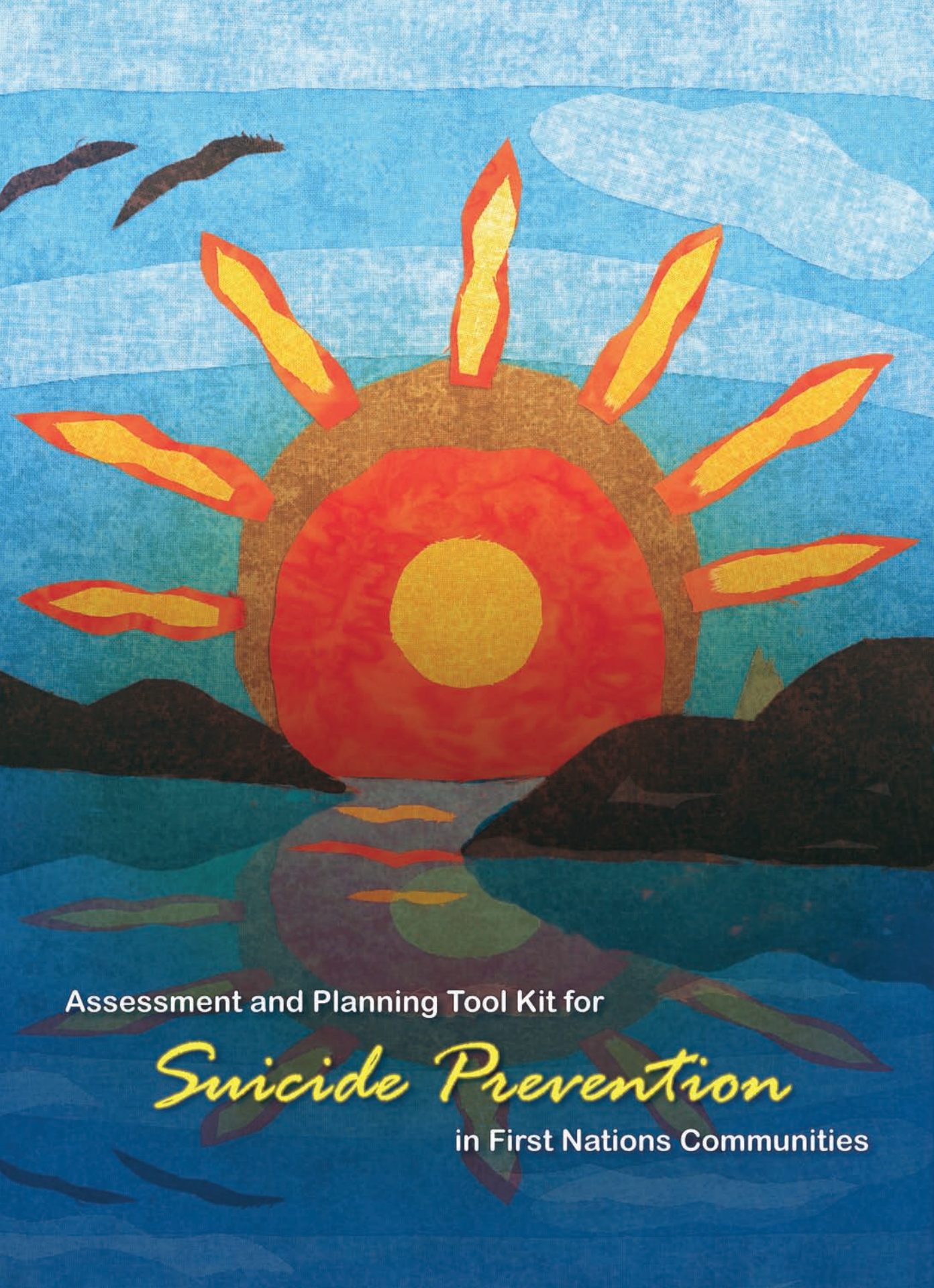
Assessment and Planning Tool Kit for
Suicide Prevention
in First Nations Communities

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PREPARED FOR THE FIRST NATIONS CENTRE, NATIONAL ABORIGINAL HEALTH ORGANIZATION | 2005

GRAPHICS BY VICTOR WONG / FNC STAFF
FUNDING FOR THIS PROJECT PROVIDED BY HEALTH CANADA

Thanksgiving

Let us take time to honour all those who are working tirelessly in the field of suicide prevention in their communities. To all those working on the front lines, from teachers to social workers to crisis-line operators to counsellors: we recognize the impact of your work.

This tool kit has been written with a spirit of hopefulness for the process of community planning and healing. The belief in the capacity of First Nations to build upon their existing strengths and resources has guided the journey.

It is our hope that you use this tool for planning and healing in your community.

Acknowledgements

We wish to thank the Assembly of Manitoba Chiefs, the Assembly of Manitoba Chiefs Youth Secretariat, and Grand Council Treaty #3, along with their staff for their hard work, effort and contribution in organizing the Suicide Prevention–Developing our Resources workshop held in Winnipeg on January 11 and 12, 2005. Your help with the discussion groups on the First Nations Centre's draft of this tool kit truly strengthened the process of gathering community feedback. We wish to acknowledge the many knowledgeable community participants who shared their experiences in the area of suicide prevention in terms of the challenges, issues and hopes of First Nations.

Thank you to the organizers and the participants of the Pukatawagan community visit. The voices of the youth gave us valuable information on this complex issue.

We wish to acknowledge the work of Dr. Ana Bodnar in the development of this assessment and planning tool kit. Dr. Bodnar is a clinical psychologist who has been providing consultation, training, program development and counselling services within the First Nations community for more than 15 years. She has done extensive work in the field of suicide prevention and bereavement in First Nations communities all over Ontario, and acted as the Consulting Psychologist for the Nodin Suicide Bereavement Program in Sioux Lookout, Ont. Dr. Bodnar has presented on the topic of First Nations suicide prevention at national and international conferences, as well as being involved in training and research activities in Mexico, New Zealand and Cuba. She has lectured at the University of Toronto and provided training at the Centre for Addiction and Mental Health in Toronto.

Thanks to all who were involved in reviewing this document and offering suggestions and support. Special thanks to Caroline Anawak for sharing her knowledge on suicide prevention and providing support throughout the process. The First Nations Centre acknowledges the work of its internal team in the development of this assessment and planning tool kit for suicide prevention.

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Introduction

> *Healing means mending bodies and souls. It also means rekindling the flames that strengthen our Native spirituality. It means physical, mental, psychological and emotional well-being. This is known in Native healing circles as the holistic approach to healing.*[1]
>
> *Elder Byron Stiles*

Suicide is a major concern for many First Nations communities across Canada. In 1999, the rate of suicide among First Nations ages 10 to 44 was 27.9 deaths per 100,000, compared to 13.2 deaths per 100,000 for non-Aboriginals in Canada.[2] Suicidal deaths are traumatic and powerful events that impact family, peers and the entire community. However, within each community lie the resources, traditional knowledge and strengths needed to address the issue of suicide.

A community-driven approach is needed for successful suicide prevention. Communities need to be the leaders through the assessment, planning and development process. Communities will be empowered by increasing their awareness and working together to create solutions. A holistic view of health is needed to ensure healing and a balance to the physical, mental, emotional, and spiritual health of the community.

Purpose

This Assessment and Planning Tool Kit for Suicide Prevention in First Nations communities has been developed to help individuals and groups interested in addressing the issue of suicide in their communities. It is a framework to guide First Nations in assessing and planning a suicide prevention plan. Communities are encouraged to adapt the tool to meet their own needs. The tool kit also provides information and research on suicide prevention to increase awareness and encourage discussion.

This tool kit draws upon the 2003 report of the Advisory Group on Suicide Prevention (SPAG) called *Acting on What we Know: Preventing Youth Suicide in First Nations.*[3] It was developed in response to the recommendations of the Suicide Prevention Advisory Group (SPAG).

The tool kit is divided into three main parts—Phase 1: Pre-Assessment, Phase II: Community Assessment, and Phase III: Planning for Community Healing. There are some steps that may be followed during each phase, such as the following examples.

Phase I: Pre-Assessment

Step 1: Decide to begin the community healing process

Step 2: Review important information on suicide prevention

Step 3: Organize a core working group. This group will begin carrying out the assessment and planning process outlined in this tool kit. This core group can include any interested community members such as mental health worker, nurse, teacher, Community Health Representative, youth worker, substance abuse counsellor, etc.

Step 4: Get support from the community. This involves getting a mandate from a body such as the local Health Authority, Chief and Council or other boards in your community. Include local governing bodies. Making links with the local governing bodies will give more support to your efforts and enhance the likelihood of a successful program. If Chief and Council, or other governing bodies formally approve your efforts, you will have more success. This process may require community consultation.

Step 5: Develop an Interagency Planning Group.

Phase II: Community Assessment

Carry out the assessment. It is essential to review the major aspects of the life of your community, the major community problems and the strengths of your community. This is the basis of future planning.

Phase III: Planning for Community Healing

Step 1: Analyze the community assessment: Review results and determine priorities for action.

Step 2: Consult the community.

Step 3: Develop a plan of action.

Step 4: Develop ongoing interagency group to carry out action plan.

Step 5: Evaluate.

Phase I: Pre-Assessment:

Research and Information on Suicide and Suicide Prevention

Suicide is most often the result of pain, hopelessness and despair… Suicide is a complex problem involving biological, psychological, social and spiritual factors…We know that those at risk for suicide experience overwhelming emotional pain. They do not necessarily want to die, but do want help in reducing the pain so that they can go on to lead productive, fulfilling lives. Tragically when someone dies by suicide the pain is not gone, but merely transferred to family, friends and community… We must all be willing to educate ourselves and become ready to move into action to prevent suicide and to comfort the suffering.

Blueprint for a Canadian National Suicide Prevention Strategy,
Canadian Association for Suicide Prevention[4]

Understanding Suicide and Suicidal Behaviour Among Youth

Research on suicide and suicide prevention shows there are many factors in one's life that influence the risk of suicide or suicidal behaviour. For example, the Report of the *Royal Commission on Aboriginal Peoples* identified four key categories of inter-related factors:

- ***Socio-economic factors***, such as poverty, unemployment, housing problems, and lack of community infrastructure;
- ***Psycho-biological factors***, such as mental health problems, depression, anxiety, schizophrenia, fetal alcohol spectrum disorder and learning disabilities;
- ***Life history or situational factors***, such as family problems, abuse, substance abuse, isolation and grief, and
- ***Cultural stress***, such as rapid cultural change, loss of culture, loss of language and urbanization.[5]

According to the research report *Youth Suicide Prevention: A Framework for British Columbia*, there are four types of factors that are fundamental in understanding suicide and suicidal behaviour among youth:

- ***Predisposing factors*** set the stage for a vulnerability to suicide. This can include a history of suicide, or attempted suicide in the family; a history of abuse or trauma; illness and depression.

- ***Contributing factors*** increase the existing risk of suicide. This can include, but is not limited to, substance abuse, poor coping skills, limited social supports, or financial difficulties.

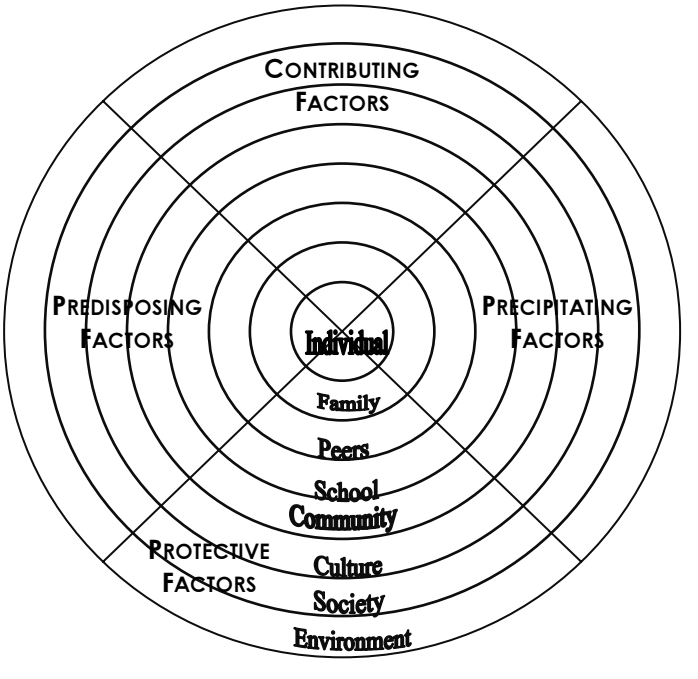
• ***Precipitating factors*** act as a trigger for persons predisposed to suicide or suicidal behaviours, which can include, but are not limited to, a sudden loss or failure; feelings of humiliation or rejection; or an unwanted move.

• ***Protective factors*** describe the conditions that reduce the risk of suicide. They include the following:

- At least one significant adult available who can provide warmth, care and understanding;
- A role model;
- Good social supports;
- A strong tie to culture;
- A willingness to seek help;
- Creative problem-solving skills;
- Experience with success;
- An optimistic outlook and hopefulness, and
- Resiliency. [6]

Figure 1 – Factors of Influence[7]

Figure 1 illustrates how each of the four types of factors interact with one another across a range of settings and conditions, and among various layers of influence representing family, peers, school, community, culture, society, and environment. With the individual at the centre, suicide or suicidal behaviour emerges as a result of many factors and influences occurring throughout one's life.



Approaches to Suicide Prevention

In prevention and healing, we look at increasing protective factors to reduce the risk of suicide. The more individuals and communities learn about these factors, the better able they will be to develop and start a suicide prevention and healing plan.

In suicide prevention planning, it is important to assess your community's current status in terms of demographics, statistics on suicide, attitudes and beliefs about suicide, community risk factors, community protective factors, programs and resources, community responses to suicide, and community strengths.

Some communities may already have a plan to reduce and prevent suicide. Other communities may not. Most communities fall somewhere in between.

It is important to know the most successful suicide prevention plans include the following three approaches: *prevention*, *intervention* and *postvention*.[8] It is also important to consider how these approaches are connected when developing a suicide prevention plan to achieve community wellness and healing.

- ***Prevention approaches*** increase protective factors in suicide prevention among the general population. Prevention initiatives could include various cultural activities, and suicide education programs and services for youth, parents and the community.

- ***Intervention approaches*** increase protective factors in general, and prevent self-harm for people with identified risk factors for suicide. A help or crisis call-in line could be used by a community as an intervention approach.

- ***Postvention approaches*** support individuals and communities that have been affected by loss through suicide. Grief counselling is an example.

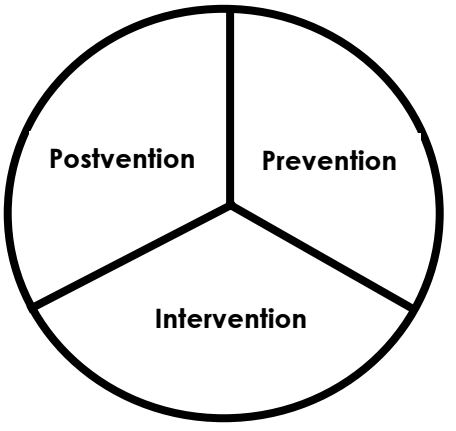


Figure 2 – Community Healing

Figure 2 shows how prevention, intervention and postvention approaches are connected and work together in addressing suicide and for community healing. All three approaches are important in developing successful suicide prevention initiatives.

Cultural Continuity as a Protective Factor Against Suicide

When certain factors exist within a community, the risk of suicide appears to decrease. According to research on First Nations suicide in British Columbia conducted by Michael Chandler and Chris Lalonde in 1998 entitled Cultural Continuity as a Hedge Against Suicide in Canada's First Nations, these factors are related to:

- how much ownership the community has over its own affairs;
- how much connection there is to traditional values and culture, and
- the way recognition and support are given to youth as they become adults.[9]

The process of "cultural continuity"[10] refers to First Nations communities that have taken active steps to preserve and rehabilitate their own cultures. Research in British Columbia shows that First Nations communities that have greater cultural continuity have lower youth suicide rates. Cultural continuity may act as a protective factor against suicide. Ways to measure cultural continuity in First Nations communities are:

- steps taken by particular bands to secure Aboriginal title to their traditional lands;
- certain rights of self-government taken back from government agencies;
- some degree of community control over education services, police and fire services, and health services and cultural facilities; and
- officially-recognized cultural facilities established within their communities to help preserve and enrich their cultural lives.[11]

Other factors in a community that help strengthen the healing process involve:

- the role of Elders[12] and youth in decision-making;
- the presence of adult role models, and
- the use of traditional healing practices.[13]

Community Risk Factors

In developing a community plan on suicide prevention, it is important to determine the problems that exist in your community. To support suicide prevention, the focus is on decreasing the risk factors, and strengthening the community's ability to develop and start prevention plans.

Substance abuse; mental health issues; family and interpersonal conflict; separation of children from families; physical, mental and sexual abuse; and unresolved grief are some risk factors. Questions in the assessment part of this tool kit may help to address these issues in your community.

Barriers to Suicide Prevention Programs

Challenges may arise while developing and starting community plans. Some examples are:

- ***Financial resources:*** Community development and suicide prevention projects outlined in community plans often need more resources. Explore sources for funding.
- ***Community attitudes to suicide:*** Attitudes of shame and denial can act as barriers to suicide prevention. Develop community strategies to overcome negative attitudes about suicide.
- ***Lack of trained personnel:*** Suicide prevention requires trained personnel to carry out prevention, intervention and postvention approaches. Explore strategies for training personnel.
- ***Lack of co-ordinated community services:*** Co-ordinating community services are important. Develop ways to improve co-ordination.

Information on Strategies to Prevent Suicide

The following provides some practical information on youth suicide prevention strategies for your community to consider. The information has been adapted from *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies (White and Jodoin, 2003)*. [14]

Prevention Strategies		
Community Renewal Strategies	Cultural enhancement Traditional healing practices Community development Interagency communication and co-ordination	• Revive First Nations culture, help youth bridge Aboriginal and non-Aboriginal culture, support youth self-esteem. • Use traditional teachings, practices and spirituality to overcome trauma and transition. • Enhance existing community strengths to help the community respond effectively to social, economic and health needs. • Assess how effectively community agencies work together to deliver services.
Community Education Strategies	Peer helping programs Youth leadership programs Community gatekeeper training Public communication and reporting guidelines Means restriction	• Train youth to help other youth. • Create opportunities for youth to develop skills such as leadership, involvement and decision-making. • Improve ability to recognize and manage crises for people in regular contact with youth, through education and skill-building. • Educate the public and media on responsible suicide reporting to lower negative effects and prevent cluster suicides. • Reduce youth access to most common forms of completing suicide such as guns, poisons, inhalants, medications.
School Strategies	School gatekeeper training School policy School climate Cultural arts program as a powerful tool for healing.	• Improve ability to recognize and manage crises in school personnel through education and skill-building. • Write guidelines for the effective handling of crisis situations within the school. • Organize the educational setting to enhance the well-being of staff and students. • Storytelling, dancing, drumming, singing, painting, dramatic arts, etc.
Youth/ Family Efforts	Self-esteem building Life skills training Suicide awareness education Family support Support groups for youth	• Develop programs to create positive self-esteem in youth which may decrease suicidal behaviour. • Offer programs to teach youth social skills needed to support positive social, emotional and academic development. • Talk directly to youth and community about suicide to provide necessary knowledge and skills for risk assessment and intervention. • Support positive parenting. • Bring together vulnerable youth to deal with concerns and practice life skills.

Intervention Strategies
• Distress telephone counselling; • Crisis intervention services; • Mental health counselling; • Substance abuse programs; • Supervision of high-risk individuals; • Links with outside treatment and clinical programs, and • Capacity building for mental health staff.

Postvention Strategies
• Counselling for the bereaved; • Support groups for the bereaved; • Critical incident stress debriefing; • Support for front line workers, and • Community-wide bereavement program.

Culture and Spirituality

Some of the promising strategies in suicide prevention include programs that are specifically focused on supporting the development of traditional culture within the community. Research seems to show that people with strong spiritual and/or religious beliefs of different kinds are linked with resilience and positive mental health. Resilience is a protective factor in suicide prevention. Programs that include cultural and/or spiritual dimensions would seem to be important in suicide prevention.[15]

Getting Started: an Interagency Plan

With a new initiative, it is often a single individual or a small group that gets the ball rolling. If you are working on your own, or with a small group, expand your base of support. Invite input into the issues of suicide prevention, and community assessment and planning. Involve people who can help you in this assessment and planning process; they can form the initial interagency planning group.

This initial interagency planning group can carry out the work of this tool kit and develop a larger and more ongoing planning organization to oversee the suicide prevention project. The role of the interagency planning group can include:

- co-ordinating various suicide prevention efforts;
- sharing and collecting key information;
- acting as leadership in suicide prevention;
- deciding on the specific suicide prevention strategies to be implemented, and
- evaluating the effectiveness of prevention efforts.

Community Assessment, Planning and Consultation

For successful community healing, community development and suicide prevention, the community needs clear and ongoing leadership. It is important to decide the kind of leadership that best suits your community. For example, you can have a core working group, a particular agency, a rotating chairperson, or an interagency working group.

1. Developing an Interagency Planning Group

It is important to have ongoing prevention strategies that include health, social services, schools, police, youth, families, social service professionals, community gatekeepers, and so on. This group could oversee the ongoing work of community healing and suicide prevention. If your community wants to develop an interagency planning group, the following are some suggestions.

Build on the existing structures: Create a new working group from an existing community infrastructure. This could be a subgroup of the community Council, school Board, youth services, etc. Include local governing bodies: Making links with the local governing bodies will give more support to your efforts. If Chief and Council or other governing bodies formally approve your efforts, you will have more success.

In summary, the community healing process includes:

- an interagency planning body to provide the direction and leadership for a community-wide suicide prevention program;
- the interagency planning body is ideally a subgroup of a larger community wide group and has the specific job of improving the health and well-being of youth;
- priorities for action identified;
- the community partners and key individuals are involved, and
- a viable organizational structure for moving forward.

2. Developing an Action Plan for the Interagency Planning Group

It is important for the interagency planning group to have short-, medium- and long-term goals. Keep in mind that the main goal is reducing suicide and suicidal behaviour.

Determine the timeline for your work plan. For example, what will be accomplished in six months, one year, two years, three years? What funding will support these initiatives? Make sure the plan is results-oriented.

Examples could be changes in policies, more open attitudes towards discussing suicide, more positive community responses to suicide prevention, more youth involved in planning groups, etc.

Clearly identify who is going to take responsibility for what aspect of the plan, both on an individual and agency level.

Track and monitor your results based on measures of success that you have already identified. How will you know that your program is successful?

Make links with other community partners and gatekeepers. Also include those who are implementing suicide prevention programs in neighbouring communities or at the regional level. Make links with national prevention programs and ask for support and input.

Build on your efforts, celebrate your success and learn from things that did not work.

3. Community Consultation: Building on your Community Partnerships

In many First Nations communities, suicide is a sensitive topic to discuss. Individuals may find it difficult, painful and shameful to discuss suicide and may deny its existence. It is important to create a safe and comfortable environment to allow community members to come forward and express their feelings. Individual and community attitudes and beliefs surrounding suicide must be understood and addressed to develop meaningful processes. Also, the community needs to acknowledge and accept suicide as a community-wide problem.

Identify community partners, organizations and agencies that have a commitment to participate in a community-wide suicide prevention effort.

A. Who are the current members involved?

This list would include individuals and agencies with a specific mandate that are involved in a suicide prevention program, and those professionals and gatekeepers in the community who have responsibility for at-risk individuals. This could include the National Native Alcohol and Drug Abuse Program worker, family worker, crisis worker, community health representative, nurse, etc.

B. It is important to expand your current group and involve community members from different backgrounds.

The list below has some suggestions. Review this and identify specific individuals and agencies that you would like to invite to participate. Complete a list and refer to it when you are ready to hold a community consultation and/or build an interagency network in your community.

- Mental health professionals;
- Child, youth and family serving agencies;
- Schools;
- Community members (youth and Elders);
- Survivors (family members or friends who have lost a loved one to suicide; those who have contemplated or attempted suicide and received help or have been on a healing journey)
- Police/RCMP;
- Clergy;
- Coroners;
- Physicians and nurses
- Hospitals;
- Media;
- Policy makers;
- Volunteer associations;
- Agencies from nearby towns or communities, and
- Chief and Council.

4. Guidelines for Community Consultation

A community consultation process gathers opinions from a diverse range of community members. You can hold a public meeting and create small groups to focus on particular topics. Specific questions are usually used to stimulate discussion and sharing of ideas, experiences, and insights on the topic. One or two people usually lead each group while someone records the information that is later used for community planning. One of the benefits of focus groups is that the discussion usually draws out more information, because one person's statements will help others to focus more on their thoughts, concerns, feelings, etc.

Some questions to include are:

a) Do community members think suicide and self-destructive behaviour of youth is a problem?

b) Why do they think this? What is the evidence?

c) If it is not seen as a problem in the community, are there

more urgent problems that need to be addressed?

d) Can the problem of youth suicide be addressed through a secondary route, for example youth violence, substance abuse prevention, health and well-being promotion?

e) What are the community's views on what needs to be done?

f) What are the current strengths and capacities of the community to respond to this problem?

g) What are some of the barriers to change?

h) Can the community members reach some consensus about what are seen as community priorities?

If the issue of suicide is not seen as a central concern, focus on the problems identified by the community consultation. You can incorporate suicide prevention in decreasing the other risk factors associated with suicide such as violence, substance abuse, etc. You can also use the consultation process to improve general community well-being such as including youth in decision-making, strengthening families, reducing isolation, increasing social support, and creating supportive school environments.

Phase II: Community Assessment

In order to build upon community healing and develop an effective suicide prevention plan, it is important to have information on your community in terms of its population and access to general programs and services. It is also important to identify existing resources available in your community. Communities that have already done assessments may build on or update them. Check with community leaders to find out if your community has a completed assessment.

The following information may be collected to complete a comprehensive profile of your community. First Nations may need to collect additional information that is relevant to the specific needs of their community. Some questions involve sensitive issues and clarification may be needed on where and how to access such information.

1. Demographics

Gather information on:

- name of your community;
- cultural background;
- geographic location (non-isolated, semi-isolated, remote, road access, etc.);
- distance from hospitals, physician(s), mental health services, etc.;
- population;
- age groups;
- how often people move into or out of the community;

- levels of education, and
- unemployment rates.

2. Infrastructure

a) What type of infrastructure exists in your community? Types may include, but are not limited to:

- housing;
- telephone or Internet access;
- heat/hydro;
- water and sewage;
- community facilities and amenities (i.e., community hall, general store, Band office, school, health centre, park, etc.);
- garbage and sewage disposal, and
- police and fire department services.

b) What are the important infrastructure issues in your community?

c) What are the housing issues in your community? Examples are overcrowding and homelessness.

If homelessness is an issue in your community, you may wish to consider the following additional questions and issues as part of your community assessment:

- Is there absolute homelessness in your community? For example, community members without any shelter at all.

- Are there community members that are at risk of becoming homeless, due to financial or other circumstances? Is there relative homelessness in your community? For example, community members sleeping on couches in the homes of relatives and/or friends.

d) Does your community have viable economic development? Is poverty and unemployment a problem in the community?

3. Community Health and Social Programs and Services

List and describe all of the health programs and initiatives that exist in your community. The following list provides a guide of some of the issues that you may wish to assess in your community. You may add other program and service issues as part of your assessment.

- Community relationship with the First Nations and Inuit Health Branch (FNIHB) (transferred community and/or integrated);
- Access to FNIHB health services;
- Mental health services;
- Brighter Futures Initiative Description;
- Building Healthy Communities Program Description;
- Access to provincial mental health services;
- National Native Alcohol and Drug Abuse Program, and
- Access to Aboriginal Healing Foundation-funded services.

4. Education Programs

Describe the education system in your community (elementary, secondary, post-secondary, adult education, graduation rates, drop-out rates, etc.).

5. Community Views and Attitudes about Suicide

The following is a list of questions that you may wish to use in assessing your community's views and attitudes about suicide:

a) Do people in your community talk openly about suicide?

b) Do people in your community acknowledge that suicide or suicide risk are real problems?

c) Do people in your community think suicide is shameful and should be hidden?

d) What do people in the community think leads to suicidal behaviour?

e) What are the traditional cultural beliefs in your community about suicide? About what happens to a person who thinks about or completes a suicide? Are there differences among community members about these beliefs?

f) What do people in the community think would reduce suicidal behaviour?

g) What do you think the community needs most to improve suicide awareness?

6. Community Review Regarding Suicide

Information on the recent history of suicidal behaviour is important for community healing. You can talk to individuals who have attempted suicide to understand their problems and what would be helpful in suicide prevention. You can try to understand the risk factors that may have led to a completed suicide and work to reduce these risk factors in the community:

- number of completed suicides in the community in the last year;
- number of completed suicides in the community in the last five years;
- number of attempted suicides in the community in the last year;
- estimated number of attempted suicides in the community in the last five years;
- approximate ages (under 12, between 12 and 18, over 18) of the people who committed suicide in the last five years, and
- approximate ages (under 12, between 12 and 18, over 18) of the people who attempted suicide in the last five years.

7. Community Responses to Suicide

How does the community respond to suicidal risk and suicidal behaviour? Accessing this identifies community strengths and helps develop suicide prevention plans.

a) How do community workers respond to youth in crisis? How do community workers actively include youth in community life?

b) How effective are the current community worker resources in monitoring high-risk individuals, in providing proactive support to high-risk individuals?

c) How would you describe worker or volunteer response to suicide in terms of allocation of resources, community education and outreach efforts?

d) How effective are the service delivery systems? Are there frequent team meetings, case conferencing, case management procedure, task assignments, and planning to improve service delivery? Please explain.

e) Do community workers focus on high-risk individuals by giving them links to the community social structure through individual home visits, assertive outreach, supporting Elder involvement, etc.?

f) How well is the current social and mental health delivery is responding to the community problem situation?

8. Community Risk Factors

Where it is not possible to have specific information, try to get a general overview of each issue in your community.

- Number of high-risk individuals (e.g., previous attempts as identified by community workers)

- Number of children in care, in community placements, out of community placements

- Number of non-suicide deaths in the past two years through non-natural means by type (accidental, violent). Please describe circumstances.

- Substance abuse problems:

  - Percentage of youth/children with addiction issues (sniffers, drug abusers, alcoholics)
  - Percentage of adults with addiction issues (sniffers, drug abusers, alcoholics)
  - Number of families with more than one family member with addiction issues

- Accounts by community workers of abuse indicators in the community: (physical, sexual and emotional)

9. Community Factors

A. General Factors

1) Are there a high number of individuals who have made suicide attempts?

2) Are there many children in care outside of their family settings?

3) Have there been many deaths in the community through accidents or violence?

4) Would you describe your community as having many individuals who have substance abuse problems? Include alcohol, drug abuse, gas sniffing.

5) Are the youth in your community using drugs and alcohol? How severe is the problem?

6) Is there a high incidence of physical, sexual and emotional abuse in your community?

7) Is there ongoing grief in the community due to suicidal and accidental deaths?

8) Has the community lost key individuals, e.g., leaders, Elders, etc.?

9) What traumatic events have occurred in the community?

10) Has your community undergone traumatic events such as relocation, amalgamation (joining with another community or communities), forced lifestyle change? Events like these can cause post-traumatic stress disorder (PTSD).

B. Risk Factors Relating to Family Issues

1) Is family instability and break-up common in your community?

2) Is there conflict or co-operation between extended family systems and factions?

3) Are there children who have lost or been separated from family? Are there patterns of childhood separation and loss?

4) Are there patterns of interpersonal and interfamilial conflict? Are there long-standing fights or feuds?

5) Are there families suffering from grief and loss?

6) Are there religious/cultural differences among community members?

10. Cultural Continuity Factors

a) Does your community have control over its own finances?

b) Is your community engaged in securing Aboriginal title to their traditional lands?

c) Does your community have some form of self-government?

d) Does the community have some degree of control over educational services?

e) Does the community have some degree of control over health delivery services?

f) Has the community established certain officially recognized cultural facilities to help preserve and enrich their cultural lives?

g) Does your community participate in cultural/traditional activities such as ceremonies, drumming,

singing, storytelling, craft-making, smudging, etc.?

h) Is your traditional language being spoken in your community? Is there a loss of traditional language?

i) Does the community recognize and support the challenges that youth face in growing into adulthood? Is there a sense of connection and belonging that is supported?

j) Are youth involved in community culture?

k) Does the community have programs that support youth to connect with traditional culture and values? Does the community have a way to help youth feel rooted in the customs of the community?

l) When children are disconnected from family and tradition they can feel a loss of hope for the future. When children are in multiple placements, they can lose a sense of connection with their lives and future. Is this a problem in your community and if so, how is this addressed?

m) Do youth feel excited and hopeful about the future in your community? How could this be supported?

11. Community Strengths

Additional Factors that Help to Strengthen the Healing Process and Create a Healthier Community

1) What role do Elders play in your community (traditional teachings, storytelling, decision-making, community life, etc.)?

2) In what way can adult role models positively support children and youth at risk?

3) Are there traditional child raising practices in your community? How are these included in community care?

4) Does the community have involvement and decision-making power over child-in-care situations?

5) Does the community have a style of embracing individuals and helping them belong to the community?

6) Does the community have long-term professional staff such as teachers, health workers, counsellors, social workers, police, etc.?

7) Does the community have day care, education and training programs, Head Start, playgrounds, a library, sports and recreation programs, etc.?

8) Are there businesses or services that provide job opportunities for community members?

Phase III: Developing a Community Healing Plan

By identifying and developing your community's interagency or committee, and completing your community assessment, you have identified the strengths and risk factors in your community.

In Phase III you can apply this information to a specific planning process. Some questions and concepts are included to guide the planning process. You may want to change these as necessary for your community's own needs.

Community healing and suicide prevention is a lengthy process. These goals cannot be achieved overnight. It is important to use local initiatives, include community members and youth, find strategies that fit the community and use more than one strategy.

1. Analysis of Community Assessment as a Planning Step

a) What did the assessment process tell you about the needs of your community?

Do you know how many suicides have occurred in the last 10 years? Do you know how many attempted suicides have occurred? Can you get access to health data that has been gathered by any census or government agency?

b) Do you require any additional information?

Although difficult to put in numbers, suicide attempts as well as thoughts of suicide must be factored in when thinking about the whole picture of suicide and its impact on Aboriginal people and communities.[16] A recent study found that the most powerful risk factor for a past suicide was having a friend who attempted or committed suicide. The study also found that having a family member who attempted or completed suicide was also a significant risk factor.[17] Other risk factors leading to suicide may include family breakdown, substance abuse, isolation, mental health problems, etc., are also important to understand.

c) Consider holding a community consultation meeting.

Discuss with community members what they think of the problem of suicide and suicide prevention. You can do this by creating a survey of caregivers, or holding a community consultation meeting (previously outlined in Leadership section).

The following sections can help your community assess the current status of suicide prevention plans and services. Consider all of these elements and describe what is currently in place in your community. You can refer to the past sections of this tool kit to gather information for this planning section.

2. Community Efforts

Part I: Primary Prevention

1) Community Renewal Programs

Does your community have programs that focus on revitalizing culture? Some examples include: traditional dancing; singing and drumming events; traditional ceremonies; art programs; Elder/youth teaching programs; and the presence of Elders at teachings, storytelling, teaching of traditional language. Does your community use traditional healing programs for overcoming trauma and transition? An example would be Elders helping individuals and groups in healing.

2) Community Gatekeeper Training

Does your community have educational and skill-building programs to improve the crisis management skills of people in regular contact with youth? Examples would be training youth workers, volunteers, band members, nurses, mental health personnel, family workers, substance abuse counsellors, and store owners.

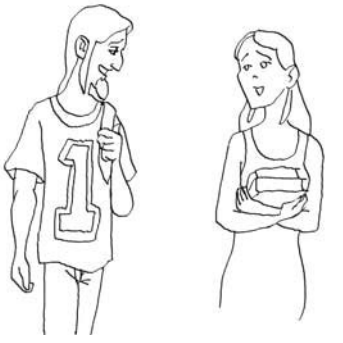
3) Means Restriction

Reduce youth access to most common forms of completing suicide, such as guns, poisons, inhalants, prescription medications, and ropes.

4) Public and Media Education

It is important to control the way in which a suicide is reported to the public and also in the media to reduce copycat suicide and suicide clusters which refer to a group of suicides or suicide attempts that occur in a short period of time. Examples would be meetings to discuss this, guidelines for the newspaper, television and local radio station.

5) Youth Participation



Promising suicide prevention programs have high youth involvement in the community overall, and in program development and implementation. Does your community involve youth in positions of influence? Examples would be youth involvement in planning groups, programs, media, etc.

6) System-Wide Protocols

When the local and regional government supports a suicide prevention policy, it is more effective. Does your community have any community-wide protocols? Examples would be statements from the Band council, health system, etc., on their commitment and plans for suicide prevention.

7) Community Development

It is important to know about the stages of community development and for the community to be active in its own healing. Is your community involved in overall healing and renewal programs? Is there a general desire for improvement? Please describe.

8) School Programs

Does your community have any school programs that involve peer support, a school-wide policy on suicide prevention, training for school personnel on managing suicide, and a focus on a positive school climate? Please describe.

9) Youth and Family Programs

Does your community have programs on suicide awareness education? General family support? Support for youth? Peer groups?

10) Building Skills for Community Staff

Does your community have ongoing training for the social service staff? The health staff? Please describe.

<u>Part II: Intervention Programs: Secondary Prevention</u>

These programs address youth and adults at risk for self-harm, and address the risk factors for suicide.

These programs can include specific suicide prevention programs as well as programs that address substance abuse, mental health problems, families at risk, crisis homes, crisis telephone centres, support groups for youth at risk, support groups for women, etc. Please describe the intervention programs in your community.

Part III: Postvention Programs

Postvention programs focus on individuals and families that have suffered from a loss and are in need of support in their healing. These programs would include critical incident stress debriefing, grief counselling, bereavement programs, etc.

Part IV: Community Strengths

What are some special strengths of your community? What gives your community pride? This could include traditional knowledge and culture, education/school system, sports and recreation, etc.

3. Framework for Community Healing and Suicide Prevention

The following questions provide a framework that can be used to help your community in its planning process for suicide prevention. The information gathered can also serve as a project/program description that may be required in a proposal for funding. These questions may be used for each separate project/program plan.

a) What are we planning to do?
b) Who will be involved?
c) What is the goal of this project/plan?
d) Who are we targeting?
e) When will it be implemented? How long will it last?
f) How are we going to do this?
g) Who will fund this or do we need funding? What else do we need?
h) How are we planning to use existing community resources such as Elders and youth? Are we building upon our strengths as a community?
i) Are we using our knowledge of what works in our community with regard to approach, protocol, method, etc.? (culture- and community-specific)
j) What will make this work?
k) Is it primary, intervention, postvention or a combination?
l) Does it address physical, mental, emotional, and or spiritual needs?
m) What other communities can we consult with that have tried this? Do we have a contact person?
n) How will we know it's working or successful? (evaluation)

Figure 3 – Holistic Health and Healing

In some First Nations teachings, the Medicine Wheel is used to represent a holistic approach to health and wellness. It includes the mental, emotional, physical, and spiritual aspects of life (mind, heart, body and spirit) that continuously influence and support one another. It is important to find balance between all four aspects, as well as maintain a strong self-identity to achieve overall good health.

Spiritual aspect: *the need for meaning and purpose in one's life; values and beliefs; personal identity; self-awareness; spiritual awareness; religion and culture.*

Physical aspect: *caring for your body; physical development and growth; healthy lifestyle; nutrition; physical activity; and healthy environment.*

Mental aspect: *coherent thinking processes; personal development and growth; personal responsibility for health decisions and the healing process.*

Emotional aspect: *expressing one's thoughts, feelings, and emotions; feelings of belonging, having compassion and caring for others; and healthy relationships with others.*

4. Evaluation

How will we know if we are making a difference? It's not easy to evaluate prevention programs, but it can be done.

An evaluation component supports the ongoing review and refinement of your community's suicide prevention plan and could provide your community with important information on any improvements that are necessary in strengthening the plan over time.

An evaluation could focus on the process(es) undertaken to develop the plan, such as the process(es) for the creation of your community's committee and the community consultation process. The evaluation could also focus on measuring the results of the plan and whether the plan objectives have been attained.

Here are five steps that you may wish to consider when developing an evaluation plan:[18]

a) **Identify the purpose of the evaluation**
In this step clarify what you need and expect from the evaluation process so that it will be useful. Decide what you want to evaluate and who will be responsible for completing it.

b) **Decide what evaluation process will be used**
Finalize evaluation goals and prepare a plan. Measuring the achievement of short-term or long-term goals can be used to evaluate success at various points in time. (Qualitative evaluation is based on interviews and reports; quantitative evaluation is based on surveys and statistics.)

c) **Gather the appropriate information**
We now know what information we want and how we will gather it. Talking to people and reviewing program information often provides valuable information. Questionnaires or interviews may also be used to get the complete picture.

d) **Make sense of the information**
Once the information has been gathered, the next step is to analyze and draw conclusions. Your conclusions may deal with how things are going and the extent to which the expected results were achieved.

e) **Use the results**
Decide to document the project. (Ongoing documentation as well as a final report on the project will help the community and other communities dealing with similar problems.) The report may contain evaluation results and recommendations. The results may provide reasons and ways for changing or modifying programs to make them more successful.

Conclusion

After completing the entire process outlined in this tool kit, you will have gathered much knowledge about your community and you will have made plans for the future. You may use this tool kit or parts of it again and again, as conditions change in your community. Community planning and healing is an on-going process.

"The First Nations believed that the wealth of a person or a community was measured in their good spiritual, physical, and mental health. A person's work was related to the good that he or she could do for the community."[19]

Henry Lickers, Mohawk Council of Akwasasne

Appendix A: Common Warning Signs

The following are common warning signs listed by the Suicide Information and Education Centre (SIEC).[20] These signs may indicate a person is at risk of suicide or is having personal, family or school problems. Suicides seldom occur without warning.

Physical signs:

- Neglect of personal appearance;
- Sudden changes in manner of dress, especially when the new style is completely out of character;
- Chronic or unexplained illness, aches, and pains;
- Sudden weight gain/loss, and
- Sudden change in appetite.

Emotional signs:

- Sense of hopelessness, helplessness, or futility;
- Inability to enjoy or appreciate friendship;
- Wide mood changes and sudden outbursts;
- Anxiousness, extreme tension, or agitation;
- Lethargy or tiredness;
- Changes in personality: from outgoing to withdrawn, from polite to rude, from compliant to rebellious, from well-behaved to acting-out;
- Loss of the ability to concentrate; daydreaming;
- Depression, sadness;
- Loss of rational thought;
- Feelings of guilt or failure;
- Self-destructive thoughts;
- Exaggerated fears of cancer, AIDS, or physical impairment;
- Feelings of worthlessness or of being a burden; and
- Loss of enjoyment from activities formerly enjoyed.

Behavioural signs:

- Making a will; writing poetry or stories about suicide or death;
- Quietly putting affairs in order; "taking care of business";
- Threatening suicide;
- Hoarding pills, hiding weapons, describing methods for committing suicide;
- Previous suicide attempts;
- Decreased school activity; isolation; sudden drop in achievement and interest in school subjects;
- Loss of interest in hobbies, sports, work, etc.
- Unexplained use of alcohol or other drugs;
- Withdrawal from family and former friends; sometimes acting in a manner which forces others away;
- Changes in eating and/or sleeping habits;
- Changes in friendship;
- Running away from home, skipping school;
- Accident proneness and increase in risk-taking behaviour such as careless driving, bike accidents, dangerous use of firearms (e.g., Russian roulette);
- Sexual promiscuity;
- Giving away prized possessions;
- Sudden changes in personality; and
- Preoccupation with thoughts of death.

The first five behavioural signs are extremely important. A previous attempt increases the risk of future ones. As a classmate, friend or relative, it is important for you to be able to recognize the common warning signs and of changes in the behaviour of people around you.

Appendix B: Key Resources

Aboriginal Healing Foundation
75 Albert Street, Suite 801
Ottawa, ON K1P 5E7
Tel.: (613) 237-4441
Toll-free: (888) 725-8886
Fax: (613) 237-4442
E-mail: programs@ahf.ca
Website: www.ahf.ca

Canadian Association for Suicide Prevention
c/o The Support Network
301-11456 Jasper Avenue,
Edmonton, AB T5K 0M1
Tel. : (780) 482-0198
Website: www.suicideprevention.ca
Information on crisis lines, publications, training for Crisis Workers, and Blueprint for a Canadian National Suicide Prevention Strategy.

Canadian Mental Health Association
8 King Street East, Suite 810
Toronto, ON M5C 1B5
Tel.: (416) 484-7750
E-mail: info@cmha.ca
Website: www.cmha.ca
Information on mental health promotion and training manuals.

Centre for Suicide Prevention
Suite 320, 1202 Centre St. East
Calgary, AB T2G 5A5
Tel.: (403) 245-3900
Fax: (403) 245-0299
E-mail: siec@suicideinfo.ca
Website: www.suicideinfo.cas
Contact for packages, including free copies or downloads of *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies*. Also available: research, training materials, provincial crisis lines and training programs, e.g., White Stone Training for Youth Educators in Suicide Prevention.

Community Programs Directorate
First Nations and Inuit Health Branch
Health Canada
Postal Locator 1920B
Tunney's Pasture
Ottawa, ON K1A 0K9
Tel.: (613) 954-5810
Website: www.hc-sc.gc.ca/fnihb-dgspni/fnihb/cp.htm
Community Mental Health Programs information available.

First Nations and Inuit Suicide Prevention Association of Quebec
3177 St. Jacques West, Suite 302
Montreal, QC H4C 1G7
Tel.: (514) 993-9976
E-mail: pspni-fnisp@bellnet.ca
Information on prevention and intervention models and training.

Living Works
4303D 11 Street SE,
Calgary, AB T2G 4X1
Tel.: (403) 209-0242
E-mail: info@livingworks.net
Website: www.livingworks.net
Information on training programs in suicide prevention.

National Crime Prevention Strategy Programs
Public Safety and Emergency Preparedness Canada
Community Mobilization Program
222 Queen Street, 11th Floor
Ottawa, ON K1A 0P8
Tel.: (877) 302-6272 or (613) 941-9306
Website: www.prevention.gc.ca
Information on community projects, funding, previously funded projects.

National Indian and Inuit Community Health Representatives Organization
NIICHRO
P.O. Box 1019
1 Roy Montour Lane
Kahnawake, QC J0L 1B0
Tel.: (450) 632-0892
Website: www.niichro.com
Contact for conference information, workshops, training kits and reports.

Additional Online Resources:

University of British Columbia Publications: www.mheccu.ubc.ca/SP/publications/

Visions: Centre of Innovation, Health Canada: www.visions.ab.ca

Key Publications on Suicide Prevention:

Chandler, M. and C. Lalonde. Cultural Continuity as a Hedge Against Suicide in Canada's First Nations. *Transcultural Psychiatry. 35*(2), 1998: 191-219.

Kirmayer, L. et al. Suicide Prevention and Mental Health Promotion in First Nations and Inuit Communities. *Culture & Mental Health Research Unit, Report No. 9.* Montreal, 1999.

Ministry of Children and Family Development. *Practice Principles: A Guide for Mental Health Clinicians working with Suicidal Children and Youth*. British Columbia: Ministry of Children and Family Development, 2001.

White, J., and N. Jodoin. *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies*. Calgary: Centre for Suicide Prevention, 2003.

Report of the Advisory Group on Suicide Prevention. *Acting on What we Know: Preventing Youth Suicide in First Nations.* Ottawa: Health Canada and the Assembly of First Nations, 2003.

Royal Commission on Aboriginal Peoples. *Choosing Life: Special Report on Suicide Among Aboriginal People*. Ottawa: Communication Group Publishing, 1995.

Endnotes

[1] Royal Commission on Aboriginal Peoples. *Perspectives and Realities: Elders' Perspectives*. Ottawa: Supply and Services Canada, Vol. 4, Chap 3, 1996:13.

[2] First Nations and Inuit Health Branch. *A Statistical Profile of First Nations Health in Canada.* Ottawa: Health Canada, 2004: 34.

[3] Report of the Advisory Group on Suicide Prevention, *Acting on What we Know: Preventing Youth Suicide in First Nations.* Ottawa: Health Canada and the Assembly of First Nations, 2003:84. The Advisory Group on Suicide Prevention was formed in 2001 and consisted of eight Aboriginal and non-Aboriginal researchers and health practitioners that were appointed by the Honourable Allan Rock, then Minister of Health Canada and Matthew Coon Come, the former National Chief of the Assembly of First Nations. The main task of the Group was to review existing research and develop a series of practical and doable recommendations to help stem the tide of youth suicide among First Nations.

[4] Canadian Association for Suicide Prevention. *Blueprint for a Canadian National Suicide Prevention Strategy*. Jasper: Canadian Association for Suicide Prevention, 2004: 7.

[5] Royal Commission on Aboriginal Peoples, *Choosing Life: Special report on suicide among Aboriginal People.* Ottawa: Communication Group, 1995:2-3.

[6] White, J. *Youth Suicide Prevention: A Framework for British Columbia*. British Columbia: Suicide Prevention Information and Resource Centre of British Columbia, 1998:10.

[7] *Ibid*., p.7.

[8] Please note that the terms prevention, intervention and postvention are also referred to as primary (community wellness), secondary and tertiary prevention, respectively.

[9] Chandler, M. and C. Lalonde. Cultural Continuity as a Hedge Against Suicide in Canada's First Nations. *Transcultural Psychiatry. 35*(2), 191-219, Vancouver, 1998:17-18

[10] *Ibid*., p. 13.

[11] *Ibid.,* p. 13.

[12] Individuals recognized as Elders have earned the respect of the community. Elders are people whose actions and words convey consistency, balance, harmony, and wisdom in their teachings. Elders hold invaluable knowledge and skills.

[13] White, J., and N. Jodoin. *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies.* Calgary: Centre for Suicide Prevention, 2003:240-242.

[14] *Ibid*., p. 27.

[15] Kirmayer, L. et al. Attempted Suicide Among Inuit Youth: Psychosocial Correlates and Implications for Prevention. *Canadian Journal of Psychiatry-Revue Canadienne De Psychiatrie,* 1998:vol. 43: 816-822.

[16] White, J. and N. Jodoin. *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies*. Calgary: Centre for Suicide Prevention, 2003:11.

[17] Borowsky, I.W.et al. Suicide Attempts Among American Indian and Alaska Native Youth: Risk and Protective Factors. *Archives of Pediatric Adolescent Medicine*, 1999: 153 (6) 573-580.

[18] Adapted from White, J., and N. Jodoin. *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies.* Calgary: Centre for Suicide Prevention, 2003:261-262.

[19] Napoleon, A. *Community-based development planning in native communities: A resource for community organizers:* Native Adult Education Resource Centre, BC Ministry of Advanced Education, Training, and Technology, 1992:3.

[20] Suicide Information and Education Centre (SIEC). Accessed March 17, 2005. Available at http://www.suicideinfo.ca/csp/assets/feature3.pdf

FIRST NATIONS CENTRE DES PREMIÈRES NATIONS

FNCPN

@NAHO/ONSA

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
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