information and Resource Centre of British Columbia. This document reviews the evidence in the field of suicide prevention in the general youth population and presents a total of 15 youth suicide prevention strategies.
 - b) The second document, *Suicide prevention and mental health promotion in First Nations and Inuit communities* by Kirmayer, L.J., Boothroyd, L.J., Laliberté, A., & Laronde Simpson, B. (1999), was produced by the Institute of Community & Family Psychiatry - Culture and Mental Health Research Unit (Montreal, Quebec). This report sets out a rationale and guidelines for suicide prevention and mental health promotion programs that are likely to be effective in the First Nations and Inuit communities of Quebec. The report highlights a total of 24 strategies for primary prevention, intervention, and postvention. The recommendations are based on a systematic review of 29 school-based and community-based suicide prevention and mental health promotion programs developed for or potentially applicable to Aboriginal populations.

3. Interviews with numerous Canadian experts working in the field of suicide prevention in Aboriginal contexts.

The nature of the evidence

While the strategies included in this chapter are considered promising, we need to mention a few words about the nature of the available evidence in the suicide prevention field. The science of suicide prevention (i.e. “finding out what really works” in suicide prevention) is not very exact. First, it remains difficult for researchers to determine without a doubt that a certain approach works to reduce suicides and suicidal behaviour, simply because the problem of suicide is so complex and multi-determined. This is in contrast to other areas of medical research where researchers often have far greater control over the variables they are studying, for example, comparing the effectiveness of one medication to another. Second, evaluation studies have been relatively few in number and most of these have been undertaken with the mainstream population. We clearly need to continue to increase our knowledge base about which suicide prevention efforts work best with Canadian Aboriginal populations, which will enable us to feel even more confident about which strategies to recommend in the future.

Having said that, we have to be careful not to interpret this lack of certainty as a negative finding, as it results primarily from a lack of well-designed evaluation studies and not from studies that conclude no effect. Given the seriousness of the problem of suicide amongst Aboriginal youth, we cannot afford to wait until all of the evidence has been conclusively established before we proceed. We must act now and we need to act in the context of “the real world” which is constantly changing and lacks elements of predictability and control - conditions which are often necessary for establishing firm scientific truths. So while the nature of the evidence regarding the effectiveness of suicide prevention strategies is by no means certain, there is a clear foundation of knowledge from which we can and should proceed.

What are the strategies?

The remainder of the chapter will provide you with practical information on 17 youth suicide prevention strategies that have been proven to work or that are showing significant promise. However, before you move on, let us begin by explaining how we have organized the strategies. The strategies have been divided into four groups (community renewal strategies; community education strategies; school strategies; and youth/family strategies) to reflect the specific context in which they are designed to be implemented.

Community renewal strategies

- Cultural enhancement
- Traditional healing practices
- Community development
- Interagency communication and coordination

Community education strategies

- Peer helping
- Youth leadership
- Community gatekeeper training
- Public communication and reporting guidelines
- Means restriction

School strategies

- School gatekeeper training
- School policy
- School climate improvement

Youth/family strategies

- Self-esteem building
- Life skills training
- Suicide awareness education
- Family support
- Support groups for youth

We recognize that school-based strategies cannot always reach all youth because of dropout and attendance problems experienced by some communities. It is therefore important for a community to develop and implement efforts in each of the three areas (community, school, and youth/family) simultaneously in order to reach as many youth as possible and have the most impact. However, given the reality of limited resources, strategies may need to be developed and undertaken more slowly, with an aim towards building them up over time.

As a first step, we recommend that you familiarize yourself with each strategy and then read Chapter 5, *A community-wide approach to suicide prevention*, in order to make an

How are the strategies presented?

informed decision as to which strategies will best meet the specific needs of your own community.

Each strategy has been described as thoroughly as possible within the space limitations of this manual. For each recommended strategy, you will find some theory and background, a summary of relevant research and evaluation findings, tips on how to optimize implementation success, as well as suggestions on how to monitor your progress.

We are confident that enough information has been provided about each strategy to allow you to organize and facilitate a comprehensive youth suicide prevention effort that includes several of the promising strategies. You may, however, find that you will need to gather additional information about a particular strategy as you move towards its implementation.

For each strategy, we answer the following questions:

- What is the strategy all about?
- Why should we implement the strategy?
- How do we know that the strategy holds promise?
- How do we set up for success?
- How will we know if the strategy is making a difference?
- Are there any concerns associated with the strategy?

In addition, look for sections entitled *A place to start* and *In our own backyard*. *A place to start* provides additional information on publications, curricula, resources, workshops, or organizations that can assist you in the implementation of the strategies. Every effort was made to include Canadian resources that were developed for or adapted to Aboriginal youth. *In our own backyard* describes suicide prevention programs that are currently being implemented with Aboriginal youth and which are representative of the great work being done across Canada by Aboriginal groups and communities.

Community Renewal Strategies

Cultural Enhancement



What is cultural enhancement?

The strategy of cultural enhancement includes all efforts at revitalizing and sharing Aboriginal culture and traditions with today's youth. The overall aim of the strategy is to strengthen the cultural identity of adolescents in order to provide them with a feeling of security, a sense of belonging, and hope for the future. This cultural approach starts from the belief that reacquainting youth with their Aboriginal identity will provide them with strong personal resources that will benefit them intellectually, physically, emotionally and spiritually.

In the context of suicide prevention, this approach aims at minimizing the impact of certain known risk factors for suicide including: breakdown of cultural values and belief systems; loss of cultural identity; and the negative attitudes of the non-Aboriginal culture. In addition, the strategy focuses on enhancing a number of factors that are known to protect children and adolescents against suicidal tendencies. These include a strong sense of the value and meaning of life, a sense of belonging, and self-esteem.

Goals

More specifically, the goals of culture-enhancing programs are to:

- share elements of Aboriginal culture and traditions that may have been lost to the new generation
- enhance personal resources of youth such as a sense of well-being, belonging, security, identity, and self-esteem
- provide youth with alternative options that they can rely on when in need
- facilitate the development of meaningful relationships between youth and the older generation
- help children and youth bridge the gap between Aboriginal culture and its non-Aboriginal counterpart

Target population

Culture-enhancing programs are directed towards ALL youth and the communities in which they live.

Brief description

There is a wide range of culture-enhancing initiatives that can have either a direct or more indirect impact on youth's well-being. Some efforts are aimed directly at youth (e.g. participation in a wilderness camping trip) while others are pursued as part of other broader social and political agendas (e.g. securing land claims or seeking self-government). Whether targeting youth themselves or the environment in which they live, culture-enhancing initiatives help to develop a strong collective identity and sense of belonging by instilling pride in heritage and traditions and offering a healthy

identification with one's own culture as a distinct and viable way of life for individuals, families, and communities.

Here is a short list of examples of initiatives often implemented in communities:

- transmitting traditional skills through camping on the land (hunting, trapping, fishing, tepee-making)
- pairing youth with Elders
- offering Aboriginal language and history courses
- teaching traditional arts and crafts
- transmitting the traditions and teachings of the Elders
- forming youth drumming and dance groups
- organizing regular ceremonies and feasts

Why should we encourage cultural enhancement?

Aboriginal youth have lost contact with their roots

For many historical reasons, young Aboriginal people are increasingly growing up without the knowledge and wisdom of their own heritage. They are losing contact not only with their traditions and rituals, but with an entire lifestyle. As a result, there is now what many call a “growing generation gap” between youth and Elders, and the failure to pass on Aboriginal wisdom and traditions to younger generations has resulted in an inadequate cultural grounding for many adolescents. In addition, Aboriginal youth may not feel comfortable with the non-Aboriginal culture and end up feeling caught between two cultures while being unable to find satisfaction in either. Elders have said that the emptiness felt by today's Aboriginal youth can only be filled by what is naturally their own. That is why the traditional values which guided the Aboriginal ancestors should be restored, transmitted, and honoured by Aboriginal youth and adults alike.

There is an opportunity to draw on the strengths of Aboriginal peoples

Canada's Aboriginal people have experienced a long and often damaging history of interaction with the non-Aboriginal culture, and yet they have survived. This testifies to the strength and resilience of the Aboriginal culture and its people. Unfortunately, programs for Aboriginal youth are too often designed in an effort to compensate for deficiencies, most of which are defined in the eyes of the non-Aboriginal culture. This type of “deficit model” cannot foster understanding or enhancement of the obvious strengths of the Aboriginal culture. There is an opportunity to utilize these strengths to nurture the youth of the next generation.

Culture-enhancing programs can impact on known risk and protective factors for suicide

It is becoming more and more evident that cultural identity is an important factor in the lives of Aboriginal youth. Research has shown that the alienation from culture and community represents an important risk factor for suicide among Aboriginal youth. The breakdown in the transmission of cultural traditions appears to contribute substantially to the widespread demoralization and hopelessness of youth. On the other hand, research

has also shown that a high sense of cultural identity acts as a protective factor against suicide. Strong community traditions, customs, religious ceremonies and traditional healing provide adolescents with a feeling of security, a sense of belonging, and hope for the future. Unfortunately, security and belonging are feelings that some Aboriginal youth have never or rarely experienced. There is therefore a role for culture-enhancing programs to counteract the negative impact of certain risk factors while enhancing the positive power of protective factors.

Youth want to reconnect with their traditional ways

Youth are demanding to reconnect with their cultural heritage and traditional values as a buffer against suicide. Aboriginal youth who presented in front of the 1995 Royal Commission on Aboriginal Peoples clearly and consistently indicated that rediscovering their cultures and traditions is of great potential significance to them in their struggle to grow up feeling whole. As a group, they asked for the opportunity to reassemble the fragments of their heritage as Aboriginal people. Similarly, Aboriginal youth participating in a number of suicide prevention conferences held in recent years have stressed the need to revive cultural practices and beliefs and recommended that opportunities be provided for youth to learn traditional knowledge, traditional spirituality and land-based skills.

Does cultural enhancement work?

Although there is not, to date, any evaluative research clearly demonstrating a decrease in youth suicide following the implementation of culture-enhancing programs, there is enough indirect evidence to suggest that this strategy has great potential for success.

Cultural enhancement has been shown to help suicidal youth

A recent study investigating what type of strategies had helped a group of 25 Aboriginal youth from British Columbia recover from suicidal tendencies found that connecting with culture and tradition was one of the most successful healing strategies for these young people. Youth who participated in the study mentioned that connecting to First Nations culture and tradition had led to empowerment, pride, purpose, and meaning, and had strongly contributed to their healing from suicidal ideation.

Research found a link between cultural identity and suicide

Research has found a potentially powerful link between positive cultural identity and low rates of suicides in Canadian Aboriginal communities. A different study from British Columbia found that the extent to which communities are actively engaged in a process of rebuilding or maintaining their cultural continuity is directly related to the rate of suicide of that community. As such, Aboriginal communities that have taken active steps to preserve and rehabilitate their own cultures are shown to be those in which youth suicide rates are lowest. The opposite is true of those Aboriginal communities that have not embarked on a process of restoring their own cultural identity.

The researchers of that study concluded that rehabilitation of culture at the community level seems to have an impact on the rates of youth suicide, suggesting that the target of suicide prevention programs should be cultural in character. There is a lot to be said about a strategy that approaches the problem of suicide indirectly by working on the rehabilitation of the cultural background of the community and having youth reconnect with their cultural history.

Experts recommend this strategy

A number of experts in the field of Aboriginal suicide prevention have recommended this strategy. In addition, this strategy was endorsed by the 1995 Royal Commission on Aboriginal Peoples. After carefully looking over studies and case studies, the Commission tried to identify initiatives that appeared most promising for suicide prevention. On the issue of cultural transmission, the Commission concluded that there was evidence that enhancing cultural knowledge, cultural identity and pride in roots and heritage have positive effects for youth. In their National Action Plan for Suicide Prevention, Australia has also endorsed this strategy in order to reduce the problem of Aboriginal suicides.

**Setting up for
success**

Unlike peer helping, life skills training, and suicide awareness education, the strategy of cultural transmission is not well defined in terms of how it should be structured or the type of information that should be transmitted to the audience in order to facilitate effectiveness. However, there are a number of issues to keep in mind when setting up a cultural-enhancement program.

1. Reach a consensus as to the focus of your program

As mentioned earlier, there are a number of different ways to foster positive culture among Aboriginal youth. On the one hand, you may decide to embark on a community-wide journey towards cultural rehabilitation or you may begin on a smaller scale by offering cultural activities for groups of children and adolescents. The right approach for your group will take into consideration the particular history of your community and its people, where the community stands in terms of cultural self-determination, what currently exists in terms of cultural activities, and what community members feel is most important to share with their young people.

2. Involve Elders

The literature overwhelmingly emphasizes that efforts at sharing or transmitting cultural traditions with youth should be led by or include Elders. Elders have an important role in passing on their life experiences, skills, oral traditions and histories, as well as traditional values. Joining Elders and youth serves to provide young people with more insight into traditional ways, while bridging the generation gap.

How will we know if we're making a difference?

3. Involve youth

Young people themselves should be involved in the process of developing a program aimed at transmitting and revitalizing a community's cultural heritage. When asked, youth can share their particular interests with respect to their culture and what they would like to learn about. Their suggestions should be taken into consideration by program planners.

You will know that your cultural enhancement program is making a difference if you can answer yes to questions listed in the table below under the headings *short-term*, *medium-term*, and *long-term indicators*. Please note that in order to detect changes over time we typically need to make a long-term commitment to the overall evaluation process. In other words, measuring success is not something you do at a single point in time and then forget about. The timelines that are included below are only guidelines, but they should give you a good sense about the need to measure the impact of our interventions at several points in time following the initial implementation of the strategy.

Short-term indicators: Short-term indicators are changes that the strategy itself is designed to produce and are usually measured right after, or up to two months following, the implementation of a program. Depending on the type of program being developed, short-term indicators can be measured using quantitative methods (e.g. pre-and-post tests measuring changes in skills or knowledge) or qualitative methods (e.g. interviews or focus groups designed to assess attitudes, opinions, and satisfaction).

Medium-term indicators: Medium-term indicators of success capture changes that you might expect further down the road and are usually measured three to six months after the implementation of a program. Medium-term indicators can be measured using methods such as surveys, questionnaires, interviews, or observations that look at changes in well-being, attitudes, or behaviours in young people or other groups/social environments targeted by the program.

Long-term indicators: Long-term indicators of success measure the ultimate goal of a program (usually a reduction in suicide and suicidal behaviours among youth) and are usually measured on an annual basis, starting two to five years following the implementation of a program.

Keep in mind that the indicators listed in the table below represent examples only and we invite you and your group to develop indicators that are in line with the specific goals and activities of your own cultural enhancement program. As the strategy of cultural enhancement may not easily lend itself to traditional evaluation methods, nor to the use of 'typical' quantitative methods for measuring success, we invite you to be especially creative when choosing indicators and finding ways to measure the strategy's effectiveness. Identifying relevant indicators of success for your own program (and the methods by which these will be measured or monitored) represents one of the most

important steps of your overall evaluation plan (see the section *Evaluate your community-wide suicide prevention efforts* in chapter 5).

Methods
to evaluate

	Ask a Key Evaluation Question	Measure the Success
SHORT TERM *	Are young people interested in participating in the activities sponsored by the program?	➤ measure the general interest generated by the program and the number of youth who get involved
	Are young people participating in the program satisfied with the activities of the program and their overall experience with the program?	➤ record participant satisfaction/feedback with the various components of the program
	Are participating youth gaining knowledge and/or skills related to their cultural traditions, language, or any other skills the program is designed to teach?	➤ measure gains in knowledge and/or skills by observing participating youth or by talking with them about what they have learned and the skills they have gained. If the program lends itself to a more formal approach, measure knowledge and skills before and after participation in the program and compare results to determine whether participation in program activities has had an impact.
MEDIUM TERM **	Are young people participating in the program feeling enhanced pride and respect with respect to their heritage and culture as well as an increased sense of identity and belonging with the Aboriginal ways?	➤ invite young people to share how participation in the program has affected their sense of pride, respect, and belonging with respect to the Aboriginal ways and culture
	Are young people participating in the program showing improvements in well-being and self-esteem?	➤ measure well-being and self-esteem in youth who have participated or continue to participate in the program
LONG TERM ***	Are suicide and suicidal behaviours among youth decreasing?	➤ measure the number of deaths by suicide and attempted suicides in the community and compare to previous statistics

* **Short-term** (measured immediately to 2 months following program implementation)

** **Medium-term** (measured 3 to 6 months following program implementation)

*** **Long-term** (measured 2 to 5 years following program implementation)



**Cultural Teachings
of the
Gathering Circle**

Location: Gathering Circle
209 Regina Avenue
Thunder Bay, Ontario
P7B 5B4
Telephone: (807) 766-8323
Fax: (807) 767-4895
E-mail: sweat@tbaytel.net

Contact person: Leonard Bananish, Chairperson

Program description: The Gathering Circle began in the mid-1980's as an informal group formed to provide the sense of community that many Aboriginal people miss when they move from small reserves to the city. Now a registered nonprofit society, the Gathering Circle operates to foster appreciation of and participation in Aboriginal culture, language, and spirituality and to promote the healing process by sharing unresolved grief and abuse issues in a supportive and confidential environment. The organization organizes several activities including sharing circles, cross cultural workshops, Aboriginal ceremonies, cultural event sponsorships, and youth scholarships.

The Gathering Circle is committed to the issue of suicide prevention amongst Aboriginal youth and its members started a cultural suicide prevention program in 1995. The cultural teachings program of the Gathering Circle uses Elders to educate youth in Aboriginal cultural values, traditions, and spirituality in order to create self-respect and strengthen the self-identity of youth. The foundation of the program is the wisdom of Elders, who are knowledgeable in traditional teachings such as: role of smudging, protocol when approaching elders, significance of sacred items, ceremonies and rituals, code of ethics, and the seven Fire Teachings. Through cultural teachings, youth are shown how to develop a better outlook in life, recognize their own gifts, and appreciate themselves.

When invited by a community, an Elder and a member of the Gathering Circle Board will travel to speak and perform ceremonies for groups of youth or, at times, for youth on an individual basis. Youth participating in the presentations may or may not be at-risk for suicidal behaviors. The program serves 10 neighbouring Aboriginal communities (up to 200 kms away from Thunder Bay). On average, the program will travel to each community approximately 3 times a year. The program draws from a pool of approximately 7 Elders who do not live in the communities served by the program.

Target groups: Children and teenagers from 5 to 18 years old.

Partners involved: The Gathering Circle.

Years in operation: The program has been in operation since 1995.

Program costs: Travelling expenses represent the main costs of the program. The Elders are all volunteers.

Resources: Financial resources to cover the travelling costs are generated mainly through local fund raising activities (e.g. bake sales) and through the donations of local agencies.

Evaluation findings: The program has not been formally evaluated. Informally, success has been demonstrated by the popularity of the program and the positive feedback of participating youth.

Advice to others interested in starting this type of program: The President of the Gathering Circle recommends that the Elders participating in the program should be healthy (in body and spirit) and free from political ties.

Available reports and materials: Materials about the Gathering Circle organization as well as the cultural teachings program are available to interested individuals and groups.



A Place to Start

Programs

Junior Canadian Rangers

The Junior Canadian Ranger Program is a youth program for boys and girls between the ages of 12 and 18 who live in remote and isolated communities of Canada, mostly north of 60 degrees and on the coasts. There are currently over 2,000 Junior Canadian Rangers in 79 remote and isolated communities across Canada. Under the supervision of the Canadian Rangers, the aim of the program is to promote traditional cultures and lifestyles by offering a variety of structured activities to young people. Junior Canadian Rangers participate in a variety of activities, including those that focus on Ranger skills, Traditional skills and Life skills. Sixty percent of the program is optional and left to the community's discretion, while forty percent (the Ranger skills component) is mandated by the Canadian Forces. All the activities help to preserve the culture, traditions and customs of the local community and foster good citizenship, community responsibility, personal health and welfare, and increased self-esteem in participants. Some of the Junior Ranger activities include: hunting, fishing and living off the land; building sleds, small boats, canoes and igloos; and learning about Aboriginal spirituality, local dialects, traditional music, singing, and dancing.

Junior Canadian Rangers are taught by qualified Canadian Ranger Instructors with the assistance of adult volunteers such as local band members or council elders (for instruction in traditional and cultural activities). The Junior Canadian Ranger Program is funded by the Department of National Defence (DND) in conjunction with Human Resources Development Canada (HRDC). Junior Canadian Rangers also benefit from additional funding and support from other levels of government and private corporations. Each Junior Canadian Ranger patrol is overseen by a local Adult Committee, which is formed of eight community members. Normally the Adult Committee is made up of respected members of the community like the tribal council elder, the mayor, the local RCMP officer, social workers or teachers, who can bring their professional experience and background to bear on the workings of the JCR Program. Interested communities must request the formation of a Junior Canadian Ranger patrol program and prove to the Department of National Defence that sufficient local interest and support exists to sustain the program in the community. For more information, contact the national office:

Canadian Ranger/Junior Canadian Ranger Coordination
Cell 101 Colonel By Drive
Ottawa, ON
K1A 0K2
Fax (613) 992-8956
E-mail: lauzon.mdn@forces.ca
Web site: www.rangers.forces.ca

Aboriginal Shield Program

The Aboriginal Shield Program is a substance abuse prevention program, developed specifically for Aboriginal youth, which is based on the benefits of cultural enhancement. The program was designed by the NECHI Institute and the RCMP Drug Awareness Program to supplement existing substance abuse programs and school curriculums. It is supported by the NECHI Institute, RCMP Aboriginal Policing Branch, Solicitor General of Canada, PACE (Police Assisting Community Education), Alberta Alcohol and Drug Abuse Commission, and Health Canada.

The Aboriginal Shield Program helps youth feel pride in their heritage by helping them identify with the traditions and spiritual teachings of their Aboriginal culture. It also focuses on the positive aspects of building strong healthy relationships within the context of the traditional Aboriginal community. Finally, the program helps make choices about the dangers of drugs, smoking, impaired driving, and inhalants.

The course is delivered by community police officers who are culturally sensitive and aware of the holistic nature of the program.

For more information, contact:

National Coordinator
Drug Awareness Service
1200 Vanier Parkway
Ottawa, Ontario
K1A 0R2
Telephone: (613) 993-2501

**Suggested
reading**

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Nishnawbe-Aski Nation Youth Forum on Suicide (1996). *Horizons of hope: An empowering journey*. Thunder Bay, ON: Nishnawbe-Aski Nation.

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Community Renewal Strategies

Traditional Healing Practices



What is the strategy of traditional healing practices?

For the purposes of this manual, traditional healing practices include approaches, grounded in Aboriginal culture and history, which assist individuals in moving towards a state of mental well-being. On the other hand, healing efforts which target a whole community, whereby community members come together to solve common problems and move towards positive developments, are thought of as community development. Community development as a suicide prevention strategy is described later in this chapter.

Traditional healing practices can assist Aboriginal children, adolescents, as well as their families deal with various negative life events or circumstances (suicide-related or not). The process of healing is important as we know that certain losses (e.g. having a friend or family member attempting or completing suicide) can have a negative impact on suicide risk. The strategy of healing also aims to enhance a number of factors that protect against suicide (e.g. good emotional health).

Goals

The overall goals of traditional healing practices as a suicide prevention strategy are as follows:

- reconnect youth with traditional healing practices
- teach young people to recognize unhealthy coping strategies such as alcohol, drugs and violence and replace them with positive healing strategies
- support youth in their journey of grief
- promote emotional and psychological health

Target population

In the context of this manual, healing as a general suicide prevention strategy is aimed at all youth, and yet more specific healing strategies are often designed to reach youth who are known to be vulnerable, as well as their family members.

Brief description

Healing, as it is understood in this manual, is a guided and dynamic process which involves working on enhancing all aspects of one's life including the physical, emotional, psychological, and spiritual aspects. It requires individuals to search within themselves to recognize and address the underlying causes of their problems. This process of coming into "balance" or "wholeness" is truly a spiritual process, or a process in which the return to traditional spiritual beliefs and practices becomes an integral part of healing.

How a community approaches the strategy of healing usually depends on the particular circumstances and needs of the youth (or adults) and the level of expertise within the community. Community-based healing initiatives can be short-term (e.g. organizing a one-time healing workshop or ceremony) but usually go on for several months or years. Initiatives are often led by Elders or other natural healers, but can also be facilitated by knowledgeable mental health professionals. Traditional healing practices are central to this strategy and include the use of sweat lodges, healing or talking circles, pipe ceremonies, naming ceremonies, clan dances, sun-dances, drama, art therapy, and other specific herbal or spiritual treatments. The teachings of the medicine wheel that focus on the balance of the emotional, physical, intellectual and spiritual are also used, in some communities, as a teaching tool for healing.

The healing movement

Recently, a strong healing movement has swept Canadian and American Aboriginal populations. Traditional healing practices are being used more and more to mend wounds and promote the spiritual, emotional, mental, and physical well-being of Aboriginal individuals. Countless communities are turning to holistic and community-based healing initiatives to support the healing efforts of their residents. In addition, several healing centres have been established across Canada.

Healing centres or lodges usually offer traditional healing approaches for the treatment of sexual assault, physical abuse, addictions, and family dysfunction. These centres usually promote traditional Aboriginal values and beliefs so as to encourage and foster healing. Some of these centres focus specifically on addictions or other problems affecting youth. A continuum of care from prevention to aftercare is usually available for individuals and families on a residential or outpatient basis. In addition, education and community outreach initiatives are often integrated into programming.

Why should we provide opportunities for healing?

Aboriginal youth face significant issues

Growing up Aboriginal is not always easy. Living conditions are often poor and prospects for the future are few. In addition, Aboriginal young people are often faced with negative life events that can cause a real sense of grief and sadness. If left unresolved, these negative circumstances can lead to difficulty coping and life-threatening behaviours like alcohol and drug abuse. Examples of such difficult circumstances include the loss of a

family member or friend to suicide or accidental death, physical or sexual abuse, and living with chronic family dysfunction.

There is a link between losing someone to suicide and suicide risk

Although the process of healing is important following any type of trauma or loss, it is of foremost importance for youth who have lost a loved one to suicide or violent death. Being exposed to the suicidal behaviours of others is believed to have a powerful and potentially contagious effect on adolescents. This is seen, for example, in “cluster suicides” where identification with the deceased and unresolved bereavement or grief can lead teenagers who are impressionable and vulnerable to follow suit. The loss of friends or family members by violent death is also more likely to lead to complicated grief reactions and increase the risk of subsequent suicide.

A recent study found that the most powerful risk factor for a past suicide attempt among American Indian and Alaska Native male and female youth was having a friend who attempted or died by suicide. The study also found that having a family member who attempted or died by suicide was another significant risk factor for a past suicide attempt among both male and female adolescents. Similarly, the Suicide Bereavement Program of the Sioux Lookout Zone (Nishnawbe-Aski Nation) found that over 50% of the deaths by suicide and suicide attempts in that region were made by survivors of suicide, either immediate family or friends.

The high incidence rates of suicides and violent deaths in many Aboriginal communities mean that a large number of youth are experiencing firsthand the pain of suicide, if not in their family or in their community, then in a neighbouring village. It is therefore important that these young people be adequately supported in their own grieving and healing process.

People surrounding young people also need healing

Often, the people surrounding youth are themselves suffering from unresolved grief and the unhealthy behaviors of these people will in turn impact negatively on the youth. Many feel that historical trauma may be at the source of the deep sense of grief and loss felt by many Aboriginal people. This type of trauma is the result of decades of imposed changes and losses suffered at the hands of various Canadian institutions. These losses are so profound and have impacted so many people that they have led to entire communities being unable to create the type of social, economic, political and cultural context which nurtures individual and family health and promotes collective well-being. Elders say that the spirit of the people needs to be healed and many feel that this can only be done through the use of traditional healing practices.

Grieving and healing are important steps towards emotional and psychological health. The need for healing exists when people have lost the ability to be in harmony with the life process of which they are a part. By coming to understand what has happened to them and how these experiences are affecting them, people can finally come to validate

How do we know healing holds promise?

their reality and begin to develop their mental, emotional, physical and spiritual potential despite adversity. Through certain traditional practices and ceremonies, the pain can then be transformed into a powerful, life-giving force.

Although there is not, to date, any evaluating research demonstrating a decrease in youth suicide following the implementation of healing programs, there is enough indirect evidence to suggest that this strategy has potential for success.

Cleansing has been shown to help suicidal youth

A recent study investigating what type of strategies had helped a group of 25 Aboriginal youth from British Columbia recover from suicidal tendencies found that expressing emotions/cleansing was perceived to be one of the most successful healing strategies for these young people. The participants mentioned that by expressing emotions (whether through writing or crying), they were able to let go of their pain, get rid of bad feelings, and cleanse themselves. The connection to First Nations culture and tradition led to empowerment, pride, purpose, and meaning.

Experts recommend this strategy

The concept of healing is dominant in the Aboriginal literature and some have recommended using traditional healing as a suicide prevention strategy. Recently, the national and provincial governments have begun to notice the power of traditional healing and have been responding. For example, the Aboriginal Healing Foundation was formed in 1998 following a \$350 million commitment from the Government of Canada. The Foundation supports community-based healing initiatives for Métis, Inuit, and First Nations people on and off reserve who were affected by the legacy of physical and sexual abuse in Residential Schools.

Setting up for success

1. Decide how you will structure your healing efforts

You have identified that there is a need for healing work in your community. Perhaps a young person has recently died by suicide or you get a sense that it is time for community members to come together and talk about the ills of the past. The next step will be to decide what to do and where to begin. Unfortunately, there is no tried and true recipe when it comes to developing a healing program for a specific segment of the population or mobilizing community members towards healing. The type of initiative that is right for your community will depend on the particular circumstances of the community, your culture, the issues you are trying to address, and the resources that are available locally.

One option is to invite outside professionals to come in and deliver a workshop that will set the community healing in motion so that community facilitators and healers have a process to build on rather than having to start from nothing. See *A place to start* for examples of healing workshops.

2. Involve youth and community members in the healing process

If you decide to focus on young people, they will be important assets in the development and success of the program. Their insights and experiences are crucial to determine what types of healing processes are likely to work. Young adults who have suffered in their past and survived can also be involved in sharing what has helped them and what is most likely to help their younger peers. If you embark on a community-wide healing journey, you will also need to consult with community members-at-large to increase the awareness of the need for the process but also to collect their ideas on how the process should work.

3. Ensure that you have prepared for follow-up

It can be expected that a certain number of young people (as well as adults) participating in healing workshops or ceremonies may respond more intensely than others and may require more structured help in the form of individual healing work and treatment. Healing workshops and ceremonies sometimes bring to the surface many strong emotions in participants, and young people may open up and talk about very personal issues and experiences which on occasion may signal the need for more intensive follow up from a mental health professional or counsellor. It is the responsibility of workshop facilitators and organizers to identify vulnerable youth (or adults) and take the necessary steps to ensure that they are supported and go on to receive appropriate care.

How will we know if we're making a difference?

You will know that your traditional healing program is making a difference if you can answer yes to questions listed in the table below under the headings *short-term*, *medium-term*, and *long-term indicators*. Please note that in order to detect changes over time we typically need to make a long-term commitment to the overall evaluation process. In other words, measuring success is not something you do at a single point in time and then forget about. The timelines that are included below are only guidelines, but they should give you a good sense about the need to measure the impact of our interventions at several points in time following the initial implementation of the strategy.

Short-term indicators: Short-term indicators are changes that the strategy itself is designed to produce and are usually measured right after, or up to two months following, the implementation of a program. Depending on the type of program being developed, short-term indicators can be measured using quantitative methods (e.g. pre-and-post tests measuring changes in skills or knowledge) or qualitative methods (e.g. interviews or focus groups designed to assess attitudes, opinions, and satisfaction).

Medium-term indicators: Medium-term indicators of success capture changes that you might expect further down the road and are usually measured three to six months after the implementation of a program. Medium-term indicators can be measured using methods such as surveys, questionnaires, interviews, or observations that look at changes in well-being, attitudes, or behaviours in young people or other groups/social environments targeted by the program.

Long-term indicators: Long-term indicators of success measure the ultimate goal of a program (usually a reduction in suicide and suicidal behaviours among youth) and are usually measured on an annual basis, starting two to five years following the implementation of a program.

Keep in mind that the indicators listed in the table below represent examples only and we invite you and your group to develop indicators that are in line with the specific goals and activities of your own traditional healing program. As the strategy of traditional healing may not easily lend itself to traditional evaluation methods, nor to the use of typical quantitative methods for measuring success, we invite you to be especially creative when choosing indicators and finding ways to measure the strategy's effectiveness. Identifying relevant indicators of success for your own program (and the methods by which these will be measured or monitored) represents one of the most important steps of your overall evaluation plan (see the section *Evaluate your community-wide suicide prevention efforts* in chapter 5).

Methods
to evaluate

	Ask a Key Evaluation Question	Measure the Success
SHORT TERM *	Are young people (and/or community members) satisfied with the experience and the help received?	➤ measure satisfaction of participating young people (and/or community members) with the experience
MEDIUM TERM **	Are participating young people (and/or community members) showing improvements in emotional well-being?	➤ measure depression, self-esteem, healthy adaptation (e.g. school performance, peer relationships), suicide ideation by following the youth closely over time
	Are participating young people making healthier choices in their daily lives?	➤ measure alcohol and drug consumption, school attendance, involvement in healthy activities
	Are youth (and/or community members) identified as requiring additional counselling support being appropriately referred for professional help as needed?	➤ track the number of youth (and/or community members) being referred for additional professional help; measure appropriateness of these referrals
LONG TERM ***	Are suicide and suicidal behaviours among youth decreasing?	➤ measure the number of deaths by suicide and attempted suicides in the community and compare to previous statistics

* **Short-term** (measured immediately to 2 months following program implementation)

** **Medium-term** (measured 3 to 6 months following program implementation)

*** **Long-term** (measured 2 to 5 years following program implementation)



A Place to Start

Workshops

The Young Warriors Foundation Healing Workshop

The Young Warriors Foundation provides a five-day healing workshop for Aboriginal communities. The workshop helps people walk through their personal trauma using a supportive process. Traditional methods of healing are utilized to facilitate spiritual awakening. Although the workshop has been provided mostly to adult audiences (around 25 people at a time), the Director of the Young Warriors Foundation indicates that this type of workshop would also be effective with a younger audience.

For more information, contact:

Young Warriors Foundation

2536 Kilmarnock

North Vancouver, BC

V7J 2Z5

Telephone: (604) 983-9813

Fax: (604) 983-9013

E-mail: info@lmanconsulting.com

Healing ourselves: Building a community-wide healing movement

This four-day workshop is intended for communities that are motivated to make changes. This intense training-of-trainers process prepares community staff and volunteers to facilitate and support long-term community healing and to link healing to practical, social and economic improvements. The workshop is most effective if repeated 3 or 4 times in a year, each time going deeper and involving more community members. Four Worlds trainers will travel to interested communities to deliver this workshop and will provide ongoing support after the training if requested to do so.

This Workshop:

- begins with ourselves – healing the caregivers and trainers
- introduces an integrative scheme of thought that shows how healing and social and economic betterment are interdependent processes and how neither one is sustainable without the other.
- addresses difficult issues such as substance abuse, co-dependent patterns, the abuse of women, children and elders, sexual abuse, political corruption, dependency thinking, the welfare addiction, community infighting, distrust, disunity, and conflict between families, religious perspectives and community factions.
- sets the stage for a sustained, long-term effort.
- sets the community healing in motion so the community facilitators have a process to support and build on rather than having to start from scratch.

Organizations

For more information, contact:
Four Worlds International Institute for Human and Community Development
347 Fairmont Boulevard
Lethbridge, Alberta
T1K 7J8
Telephone: (403) 320-7144
Fax: (403) 329-8383
E-mail: 4worlds@uleth.ca
Web Site: www.uleth.ca/~4worlds

Aboriginal Healing Foundation

The Aboriginal Healing Foundation is an Aboriginal-driven, not-for-profit corporation that is independent of both Government and the representative Aboriginal organizations. The Foundation is committed to addressing the healing needs of Métis, Inuit and First Nations affected by the legacy of physical and sexual abuse in Residential Schools, including intergenerational impacts.

The Foundation uses the monies received from the Government of Canada to support eligible projects that undertake holistic and community-based healing initiatives addressing the needs of individuals, families, and communities that complement existing programs, and meet healing needs that are not currently being supported. Eligible healing projects include those that incorporate traditional healing methods and other culturally appropriate approaches. Strong consideration is given to the special needs of all segments of the Aboriginal community, including Elders, youth and women. Four main program themes have been developed, and include: Healing (community approaches and healing centres), Restoring Balance, Developing and Enhancing Aboriginal Capacities, and Honour and History.

For more information, contact:
Aboriginal Healing Foundation
75 Albert Street
Suite 801
Ottawa, ON
K1P 5E7
Telephone: (613) 237-4441 or 1-888-725-8886
Fax: (613) 237-4442
E-mail: programs@ahf.ca
Web site: www.ahf.ca

**Suggested
reading**

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Community Renewal Strategies

Community Development



**What is
community
development?**

Community development is a process in which the people of a community come together to take action to improve conditions in their community. The process allows community members to become actively involved in developing better living conditions for the community and to have a positive and meaningful influence on decisions that affect their quality of life.

Through citizen participation and local decision-making, the aim of community development is to enhance the well-being of an entire community in order to enable individuals to experience productive and satisfying lives.

Goals

More specifically, the goals of community development are to:

- strengthen the ability of communities to respond effectively to their social, economic, and health needs
- increase self-reliance and decision-making power of a community
- increase self esteem, self-confidence, social contact and mutual support among community members
- improve the level of skills and knowledge of community members
- improve social health and community cohesion
- build a sense of community belonging

Target population

By focusing on enhancing community well-being, this strategy targets those who live and work within the community as well as schools, businesses, organizations, and various levels of government.

Brief description

Community development is a process that is based on the belief that people and communities have the right and power to make decisions for themselves. The process encourages community members to identify the problems they share, make plans to meet their needs and solve their problems, and execute the plans with a maximum reliance on community strengths and resources. Community development therefore draws on the resources, talents, and energies of community residents to address and solve their own problems.

Bringing people together to solve local community problems is not a new idea. The principles and processes that characterize a community development approach have been used extensively by communities around the world to tackle a wide variety of economic, social, and health issues. Examples of issues that have been successfully addressed

through a community development model include lack of recreational activities, lack of subsidized housing, inadequate child care, high crime rates, and inaccessible health care services.

While the types of problems and related solutions naturally vary from place to place, community development initiatives typically adhere to a number of general beliefs and assumptions:

- progress is possible
- “bottom-up” initiatives have a better chance of success
- communities have innate talents and resources as well as the ability to solve their own problems and make changes on their own behalf
- the changes people make for themselves have more meaning and validity than those recommended by external people and organizations
- collective action is more effective than individual action
- participation in the public life of a community by all its citizens is a valuable thing

The strategy of community development follows an orderly process, usually led by a project team, which includes the following steps: Create awareness; Analyze community needs and resources; Identify priorities for action and develop an action plan; Accomplish the tasks identified in the action plan (See the section *Setting up for success* for more details).

Why should we engage in community development?

Social problems are best understood in the context of the community

Social problems are best understood when viewed within the context of a particular community. In addition, effective solutions to identified social problems are more likely to emerge through the involvement of those individuals or groups who have the most direct involvement with the issue or problem. It follows that in order to address complex social factors and problems within a community, recommendations for action should be generated by community members themselves.

For example, community members who are concerned with high young offender rates may, in consultation with youth, realize that the problem is exacerbated by a lack of meaningful work and leisure opportunities for youth. Community development principles highlight the fact that problems exist within the unique context of a community, that solutions require collective responsibility and action, and that everyone has a potential role to play.

The process of community development is relevant to youth suicide

On the one hand, we know that certain broad-level community characteristics can significantly compromise the healthy development of children and adolescents. For example, social indicators of community distress, including substance abuse, family violence and school dropout rates, are often interrelated and are linked with suicidal behaviour. On the other hand, we also know that there are a number of protective factors

Does community development work?

at the community level that can protect children and adolescents against risk for suicide. These include a hopeful social climate that offers opportunities to be meaningfully engaged, community self-determination and solidarity, and availability of resources.

The community development model has withstood the test of time

The strategy of community development has been around for a long time and represents a well-established and time-tested approach to solving community problems and empowering community members. In addition to creating meaningful change, meeting needs, and fostering a sense of community belonging, this strategy has also proven to hold additional benefits for the citizens who actively participate in such projects. These include substantial personal growth and the development of valuable social support resources.

Community development models have been successfully applied to the problem of suicide

A noteworthy community development model for addressing the problem of suicide was developed in the state of Alaska. The Community-Based Suicide Prevention (CBSP) project was implemented in a number of small Aboriginal communities. Project evaluation findings have been impressive and provide further support for adopting a community development model to address the problem of suicide.

For example, the CBSP evaluation found that participating communities had instituted a number of community-based programs and responses for dealing with self-destructive behaviours. The evidence has also shown that individuals living in these communities had been positively influenced by these changes. In addition, there is evidence suggesting that suicide rates in CBSP communities have declined at a faster rate than the state-wide suicide rates for Alaska Natives.

Setting up for success

There are seven issues that you should consider when setting up your community development initiative.

1. Create awareness

There is no single clear path to follow in a community development process. Often, a person or group concerned about the quality of community life, or the impact of a particular problem, will begin by organizing and talking with others. The group may begin by doing a little background research on the issue at hand. As interest grows, additional informal linkages may form. Finally, a consensus is reached that the community is “ready” for moving ahead because there is: recognition of the problems, motivation to change, and willingness to take responsibility for making things happen. Therefore, all it takes to start the process is for an individual or a group to take responsibility, initiate a process of discussion, and create the impetus for action. The ball has begun rolling.

2. Learn more about community development

Success with community development initiatives will be maximized if project leaders are committed to the principles of community development and have a good understanding of the “how to” process. There are a number of user-friendly publications that can guide you through the steps of assessing, planning, implementing, and evaluating a community development project. Alternatively, you may want to begin by organizing a workshop on community development to be attended by community members interested in participating in your project. Please refer to *A place to start* for examples of workshops and resources that are Aboriginal-specific.

3. Form a core group to lead the community development initiative

Setting up a core group of committed community members is critical to the success of a community development approach. The crucial element which makes this core group different from any other group in the community is that its members have in some way identified and articulated a problem or set of problems in their community which need to be addressed. This is also a group which is prepared to take a risk and initiate some method or approach to dealing with the problems. To ensure that the committee is sustainable, it should be made up of committed individuals who agree to work collectively for the benefit of the community. It is wise to encourage representation from a wide array of sectors including key community and social organizations, seniors and youth groups, family members of suicide victims, small businesses, schools, police/RCMP, local government, and others.

4. Emphasize citizen participation

Citizen participation represents a cornerstone of any community development initiative. Channels should be created for citizens to voice their concerns and clear opportunities for participation in the decision-making process should be easily apparent. Such opportunities can include sitting on the core committee, attending open community forums, working on subcommittees, and attending decision-making meetings. Creating and sustaining high levels of citizen involvement in this type of project can be a complex undertaking and is often more difficult than expected. Here are a few tips that can facilitate citizen participation:

Accessibility and concrete support. To maximize opportunities for participation, residents can be offered financial assistance and/or practical help with such things as transportation to meetings, child care during meetings, and compensation for time spent serving on committees. Other considerations include scheduling meeting times and settings to meet the needs and accommodate the lifestyles of all participants.

Training/preparing community members for their roles. Training sessions, workshops, and skill development opportunities offered by other qualified

community members or outside professionals have reportedly helped residents to increase their knowledge and extend their capacities for participation.

5. Follow a formal process

Community development is known for following a fairly formal but logical approach. The steps are as follows:

- a) *Analyze community needs and resources.* Any successful community development initiative starts with a little introspection. Through community analysis, a core working group begins to draw a realistic picture of the actual and perceived needs of a community. It is fairly easy to gather information about a community by reviewing existing statistical data (demographic, social, health, and economic indicators) and by consulting community members themselves. In consulting with community members, people are asked about their concerns and what they think are the roots of the particular problem being addressed. This can be done informally, through conversations and observations, or formally, through surveys and open community meetings. As facts and opinions are emerging about the needs in the community, the group will also want to learn what resources, services, programs and funding sources are already available within the community.

- b) *Identify priorities for action and develop an action plan.* After basic information has been gathered about community needs and existing resources, the group selects priority issues to tackle and determines what they would like to accomplish by setting goals. In order to increase the community's commitment to these goals, opportunities for input are usually created to hear from specific stakeholders as well as the community-at-large. Once a consensus has been reached and the community has validated and endorsed the overall vision, the group proceeds to develop a plan of action. This plan spells out how the goals will be met, and who will do what and when. It should also articulate how success will be measured.

- c) *Accomplish the tasks identified in the action plan.* At this stage, it is time to mobilize the resources so the plan can be carried out. If community members have been involved along the way, they are more likely to be motivated to commit time to organizing the necessary resources to ensure the project's success. During this phase, regular meetings are scheduled in order to make sure that all components of the action plan are being implemented correctly. Project progress and milestone successes can be shared with the community through the media or community events, in order to maintain momentum.

d) *Review your efforts.* Reviewing your efforts is an important step as it will allow your group to see whether your community development initiative has met your goals and objectives. In addition, you should take the time to find out if people involved in the process were satisfied with the experience and whether there were any unforeseen positive or negative outcomes of the project.

6. When in doubt, start with what is most likely to succeed

Community development work is a slow process that demands a lot of time and energy on the part of those committed to seeing it through. In order to sustain the momentum and provide all involved with a sense of mastery, you may start by tackling issues that have the best chance of success within the shortest period of time. You can augment existing programs or revitalize current public education campaigns to amplify the impact of your activities. Once a track record of community credibility and support has been established, you can move on and tackle more difficult issues.

7. Consider hiring help from outside

Sometimes, hiring someone from outside the community to help your group through your community development effort is a good idea. Outsiders can help your group get started and help restart a community process that has become stuck. Someone with training in community development and experience can bring examples of projects from other communities, offer suggestions and insights that are difficult for insiders to see, and help identify and resolve unspoken issues that block growth. If your group decides to make use of an outside community development specialist, make sure that the person has the necessary skills and experience. You should remember that your group should always maintain their roles and ownership in the process even when you have someone helping you, as community development works only if the community itself is doing it.

How will we know if we're making a difference?

You will know that your community development program is making a difference if you can answer yes to questions listed in the table below under the headings *short-term*, *medium-term*, and *long-term indicators*. Please note that in order to detect changes over time we typically need to make a long-term commitment to the overall evaluation process. In other words, measuring success is not something you do at a single point in time and then forget about. The timelines that are included below are only guidelines, but they should give you a good sense about the need to measure the impact of our interventions at several points in time following the initial implementation of the strategy.

Short-term indicators: Short-term indicators are changes that the strategy itself is designed to produce and are usually measured right after, or up to two months following, the implementation of a program. Depending on the type of program being developed, short-term indicators can be measured using quantitative methods (e.g. pre-and-post tests

measuring changes in skills or knowledge) or qualitative methods (e.g. interviews or focus groups designed to assess attitudes, opinions, and satisfaction).

Medium-term indicators: Medium-term indicators of success capture changes that you might expect further down the road and are usually measured three to six months after the implementation of a program. Medium-term indicators can be measured using methods such as surveys, questionnaires, interviews, or observations that look at changes in well-being, attitudes, or behaviours in young people or other groups/social environments targeted by the program.

Long-term indicators: Long-term indicators of success measure the ultimate goal of a program (usually a reduction in suicide and suicidal behaviours among youth) and are usually measured on an annual basis, starting two to five years following the implementation of a program.

Keep in mind that the indicators listed in the table below represent examples only and we invite you and your group to develop indicators that are in line with the specific goals and activities of your own community development program. As the strategy of community development may not easily lend itself to traditional evaluation methods, nor to the use of typical quantitative methods for measuring success, we invite you to be especially creative when choosing indicators and finding ways to measure the strategy's effectiveness. Identifying relevant indicators of success for your own program (and the methods by which these will be measured or monitored) represents one of the most important steps of your overall evaluation plan (see the section *Evaluate your community-wide suicide prevention efforts* in chapter 5).

Methods
to evaluate

	Ask a Key Evaluation Question	Measure the Success
SHORT TERM *	Has your project adhered to the principles of community development and followed the proposed process (assessment, planning, implementation, and evaluation)?	➤ review project-related documentation for evidence that the project has adhered to the principles and process of community development
	Are people participating in the community development project satisfied with the overall experience?	➤ measure satisfaction with respect to the training received, overall process, and results accomplished
	Are people participating in the community development project showing improvements in personal resources and use of social support networks?	➤ measure skills in participants (e.g. decision-making, project management) before and after the implementation of the community development program and compare results to determine whether the program has made a difference ➤ measure personal development in participants (e.g. self-esteem and self-confidence) before and after the implementation of the community development program and compare results to determine whether the program has made a difference ➤ measure perceived social support in participants before and after the implementation of the community development program and compare results to determine whether the program has made a difference
MEDIUM TERM **	Do community members (including youth) feel a sense of increased control over community matters and a sense of belonging to the community?	➤ measure perceived sense of control over community matters ➤ measure perceived sense of belonging to the community
	Is there evidence that the project has led to positive changes within the community?	➤ review new policies, programs, services related to the area of concern identified by community members ➤ measure community well-being (e.g. employment opportunities, leisure/recreational opportunities, crime rate, alcohol and drug consumption)
LONG TERM ***	Are suicide and suicidal behaviours among youth decreasing?	➤ measure the number of deaths by suicide and attempted suicides in the community and compare to previous statistics

* **Short-term** (measured immediately to 2 months following program implementation)

** **Medium-term** (measured 3 to 6 months following program implementation)

*** **Long-term** (measured 2 to 5 years following program implementation)



**'Namgis First
Nation Youth
Suicide
Prevention**

Location: 'Namgis Health Centre
Box 290
Alert Bay, BC
V0N 1A0
Telephone: (250) 974-5522
Fax: (250) 974-2736
Web site: www.namgis.org

Contact person: Margaret Lloyd, Mental Health Counsellor and Project Director

Program description: The 'Namgis First Nation reserve is located on the Cormorant Island, in B.C. Sharing the island with the reserve are the small community of Alert Bay, a small Whe-La-La-U Council Area, and a barely populated unincorporated area. The total population of the island is approximately 1400, of which about 60% are First Nations people. Approximately 740 First Nations people live on the 'Namgis reserve.

The 'Namgis Health Centre is situated on the 'Namgis reserve, but serves all the population on the island in the areas of health, community health, mental health, and social services. In June 2001, the Community Development department of the Health Centre organized a "Listening to Our People" weekend of consultation with the reserve population. Residents were invited to come to the Big House and provide their input on what they wanted for their community. Using that input, staff developed a community development plan, which is currently in the process of being formally approved. One of the issues raised by the residents was the need for locally developed suicide prevention efforts.

As a result of this community process, the health centre staff proceeded to draft a suicide prevention project, which was submitted for a grant in July 2001. The main purpose of the project is for the 'Namgis First Nation people to be involved in the development and implementation of youth suicide prevention approaches that are based on and sensitive to the culture of the Kwakwakawakw people. To accomplish this goal, the project plans to invite youth and their families to participate in a series of cultural camps. The first cultural camp will bring youth and elders together. The same young people and their families will attend the second cultural camp. The topic of suicide will be discussed during the camps and participants will be prompted to provide their views on what should be done to prevent youth suicide. In addition to this consultation process, other activities are planned for the camps including: story-telling, teaching of cultural skills, circles, teaching of family and band history, teaching of life skills, general relationship-building, and recreation.

Following the camping experience, project staff will use the information gathered to design culturally appropriate suicide prevention strategies and implement them as much as is possible.

Target groups: Youth (12 to 18 years old) from the ‘Namgis First Nation reserve and their families.

Partners involved: The following agencies or organizations have agreed to be part of the project: ‘Namgis Health Centre (Mental Health Department, Social Services Department, Community Development Department); School District #85 (Alert Bay Elementary, North Island Secondary School); T’lialagalakw School; Band office; Children and Youth Council; RCMP, Alert Bay Detachment.

Years in operation: The project began in the summer of 2002.

Sources of funding: A grant has been secured from the BC Ministry for Children and Family Development through the Suicide Prevention Information and Resource Centre, Mheccu, Department of Psychiatry, UBC. The grant will be used to cover the following costs: salary of the Project Coordinator (who will be hired for a one-year period), honoraria for elders and youth, and travel costs. In-kind contributions (Health Centre personnel, administrative costs, camping supplies) will also be provided by the ‘Namgis Health Centre.

Evaluation findings: An evaluation component to the project is being planned. The following changes are expected as a result of the project: a) increased awareness of and understanding of suicide and contributory factors by community members; b) increased availability of culturally-appropriate suicide prevention programs; and c) continued growth of people’s comfort level to talk about suicide and its prevention. In addition, community suicide behaviours (actual suicides, attempts, threats, etc.) will be monitored.

Advice to others interested in starting this type of program:

- Get as much community support as possible when developing this type of project;
- Develop a strong team of enthusiastic members to help you with the project.



A Place to Start

Workshops

Weaving the Web: Suicide Prevention and Community Development for Aboriginal People

Using a 4-phase community development model, participants in this three-day workshop will learn about how to initiate and implement suicide prevention initiatives that will make a difference in their community. The goal is to build a sense of community that recognizes the need for collaboration and cooperation. The community development wheel starts with reflecting on the needs and challenges of your community and for you personally. From there, it moves through goal setting, building a team, initiating action, persevering through the hard times and reviewing your journey. The three-day workshop is interactive, with many examples from other communities and ample opportunity to work on your community strategy.

For more information, contact:

Centre for Suicide Prevention

Suicide Prevention Training Programs (SPTP)

Suite 320, 1202 Centre Street S.E.

Calgary, Alberta

T2G 5A5

Telephone: (403) 245-3900

Fax: (403) 245-0299

E-mail: sptp@suicideinfo.ca

Web site: www.suicideinfo.ca

Community Development Basics

This three-day workshop provides a practical, hands-on introduction to community development. It is aimed at program leaders and frontline workers who want to learn how to move from an agency-centered service-delivery approach to a people-centered community-development approach. Four Worlds trainers will travel to interested communities to deliver this workshop.

This workshop:

- introduces an integrative model (a map) that has proven highly effective in guiding practitioners through community development processes.
- provides a set of guiding principles and tools to use them which shows how we must work if we really want to get communities involved and empowered.
- introduces a tool kit of games, exercises, stories, and instruments that have proven highly effective in many different community development situations.
- uses participatory and experiential learning strategies as the primary workshop methodology.

- is based on practical case studies from around the world.
- is designed so that the learners' specific needs and situations become central to the curriculum.
- is structured to be personally revitalizing for learners and effective in strengthening work team solidarity by modeling community building processes throughout.

For more information, contact:

Four Worlds International Institute for Human and Community Development

347 Fairmont Boulevard

Lethbridge, Alberta

T1K 7J8

Telephone: (403) 320-7144

Fax: (403) 329-8383

E-mail: 4worlds@uleth.ca

Web Site: www.uleth.ca/~4worlds

Resources

Community Action Resources for Inuit, Métis and First Nations: A community development kit

Community Action Resources for Inuit, Métis and First Nations is a community development kit developed by Health Canada specifically for Aboriginal people, taking into consideration their values, culture and way of life. The series of six manuals contains information, tips, examples and ready-to-use charts that you can copy for yourself or use to train others in your community. Each of the first five manuals in the kit presents one of the stages of the community development process in detail: Assessing needs; Planning; Finding Resources; Making it happen; and Evaluating. The last manual is a “toolbox” that contains information useful at any stage in the process.

You can view the manuals (in PDF format) on the Health Canada web site at following address: www.hc-sc.gc.ca/hecs-sesc/cds/publications/index.htm (scroll down to the heading “Aboriginal Peoples” where you can access all six manuals).

Alternatively, you can order a copy of the *Community Action Resources for Inuit, Métis and First Nations* kit online at www.hc-sc.gc.ca/fnihb/bpm/prc/prc_orderform.htm (MC-14 Toolbox, MC-15 Assessing needs, MC-16 Planning, MC-17 Finding resources, MC-18 Making it happen, MC-19 Evaluating). If you are unable to order online, you can mail or fax your order to:

The Publication Resource Centre

First Nations and Inuit Health Branch

Business Planning Management Directorate

Information Management & Administration Services Division

20th Floor, Jeanne Mance Bldg.

Tunney's Pasture, Postal Locator 1920A
Ottawa, ON
K1A 0L3
Fax: (613) 954-8107
E-mail: CHPD_Clearinghouse-centre_d'information_DPSC@hc-sc.gc.ca

Developing Healthy Communities: Fundamental Strategies for Health Promotion

This basic text reflects the struggle for healing and self development among Indigenous peoples and the need for community development as part of holistic, culturally-based health promotion process. A holistic framework is presented to understand community development thinking, followed by down-to-earth strategies for community level workers and outside agencies implementing community development programs.

This resource can be ordered from:
Four Worlds International Institute for Human and Community Development
347 Fairmont Boulevard
Lethbridge, Alberta
T1K 7J8
Telephone: (403) 320-7144
Fax: (403) 329-8383
E-mail: 4worlds@uleth.ca
Web Site: www.uleth.ca/~4worlds

Pulling together: A manual for community development

This user-friendly manual, developed by the Alaska Department of Health & Social Services, came about from the work of the Community-Based Suicide Prevention Program. The manual provides an easy-to-use approach to community development. Some of the topics covered include: the community development process; the roles of community workers, volunteers, and committees; issues related to meetings; special issues like interpersonal tensions and personal development; and getting help from outside (community development specialist).

This resource can be obtained from:
Community-Based Suicide Prevention Program
Rural Services, Division of Alcoholism & Drug Abuse
Alaska Department of Health & Social Services
Box 110607
Juneau, Alaska
99811-0607
USA
Telephone: (907) 269-3790
Fax: (907) 269-3786
E-mail: susan_soule@health.state.ak.us
Web site: www.hss.state.ak.us/dada/suicide.htm

Suggested reading

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Centre of British Columbia, Co-operative University-Provincial Psychiatric Liaison (CUPPL), University of British Columbia.