



Suicide prevention education: Indigenous youths' perspectives on wellness

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Abstract

Suicide prevention education has been widely accepted as a viable effort to help prevent youth suicide. Education is typically focused at the individual-level revolving around the identification of persons-at-risk for suicide, classifying risk, and referring to formal mental health care providers. Scholars have begun to question standardised and uniform approaches to suicide education within Indigenous communities, leading to the emergence of culturally sensitive education programs. In the following paper, we present findings from an initial phase of a research project that involved a wellness workshop using arts-based methods with a group of Indigenous youth in Canada to explore and understand features of wellness in suicide prevention. Themes of healing, life, ceremony, relationships, and hope were

investigated using theatre, video, and photo collage. Analysis suggests that healing, hope, and learning are interconnected, relationships can provide pathways to engaging in ceremonies and traditional practices, and that wellness holds temporal qualities such that a connection to the past in the present fosters hope and vision for the future. Implications for future research are discussed.

Keywords: Suicide education, Indigenous youth suicide, wellness, life promotion.

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Suicide Prevention Education: Indigenous Youths' Perspectives on Wellness

Suicide is a leading cause of death for young people globally (World Health Organization, 2014), with suicide rates three to five times higher for Indigenous youth in Canada (Kirmayer et al., 2007). Indigenous youth in Canada have the highest suicide rate among all Indigenous groups in the world (Aster, 2005; Boothroyd, Kirmayer, Spreng, Malus, & Hodgins, 2001), and suicide “is one of the most dramatic indicators of distress in Aboriginal populations” (Kirmayer, Brass, & Tait, 2000, p. 610). Unfortunately, “[a]dults who may be able to help or intervene in potentially life-threatening situations are not necessarily recognizing or responding to the needs of many of the most vulnerable youth” (O’Donnell, Stueve, Wardlaw & O’Donnell, 2003, p. 641).

Suicide prevention education (which we will heretofore call suicide education - SE) is one approach used to support adult community members’ responsiveness to young people in distress. However, the complexities of suicide prevention are often not adequately addressed, particularly in dominant, standardised educational approaches. As illuminated in White and Morris’s (2010) study with suicide educators, “final, universal or singular explanations of suicide were impossible” (p. 2191). Youth suicide is a problem “characterized by multiplicity, instability and flux”; a problem not easily remedied with standardised intervention approaches (White, 2012, p. 46). Emergent and community-driven learning processes that are culturally sensitive and grounded in local contexts are needed. Such fluid processes provide rich opportunities for communities to identify and learn together how youth suicide can be prevented, and wellness and life promoted.

The workshop referred to in this article is part of a decade long collaborative research partnership of Indigenous and settler scholars with the File Hills Qu’Appelle Tribal Council (FHQTC)¹ which provides services to eleven First Nations in southern Saskatchewan, Canada that include

Cree, Saulteaux, Dakota and Nakota First Nations. Although our research agreement is with FHQTC, as researchers, we work closely with the health services staff, particularly those who deliver services to the youth who assist with community relationships and ethical considerations that are also approved by the University of Regina and Concordia University.

In this particular workshop, most of the participants were from the First Nations community who hosted, but others came from nearby First Nations communities. An elder from the community participated in the two day workshop while facilitators/researchers included First Nations staff from FHQTC, research assistants from Indigenous Peoples Health Research Centre who are all First Nations as well as settler researchers from Concordia University who had facilitated prior workshops with FHQTC.

In the current project being described we sought to develop new knowledge to address the challenge of how to support adult community members’ (e.g., youth workers, teachers) learning of the ambiguous and indeterminate nuances of encounters with Indigenous suicidal youth by adopting two-way approaches to SE. We aimed to explore how we can increase the capacity of Indigenous youth, community members, knowledge users, and researchers to investigate, identify, and alleviate the conditions leading to youth suicide through the development of culturally appropriate arts-based methods. In the second phase of our study, we are intending on sharing the values and processes inherent in the youths’ creative projects with adult community members and professionals as a way to give back to the community and develop capacity to use these processes in schools and youth programs in the future. We are planning a closing event with youth and professionals participating in the project, which includes distilling the wisdom crystallised in this learning exchange within the community.

In the following paper, we present our findings from the initial phase of our project, which involved an arts-based workshop facilitated by the researchers with Indigenous youth in

¹ For more background on the wider project, please see Goulet, Linds, Episkenev & Schmidt (2011).

southern Saskatchewan, Canada. We begin our discussion with an overview of SE including dominant, standardised methods and emerging culturally sensitive approaches. Next, we situate our study within the literature examining Indigenous' understandings of wellness, wellbeing and two-way approaches to mental health that informed approach to data collection and analysis. In the third section, we describe the arts-based methods used to explore youths' perspectives on wellness and life promotion. Then, we present what we learned from the young people about healing, hope, life, relationship and ceremony. Lastly, we discuss our insights gained and the implications of our findings for SE and future research.

Suicide Prevention Education

SE is based on several taken-for-granted assumptions that are rarely contested. Assumptions are enacted in education programs regarding the nature of the problem of suicide, who can help, and what kind of help is to be provided (Wexler & Gone, 2012). Suicide is typically viewed as an individual problem, often occurring in the context of a mental illness, requiring professional intervention (Wexler & Gone, 2012). To situate our project, we discuss standardised approaches to SE, emerging culturally sensitive approaches, and conceptualisations of wellness, wellbeing and two-way perspectives on mental health.

Standardised Suicide Prevention Education

Systemic reviews have indicated SE is a promising strategy to prevent suicide (Bennett et al., 2015; Katz et al., 2013). SE programs have typically targeted people who can act as first-responders or *gatekeepers*. The focus is on developing skills in assessing risk, encouraging or referring a person to obtain help, increase awareness of helper's own attitudes about suicide, and developing a safety plan. Video demonstrations, role-plays and didactic teaching activities are the pedagogical approaches used in these SE programs (see for example, Applied Suicide Intervention Skills Training [ASIST], LivingWorks Education Inc., 2007). Pre- and post-evaluations of gatekeeper programs have noted participants' self-reported improvements

in knowledge, attitudes, and intervention skills (e.g., Chagnon, Houle, Marcoux, & Renaud, 2007). However, it is not clear if such training actually has an independent effect on suicide ideation, attempts, or deaths (Isaac et al., 2009), or if there is improved identification of those at risk for suicide (Wyman et al., 2008). There can be organisational and policy barriers that impede implementation (Evans & Price, 2013), suggesting that a critically cautious approach is needed in the adoption of standardised SE programs.

Several assumptions underpin current standardised approaches to SE programs. As noted above, these programs are relatively short in length ranging from a few hours to two-days of training. This may suggest to participants that

- suicide is a topic separate from other conversations,
- skills and knowledge about suicide prevention can be obtained in a relatively brief period of time (i.e., 2-14 hours), and
- once this brief training is completed (i.e., certificate received), participants are competent and prepared to intervene.

Separating suicide from other topics related wellness and wellbeing posits that suicide must be managed as a discrete conversation between individuals. Thus, suicide prevention is unrelated and distinct from historical trauma, sociocultural locations, or community contexts. For example, in the ASIST program, participants are introduced to a suicide intervention model (SIM) that guides a conversation between individuals (i.e., person-at-risk and helper). Participants learn to recognise when the helper is outside of the SIM (i.e., not in sync in the conversation) and how to re-enter the SIM. While it is suggested that the steps in the SIM are fluid such that the helper can flow back and forth (i.e., within the model), the message remains that suicide is separate, different and apart from other conversations. A broadened view of what constitutes suicide intervention would enhance current approaches to SE in moving beyond models that structure two-way, standalone conversations, to guiding principles for engaging young people, their families, and communities in ongoing dialogue about living, life and dying (Ranahan, 2016). Further, the relatively short

format of standardised SE workshops can hide the sociocultural, political, and relational issues intrinsic to suicide and suicide prevention, disregarding the youth's "relational embeddedness and sociocultural situatedness" (White & Kral, 2014, p. 130). How is it possible to understand the relations of power, broader societal contexts, and historical as well as present-day complexities of suicide in a few hours? Understanding suicide-in-context is important for opening new imaginative ways of approaching SE, such as examining lived experiences of communities and community members, drawing on mindfulness strategies to enhance helpers' presence and being with young people in distress, and community case studies to illuminate the complex contexts in which suicide occurs (Ranahan & White, 2016).

Emerging Culturally Sensitive Approaches

While SE programs specific to localised Indigenous communities are beginning to garner attention, scholars suggest these tailored programs are difficult to reproduce or transfer to other locations, and thus difficult to evaluate (Harlow, Bohanna, & Clough, 2014). This stance can be seen as perpetuating "a persistent positivist bias [that] has resulted in an intellectual culture that has historically undervalued qualitative research" (White, 2016, p. 335). Standardised programs seek uniformity of delivery, yet uniform approaches to SE are not responsive to the localised needs of Indigenous communities (Wexler, White, & Trainor, 2015). Thus "scholars and communities have called for a shift in perspectives: moving from deficit-based suicide prevention efforts to more democratic, strength-based, resilience building and wellness oriented initiatives" (Wexler et al., 2015, p. 208). A recent review recommended Indigenous communities consider their "unique cultural and contextual factors" and create community-led suicide prevention initiatives (Bennett et al., 2015, p. 254). In the same regard, the way in which culture is viewed and addressed varies in SE programs.

Culture should function "as a fundamental frame for addressing the entire intervention process and, in so doing, affirm local culture as an outcome in its own right" (Allen, Mohatt,

Beehler, & Rowe, 2014, p. 105). Community-level approaches can have a stronger impact on young people's reasons for living over approaches directed at individual factors (Allen et al., 2009). *Elluam Tunglinun Suicide Prevention Program* is an example of an educational intervention that targets suicide prevention through building community-level protective factors for Yup'ik (Alaskan Native) youth living in a remote community (Allen, Mohatt, Fok, Henry, & People Awakening Team, 2009). Communities are provided with a toolbox that outlines activities that can be adapted to the local context, thus creating community ownership and an intervention reflecting the diversity among distinct communities. Community-level SE programs targeting protective factors were found to increase community readiness and active preparation to address the problem of youth suicide, yet tensions and challenges remain. For example, as Rasmus, Charles, and Mohatt (2014) worked with an Alaskan community to develop a suicide prevention program for Yup'ik youth, they encountered challenges in building consensus as to what is a protective experience for young people, and what cultural practices should be included. The researchers concluded that simplistic "culture is prevention" approaches are insufficient, and render blind the nuanced expressions of culture across time (p. 151). SE programs need to be responsive to the shifts and nuances of how culture is enacted by communities in the past, present, and for the future, reinforcing the need for ground-up, localised approaches.

Wellness and Wellbeing

Indigenous perspectives on health and wellness emphasise holistic approaches (Vukic, Gregory, Martin-Misener, & Etowa, 2011) that encompass social, emotional, physical, and spiritual features (Sherwood & Edwards, 2006). In Canada, Indigenous narratives of resilience are situated primarily outside the individual, viewing the person-in-context within the historical and present community, and ecologically in connections to the land and the environment (Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011). Research with Indigenous youth in circumpolar communities suggests that mental health is "directly and intimately tied to other aspects of community health and well-

being” (Petrasek MacDonald, Ford, Cunsolo Willox, & Ross, 2013, para. 26) – a position echoed in van Holst Pellekaan and Clague’s (2005) work on the health and wellness of Indigenous Australians. Exploring the existing strengths of communities may also serve to enhance wellbeing in empowering ways for First Nation people living in urban settings in Canada (van Uchelen, Davidson, Quressette, Brasfield, & Demerais, 1997). As such, intervention – including SE strategies – must mobilise these connections to foster resilience and promote wellbeing.

Two-Way Understandings of Mental Health

Nagel, Thompson, Robinson, Condon, and Trauer (2009) describe *two-way* approaches as incorporating traditional, holistic, and strengths-based perspectives in mental health promotion within Indigenous communities. Despite recognition that cultural differences impact definitions of, and attitudes towards, suicide and suicidal behaviour (De Leo, Burgis, Bertolote, Kerkhof, & Bille-Brahe, 2006), there is not as much mental health research that specifically explores Indigenous suicide from an Indigenous perspective (Farrelly & Francis, 2009), as there is in mainstream discourses and few formal evaluations of alternative approaches to health promotion in Indigenous contexts (Nagel et al., 2009). Further, how intervention is applied needs to be considered from a local community perspective (Kirmayer et al., 2000, p. 613). Two-way approaches to mental health promotion are needed whereby holistic strategies such as the sharing of personal stories with a focus on strengths and using music or pictures to convey messages must be included to convey information and enhance knowledge (Nagel et al., 2009).

Two-way approaches consider localised Indigenous cultural values that incorporate the interconnectedness of person and environment (Kirmayer, et al., 2000). From this perspective, suicide prevention must be viewed as having political, relational, social, historical, or cultural dimensions and not solely as an individual problem (Wexler & Gone, 2012). SE approaches must respect “the role of history, tradition, cultural protocols, stories, and local community

norms” (Wexler et al., 2015, p. 213), where suicide prevention is “holistic, lifelong, purposeful, experiential, communal, spiritual, and learned within a language and a culture” (Battiste, 2010, p. 15). As noted, culture – like learning – is not “frozen in time,” but ever changing and responding to the current context (Rasmus et al., 2014, p. 145). SE thus must identify and build upon traditional local practices in creating contemporary approaches that can endure into the future (Rasmus et al., 2014).

Research Process

Following Allen et al.’s (2014) lead, our research process is a story “of an extended research relationship rather than a discrete intervention” (p. 109). The processes of knowledge creation, dissemination, and utilisation must be understood from a localised perspective (Smylie, Kaplan-Myrth, & McShane, 2009), and methods must be “participatory, communal and experiential, and reflective of local geography” (Smylie et al., 2004, p. 141). Art is recognised as a method to create safe and comfortable spaces with First Nations youth which can, in turn, evoke imaginative spaces that ultimately enabled the exploration, critique, and re-imagination of their histories, current realities, and futures (Yuen et al., 2013). In a cyclical process, stories or narratives initially generate knowledge and the values inherent in the stories are integrated and culminate into “an experiential distillation of knowledge”, or application of knowledge leading to further experience which, in turn, generates more stories (Smylie et al., 2009, p. 141), essentially realising a holistic model of the production and transfer of knowledge (Sherwood & Edwards, 2006).

Knowledge generation began with stories of wellbeing constructed by youth in an interactive arts-based workshop guided by the facilitators. Participants were recruited by the FHQTC youth health staff and came from three different First

Nations². There were fourteen youth (nine females and five males) from 14 to 18 years old. An elder from the hosting community participated, giving cultural and spiritual context to the work. The arts were used as a platform for the workshop as creativity and wellbeing are intrinsically linked with the arts being a viable health and healing tool for work with Indigenous peoples (Muirhead & de Leeuw, 2012). We strove to foster meaningful youth involvement, which would then serve to strengthen the impact of research by providing key information and meaning that will be cycled back to the community in subsequent phases of the project (Ford, Rasmus, & Allen, 2012).

Themes

Engagement in the relevant literature exploring SE and strength-based approaches to understanding wellness among Indigenous youth informed our identification of themes that would serve to provide a loose structure to the initial workshop. The themes included the following: healing (Freeman et al., 2016; Roy, Noormohamed, Henderson, & Thurston, 2015), life (Linehan, Goodstein, Nielsen, & Chiles, 1983; Wexler, Gubrium, Griffin, & DiFulvio, 2013), relationships (Wexler & Gone, 2012), hope (Harder, Holyk, Russell, & Klassen-Ross, 2015; O'Keefe & Wingate, 2013), and ceremony (Bennett, 2015; Lavalley & Poole, 2010). These themes served as a starting point for the researchers in organising the workshop to ensure the process remained strength-focused and emphasising wellness and wellbeing, rather than risk and pathology. At the outset of the workshop a brainstorming exercise was used to invite the youth to think about wellness in relation to the identified themes. Specifically, the youth were asked, "What does this word mean?" or "How do you imagine [theme]?" Responses were recorded on flip chart paper and left posted around the room for the duration of the workshop. Each theme was further defined by the young people via their engagement in various creative activities throughout the workshop. This process served as a means of both data collection and preliminary analysis with the youth. The activities culminated

in a process where youth were asked to take photographs that represent each theme. These photos, along with others that they carried on their cell phones, were then used in the arts-based processes outlined below.

Data Collection, Analysis, and Representation

McKenna and Woods (2012) argue that Indigenous peoples have used artful practice for healing over the ages and that the use of the arts can be part of a decolonising process which revalidates culture. In this project, we recognised that Western research constructs its knowledge in binary or dualist thought patterns and privileges a linear approach to knowing (Kovach, 2009). As such, arts-based methods were purposefully used for data analysis and representation as it privileges Indigenous ways of knowing by enabling "the fluidity of metaphor, symbolism, and interpretive communication (both verbal and non-verbal)" (Kovach, p. 60). The overall project of which this workshop was a part uses arts-based processes as a form of decolonisation (see Ritenburg et al, 2014). The arts we used in this workshop were collage, theatre and video.

Collage. Eight youth individually sorted their photos into one of the themes outlined above (healing, life, relationships, hope, and ceremony). In a few instances the decision was made by a youth to have a photograph represent two themes. Each youth was then invited to share the meaning of their photographs and how it related to the identified theme. This process was considered both data collection (i.e., the words used to describe the photos) and analysis (i.e., deciding which photos best represent each theme). Following this process, the youth collectively considered all the photographs organised into each theme, created a collage specific to each theme, and came up with a title for each collage. Data analysis occurred as the youth collectively decided which photographs would be used in the collage, how they would be placed, and the title for each collage. While no limitation was set for the number of photos used, each collage consisted of four to five

² We are not naming the particular First Nation participants came from in order to preserve confidentiality as out in laid ethical protocol agreed to by the partnering organisation and the youth themselves.

photographs. The title of each collage was inspired by encouraging the youth to think about the message they wanted adults to hear. The final product, the collage and its title, is effectively the representation or illustration of the theme.

Theatre. A group of five youth discussed the themes of healing, life, relationships, hope, and ceremony and prepared static images that represented each word. Based on an embodied approach that "a picture is worth a thousand words" (Jackson, 1992, p. xx), this medium enables participants to create collectively, with their bodies, static group images. Having these words as a starting point helped to create a story they could act out. There was a cultural enactment of hunting, skinning, eating and living in a tipi that tied the words together. One of the facilitators from the community commented "what emerged was the interconnectedness of culture and the importance of culture in regards to identity." As an example of how this worked, themes were on pieces of paper but when they were represented through the making of human sculptures in small groups, new ideas about these concepts emerged.

Video. Three youth constructed a slide show video using 39 images taken during the two-day workshop and outside of the workshop (i.e., pictures the youth had saved on their phones). The process of identifying pictures, creating images (e.g., how people were to stand or appear in the picture), and choosing which images were to be included in the video, was an individual and collective process. Individually, youth selected particular images retrieved from their phones or taken during the workshop and showed these images to other youth in the group. Collectively, the youth took photos together at the workshop and then discussed which images should be included. Following this image selection process, the youth were asked as a group to decide upon a song that would accompany the video. The youth chose the song *Love Me Strong* by Cree musician Chester Knight and the Wind, which describes a romantic relationship where one partner continues to "love" the other even in the face of anger and negative comments. The youth added captions to the video that further defined each theme in relation to the images displayed.

Each creative project (i.e., collage, theatre, video) was shown to all participants at the conclusion of the workshop. Initial analysis of the data occurred throughout the creative process during the workshop in partnership with the youth as they worked to define and distill a view of wellness through their arts-based projects. Following this initial phase of analysis, we analysed the products (collage, video, theatre) individually and as a research team. Links were established between and across data types as a way of validating emerging interpretations (Bagnoli, 2009). Below we provide an overview of our analysis of each theme beginning with the summative captions the youth created in italics for all the art forms.

Healing

"I can do anything." "Pray, laugh, smile." "Laughter is the best medicine in the world." "Laughing with my friends is a whirl." "A place to get away and feel safe." "Embodying the circle of life."

Creative products developed by the youth suggested an embodied perspective on healing. Laughter, physical activity, eliciting laughter, and a connection to the land were evident in the youths' images and chosen captions. For example, photos depicted physical movement (i.e., volley ball), the intersections between physical body and the land (i.e., youth physically standing in vast field), and captions emphasising laughter as 'medicine.' As such, healing for young people is connected to doing - being active and physically engaged.

Life

"Freedom: Being grateful for where we're at now." "To survive."

Images portrayed a moment in time that holds both past and future simultaneously. For example, in the video an image of a sunset and an image of a tree shot looking up the side of the tree towards the top, and the image of a winding path in the photo collage, suggest that the youth view life as a journey made up of ever-changing moments in time. Life is about living in the present, looking towards the future, whilst holding the past. Photos depicted images of change (sunset) and growth (tree, flowers). Both show a moment in time ("now") that hold past (daylight, tree trunk) and future (height of tree – branches reaching for sky, and sun setting)

simultaneously. Life and time (past, present and future) are intertwined moments that are shaped by youth's feelings of "freedom" and "gratefulness."

Relationships

"When I'm with – I feel I belong." "Belonging is healthy relationships passed down through generations." "Love and support."

The youths' creations suggest that key to relationships was belonging, acceptance, and physically being with other people. The photographs taken to illustrate this theme showed youth in groups or couples, and historical photos of groups of Indigenous peoples. On occasion, images portrayed the youth making funny or silly faces. When specifically asked about the silliness in these images, the youth emphasised the importance of being accepted by others.

In the image theatre work discussions were held about what relationships meant in order to determine what image to show. At first the youth did not see how the concept of "relationships" could go outside of a romantic relationship. While discussing ideas of relationship, they found other ones like mother and daughter, earth and sun, to name a few. We then tried to define "relationship" and came up with when something else is connected to something else. After going over this definition connections were found everywhere. Then the group moved on to using their bodies to exemplify these relationships, helping them better internalise this idea.

Hope

"Learning our traditions gives us hope." "I want to travel where dreams come true." "Hope is another path." "I hope to see the sun everyday."

Creative images suggest being connected to one's traditions and learning these traditions from elders is critical to young people's hope. For example, images in the video depict the elder and youths' hands held together, and an image of a model in ceremonial dress. The elder is a connection to past and the passing on of traditions, stories, and history. Notably, the youths' discussions of hope as they compiled their creative projects were about moving towards something new, something different than the path they are currently on. For some

youth, hope was about the future, whereas other youth described hope as returning to a time when they could hope. Hope and change were intertwined such that hope fuelled change.

Ceremony

"Ceremony helps us see a future." "Practicing our culture together helps us see a future." "Tipi, fire, powwow, smudging, sacred place."

The theme of ceremony was illustrated by the youth in ways that emphasised the collective practice of cultural traditions. Similar to the other themes of life, relationship and hope, creations related to ceremony also possessed a temporal quality – present, past, and future. Specifically, by engaging in ceremony in the present, the youth were able to look forward into the future by holding onto these past traditions. Images such as the top of the white teepee set against the blue sky, a headdress, and a rock held in the elder's hands illustrated how the temporal attributes of ceremony contributed to youths' wellness and wellbeing.

Youths' Perspectives on Wellness

Analysis of the creative products including the youths' texts and images – in photo, video and theatre forms – were used to compile the following definition of wellness: *An active weaving of past and holding onto traditions, a grateful perspective of the present, past and future, an openness to learning and being taught, and belonging to healthy relationships passed down through the generations.*

As in our study, prior research garnering Indigenous youths' perspectives on healthy communities suggests the importance of maintaining cultural traditions (Yuen et al., 2013). Healing is also fostered through participation in cultural ceremonies (Lavallee & Poole, 2010) and the presence of cultural symbols in the living space (Brascoupé & Waters, 2009). Participating in cultural ceremonies and traditional practices can foster relational connections for young people that serve as protective factors against suicide (DeCou, Skewes & López, 2013). Healing, hope and learning are interconnected. "An Indigenous healing model admits that the wounded identity of Indigenous people needs to be addressed by allowing people to learn about their spiritual and cultural traditions" (Lavallee & Poole, 2010, p. 279). Learning and engagement

with elders who provide teachings nurtured hope for the youth involved in our study.

Being, belonging, and active engagement in activities and relationships were key social expressions of wellness and life promotion for the youth participants. Embodied depictions of healing (i.e., being) are also found in the literature. “Wellbeing... implies the act to be, which has a particular emphasis on the social aspects of *being* [emphasis added]” (Anderson, 1994, as cited in Slater, 2014, p. 356). In contrast, standardised SE programs are often constructed in individualised ways, focused on individuals’ mental illness, personality traits, or unmet psychological needs (White & Kral, 2014), overlooking the relational expression of selfhood within Indigenous societies (Wexler & Gone, 2012). Thus “suicide can be understood as a way of expressing social distress and despair” (Wexler & Gone, 2012, p. 801). It follows then that SE needs to be oriented towards the social context of the person. Relationships are important in preventing suicide and traditional practices often provided pathways to these meaningful relationships that help alleviate social isolation and lessen risk for suicide (DeCou et al., 2013).

Interestingly, wellness, for the youth participants, also held temporal attributes. Understanding one’s location and connection to past, present and future were evident across the themes. Continuity – a consistency across time – is a highly relevant concept in exploring Indigenous youth suicide. Chandler and Lalonde (2009) delineated cultural continuity as “the degree to which individual Aboriginal communities had successfully taken steps to secure their cultural past in light of an imagined future,” which they found is “related to the presence or absence of youth suicide” (pp. 221-222). Persistence of self/community identity in the face of ongoing change is vital to life promotion and wellness. Chandler and Lalonde (2009) suggest when a past is lost the future becomes questionable and individuals/communities can readily lose reasons for living. Congruent with our analysis, meaningful connections to past traditions (e.g., elders’ teachings, ceremonies) can function as pathways to viewing a future, and a protection against youth suicide in the present (Chandler & Proulx, 2008).

Methods and Implications

Our research process began with an understanding of the limitations of standardised approaches to SE, an awareness of recent culturally sensitive SE strategies occurring in other First Nations communities, and Indigenous perspectives on health, wellness and wellbeing and two-way approaches to mental health. Engaging in culturally sensitive ways requires the consideration of unique cultural and contextual factors within each Indigenous community. It could be argued that we had a relatively strong understanding of the community involved in the project, which was fostered through relationship and connection with various individuals in the community. One of our researchers had been working with the community for over a decade—participating in ceremonies, and facilitating numerous workshops (Goulet, Linds, Episkenew, & Schmidt, 2011; Linds et al., 2013; Victor et al., 2016). Another researcher had been involved with the community for six years (Yuen, et al., 2013). However, even with the established relationships, flexibility and unlearning preconceived notions were still required. For example, we had initially included the theme of optimism (Ames, Rawana, Gentile, & Morgan, 2015); however, we quickly realised this theme did not resonate with the youth during initial discussions, so it was omitted. Upon reflection, optimism is an individual perspective and ultimately contrasts the importance of social and historical contexts that define wellness, as emphasised by the youth in this study. Notably, optimism may be more relevant for youth in other Indigenous communities. As Kovach (2009) emphasises, “Indigenous knowledge can never be standardised, for they are in relation to place and person” (p. 56).

A second key insight was the affirmation of the temporal features of wellness that can be understated or overlooked in dominant SE approaches. For example, in the ASIST program, participants are informed that suicidal individuals are focused on the past – which lends itself to thinking about death and feeling alone. In contrast, youth in our workshop suggested that a connection to the past was critical to envisioning a future and relationally connecting in the present. This insight has important implications

for planning subsequent phases of the project. As we move into the second phase, we intend on designing and facilitating learning experiences for youth-serving professionals in which space, attention, and consideration of the past are offered. We intend on reporting on these learning experiences in subsequent publications.

Lastly, our ground-up, localised approach that moved away from uniformity – like other emerging culturally sensitive SE programs – provided an excellent illustration of the need for contextually situated actions to promote wellness and prevent suicide. In this way the complexities of suicide-in-context can be engaged with, nuances explored, and uniqueness of distinct communities respected. Undeniably, this calls for substantial effort and commitment on behalf of community members and researchers that stand in stark contrast to brief standardised SE approaches. Yet, without such effort and engagement, the contributions of youths' perspectives on hope, life, relationships, ceremony, and healing could be lost in the struggle to prevent suicide and promote wellness.

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