Conseil Cri de la santé et des services sociaux de la Baie James
Cree Board of Health and Social Services of James Bay

Cree Mental Health Program
Suicide Prevention

Community Survey
By

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1. INTRODUCTION

Suicide is a serious problem that has become increasingly more common in Iiyiyiu Aschii over the last six years. This is cause for concern as it has an impact on individuals, communities, and the Nation as a whole. Suicide is an issue with many contributing factors, yet it is ultimately preventable. Though much research has been done on the subject, now is the time for action. Thus, this project's main objective was to gain a clearer picture of suicide in Iiyiyiu Aschii and develop a strategy for action targeted at suicide prevention and crisis intervention.

2. METHODOLOGY

This project took place between May –July 2007. A simple questionnaire made up of four questions formed the backbone of the entire project. These questions dealt with four points related to suicide prevention and crisis management: perceptions of the clientele, risk factors, available resources and recommended actions. Throughout all aspects of the project, these four points served as cornerstones. This allowed for a directed analysis with a focus on strategies for action.

The project consisted of two sections. The first was a review and summary of primary research previously done on the subject of suicide with a focus on our four main points. This allowed us to take advantage of the significant amount of research already conducted on the subject and to extract the relevant and useful information.

The second part of the project consisted of focus groups and individual interviews with key informers from five communities: Chisasibi, Waskaganish, Whapmagoostui,

Mistissini and Waswanipi. Individuals consulted included those connected to the field, such as doctors, nurses, social workers, ASIST trainers, emergency workers, and HROs. As well, other organizations in the communities were consulted, such as the Cree School Board, Elders, the Youth Council, the Elders Council, police, traditional healers and community members. The answers for each community were tabulated according to frequency and are presented in graphical form.

Overall, this approach provides a wider perspective of the situation as it relates to a variety of individuals in both the inland and coastal communities, while also clarifying the best actions to be taken.

3. OVERVIEW OF RESEARCH FINDINGS FOR SUICIDE PREVENTION

3.1 Clientele…….

General characteristics:

- Suicides generally occur in or in the proximity of the family home.
- The highest majority of suicides are preceded by an excessive consumption of alcohol and/or drugs.
- Suicide clusters are a common phenomenon among First Nations communities.
- Most suicides are committed by youths. [1]

RETROSPECTIVE ANALYSIS

In July 2006, a report was prepared which documented the deaths of people who had taken their own lives between 1985 and July 2005 in Iiyiyiu Aschii. Through the statistical analysis of suicides over the last 20 years, the report presented a clearer picture of the situation while also demonstrating the changing situation.

GENERAL TRENDS

- There have been two clusters of people who have taken their own lives: the first happened in the early 1990's and the second has been occurring since 2001. Suicides have continued to increase since 2001.

- In the first cluster, people came from a number of communities. In the current cluster, they are mainly from Chisasibi.
    - They are predominantly young women.
    - They have been hanging themselves.[2]

[1] *Report on the First Meeting of the First Nations – Suicide Prevention Association*, (Montreal: July 2002), 6.

[2] Jill Torrie, Pierre Lejeune, Frances Couchees and Rachel Martin, *Report on Eutinahk Awen Upimaatisiiwin ("Someone who takes his own life")* (CBHSSJB: Public Health Department, July 2005), 5.

- Although gunshot was the most used method from 1985 to 2000, this has now changed:
    - In the last five years, 10 out of 11 suicides were done by hanging. [3]

COMMUNITY TRENDS

- Suicides occur more often in Chisasibi, even when correcting for population size:
    - About 50% of all suicides come from Chisasibi, where about 25% of the population of Iiyiyiu Aschii lives.
- Certain communities have only recently begun to experience suicide:
    - In the last 20 years, the two suicides which occurred in Whapmagoostui took place in 2005.[4]

CHARACTERISTICS OF THOSE WHO TAKE THEIR LIFE

- The majority of those who have taken their lives are male, aged 15 to 24 years.
- However, recently suicide rates have dramatically increased for women:
    - Of all the suicides which took place in the last 20 years:
        - 7 of the 10 females who took their own lives did so in 2004 and 2005
        - During the same period, 2 males took their own lives.
    - These women were all aged between 10 and 24 years.
    - The suicide rate for women in Iiyiyiu Aschii is almost twice that of women in Quebec.[5]

RECENT TRENDS

More recent data shows that in the last 3 years:

- There were 11 suicides in the communities of the James Bay.
- Of these 11 suicides, 8 were young women and 3 were young men.
- The average age was 20 years old.
- Most suicides were done by hanging.[6]

GENERAL CHARACTERISTICS

Other demographic, social and education data:

- 66% of the Cree are under 30 years old, compared to 33% for Quebec as a whole.
- There is a heightened level of youth under Youth Protection.
- Only 10% of youth finish high school.

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[3] Ibid.

[4] Jill Torrie, Pierre Lejeune, Frances Couchees and Rachel Martin, *Report on Eutinahk Awen Upimaatisiiwin ("Someone who takes his own life")* (CBHSSJB: Public Health Department, July 2005), 4.

[5] Ibid.

[6] *National Aboriginal Youth Suicide Prevention Strategy: Phase 1 – Community Reflection*, (FNIHB: December 2006).

- Unemployment is at 17%, compared to 8.3% in Quebec.[7]

[7] *CBHSSJB Presentation to the Council Board,* (Mistissini, Qc: July 2005).

3.2 Risk Factors ……

A MODEL FOR UNDERSTANDING SUICIDE

Risk factors are defined as characteristics that are commonly found in the lives of individuals who die by suicide. Suicide and suicidal behaviour occur when several risk factors interact with one another. These factors may reflect *individual vulnerabilities* (such as depression) or they may reflect *social or environmental conditions* (such as family instability). It is generally agreed that suicidal risk intensifies as the number or severity of these risk factors increases.[8]

There are *four types* of risk and protective factors. The first three types of factors increase the risk for suicide while protective factors reduce the risk.
These are:

1. **stage-setting** factors, which set the stage for a vulnerability to suicide (e.g. family history of suicide)
2. **contributing** factors, which act to heighten the existing risk (e.g. physical, emotion and/or sexual abuse)
3. **trigger** factors, which act as a trigger for predisposed person (e.g. feelings of disconnection)
4. **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).[9]

KEY POINTS:

- Suicide comprises a range of severity from minor suicide gestures that pose relatively little threat to life to highly lethal acts.[10]
- In many cases, suicide, parasuicide and suicidal ideation appear to arise from an inability to communicate with others during acute interpersonal crises.[11]
- Personal factors such as alcohol intoxication are strongly associated with suicide and parasuicide.[12]
- Cultures that emphasize and maintain strong family connections have lower rates of suicide than other cultures. One possible reason for the high rate of suicide among young First Nations Peoples is that their culture is in a process of transition. The impact of Euro-Canadian culture has destabilized and eroded traditions that have previously given strength to the community.[13]

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[8] Jennifer White and Nadine Jodoin, *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies* (Calgary: Centre for Suicide Prevention, 2004), 12.
[9] Ibid, 16.
[10] Peter Barss, *Suicide and Parasuicide among the Cree of Eastern James Bay, Canada – Circumstances and Prevention* (Montreal: Régie Régionale de la Santé et des Services Sociaux de Montréal-Centre, 1998), 1.
[11] Ibid.
[12] Ibid.
[13] NAFC: Youth Peer Counselling Manual. Section Seven: Suicide (1994) 2.

Suicides often occur in **clusters**:

- One person at risk sees similarities between him/herself and someone who has committed suicide.
- The greater the similarities between the people and the greater the already existing exposure to the suicide in the community, the greater the chances that the suicide will be imitated.
- The original suicide is taken as a model of appropriate response.[14]

LOCAL PERCEPTIONS OF RISK FACTORS

A recent **community reflection** in Eeyou Istchee identified the following major risk factors:

- Alcohol and drug abuse
- Sexual abuse
- Parental negligence
- Low self-esteem
- School drop-out
- Lack of job opportunities
- The impact of other completed suicides.[15]

Elder's comments about what they feel is causing suicide:

- *Alcohol and drugs*
  - Suicide rate has increased since alcohol and drugs arrived in Eeyou Istchee
  - A large majority of attempts and successful suicides occur while under influence of alcohol or drugs.
- *Child sexual abuse*
  - Feelings of isolation and denial
  - Absence of help, sense of hopelessness
- *Dysfunctional families*
  - Feel disconnected from their family, their community and their traditions
- *Dysfunctional community*
  - Disappearance of traditional beliefs and values
  - Community is divided, little cooperation or involvement. [16]

SUMMARY OF MAJOR RISK FACTORS

The following summary was adapted from *Promising Strategies – Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies*.

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[14] Ibid.

[15] *National Aboriginal Youth Suicide Prevention Strategy: Phase 1 – Community Reflection*, (FNIHB: December 2006).

[16] Jill Torrie, Pierre Lejeune, Frances Couchees and Rachel Martin, *Report on Eutinahk Awen Upimaatisiiwin ("Someone who takes his own life")* (CBHSSJB: Public Health Department, July 2005).

Individual:

- Mental health issues
    - There is very strong evidence that having a mental disorder places a person at considerably higher risk for suicide than the general population.
    - A significant proportion of people who died by suicide have a mental disorder.

- Personality traits
    - There is evidence that the following are common temperamental traits of people who died by suicide:
        - social withdrawal
        - hypersensitivity (being extremely sensitive to others' anticipated judgments and being highly self-critical)
        - personal rigidity (having difficulty generating alternatives when faced with problems and being very fixed in one's perspectives)
        - impulsivity

- Alcohol and substance abuse:
    - Studies show that suicide and suicidal behaviours are clearly linked with substance abuse (including alcohol).
    - Studies of adult Aboriginal suicides in British Columbia, Alberta, and Manitoba have estimated that between 75% and 90% of the victims are intoxicated at the time of their death.

- Low self-esteem
- Absence of personal purpose
- Previous history of a suicide attempt
- Sexual orientation or "two-spirited" issues
- Conflict with the law

Family and Peers:

- Friends or family members attempting or completing suicide.
- Change of caretaker during childhood or adolescence, chronic family instability, or disrupted relations.
- Family or caretaker history of mental health problems, including alcoholism, drug abuse, or depression.
- Physical or sexual abuse.
- Interpersonal isolation.

Community:

- Access to substances which increase suicidal risk (e.g. alcohol and drugs)
- Poverty
- Community instability

- Limited opportunities for employment
- Lack of proper housing
- Isolated geographic location

Culture:

- Breakdown of cultural values and belief systems
- Loss of control over land and living conditions
- Marginalization: individuals who do not acquire the skills, values and traditions of the traditional culture.
    - "caught between two cultures", youths have difficulty relating to either of them

SUMMARY OF PROTECTIVE FACTORS

Cultural continuity

- Achieving a high level of local community control and identity offers some protection from suicide.
- Aboriginal communities that have taken active steps to preserve and rehabilitate their own cultures and shown to be those in which youth suicide rates are lowest.
- The concept of cultural continuity may protect youth against suicide by sustaining a sense of self and a will to live, especially when faced with adversities.

Social networks and connectedness

- A willingness to discuss problems with friends and family, emotional health, and connectedness to family are all shown to be protective factors that reduced the risk for suicide attempts.
- These factors include:
    - Support from family and friends
    - Perceived connectedness to family and friends
    - Sense of belonging

Spirituality

- Encompassing traditional spiritual knowledge and different religious affiliations, spirituality represents another important protective factor against suicide.
- Aboriginal spirituality is seen as a philosophy and way of life and is based on the fundamental inter-connectedness of all natural things and all forms of life.
- Understanding these spiritual traditions is an important part of understanding oneself.

Other important protective factors:

- Good physical and mental health
- Good school performance
- Positive attitude towards school
- Skills in stress management, communication and problem solving
- Positive self-esteem

- Early identification and appropriate treatment of psychiatric illness.
- Reporting a good relationship with the community
- Spending more time in the bush. [17] [18]

3.3 Resources …….

CBHSSJB PROGRAMS AND SERVICES

1. Local Community Service Centers (CLSC)

- 2 CLSCs:
  - 1 Coastal in Chisasibi, providing services to Whapmagoostui, Chisasibi, Wemindji, Eastmain and Waskaganish
  - 1 Inland in Mistissini, providing services to Mistissini, Ouje-Bougoumou, Waswanipi and Nemaska
  - each community has an outpost: a local clinic that provides basic health and social services and Community Health Programs
- first-line role regarding health care and social services
- health services:
  - standard and emergency health care
  - follow-up for the community health programs
  - homecare
- Community Health
  - Mainly centered on education and prevention
  - 6 nurses provide follow-up for various programs

2. Social Service Center (SSC)

- The SSC is not a location but a group of services offered to the population through local clinics and CLSC, and in the future through the Multi-Service Day Centers.
- Services provided include Youth Protection, Homecare and all first-line social services.

3. Youth Healing Services

- 2 group homes (Chisasibi, Mistissini)
- Reception Center (Mistissini)

4. Mental Health Services

- Visiting psychologists
- social workers
- counselors
- therapists

[17] Jennifer White and Nadine Jodoin, *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies* (Calgary: Centre for Suicide Prevention, 2004), Appendix A.
[18] Laurence Kirmayer, Gregory Brass & Caroline Tait, The Mental Health of Aboriginal Peoples: Transformations of Identity and Community (Canadian Journal of Psychiatry 2000; 45: 607-616).

5. Hospital Center

- Medicine
  - 26-beds capacity
  - permanent and visiting general practitioners
  - nursing staff
- Emergency and Outpatient Clinic
  - 24-hour services related to emergencies, outpatient (services provided without the need of an overnight stay) and special services. [19]

6. School

- School counselor
- 1 Psychologist (for the nine communities)

INFORMAL RESOURCES

These include:

- Elders
- Natural helpers
- Traditional Healers
- Counselors
- Family
- Friends
- Religious organizations
- Nature or going out in the bush
- Others with experience, who can provide counseling and support
- Community
- Radioshows, posters, etc.
- Youth Center
- Recreation services
- Sports leagues

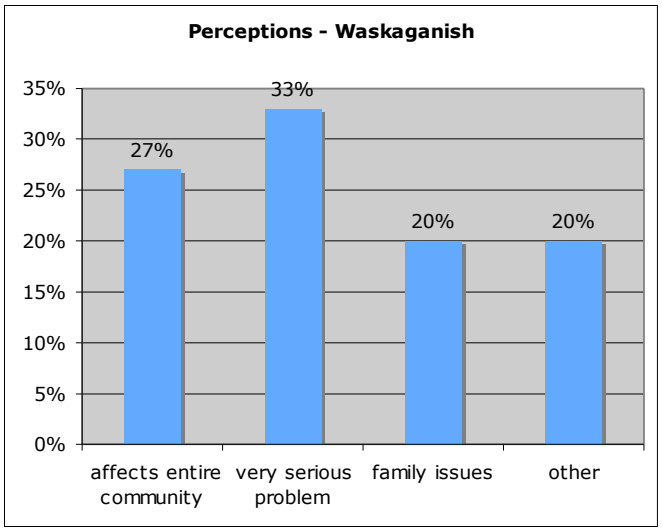
4. RESULTS OF INTERVIEWS & FOCUS GROUPS Summer 2007

4.1 Waskaganish ……

In Waskaganish two methods were utilized to gather the data, the first method was a individual interviews with the front line workers. Secondly individual interviews were conducted at random with community members.

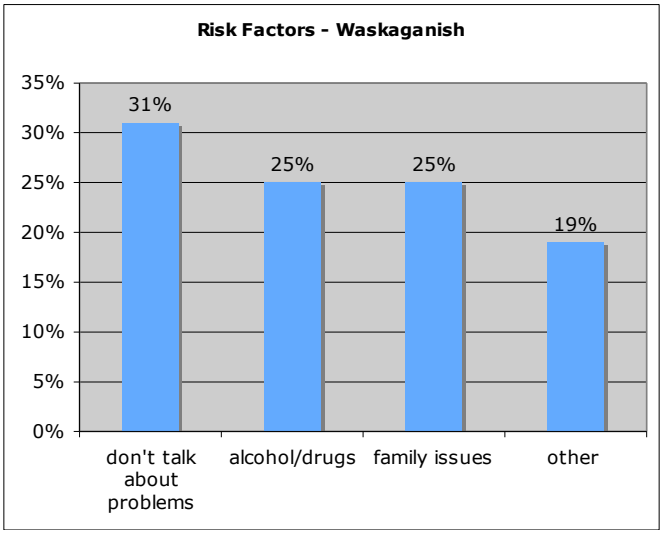
N= 13 respondents
The following were the most common answers.

[19] *Employee Manual* (CBHSSJB: May 25th, 2006), 2-4.



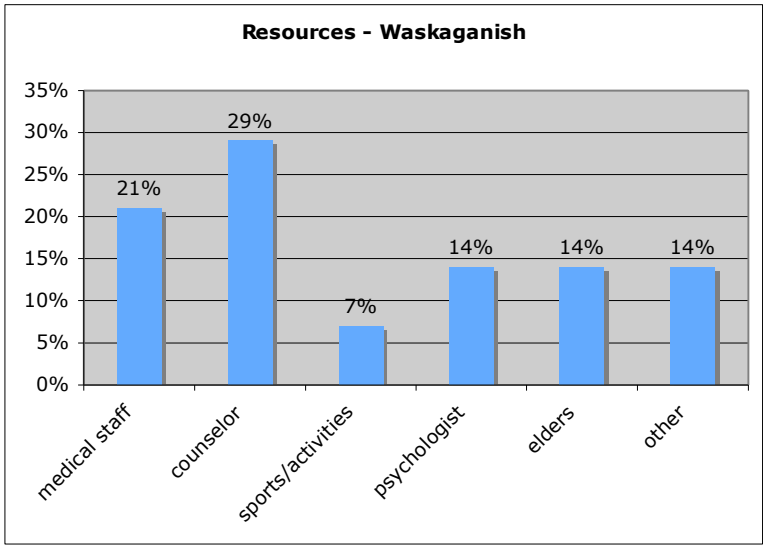
Perceptions:

- Suicide affects the community as a whole.
- It's a very serious problem which needs to be addressed.
- It relates to problems in the family environment.



Risk factors:

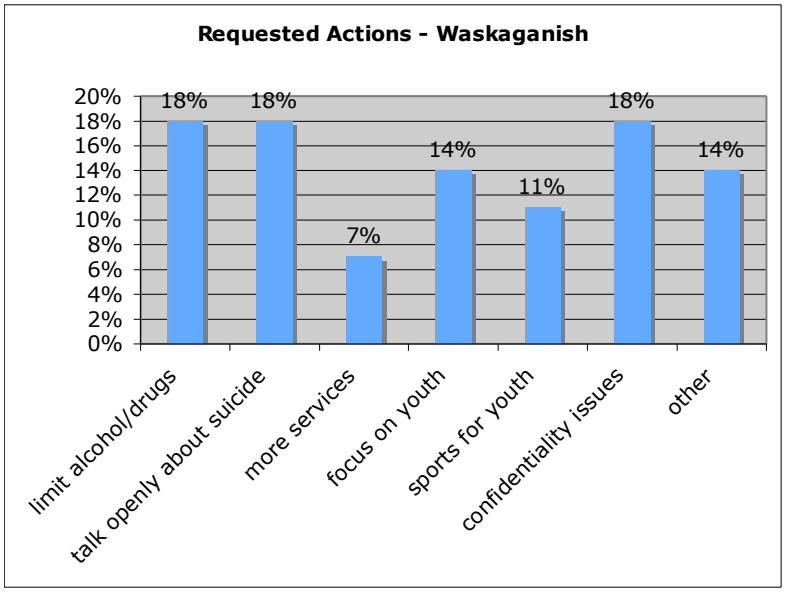
- People are afraid to talk about their problems or seek out help.
- Alcohol and drugs.
- Problems in the family environment.



Resources:

- Nurses, doctors
- Counselors
  - Dr. Joseph Jolly was named by 2 individuals
- Sports and other youth activities
- Psychologists
- Elders

Requested actions:



- Limit access to alcohol and drugs
- Talk openly about suicide
- Hire Cree-speaking counselors from outside the community
- Ensure ongoing, recurrent activities for education and prevention

- Focus on youth:
  - Teach about suicide and the effects of drugs and alcohol
  - Keep youth busy:
    - Organize regular youth gatherings with activities
    - Organize sports leagues and tournaments (especially for sports other than hockey)
    - Advertise these activities throughout the community

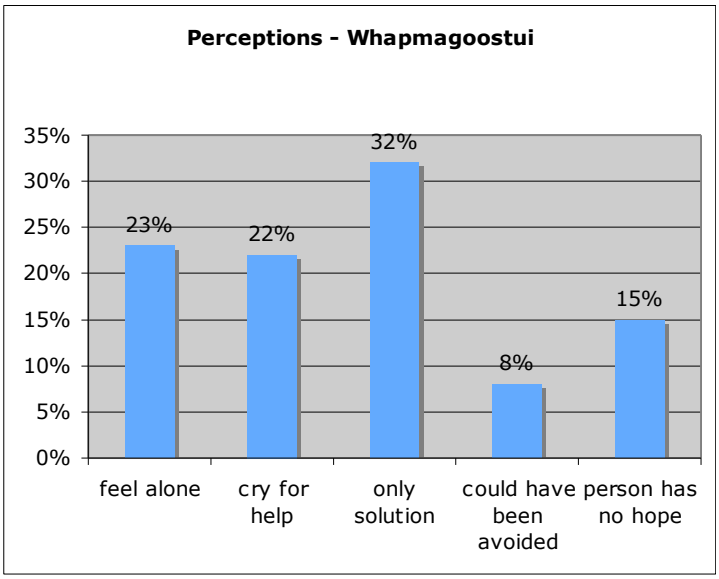
- Address the major confidentiality issues in the clinic:
  - Counselors should take their notes home or write in code

- Provide a clear follow-up protocol
  - Provide support groups
  - One community member suggested having a buddy system:
    - a high-risk individual is assigned a buddy they can contact at any time

4.2 Whapmagoostui ……

In Whapmagoostui two methods were utilized to gather the data, the first method were several discussion focus groups with 1) the school personnel, 2) The band council workers, 3) the police officers, 4) the nursing staff of the clinic, 5) elders gathered at the MSDC center Secondly individual interviews were conducted at random with community members, the doctor and the front line workers.

N= 49 respondents
The following were the most common answers.

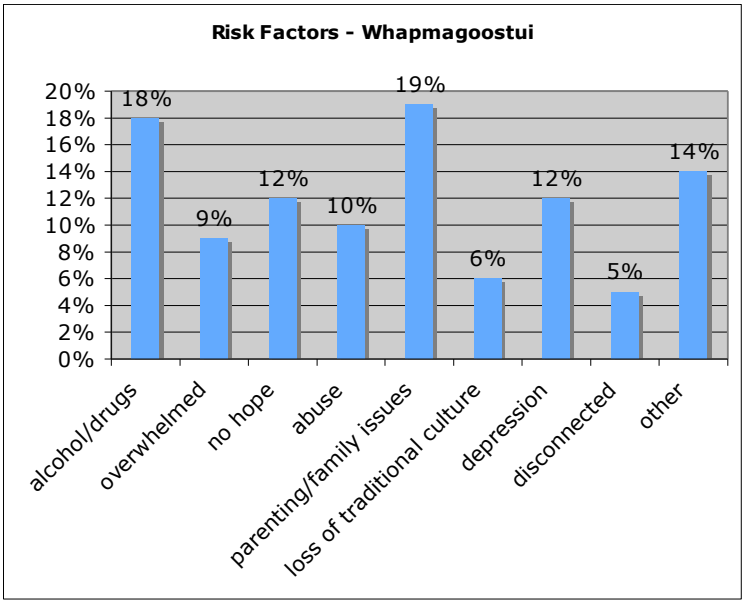


Perceptions:

- Those who engage in suicidal behaviour believe that nobody cares about them
  - They feel alone
- It's a cry for help
  - They can't express what they feel
  - They don't know how to ask for help
- It's seen as the only solution
  - Impulsive act
  - Only way to end suffering
- It could have been avoided
- They feel no hope

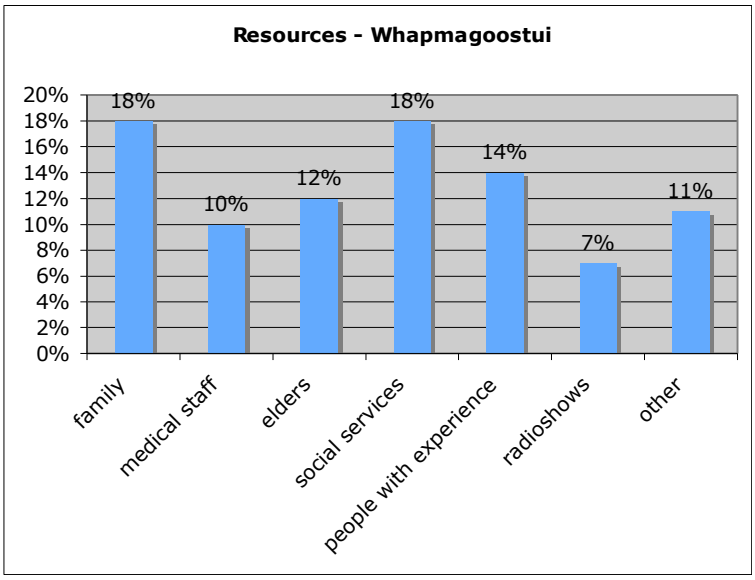
Risk Factors:

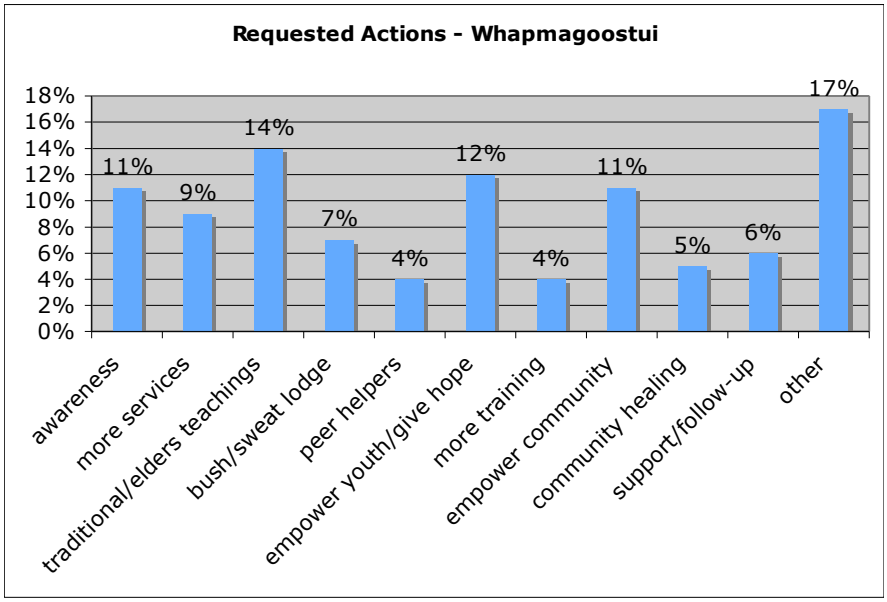
- Alcohol and drugs
- They feel overwhelmed
- They have no hope
- Sexual/physical abuse
- Parenting or family issues
  - They are caught between the traditional and the Western way of life
- Loss of traditional culture
- Depression
- They feel disconnected from their family, their community, their culture
  - Fight with friend, boyfriend/girlfriend
  - Feel alone



Resources:

- Family and friends
- Doctors, nurses
- Elders
- Social Services
- People from the community who have had similar experiences
    - Someone to talk to
    - Someone who understands what they feel
- Radioshows





Requested Actions:

- Through recurrent activities and workshops, provide more awareness and education on:
    - Suicide signs and symptoms
    - Available resources
    - Parenting skills
    - Self-esteem, life skills

- More recurrent, ongoing services including:
  - Counseling
  - Psychologist consultations
  - Alternative services (e.g. traditional healer, bush program)
  - Crisis response team

- Traditional services
  - Elders' teachings
  - Traditional healers
  - Traditional culture, music, crafts

- Provide traditional approaches given outside the community:
  - Bush program
  - Sweat Lodge
  - Healing center outside the community

- Peer helpers for youth
  - Increases connectedness, making youth feel less alone
  - Empowers youth to take an active role in helping others
  - Provides ongoing support when it's needed

- Empower youth to take initiative
  - Involve Youth Council
  - Let them make decisions about what programs and activities to offer
  - Provide them with goals and responsibilities
  - Most importantly, provide them with **hope**

- Increase training for all workers involved
  - Include Care for the Caregiver programs

- Empower the community to take charge
  - Increase local initiative and responsibility

- Community healing

- Provide support and follow-up for all individuals involved

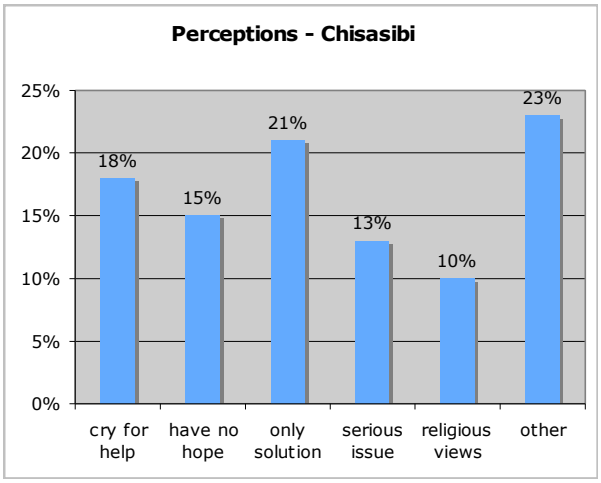
4.3 Chisasibi ……

In Chisasibi one method was utilized to gather the data, individual interviews were conducted at random with community members, elders, bereaved individual from suicide, doctors, nurses, the front line workers.

N= 22 respondents
The following were the most common responses.

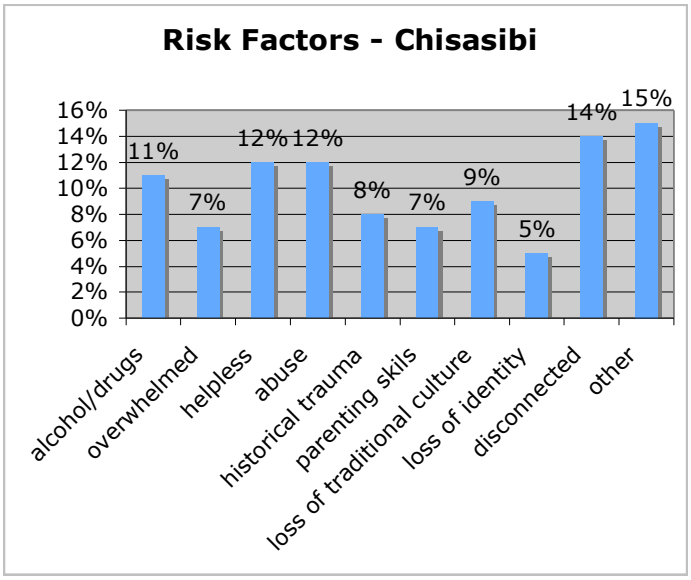
Perceptions

- It's a cry for help
  - They can't express what they feel and don't know how to ask for help
- They feel no hope
- It's seen as the only solution
  - Impulsive act
  - Only way to end suffering
- It is a serious issue in the community
- People express religious views related to suicide

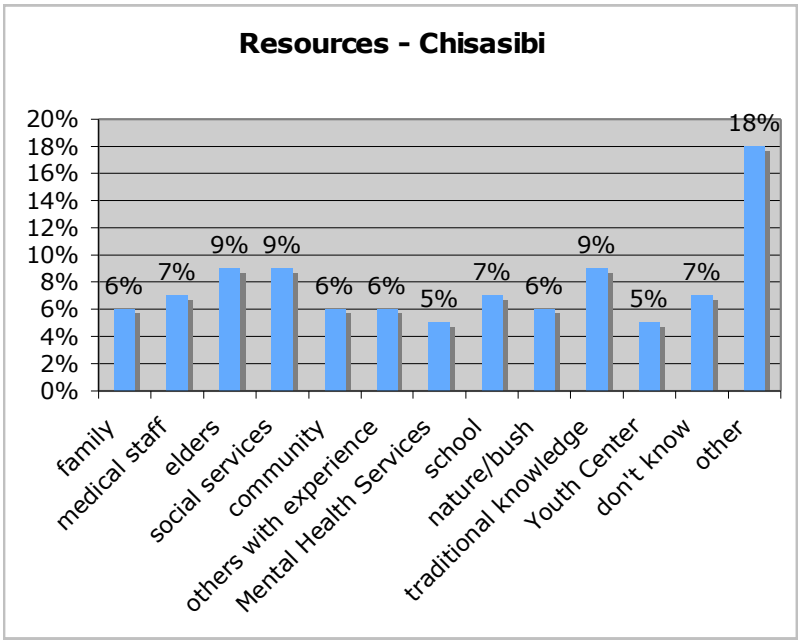


Risk Factors

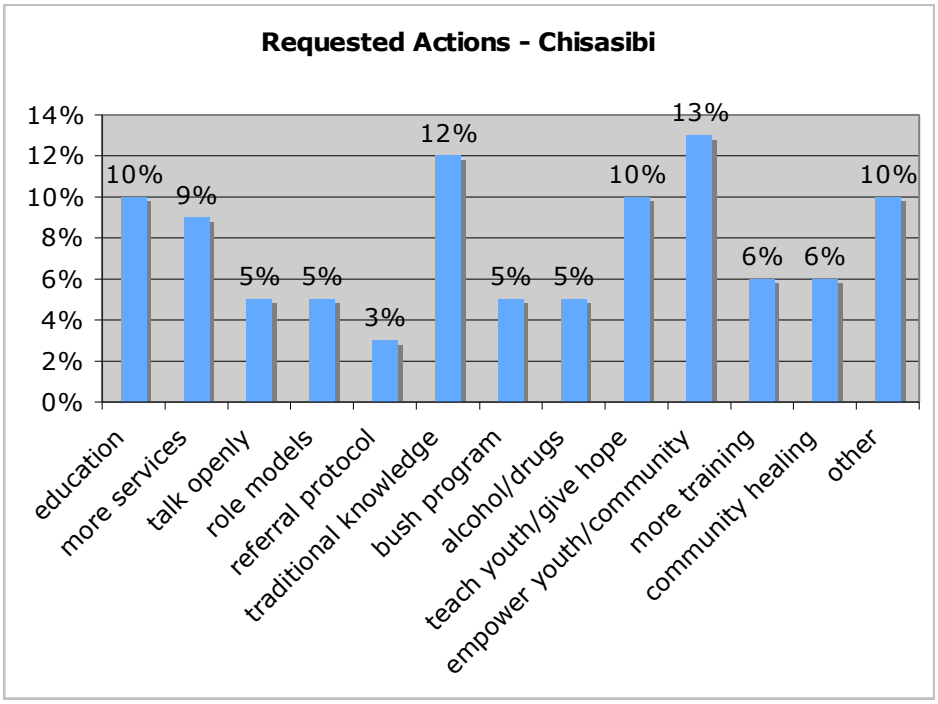
- Alcohol and drugs
- They feel overwhelmed
- They feel helpless and powerless
- Sexual or physical abuse
- Historical trauma
- Lack of parenting skills
- Loss of traditional culture
  - Culture is in transition
  - Youth feel caught between both worlds
- Loss of identity
- They feel disconnected and alone
  - Don't feel connected with their family, friends, community or culture
  - Disconnect between youth and elders



Resources



- Family and friends
- Medical staff
- Elders
- Social Services
- Community
- Others who have had experience with sadness, helplessness, hopelessness
- Mental Health Services
- School
- Mother nature, spending time in the bush
- Traditional knowledge
  - Culture, history, crafts, etc.
- Youth Center
- Respondent doesn't know what resources are available



Requested Actions

- Through recurrent activities and workshops, provide more awareness and education on:
    - Suicide signs and symptoms
    - Available resources
    - Parenting skills
    - Self-esteem, life skills

- More recurrent, ongoing services including:
    - Counseling
    - Psychologist consultations
    - Alternative services (e.g. traditional healer, bush program)
    - Crisis response team

- Talk openly about suicide
- Role models from the community
- Develop a clear referral protocol

- Traditional services
    - Elders' teachings
    - Traditional healers
    - Traditional culture, music, crafts

- Develop traditional approaches given outside the community:
    - Bush program
    - Sweat Lodge
    - Healing center outside the community

- Limit access to alcohol and drugs
    - Ban underage drinking
- Teach youth
- Empower youth and the community to take charge
    - Increase local initiative and responsibility
- Provide recurrent, effective training for all workers involved
    - Include Care for the Caregiver programs
- Community healing

4.4 Waswanipi……

In Waswanipi two methods were utilized to gather the data, the first method was a discussion focus group with the front line workers which was held over a one day session. Secondly individual interviews were conducted at random with community members. A greater proportion of the interviews were undertaken at Chewtau Old post).

N= 43 respondents
The following were the most common responses.

Perceptions

It is a cry for help

- People get stuck in a rut in their life
- People who take their own lives must think it is the only way for them to show us that they needed help
- Many times it is the same people calling for help

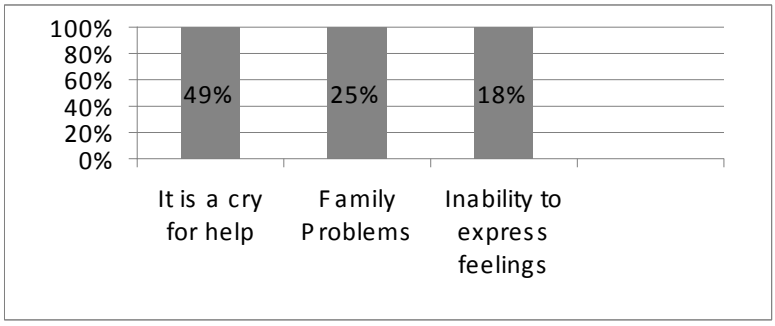
Family Problems

- Have not been shown love by their family
- It is tied to family problems like sexual abuse, getting beaten up
- Family separated broken homes children don't know where to turn.
- It is sad when people take their own lives. They don't think about the people around them, like their parents, brothers or sisters, cousins.

People don't know how to express their feelings

- People who take their own lives think that is the only way for them to show us that they needed help in the time of trouble
- They don't know how to express how they feel, hopelessness, don't want to feel the pain
- They don't communicate with their families, no loving in the families

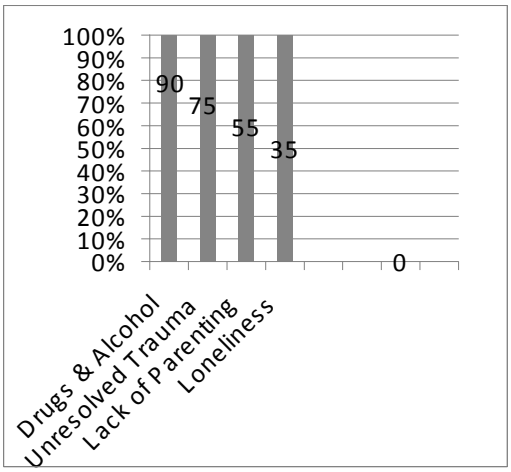
Community Perceptions of Suicide



Risk Factors

- Drug and Alcohol addictions
    - Drugs and alcohol, when they take a lot of drugs and drinking their minds get mixed up they can't think right
    - Too much drugs and drinking, sniffing
    - Never used to sell beer to Indians
    - Drug Lords controlling the community
- Unresolved trauma
    - Problems kept inside a long time like sexual abuse, rape causing suicide
    - Too much drugs something in their childhood making them choose this suicide
    - They got hurt, physcially, mentally, verbally growing up in dysfuncitonal home
- Lack of Parenting Skills
    - Parents lack parenting skills, no limits, parents don't listen! Parents part of the problem
    - Parents give too much money to their children.
    - Neglect people leave their children and leave for the weekend
    - No communication in the family. Too much gambling
    - Parents to angry when they speak totheir children, they need to listen too
- Loneliness
    - Lack of support, Don't feel like they are treated with love
    - Youth and children go home to empty house
    - Not enough people to talk too
    - Divorce and family separation
        - People feel trapped in their marriages sometimes this is because of arranged marriages
        - Children are shifted back and forth because of broken relationships
        - A lot of anger during couple separation, youth don't feel loved
        - Switiching partners back and forth the children get mixed up
- Poverty
- Lack of values
- Mental health issues

Most Commonly Identified Risk Factors



Identified Community Resources:

- Elders
- Social Services
- Emergency Workers – Police, Nursing
- Psychologist
- Aboriginal Healing Foundation Workers
- 2 Churches
- There are people who have had the ASSIST training
- Traditional group provides sweat lodge ceremony
- Suicide prevention worker

Re-occurring comments regarding Community Needs:

- There is not much happening in the community to prevent suicide, we need to have more public workshops on suicide prevention.
- When meetings are held people don't attend it is always the same people and not everyone is invited to be part of the solution.
- Confidentiality and credibility with existing services a common concern.

Requested Actions

- More recurrent, ongoing services including:
  - 24 hour suicide hot line
  - Counseling
  - Psychologist consultations
  - Crisis response team

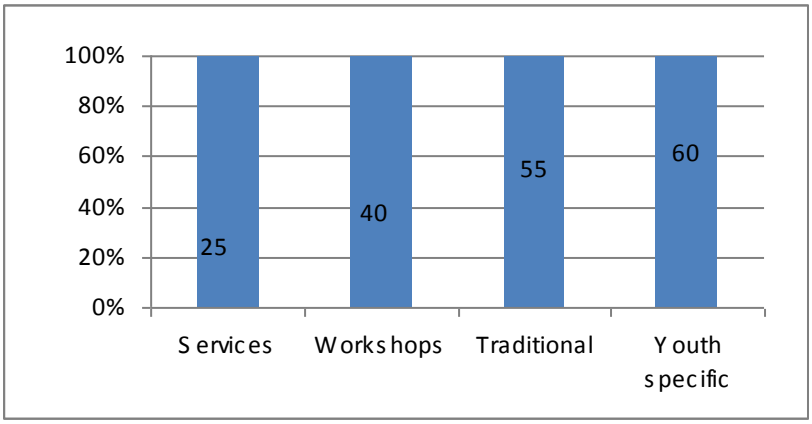
- Workshops:
  - Suicide signs and symptoms
  - Available resources
  - Parenting skills
  - Self-esteem, life skills

- Traditional services
  - Elders' teachings
  - Traditional healers
  - Traditional culture, music, crafts

- Develop traditional approaches given outside the community:
  - Bush program or mobile program such as Waskaganish
  - Sweat Lodge
  - Healing center outside the community

- Youth
  - Workshops youth specific
  - Online prevention chat for youth
  - Put in a curfew
- Talk openly about suicide
- Role models from the community
- Develop a clear referral protocol
- Provide recurrent, effective training for all workers involved
  - Include Care for the Caregiver programs
- Special Needs Program for the disabled people
- Zero tolerance for drugs and alcohol in the community
- Community healing

Requested Actions



4.5 Misitissini

In Mistissini two methods were utilized to gather the data, the first method was a discussion focus group with the front line workers which was held over a one day session. Secondly individual interviews were conducted at random with community members.

N= 26 respondents
The following were the most common responses.

Perceptions

General comment stemming from front line workers that there has been a lot of efforts in the last two years to demystify and sensitize community members about the issue of suicide. Last year a process to develop a community protocol was started. Additionally recently a suicide prevention worker is now on board as part of the community services.

Blame

- A lot of blaming goes on , like who drove the person to do something like that
- If a youth suicides, blame the parents
- When abuse happens and someone suicides then the victim is often blamed
- Parents blame themselves

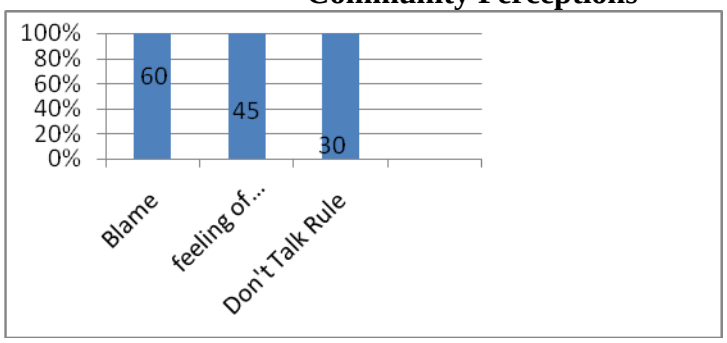
People feel worthless and helpless

- It is an end to what they are living don't feel like there is any way out
- A lot of sadness
- Don't feel supported or that they can turn to anyone

Don't Talk Rule

- It is too heavy to talk about
- Chain reaction if we talk about it someone else will do it
- Not knowing what to say

Community Perceptions



Risk Factors

People who have been victim of physical or sexual abuse

- People don't talk about sexual abuse
- Statements made about victim, that girl asked for it, these statements force the victim to suicide

Drugs and Alcohol

- Under the influence it is a quick way to end the pain
- A lot of parents are using because they are not happy in the marriage

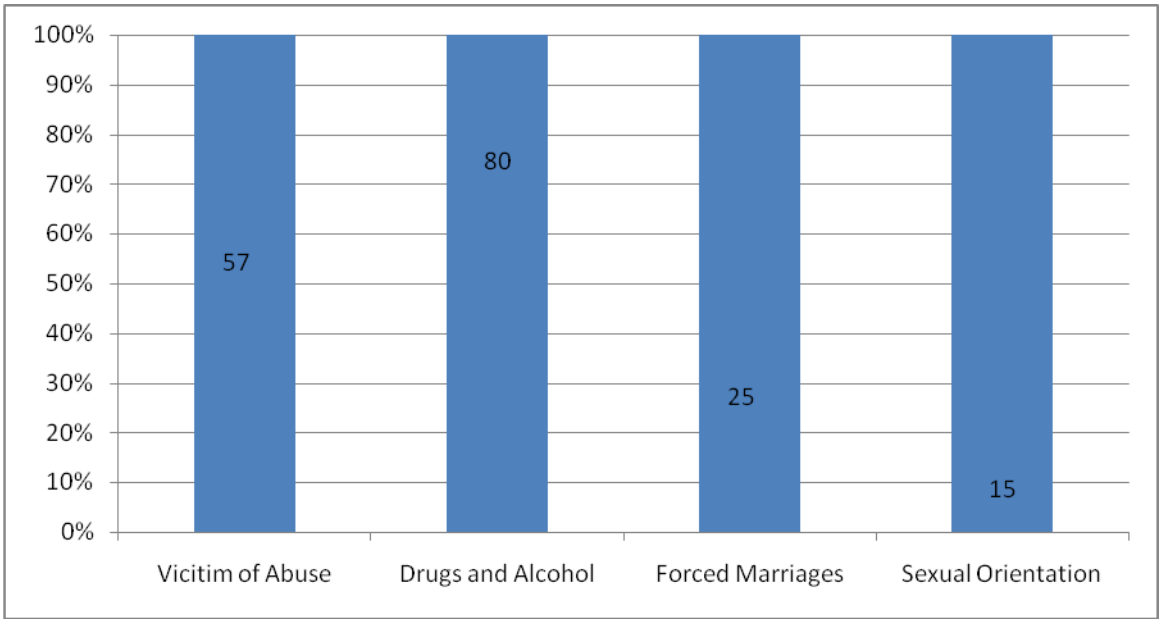
Forced Marriages

- People feel trapped in the marriage and take suicide as a way out
- Youth threaten suicide in thinking it is a way to bring parents back together

Sexual Orientation

- There is too much judgmental about homosexuality
- They don't feel like they belong and feel suicide is the only option
- People don't talk about it
- Even homosexual's judgmental of self even when the family accepts them they are hard on themselves because community does not look positively on them

Most Common Risk Factors



Most Difficult for workers when responding to Suicide

- Sometimes there are too many interveners and there is no coordination, makes the situation worse
- Not knowing what to say or how to say and not wanting to provoke suicide
- It is hard with the family members not taking the suicide attempt seriously and stating, oh the person has done it before
- Knowing a client to well makes it really hard
- When you can't reach the emotion of the person
- It is a really hard question to ask , Do you want to die, it really touches workers own triggers
- Limited skill as a worker to deal with suicide
- Feel there is a lack of trust in the workers
- People are paranoid about getting help

Cultural Considerations

- When suicide happens there is not discussion on where the spirit goes or the place that the spirit stays in
- Suicide as mental and spiritual warfare with self
- Sometimes suicide has been considered a curse from the Shaman
- Forced marriages part of culture as way of survival but today it still happens but does not happen the same way as the past. There are real hard culture clashes.

Current Resources and Solutions

- Two Summer festivals for youth with music to empower
- Bible Camp
- Recreation festival
- Training in the last two years to educate workers
- Family Life conference
- Helper healers
- Youth healing services – Canoe trip to Manitoulin Island
- Youth Empowerment program – youth at high risk – shadowing /mentoring program for 13 years upward
- Regional Mental Health Conference scheduled for October 2007
- Football camp for youth with the Montreal Alouettes which also includes cheerleading
- Numerous meetings to discuss the issues and begin a process to develop protocol
- Annual traditional gathering up the lake brings the community together

Requested Actions

- More youth at risk shadowing/mentoring programs
- Use of DVD to meet the different learning styles
- More information on the radio shows
- Regional Cree Hot Line
- Training on mental health issues
- Youth specific program to discuss sexuality, identity and culture
- Crisis response center and a mobile response service
- Training for healer /helpers
- Workshops for awareness, intervention and what to do afterwards
- Training for intervention

5.0 Recommended Actions……

A great deal of time, energy and effort has been dispersed throughout the Cree nation to understand suicide and to find solutions. This sections compliments the study currently examined and draws on previous works done in the Cree nation to put forth a strategy to prevent suicide.

AN EFFECTIVE APPROACH TO SUICIDE PREVENTION

An excellent resource for developing an effective approach to suicide prevention is *Promising Strategies – Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies.* Resulting from a detailed analysis of the effectiveness of different strategies, the data taken from this manual touches on many of the requested actions which were put forth in the communities interviewed for this survey. This strategy puts forward a focused, culturally-relevant approach to suicide prevention. It thus provides a clear summary of proven and promising strategies while also providing guidelines for implementing them.

A true suicide prevention strategy must be put in place to address this issue.

CRISIS RESPONSE TEAM

Despite attempts to set up crisis response teams throughout the communities, there are currently no crisis response teams in any of the communities. These would play an important role in an effective suicide prevention strategy.

The following descriptions for local and regional crisis response teams were given at the Cree Board of Health and Social Services of James Bay Presentation to the Council Board in July 2005.

Local Community Crisis Response Team:

- CBHSSJB Team
- Local HRO
- Social Emergency Staff
- Regular Social Services Staff
- Medical Doctor/Nurse
- Mental health
- Established Partners (i.e. Church, Police, School).

Purpose:

- To provide immediate assistance through Social Emergency services
- To request support from CBHSSJB Regional Crisis Response Team, if necessary
- To answer/intervene to crisis calls (Front-line Workers)

- To determine the best practices to provide support systems for people experiencing suicidal threat, ideation and attempts
- To provide debriefing sessions to all persons affected such as the individual, family and other interveners.[20]

CBHSSJB Regional Crisis Response Team:

- Team Leader
- Psychologist
- 1 Inland HRO
- 1 Coastal HRO
- Pre-Hospital
- 8 Front-line Workers
- 1 Elder Couple
- Traditional/Natural Helpers
- Local Community Crisis Response Team (CCRT).

Purpose:

- To initiate and coordinate immediate assistance
- To provide immediate relief to the local staff
- To answer/intervene to crisis calls (Front-line workers)
- To provide support systems for people experiencing suicidal threat, ideation and attempts
- To provide debriefing sessions to all persons affected.[21]

COMPONENTS OF AN EFFECTIVE SUICIDE PREVENTION STRATEGY

An effective suicide prevention plan should include **prevention**, **intervention**, and **postvention** strategies.

Prevention Strategies

Strategies for suicide prevention:

- Involve youth when implementing a suicide prevention program.
- Provide youth with activities, hope, the power to implement change.
- Strengthen the community, bring joy and meaning to the lives of its members.
- Thus, the best way to prevent suicide is to promote life.[22]

Prevention strategies should include:

1. Training youth to act as peer counselors;
2. A school curriculum with mental health and cultural heritage components;
3. Recreational and sports programs;

[20] *CBHSSJB Presentation to the Council Board,* (Mistissini, Qc: July 2005).
[21] *CBHSSJB Presentation to the Council Board,* (Mistissini, Qc: July 2005).
[22] Suicide in Iiyiyiu Aschii: State of situation as of March 2005, reflection on the causes and recommendations (March 2005).

4. Workshops on life skills, problem solving, and communication;
5. Parenting skills workshop;
6. Support groups for individuals and families at risk;
7. Cultural programs for the community at large;
8. Collaboration between community workers in health, social services and education;
9. Training in mental health promotion for lay and professional helpers. [23]

Intervention Strategies

1. **Individuals**
    a. Empower the person
    b. Help community members find a balance between the spiritual, mental, emotional and physical dimensions of their life
    c. Prevent access to substances that increase suicidal risk, such as alcohol and drugs
    d. Live an active life, as if still living in the bush

2. **Communities**
    a. Empower the community
    b. Establish an In-school Prevention Program teaching youth personal and social skills such as problem solving, interpersonal conflict management and self-esteem.
    c. Teach parental skills and traditional family values to young families
    d. Organize community life, promoting meetings, feasts and public debates
    e. Create a feeling of membership in the community and the nation

3. **Environments**
    a. Create places where culture is developed and exchanged
    b. Promote physical activity as much as possible

4. **Health and social services system**
    a. Support the creation of a regional crisis response team, and ensure the creation of local intervention teams in all other communities
    b. Increase training for first response teams, social workers, teachers, and health professionals
    c. Establish a protocol of follow-up for the family and friends grieving after a suicide
    d. Make the community as a whole more aware of the resources at their disposal.[24] [25]

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[23] L.J. Krimayer, L.J. Boothroyd, A. Laliberté & B.L. Simpson, *Suicide Prevention and Mental Health Promotion in First Nations and Inuit Communities* (Montreal: Culture & Mental Health Research Unit, Institute of Community & Family Psychiatry, 1999).
[24] Suicide in Iiyiyiu Aschii: State of situation as of March 2005, reflection on the causes and recommendations (March 2005).
[25] Joyce Chagnon, *Intervention and Recommendation Report for Mr. Andre St-Louis* (CBHSSJB, August 24th, 2003).

Postvention Strategies

- Routine follow-up of family and friends who have experienced a loss through suicide.
- Protocol to identify, support and provide follow-up to those at risk for suicide.
- Developing a crisis team to respond to suicides and suicide clusters.
- Developing a postvention team involving all sections of the community.[26]

Strategies in suicide prevention amongst Aboriginal youth

COMMUNITY RENEWAL STRATEGIES

- **Cultural enhancement**
    - Involve youth and Elders in activities allowing youth to learn about their culture and traditions.
    - Promote activities that help youth bridge the gap between their traditional culture and its non-Aboriginal counterpart.
    - E.g. Spending time in the bush, pairing youth with Elders, teaching traditional skills and values, forming youth drumming and dance groups.

- **Traditional healing practices**
    - 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.

- **Community development**
    - Increase self-reliance, mutual support among community members.
    - Build a sense of community belonging.

- **Interagency communication and coordination**
    - Clarify the roles and responsibilities of different organizations in the community.
    - Improve communication between these agencies.
    - Increase awareness of the range of community services available to at-risk youth as well as their families.

[26] *Acting on What We Know: Peventing Youth Suicide in First Nations – The Report of the Advisory Group on Suicide Prevention* (Health Canada, 2002).

COMMUNITY EDUCATION STRATEGIES

- **Peer helping**
    - Train selected students in basic helping and communication skills.
    - Set up peer training in areas like self-confidence, communication skills, problem-solving and decision-making abilities.
    - Provide a bridge between troubled youth and professional counseling services.

- **Youth leadership**
    - Recruit and train young people to become youth leaders in their communities.
    - Empowers youth to become active participants in decisions that affect them.
    - Will have an impact on youths, and the community as a whole.
    - Create positive role models in the community.
    - Foster a sense of belonging in the community.

- **Community gatekeeper training**
    - Identify gatekeepers: people who come in contact with youth as part of their professional duties or volunteer responsibilities.
    - Train community members in suicide risk recognition, intervention and referral procedures.
    - They can then increase awareness in the community on depression, suicide, and how to get access to helping resources.

- **Restriction to facilitating substances**
    - Ban alcohol to minors.
    - Raising awareness about the powerful link between suicidal behaviour and alcohol or drug use.
    - Educate youth about the dangers of alcohol and drugs.

SCHOOL STRATEGIES

- **School gatekeeper training**
    - Improve knowledge and competency of school personnel in the recognition and crisis management of potentially suicidal young people.
    - Increase knowledge about depression and the problem of youth suicide.
    - Increase awareness of helping resources and referral procedures.

- **School policy**

    - Develop a policy that mandates and guides the effective handling of crisis situations within the school environment.
    - Ensure that students identified as potentially suicidal by peers or school personnel are promptly referred for assessment and treatment.
    - Reduce the risk for suicide contagion among the student population, following a suicide.

- **School climate improvement**

    - Organize the educational setting in ways that will enhance the well-being and health of students and staff.

YOUTH/FAMILY STRATEGIES

- **Self-esteem building**

    - Help youth understand, build, and maintain their self-esteem.
    - Help youth build a sense of self-acceptance and purpose.
    - Facilitate the development of a sense of identity in youth.

- **Life skills training**

    - Teach youth the social competencies and life skills needed to support positive social, emotional and academic development.
    - Facilitate the development of meaningful relationships with peers, family members, teachers, and other adults.
    - Teach youth to recognize unhealthy social influences in the environment and make choices about those influences.
    - Develop self-management skills for depression and anger.

- **Suicide awareness education**

    - Talk directly with youth about suicide.
    - Provide them with the necessary attitudes, knowledge and skills to be able to self-refer or identify and help a friend who may be thinking about suicide.
    - Promote the development of competencies such as coping and stress management skills, as well as interpersonal and communication skills.

- **Family support**

    - Empower and strengthen parents to enhance the overall health and well-being of family systems.

- Enhance parental knowledge, self-esteem, and problem-solving capabilities.
- Enhance parenting skills.
- Strengthen family and community support networks.
    - E.g. parent support groups, parenting classes, family counseling or emergency assistance

- **Support groups for youth**

    - Bring together vulnerable youth in a caring and comfortable group environment where they receive the support of peers and practice valuable life skills.
    - Counteracts a number of early risk factors while enhancing important protective factors.
    - Assist youth to develop decision-making, interpersonal and coping skills.[27]

KEY ASPECTS OF AN EFFECTIVE SUICIDE PREVENTION STRATEGY

The following are necessary to implement a successful program:

- Give the communities the latitude to design the prevention programs.
- Promote existing initiatives, thus providing the communities with opportunities to base their initiatives on them.
- Ensure that a critical mass of the population, evaluated at 10%, has basic suicide prevention training.
- Ensure the activities are recurrent.
- Break the taboo surround the subject of suicide.
- Obtain the involvement of the chiefs and councilors.
- Encourage the community's involvement and appropriation of the suicide prevention program.
- Obtain the interveners support (Choose one or two local interveners to ensure that the activities are continued).
- Ask for the participation of other psychosocial intervention sectors (Health services, police services, social workers, etc.).[28]

Preventing burnout in interveners is essential. The following strategies are recommended:

- Ensure recurrent, targeted and effective training for interveners
- Plan debriefing structures for the interveners
- Plan well-being days to allow for the interveners' respite
- Design structures that reduce the demands made on the interveners.[29]

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[27] Jennifer White and Nadine Jodoin, *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies* (Calgary: Centre for Suicide Prevention, 2004).
[28] *Report on the First Meeting of the First Nations – Suicide Prevention Association*, (Montreal: July 2002), 14.
[29] Ibid, 15.