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Response to the youth bridging project survey

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January 2006

CNPR

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Published by the Centre for Native Policy and Research

This report is available for download through www.cnpr.ca

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BUILDING COMMUNITY SUPPORT FOR THE PREVENTION OF YOUTH SUICIDE & PERSONAL INJURY : RESPONSE TO THE YOUTH BRIDGING PROJECT SURVEY

(Nancy Cochrane, Karen Ogen, Krysta Cochrane & Lisa Caillier)

September 2005

Acknowledgement

This work was made possible through funding from the Michael Smith Foundation for Health Research for the Aboriginal Health Research Network. Special thanks to Carrier Sekani Family Services for providing youth data and initiating this project.

Introduction

Carrier Sekani Family Services (CSFS) has been building research capacity in their eleven communities in northern B.C. during the past decade. The Carrier Sekani First Nation peoples are situated northeast of Prince George, B.C. on rural and remote reserve lands. The purpose of the Youth Bridging Survey Project was to address the issues that Aboriginal youth face in their communities, such as: lack of communication skills, self-awareness, home management, budgeting, low level of education, unemployment and training. The intention was to assist youth participants to become aware of their strengths and needs, and then address issues of career, education and training to aspire to their future goals (CSFS, 2002). One of the initial steps was to conduct an assessment of youth needs based on their perspective. CSFS hosted a four-day Youth Bridging Project in August 2002, focusing on exploring employment, career interests and preparation to work towards their individual goals. In order to meet the needs of the youth in some CSFS communities, the youth were requested to complete a needs assessment survey. The Youth Bridging Survey involved youth, ages 13 to 24 in three of the eleven CS communities.

One response to the Youth Bridging Survey (YBS) was the development of a Youth Life Skills Bridging Project. This project was seen as the first step in building confidence and skills to promote job readiness for youth (CSFS, 2002). The YBP objectives were to address issues and barriers to employment and teach daily living strategies. In addition to the Youth Bridging Project, a proposal was prepared by a New Emerging Team to reduce and prevent youth suicide in the Carrier Sekani First Nations. Our projects serve to build support for Aboriginal youth, and a website was developed to facilitate ongoing communication between the investigators and the youth participants, namely: www.comesay.ca, which means: “Community Engagement and Support for Aboriginal Youth”.

We anticipate that with our New Emerging Team (NET), the health of Carrier Sekani youth will improve, their voices will be heard, and we will build research and health capacities in their Nation. This is a report of the Youth Bridging Survey and our planned response with CSFS to improve the mental health of their youth.

The Carrier Sekani Community Context

Carrier Sekani Family Services provides services to approximately 8,000 people. Approximately 5,300 people of this population are registered status Indians as per provisions of the Indian Act. In this registered status Indian population 3,269 (62%) live on Indian reserve lands, and of these 2,473 (47%) are less than 25 years of age. This is in contrast to national reported averages that indicate more than 55% of registered status Indians live off Indian reserve lands.

The health status, employability, rates of unemployment, education rates, birth, morbidity and mortality rates of Carrier Sekani people are very similar to the national standard of First Nations across Canada. The majority of community members live in low-income families and are more likely than other Canadians to live in single parent homes. In relation to health status and addictions, a Nursing Review completed in 2002 by the Nurse Manager at CSFS noted: "The primary chronic diseases found among all population groupings include arthritis, diabetes, hypertension, heart diseases, and mental illnesses." This report also noted that health concerns among the school age population included school attrition, depression, addictions, life skills, low self-esteem, violence and safety with bikes, boating/water devices and snowmobiles. Mental health concerns included addictions, which were viewed as a response to deeper social issues in the community, such as disempowerment. Carrier Sekani communities do not possess a workforce sufficient to sustain their own economic base. In these communities the unemployment rate is estimated to range (60-90%). The majority of communities rely on employment created by Band Offices through government services, gas stations, schools and limited logging contracts. These jobs are short term and offer low pay. These economic circumstances create frustrations and animosity between individuals, families and communities, which increase the risk of substance abuse (Shawana et al, 2004).

The ongoing community responses to health and economic difficulties have put considerable strain on the roles that members play within the community. As a result there is considerable tension between Elders and youth. Preliminary community discussions with leaders and frontline workers at CSFS, and a visit to the youth camp at Ormond Lake enabled us to hear some of the issues facing youth today. The pilot data indicate that Carrier Sekani youth are seeking information about their culture, and there is widespread lack of parenting skill as well as lack of guidance from community members (including elders).

Carrier Sekani Community Needs

The community recognizes an urgent need to bring about a reduction in suicide and self-injury. In four of their communities there have been more than six youth suicides this year (out of a total number of about 200 youth). This represents a 50% increase from the previous. In response to the Youth Bridging Survey results and the request for cultural awareness, we are planning to conduct competence training. This program will present information in small group format (no larger than 12 people per group) on the historical factors that may be contributing to youth behaviours. Also included in the program will be the cultural determinants of health, the impacts of substance misuse and self-injury, and a peer support program. Applying Indigenous knowledge, we are planning culturally based activities that are designed to enable youth to grieve the impact of suicide in their community (postvention), improve cultural awareness and self-esteem among the caregivers/gatekeepers and the youth (prevention), and support the youth at present high risk (intervention). The youth and elders in this project will be involved in the cultural education program, following the cultural competence training. The beneficiaries of the cultural education and competence training program are intended to be the youth, elders and caregivers/gatekeepers who will be participating in the program. As well, the project is designed to benefit other community members through their involvement. Possible spin-off effects will engender community healing groups, grief work, and use of their indigenous

knowledge to build community support for youth and their families.

Background Information

Although there has been steady progress, the health of Aboriginal peoples in Canada continues to lag behind that of the national population (Young, 2003). In a systematic review of the literature on Aboriginal health, Young (2003) found that research has not focused enough on the unique health needs of women and children and the considerable geographic, cultural, socio-economic, and health differences in the Aboriginal population often overlooked. Suicide among First Nations youth has been occurring at an alarming rate. According to the Royal Commission on Aboriginal Peoples (1995), the suicide rate among Aboriginals of all age groups is 3 times higher than that of non-Aboriginal people. In more recent years, suicide and self-injury have been documented as the leading cause of death among aboriginal youth and adults up to age 44,and it has accounted for 38% of all Aboriginal youth deaths in 1999 (Health Canada, First Nations Inuit Health Branch, 2003). Native youth (of 15-30 years) are 5 to 6 times more likely to commit suicide than non-Native youth, with girls having an 800% higher risk of dying than their non-Native peers (Suicide Prevention Advisory Group, 2003). Since 38% of all registered First Nations in Canada are under the age of 15, the next generation of this age cohort will be one of high risk. These statistics are even more disturbing when it is considered that Non-status Aboriginal peoples are not included in this population. Up to 25% of all fatal accidents in the Aboriginal community has been identified as suicide. In Canada, First Nations and other Aboriginal youth take their own lives at a rate higher than that of any other culturally identifiable group in the world (Kirmayer, 1994).

Chandler and Lalonde (1998, 2003) drew attention to markers of cultural continuity that aid in drawing a community closer together. These include: self-government, land claims, education, health services, cultural facilities such as cultural education, and police/fire services. The authors also stated: "If finding ways of achieving a sense of personal persistence in the face of developmental change is the defining task of adolescent life, and if …failures to achieve a sense of continuity are strongly associated with the occurrence of suicidal behaviors, then on the common assumption that cultural continuity is a similarly defining problem of contemporary Aboriginal life, there are equally strong reasons to anticipate that First Nations communities that are more successful in achieving a measure of continuity with their own cultural past and likely future will also manifest lower rates of youth suicide than communities that are less successful in their efforts at cultural rehabilitation" (Chandler & Lalonde, 2003). Furthermore, Lalonde (2003) noted that cases of youth suicide in Canada were not randomly distributed across the nearly 200 separate communities that made up the First Nations population. He explained that "Suicide rates can be better understood when viewed in light of the efforts these communities had made to preserve and promote their native culture and to regain control over key aspects of their communal lives."

The problem of suicide must be addressed from many perspectives including socio-cultural, psychological, spiritual, epidemiological, and the community perspective. Consistent with Lalonde's recommendations for further study, the aim of "cultural rehabilitation" is of primary importance to our New Emerging Team (NET). Furthermore, one of the communities identified as having markers of high risk for discontinuity of culture in Lalonde's (2003) research is the Carrier Sekani First Nations (CSFN). The Health

Director, Mabel Louie, and her staff at CSFS represent the host community (CSFN) for our NET. They support the perspective of Health Canada (2002), that 'community wellness' and 'cultural competence' strategies may be the most effective tools to help decrease rates of suicide and suicide attempt, and that suicide prevention should be guided by Aboriginal communities. The aims of this project incorporate the recommendations of the Assembly of First Nation (AFN) National Youth Council (NYC) at the Youth and Elders Roundtable on Suicide organized by the AFN and Health Canada. The youth (NYC) from the 2005 meeting recommended that suicide prevention projects be youth driven, community based, and regionally defined. The Centre of Native Policy and Research held an Aboriginal Community Forum in 2005 and the Final Report (Slack & Corrigan, 2005) summarized the following requested research topics from the Aboriginals who were surveyed at the Forum: Identify the warning signs or risks of suicide and personal injury; Identify what programs will reduce the occurrences of suicide attempt; Identify appropriate mentoring programs that can be implemented in Aboriginal youth organizations to support employment, education/training, and capacity building; Incorporate traditional values of treating 'Youth' as equals, with respect and encouragement of youth leadership and community roles; Actively engage youth in community intervention projects; Partner with School Boards to host pilot programs to identify and utilize best practices for support systems to prevent suicide and personal injury; Utilize community-based participatory action research to engage youth in individual and community development.

Our Aim

Suicide in Social and Cultural Contexts is the selected theme of our new emerging team with Aboriginal youth and caregivers (gatekeepers) in the Carrier Sekani Family Service Area (CSFS area) of British Columbia. The Carrier Sekani Nation has had increasing incidents of suicide and parasuicide within the past six months. Using the response to the 2002 Youth Bridging Survey, our focus is the social and cultural determinants of suicide and the resources that could reduce the rate of suicide and parasuicide. Consistent with the Ownership, Control, Access and Possession (OCAP) policy or Self-Determination strategy as applied to research (Schnarch, 2004), we are endeavouring to bridge community and scientific projects. This will bring meaningful capacity development and community empowerment to make change, in order to reduce the incidents of youth suicide in the Carrier Sekani communities of British Columbia. Included in this capacity development will be the training of new researchers both in the scientific and Carrier Sekani communities.

The Youth Bridging Survey

The Youth Bridging Project (YBP) goals were: 1) To provide a welcoming environment for youth to explore a variety of options for education and/or employment; 2) To help youth identify barriers to employment and/or further education; and 3) To assist youth in finding needed resources within their community. The YBP provided a 4-day workshop for youth in 3 communities, which had focus groups and educational presentations that prepared the youth to complete the YBS. Thus, the youth were prepared to respond orally to the survey following socialization, with other Carrier Sekani communities, so that they could be ready to respond to the survey. This engaged the youth and encouraged their active participation in the survey, resulting in a 100% response rate.

The YBS was administered individually to 24 representative youth in 3 communities (72 in total) in August 2002. The YBP operated as a four-day workshop in Burns Lake, Vanderhoof, and Fort St. James. Youth were selected on the basis of age (13 to 24 years), native status, and the Youth Bridging Project application form. The application form included the following questions: 1) What is your understanding of what you will be doing in the Youth Bridging Project? 2) Are there any barriers or concerns that may affect may affect your ability to participate in the program for four days? 3) What is your current source of financial support? 4) List any medical concerns and/or current medications you are taking? 5) Please take a moment to write down any additional concerns that you may have regarding yourself or the Program. 6) Do you have parents/guardian consent to attend the program (if under 19 years of age)? This questionnaire served as consent and willingness to participate in the Youth Bridging Survey. The YBS gained prior approval from all Chiefs and Councils and frontline workers from each of the Carrier Sekani communities. The YBS asked the following questions: 1) age; 2) gender; 3) community location; 4) grade level completed; 5) What are some of the issues you face as a youth in your community and day to day? 6) What do your see as healthy activities? 7) What are the top 4 topics you would like to see addressed during the 4 days? 8) Who, from your surrounding communities, do you think would be an interesting speaker or role model to give a presentation during the 4 day project? 9) What areas of work or education are of interest to you and you would like more information?

Report of the Youth Bridging Survey Results

In January 2004 the results of the Youth Bridging Survey (YBS) were validated at the Youth of the North Conference. Highlights of this survey include the responses from 72 representative youth surveyed who attended the 4-day Youth Bridging Workshop. There were ten themes derived from the content analysis of the survey data. Table 1 provides a summary of theme data. The number one issue faced by the youth and their communities was drugs and alcohol (n=39). The remaining issues in order of highest to lowest frequency were: Traditional Culture (n=34), Educational Goals (n=32), Peer Pressure (n=30), Caregivers (n=30), Finding My Strengths (n=28), Leisure Activities (n=25), Lack of Help (n=25), Communications (n=23), Decision Making (n=22), Job Opportunity (n=22), Depression (n=18), Healthy Activities (n=17), Communication (n=17), Relationships (n=17), Problem Solving (n=16), Low Self-Esteem (n=15), Teen Pregnancy (n=13), Barriers to Education/Employment (n=12), Bullying (n=11), Self Awareness (n=11), Role Models (n=11), Find Help in Community (n=9), Parent/Teen Conflict (n=9), Deal with Racism (n=6), Violence in Home (n=5), and Suicide (n=4).

Table 1: Issues faced by youth in the community – most prevalent theme responses

Issues	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Community Name															
Nadleh Whut'en	4		3		2				2		2				
Stellat'en	4	2	3	2		2	3		4	3	4	2	3		5
Burns Lake band	6	2	4	3	3	2	3	4	4	4	5	4	3	4	3
Cheslatta	6		7	2		5	5	3	2	2	8	4	4	3	5
Wet'suwet'en	7		4				5	4	5	5	7	5	5	6	5
Takla Lake	7		5	4			5	2		3	5		5		2
Yekoochie	3		4				2	2					2		
Lake Babine Nation	2						2	2	2		3				
Total	39	4	30	11	5	9	25	17	17	17	34	15	22	13	18

A = Drug and Alcohol
B = Suicide
C = Peer Pressure
D = Bullying
E = Violence in Home
F = Parent / Teen Conflict
G = Lack of Help
H = Healthy Activities
I = Relationships
J = Communication
K = Traditional Culture
L = Low Self-Esteem
M = Job Opportunity
N = Teen Pregnancy
O = Depression

These data show that the second most prevalent theme was related to the youth need for traditional culture. Another prevalent theme was related to the status of their caregivers. Caregivers may be front-line workers, family caregivers, and community gate-keepers. We responded to these prevalent needs by addressing program goals with the CSFS leaders and representative youth leaders during a site visit. Although the youth selected drug and alcohol related issues as their primary need, this was not the focus of this grant opportunity.

When these same youth were asked what type of programs and services they thought their community needed, they responded with a diverse spectrum of suggestions. Some of these suggestions include the following: "Our own laws with elder participation; detox centres; economic development (stores, banks); activities that include elders; youth pregnancy programs; support for single mothers, youth counsellor; tree planters; recycling;

more food; paved roads; more positive role models; communications and economic development; more language training and potlatches; more workshops and activities; more activities to keep youth out of trouble; Youth Chief and Council; language classes; berry picking trips; beading workshops; lunch programs; more drug, alcohol and gambling education; La hal games/potlatches, picking berries and field trips; traditional games, food, language, potlatches; more sports, cultural activities, better nursing helpers; community members' involvement; fun games/colouring activities; detox for the troubled ones and student exchange programs; replace D.A. and CHR workers; sports/potlatches/language workers; more people paying attention to elders, peace in the community, and less drinking and drugs; more involvement with educating the youth in potlatches, language, hunting & cleaning fish; language training; working together; sports for younger kids; more sports and activities; more sports; a weekend dance club at the friendship centre; and better education". Table 2 provides a summary of topics that the youth would like to see addressed in their communities.

Table 2: Topics the youth would like to see addressed in their communities

Issues	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**
Community Name												
Nadleh Whut'en	3	5	4	3			3	4	3	3	5	2
Stellat'en	4	3		2				3	4	2	3	2
Burns Lake band	4	4	3				2	3		2		
Cheslatta	5	6	4	2		2	4	5	8	4	5	2
Wet'suwet'en	6	5	3		5	4	2	7	6	4	7	
Takla Lake	5	3			7				7	5	3	2
Yekoochie	3	2	2						2			3
Lake Babine Nation				2					2	3	2	
Total	30	28	16	9	12	6	11	22	32	23	25	11

A = Career Exploration
B = Finding My Strengths
C = Problem Solving
D = Finding Help in the Community
E = Barriers to Education
F = Dealing with Racism
G = Self-Awareness
H = Decision-making
I = Education Goals
J = Communications
K = Leisure Activities
L = Role Models

One interpretation of these youth-selected themes is that they relate to the need for identity formation, building skills and personal strengths, cultural development, and guidance. What is unique about Aboriginal preparation for higher education and identity

development is an understanding of their cultural heritage, which informs and potentially guides decision-making. Lessons learned from the past provide historical underpinnings for guidance about the future. This is the significance of Aboriginal historical trauma and cultural responses to it. These youth have told us that the missing components in their education address issues of cultural history, racism, and their life-stage development. Our team's response to these issues and program needs, that were raised by the Carrier Sekani youth, prompted us to develop our program goals for future youth services.

When asked what types of activities and initiatives they wanted to see happening in their community, the following themes were identified: sports activities, competitions, and tournaments, traditional and non-traditional leisure activities, games activities, theme-based social nights, conferences on traditional teachings, and finally learning centres and workshops. Youth recommendations for changes in the community included: "more access to technology; cooperation to become environmentally friendly, more law-abiding behaviour; more communications and group activities; counselling, working as a team; drug & alcohol programs, more activities for kids; and having meetings that include youth". In January 2004 an estimated total of 700 First Nations youth (primarily CSFS area), and including youth of the North gathered together in Prince George for the 2004 Aboriginal Youth Conference: This is Our Way - United to Empower Youth of the North (Da Silva, 2004). Our analysis of these responses is that the youth are telling us that they want to become more active in their communities through opportunities to enable them to receive counselling, physical activity, and personal skills. We selected peer counselling and cultural competence development program to respond to their stated needs, although we realize that our first response is not at all comprehensive. For example, development of emotional competence is equally important to the development of cultural competence.

Bridging the Survey Results to New Community Aims

In response to the requests of CSFS and the Youth Bridging Survey results, we will provide cultural competence education for caregivers, cultural awareness education for youth, a peer support program (Frances & McCormick, 2002), a community healing resources inventory (McCormick, 2003), and a problem solving inventory or PSI (Cochrane, 1983) as part of a RISK assessment. This is being accomplished by bringing together expertise from the scientific and Carrier Sekani Family Services resources, and most importantly the Carrier Sekani youth. Our priorities for this project are consistent with the IAH objectives, which are: to forge partnerships and share knowledge, to respect Aboriginal cultures and to build Aboriginal health research capacity (Reading & Nowgesic, 2002). The common theme and goal of our combined expertise and projects is consistent with the mission of ACADRE, which is building health research capacity in Aboriginal communities.

Consistent with youth requests from the Youth Bridging Survey results, we are assessing the impact of community participatory projects on self-esteem, cultural knowledge and values, anxiety, depression, problem solving skills and self-injury behaviour, as well as the cultural competence of caregivers in their community are aimed at revitalizing cultural awareness, cultural identity of youth, peer support, and community healing.

We are evaluating the impact of community participatory action projects on the incidence of parasuicide, suicide and intentional self-injury among Carrier Sekani youth. Building upon the model developed by Lalonde & Chandler (2003), we are focusing on

cultural competence development (including the hereditary system within the Carrier Sekani culture) and ways of building and maintaining healthy communities. Finally, we are testing new community-based models and interventions for health promotion such as: cultural competence education of caregivers, culture education for youth, and culturally based peer support training. These interventions will build on community and individual strengths, rather than focus on weaknesses.

We are fostering clinical, educational, and counseling interventions for suicide prevention in Carrier Sekani youth with a multidisciplinary approach. Our team will mentor leaders and caregivers in community-based research methods and interventions as well as provide cultural competence training for service provision to youth and their families. We are currently providing research training for undergraduate, graduate and postdoctoral students in community-based methodologies, and interventions designed to build community support for Aboriginal youth. To date we have trained 3 undergraduate students, and we are commencing training for a medical post-doctoral student and one community youth representative. Tables 3 and 4 provide goals of the Carrier Sekani Family Services in response to the Youth Bridging Survey results.

Table 3: Project Intervention Goals as stated by CSFS

Goals	Outcomes
Improve the mental health of Carrier youth by developing their cultural competence and cultural identity.	1.A sense of well-being & self worth among youth; 2. Cultural competence curriculum for children & youth; 3. Reunification & re-building of families; 4. Respect for territory & Carrier ways of knowing; 5. Healthy relationships between Elders & children/youth where elders are cared for by children/youth.
Improve mental health of Carrier youth by increasing capacity of families & communities to identify & respond to their mental health needs.	1. Informed community about mental health; 2. A Carrier Sekani public mental health education program; 3. Indicators of children & youth mental health; 4. Mental health identification & intervention tool kit for community based teams; 5. Better use of mental health services by children, youth & families.
Increase the cultural competence of service providers.	1. Wellness worker capacity to facilitate early recognition & preventative intervention of the mental health needs of children & youth; 2. Cultural competence curriculum for wellness workers; 3. Respect/trust between children/youth & wellness workers; 4. Documented Carrier healing practices directed to the mental health needs of children & youth. 5. Transfer knowledge from elders to youth by assessing the elders, determining their knowledge, and how they can transfer their knowledge to the youth. Healing circles, medicine wheels and a culture competence interventions (see appendix) that have been demonstrated to be effective (Weise, 1999) will be implemented.

Table 4: Requested Project Outcomes, as Stated by CSFS

Goals	Outcomes
Increase the efficiency of mental health service to Carrier youth through an integrated service delivery approach to community caregivers and gatekeepers.	1.Protocols between sectors of wellness workers that promote collaboration in the delivery of evidence-based approaches; 2. Framework for the development of an information management system to be shared between agencies committed to similar outcomes. 3. Development of a service delivery strategy inclusive of intake process, plan for dealing with wait lists, direct service delivery, assessment, consultation, plan of care, treatment support for families, identification of treatment needs, & plans for continuity of service.

Response of our Team to the Youth Requests:

We respect the youth requests for increased use of cultural activities as a foundation for communication, self-esteem and job readiness. Cultural awareness through elder transmission and educational programs is a way to address this need. We are also proposing the use of other methods to foster a revitalization of culture, as well as prevention, intervention and postvention of suicide and self-injury behaviours. These methods would include the introduction and teaching to small groups of youth about the impact of Historic Trauma Transmission or HTT (Wesley-Esquimaux & Smolewski, 2004). We will engage Carrier Sekani Youth to identify relevant programs and test their impact prior to intervention.

Building on Existing Youth Programs

The priority of our team is the development of a community strategy to build community support for Aboriginal youth. We hope that Aboriginal youth and elders can experience a sense of belonging to and engagement with their communities through revitalized connections to Carrier culture and values. The project is community driven and will incorporate a holistic and culturally appropriate strategy that utilizes both Western principles of treatment and culturally based approaches to service delivery.

The Carrier Sekani Family Services substance abuse program provides some structured community support for youth and elders in response to cultural disassociation, social disadvantages, and intergenerational trauma, which is referred to locally as ‘malignant grief’. Malignant grief is a deep-seated grief related to the loss of connection to oneself and community that has been compounded over several generations. This grief is understood to manifest itself in a number of social and mental health problems within Carrier communities. These problems include: suicide, depression, addictions, anxiety, loss, stress, cultural dislocation, and poor self-esteem. Our project will provide intercultural youth learning programs that examine the relationships between cultural competence and addictive and other self-injury behaviours. We propose to work to: 1) First enhance the cultural competence of caregivers and gatekeepers in the CS community and assist them with the use of an emergency response risk assessment model to address immediate needs of high risk youth; 2) Develop youth awareness of their culture and peer support through an educational and mentoring program that will involve the elders; 3) Enhance collaborations between youth leadership and CSFS leadership; and 4) Facilitate the

blending of Carrier Sekani with Western models of treatment to assist the emergence of new culture with traditional culture.

This approach will be grounded in a community participatory processes that will work to ensure that youth, elders and community members have the opportunity to participate in this project. By focusing on a community's indigenous knowledge, and existing resources, we will work to shift the focus away from a problem-based to a strength focus. This approach aims to facilitate the transmission of indigenous knowledge for service providers in order to strengthen the relationships between families, youth and service providers. It is our expectation that over time this collaborative approach will result in the reduced risk of suicide and self-injury, improved intervention programs, and enhanced community capacities. We assume that youth who develop a positive sense of self and cultural identity through cultural continuity will become better insulated against the risks of self-injury. Our proposed implementation program is intended to empower youth, improve their knowledge of Carrier culture, and allow for a reconciliation between youth and elders.

Assumptions and Rationale for the Cultural Competence Program

This model is premised on the likely prospect that existing levels of suicide and self-injury among Carrier Sekani youth represent a response to cultural discontinuity and dissociation as well as intergenerational trauma. Cultural discontinuity and dissociation are understood as a process whereby individuals within the Carrier First Nations community experience a loss of connection to land, cultural values and beliefs, language, and ways of knowing. When youth feel disconnected to community and when they have no sense of connectedness to their cultural past and future, they often experience confused identities (Shawana et al, 2004). Social withdrawal and depression result from a disaffirming set of events in a person's life (Cochrane, 1981). Persistent withdrawal leads to more disengagement and alienation from the community and ultimately from one's self (Cochrane, 1981). Support groups and intervention programs that are based in the community have been found to reduce repeated attempts of youth suicide (Sakinofsky & Cochrane, 1986). We assume that cultural disassociation, loss of connection to the land and the intergenerational trauma that Aboriginal people have experienced have resulted in loss of self identity, anxiety, depression, disassociation, violence and stress.

This research team will hopefully add to the growing body of evidence that the health of Aboriginal people is directly related to a strong sense of self and cultural identity, peer support, and community resources. This demonstration project seeks to help rectify this problem by promoting cultural awareness as a means of decreasing various forms of self-injury. While the research of Chandler and Lalonde (2003) supports the relation between increased cultural continuity and lower suicide incidents of suicide, it is our contention that a similar relation exists between failures in cultural competence of caregivers and youth self-injury behaviours. This project will demonstrate the impact of a strong foundation in culture and we will collaborate resources to ensure safe and relevant interventions. It is anticipated that the team efforts will: 1) Advance an exemplary educational program with innovative approaches to cultural competence in Carrier Sekani caregivers and cultural awareness as well as peer support among youth; 2) Advance new knowledge concerning cultural competence and building community supports; 3) Reduce suicide and self-injury; and 4) transfer knowledge through publications, presentations at conferences, community newsletters and information placed on our existing web site (www.comesay.com; and 5)

Establish and maintain sustainable partnerships, networks and collaborations on a long term basis.

The CBPR Approach

We are employing a Community-Based Participatory Research (CBPR) process as our primary research method to engage the interests and needs of our participants (Zolner, 2003). The evolution of CBPR is closely linked with historical adult education movements, which equated literacy and skill development with political empowerment (Hall, 1981, 1988; Cochrane, 1986). The CBPR philosophy acknowledges and is inclusive of multiple perspectives of knowing, and it gives equal weight to both scientific and traditional or cultural expressions of knowledge. This approach embodies Traditional Ecological Knowledge (TEK), which is the cultural knowledge of people living within a particular environment (Fletcher, 2003). TEK is acquired through lived experience, rather than a process of experimentation to verify an idea (Fletcher, 2003). The Community-Based Participatory Research method encourages information to flow between the scientific and local communities in a mutual transfer and translation of knowledge. This type of research is critical to building productive working relationships between Aboriginal and scientific communities. CBPR recognizes and facilitates the capacities of community experts to inform research design, decision-making, and effect meaningful community change. CBPR is a process that seeks to engage people and communities in all phases of the research, from conceptualization of the research question or problem to dissemination of the results. It fosters relationship building between diverse communities, encouraging local self-sufficiency, and recognizing the inequalities that exist (Fletcher, 2003). As such this inductive approach creates an opportunity for Aboriginal peoples to influence the structures, services and governance that affect life in their communities.

Progressive Steps of our Project

The steps of our CBPR method include the following accomplished and to-be accomplished tasks: l) We established contact and developed a working relationship between researchers, community members and their representatives. We conducted face-to-face community consultations and as a result researcher conduct guidelines were established in a meeting at CSFS in Prince George and Vanderhoof. 2) We explored ways to frame the research questions so that they correspond with local interests, and we developed and re-developed the proposal until there was consensus of opinion. 3) We are exploring the issues as defined by the local context, and we examined the findings of a recently conducted YBS, bringing forward the issues and needs that were identified by the youth. 4) We are exploring the operations of the research relationships, such as what form the community participation will take, what kind of training is required for the research students and fellows, caregivers and gatekeepers, and how we will communicate between the researchers and the community throughout the project. We established a website for communication at www.comesay.ca. 5) We developed a working proposal for community participation. 6) We established a reasonable and locally relevant timetable for conducting the research, including a plan for data control and management. 7) We will conduct the research and report regularly to the community and the Local Advisory Committee to oversee the implementation of the research protocol agreement. 8) We will Interpret and communicate the research results; the findings will be presented to the LAC and CS

community. 9) We designed a dissemination strategy to report the findings and observe intellectual property rights of Aboriginal people.

We will provide the community with draft copies of publications and reports for their verification and co-authorship. 10) We will ensure the ethical recruitment of minor subjects (ages 16 to 18) and confidentiality of human subjects throughout all stages, using verbal informed consent. An example of this is in the development of the community website. Our team engaged the involvement and permission of the individuals involved prior to uploading their photographs of persons and places in the website. This was a very important step because Ormond Lake is a sacred landsite in the Carrier Sekani community and is used as a youth and family training site. 11) We will respect the social dynamics and cultural norms of each community. Specific kin relations may prohibit some forms of interaction. 12) We will respect traditional language and communication by providing interpreter services and inclusion of all persons who speak their native language. 13) We will maintain a relationship with the CS community following completion of the research to ensure safe implementation of tested research interventions and ways to sustain ongoing support and communication with the community. 14) We will identify and address emerging research questions and projects that could be beneficial to the community and bridge the community to appropriate research resources for future research.

Project Design and Specific Steps

We will design and test innovative approaches to address the impact of cultural disassociation through cultural competence training, cultural education, peer support training and the building of community resources. In order to increase the cultural knowledge of children and families, a cohort of both on and off reserve youth, as well as elders will be selected (on a volunteer basis) for inclusion in the project. This cohort will be followed longitudinally over a period of four years. The eleven communities served by Carrier Sekani Family Services will be separated into four regions (North, South, East and West). All youth from eight communities will be invited to be participants, for an estimated total of 700 Carrier Sekani youth between 16 to 25 years of age. Elders from each region (with a minimum total of 10) will be invited participants, based on their interest and ability to transmit knowledge about Carrier Sekani culture. There are no exclusion criteria, and we intend to be inclusive of age, language and health status of elders will provide one intervention; the elder-to-youth transmission of culture. This may prove to be difficult when, in some cases, the youth reject the selected elders based on their role modeling and reputation in the community. We will endeavour to be sensitive to the youth and respectful of the elders who wish to participate, and we will ensure a safe learning environment for all youth.

At the beginning and end of each intervention, the youth cohort will participate in a confidential written survey and small focus groups. The survey and focus group will assess youth knowledge and understanding of Carrier culture, their feelings and perceptions of connection or disconnection to their culture and community, as well as the forces that affect their experiences of their culture. We will identify baseline and follow up co-morbid behaviours of the study participants. These behaviours include history of self-injury behaviours, suicide attempts, educational attainment, gender, family responsibilities (parenting status), and history of family violence (including alleged spousal and child abuse). With follow up support, we will administer psychological tests of self-esteem,

depression, anxiety and a problem solving skill inventory, while monitoring their reaction to such tests (which could trigger self destructive behaviour).

The participants will be involved in educational and experiential learning workshops. These workshops will outline the history of colonization in Carrier territory and its impact on self-esteem and self-injury behaviours over time. They will also participate in Carrier Sekani culturally based workshops and activities, including traditional medicines, preservation of foods, drumming and dancing, traditional parenting, Elder walks and story telling, bah'lats mentoring, language nests and clothing making. The range of activities will focus on improving the physical, mental, emotional and spiritual well being of youth and elders. The activities will also create an awareness and integration of traditional culture to present cultural activities. We are interested in revitalizing historical culture, as well as ensuring the future oriented survival of their Aboriginal culture. Youth will be encouraged to integrate new emerging culture with traditional culture.

An exit survey will be completed to determine whether there has been an increase in knowledge of culture as well as resilience behaviours from cultural roots. Following the educational program, we will assess the impact of specific interventions on substance abuse, sense of belonging, self-esteem, and other self-injurious behaviours. This assessment will be done using both direct interviews and psychometric evaluation (using psychological assessment tools). The youth experience and knowledge of culture and the meanings that they derive from community experiences are primary to the assessment and evaluation of psychological state. We will conduct a comparative analysis (pre and post intervention). The surveys will also assess the participants' perceptions of what educational programs are the most useful. This information will be used to draft an overall service delivery plan that incorporates the most effective materials from each of the programs (cultural competence and peer counselling). A best practices model will be developed for each community based on research findings. Tool kits will be developed and will include workshops targeted to specific groups using the most appropriate and effective program materials from Western and Carrier perspectives.

Application of CBPR to the Carrier Sekani People

This cultural competence and community empowerment project is an innovative approach using Carrier culture and values to improve the social development of youth. Through increasing the cultural competence of caregivers and gatekeepers as well as increasing the cultural knowledge of youth, we will promote positive outcomes, while fostering increased partnerships with service providers as well as community participation and social action. With each implementation goal, we propose to undertake a number of activities that will support a culturally relevant and appropriate approach to the social development needs of youth in Carrier Sekani communities, by specifically addressing the Carrier youth suggestions from the Youth Bridging Survey in our questionnaire. We will respect the rights of intellectual property and the raw data will be stored and owned by CSFS. We expect that one outcome will be Carrier communities having a systematic record of efforts to understand their own cultural strengths, develop research capacity, and enable them to strengthen their culture and community. Enabling communities to engage in this type of research involves community discussions so that individuals are able to voice their concerns, fears, desires, aspirations, needs and questions as they develop and relate to the research. In Linda Tuhiwai Smith's book "Decolonizing Methodologies", she states:

"When indigenous peoples become the researchers and not merely the researched, the activity of research is transformed. Questions are framed differently, priorities are ranked differently, problems are defined differently, people participate on different terms".

Community Driven Efforts to date

This proposal was in response to the CSFS Health Director's request (Mabel Louie) for partnership with Dr. Nancy Cochrane in her role with the recently established Aboriginal Health Research Network (AHRN). The AHRN is one of eight provincial networks funded by the Michael Smith Foundation for Health Research (www.msfhr.org). This research proposal would not have been possible without the call from the community for new interventions in response to recent increases in suicide and suicide attempts. Without the engagement of the community, there can be little hope that the outcomes will be relevant or effective. The Health Director and a team at CSFS sampled the views of the youth, using a recently conducted community survey, to develop a research project that would continue to engage the youth and assist them with their stated needs (June 2004). A call for partners was directed by the Carrier Sekani leaders, in partnership with UBC and UNBC researchers, contacted through the AHRN.

Overall Implementation Goal

Improve identity, self-esteem, and self-enhancing behaviours through successive steps and reinforcement of postvention (after suicide and cultural trauma), preventive intervention (cultural competence training of caregivers and gatekeepers) and prevention (peer support program with Carrier Sekani youth).

Specific Implementation Goals

1) Develop and implement a strategy to reconnect youth with Carrier Sekani land, environment, culture, language, values and beliefs.
2) Develop a model for teaching and guiding youth by Carrier knowledge holders and Elders, caregivers and gatekeepers.
3) Identify and engage the community resources to build support for Carrier Sekani youth.
4) Reinforce and engage the role of Elders as knowledge holders, and reconcile Elders with Youth (who have become estranged.
5) Reduce self-injury and suicide through awareness of their historical origins.
6) Increase knowledge of the historical origins of self-injury behaviours.
7) Increase knowledge of the etiological effects of self-injury behaviours.
8) Increase knowledge and skill development of self-resilience.
9) Enable community to identify and intervene with self-injurious youth behaviours.

Proposed Phases of Intervention

We will provide progressive interventions that enhance each other. The first intervention is to support youth through peer support and cultural healing of past traumas (postvention) in a camp setting at Ormond Lake. Ormond Lake is a sacred meeting place where participants attend workshops and have an opportunity to attend traditional healing practices such as a sweat, letting-go ceremonies, and begin the process of balancing their lives. The camp will be made available as one site for the cultural competence training of caregivers and cultural education of youth. The caregivers consist of nursing staff,

Community Health Reps, Community Health Manager and Youth Leaders. The caregivers will be assessed for cultural competence prior to and following their training program. The CSFS health director, Mabel Louie, will guide their specific roles with youth participants.

Expected Results

1. Develop and implement a strategy to reconnect youth with the land, environment, Carrier Sekani culture and language, values and beliefs which will: increase the knowledge of culture and values among youth, increase the self-image and self-esteem of youth, facilitate culturally based life skills, reunify and re-build the health of families, engender respect for territory and cultural ways of knowing, including the oral history and stories from the elders.
2. Develop a model to collaborate and teach youth with Carrier knowledge holders and Elders. This will reinforce respect and trust between Carrier youth and elders and foster caring relationships between elders, youth and within the community.
3. Provide a forum where the caregivers and gatekeepers who are responsible for suicide prevention will learn with our new investigative team. This will link Elders, health care workers and youth services in the delivery of preventative health education programs, increase communication, collaboration in service delivery, and increase participation in cultural competency training with our partners.

Proposed Outputs and Products

1) Carrier Culture curriculum materials that incorporates traditional culture awareness with new emerging culture, including tool kits and instructional video tapes that are culturally appropriate.
2) Carrier Culture curriculum that can be used to develop a course at UNBC/UBC called: Life Stage Transitions of Aboriginal Peoples.
3) Peer Support Training Program for Gatekeepers and Wellness Workers (caregivers).
4) List of resources identified from the Community Healing Resources Inventory.
5) A model for programs in cultural competency training and youth suicide prevention.
6) Final Report addressing indicators of impact.

Participants

Volunteer participants will be invited from all eleven Carrier Sekani communities. We estimate that this sample will be at least one half of all “youth” who are between the ages of 16 and 25, from a total of 2,250 youth. As many of them have readily participated in the Youth Survey conducted by CSFS, we do not anticipate difficulties in obtaining participation. The volunteer sample size will determine the limits of sub-group analysis that is of interest to the investigative team, such as demographic and geographic variables. None of the standard considerations for calculation of sample size are applicable, due to unknown compliance rates, as well as each community’s stake in this research. The scores on the psychological inventories of self-esteem, depression, anxiety and problem solving skills are expected to improve following each of the interventions. As mentioned previously, these interventions include: cultural competence training of caregivers for RISK assessment and intervention, cultural education of youth, and peer support. We will

account for any changes that could have occurred as a result of a volunteer sample bias and cultural differences in response to test items. We will have a convenience sample of one cohort that is followed over four years. It is not ethical to randomly assign the youth to one intervention group. We will not have a control or placebo group, as this is not respectful of the culture and it is not consistent with principles of community inclusion and participatory action research (PAR). We will respect CSFS decisions about youth and elder participation throughout this project.

Organization and Research Capacity of Main Partner

Our main partner, the Carrier Sekani Child and Family Services, hold the mandate to deliver child and family, health, social and legal services to the communities associated with the society. The organization has a long history of delivering community based research projects and community based services. Carrier Sekani Family Services has considerable experience in providing culturally relevant services in the field of health and social services and has entered into a number of agreements with various government and non-government agencies for the delivery of specific services.

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