

INDIGENOUS YOUTH SUICIDE

By

Patrice Cormier

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INDIGENOUS YOUTH SUICIDE

Approval

Name: **Patrice Cormier**

Degree: **Master of Social Work**

Title: **Indigenous Youth Suicide**

Examining Committee:

John Hogg, MSW
Graduate Program Chair
Associate Professor, School of Social Work and Human Services

Patrick Storey, MSW
Senior Supervisor
Instructor, School of Social Work and Human Services

Adrienne Chan, PhD
Second Reader/External Examiner:
Professor, School of Social Work and Human Services

Date Defended/Approved: June 20, 2020

Abstract

Indigenous youth suicide is a grave concern among Indigenous communities in Canada. While suicide rates for non-Indigenous Canadians have decreased, the suicide rate for Indigenous youth remains three to four times higher than the national average (Young et al., 2016). The need for effective interventions to prevent Indigenous youth suicide is uncontested. Despite this need, the effectiveness of interventions for Indigenous youth suicide remain mixed. The most common approaches, informed by a Western lens, have demonstrated limited success. Practical alternatives are being developed, based on Indigenous worldview and recent interventions developed by Indigenous people for Indigenous youth, families, and communities. These culturally informed, culturally safe grassroots approaches described herein, highlight cultural and community-based interventions for Indigenous communities.

Through a critical review and amalgamation of current, relevant empirical and theoretical literature, this paper examines intervention approaches typically used to respond to Indigenous youth suicide intervention strategies. This literature review draws on a Two-Eyed Seeing approach and post-colonial theory to examine dominant Western approaches with an emphasis on Indigenous approaches. This literature review makes an important contribution to social work practice and policy by identifying key strengths and limitations of current dominant Western approaches as well as explore culturally safe and Indigenous approaches that can be used to decolonize and better inform the Indigenous youth suicide prevention work of social work clinicians and policy makers.

Keywords: suicide, youth suicide, suicide behavior, suicide ideation, suicide intervention, at risk, self-harm, self-mutilation, suicide prevention, self-injury, substance abuse, Indigenous, First Nations, Metis, Inuit, Aboriginal, adolescent.

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Introduction

Suicide among Indigenous youth is claiming an unprecedented number of young First Nations, Metis, and Inuit lives. As the leading cause of death among Indigenous youth globally, rates of Indigenous youth suicide are increasing to the point that the World Health Organization (W.H.O.) has termed Indigenous youth suicide as an epidemic. Youth suicide is most prominent among Indigenous peoples, who are overrepresented in every suicide statistic (W.H.O., 2009).

The situation continues in Canada where the leading cause of death among Indigenous youth is by suicide (Kumar & Tjepkema, 2019). Indigenous suicide rates are three to four times that of non-Indigenous Canadians with those most at risk in the 15 to 24 years of age group (Kumar & Tjepkema, 2019). The Indigenous population represents 4.3 percent of the Canadian population (Bombay et al. 2019). Among the 4.3 percent Canadian Indigenous population, 46.2 percent are younger than 25 years of age (Yi et al., 2015). Suicide rates among Indigenous people in Canada are disproportionately higher than in non-Indigenous populations everywhere in the world (Wilk, Maltby & Cooke, 2017). Because the majority of Indigenous people in Canada are young, and the highest rates of suicide among youth in Canada are Indigenous youth, the urgency to effectively address the youth suicide crisis is all the more apparent (Bombay et al., 2019; Yi et al., 2015)).

To respond, there has been much effort dedicated to understanding the reasons behind the disproportionately high suicide rates among Indigenous youth. For example, it has been well established that Indigenous Peoples here in Canada experience a disproportionate burden of ill health compared to the non-Indigenous Canadian population (Lavoie et al., 2018) and that these conditions compromise health and increase risk factors for suicide among Indigenous people/youth (Wilk, Maltby & Cooke, 2017). Social determinants of health (SDOH) are used to

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understand the social and economic factors that can impact health positively or negatively (Canadian Public Health Association, n.d.). Researchers have confirmed that many social determinants of health negatively affect Indigenous Peoples (Standing Committee on Indigenous and Northern Affairs, 2017). These include things like low income, low education levels, unemployment, unsafe and inadequate housing, gender, early childhood development and Aboriginal status (Canadian Public Health Association, n.d.). For example, Indigenous Peoples in Canada today have a life expectancy of five to seven years lower than non-Indigenous Canadians (Lavoie et al., 2018; Yi et al., 2015).

Health problems experienced by Indigenous people have been attributed to the adverse socio-economic conditions, as well as impacts of colonialism (National Collaborating Centre for Aboriginal Health, 2012). In their investigation of social and health issues, the WHO also recognized European colonization as a common and fundamental underlying determinant of Indigenous mental health (2010).

Colonization impacts the health of Indigenous Peoples in many ways. For example, the average Canadian has access to some of the world's best healthcare as well as a very good quality of life, however, Indigenous Peoples in Canada generally have poorer health outcomes, especially when it comes to maternal, fetal, infant health and mental health (Nelson & Wilson, 2017). Mental health problems among Indigenous people are well documented in the disproportionately high levels of disability experienced by Indigenous populations. These disabilities often manifest themselves in the form of mental health illnesses, indicated by outcomes such as emotional distress and suicide (Wilk et al., 2017).

There are over one billion people in the world who suffer from disabilities. While there are no global statistics regarding the Indigenous population with mental health disabilities, evidence suggests that Indigenous Peoples have a higher incidence of disabilities than non-

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Indigenous individuals. Some of the main causes of the high rates of disability are poverty, exposure to environmental degradation and a higher probability of being a victim of violence (Nelson & Wilson, 2017).

The impacts of colonization have been linked to the SDOHs and have significant impacts on Indigenous individuals as well as families and communities (Bombay et al., 2019). Impacts of colonization, such as the racist legislation of the Indian Act, residential school abuses, and child apprehension from the child welfare system have caused massive trauma to Indigenous people and communities (Gone et al., 2019). This trauma, passed down from one generation to the next, continues to disadvantage and harm Indigenous people and their communities (Linklater, 2014). Indigenous youth, exposed to intergenerational trauma, mental distress, and impacted negatively by the SDOHs are especially vulnerable to a higher risk of suicide (Wirihana & Smith, 2014). The extraordinarily high incidence and ongoing prevalence of attempted and completed suicide among Indigenous youth is a crisis that requires immediate attention. The lack of success in reducing Indigenous youth suicide is raising questions about the effectiveness and appropriateness of responses to this alarming trend (Standing Committee on Indigenous and Northern Affairs, 2017).

Differences between Western and Indigenous perspectives on causes and best practices are receiving attention, creating opportunities to review and improve social work responses to Indigenous youth suicide. The standard Western suicide prevention model assumes that the best outcomes are achieved through formal mental health services. These Western suicide prevention models focus on the treatment of one individual at a time. Western models of suicide prevention are deficit based and individually focused (Duran, 2019). These principles are in direct conflict with the Indigenous perspective of wholistic healing. The Western method of focusing on the individual, and the risk factors associated with that person, leave aside what is known about the

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sociocultural, economic and historical experiences Indigenous communities may have endured as a whole and the effects these may have had on individual youth (Barker et al., 2017; Wexler et al., 2017).

The Canadian government's relationship with Indigenous Peoples has been a relationship based on broken promises and systemic discrimination. Distrust of government by Indigenous people is the result of the history of colonization that Indigenous Peoples in Canada have experienced. Given this history, it comes as little surprise that Indigenous Peoples view any guarantees and reassurances from the government with deep skepticism. As expected, Indigenous Peoples are often less than enthusiastic and mistrustful about seeking help for their mental health through government run agencies (Beaudoin, Seguin, Chawky, Affleck, Chachamovich, Turecki, 2018). For this reason, Indigenous Peoples underutilize the mental health services available (Duran, 2019). There are also significant dropout rates for Indigenous individuals who do seek mental health support. There have been studies that demonstrate Western treatments and conventional psychology have failed Indigenous Peoples often due to the fact that these interventions do not incorporate traditional spiritual and healing approaches that persist in Indigenous communities (Duran, 2019; Marsh et al., 2015; Wexler et al., 2015). In contrast, treatment approaches that are based on an Indigenous worldview, are community-based, and community controlled, have demonstrated more promising results.

Indigenous governance has been identified as a major influencing factor since much lower rates of suicide were found in Indigenous communities that have more control over their services, practice their culture and speak their traditional language (Standing Committee on Indigenous and Northern Affairs, 2017).

This paper will examine causes and interventions for Indigenous youth suicide with a focus on colonization and its effects on Indigenous youth in Canada. This paper, a thematic

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literature review, uses scholarly literature to explore and contrast Western and Indigenous perspectives and responses to Indigenous youth suicide. Current book chapters, empirical and theoretical peer reviewed journal articles from web searches and on-line UFV library data base searches were used to complete this literature review. A Two-Eyed Seeing Approach, post-colonial theory, and Indigenous principles were used as the theoretical framework. It is hoped that the information provided in this paper will be of benefit to the Indigenous community as well as Indigenous and non-Indigenous students, researchers, and practitioners who wish to improve the well-being of Indigenous youth and prevent Indigenous youth suicide.

This literature review is guided by the following research questions:

1. What is believed by Western and Indigenous knowledge holders to most strongly contribute to the high rates of Indigenous youth suicide?
 - a. What impact has colonization had on Indigenous suicide?
2. What interventions are most commonly used to respond Indigenous youth suicide?
3. How effective are these interventions?
 - a. What are key strengths and limitations of these approaches?
 - b. What factors or conditions are limiting the effectiveness of dominant Western responses to Indigenous youth suicide?
4. What changes are needed for social workers to best respond to Indigenous youth suicide?

This paper begins by briefly introducing the research topic, rationale, research questions, theoretical framework and methods used to develop the literature review. This is followed with a more detailed description of the theoretical framework and methods. After this, the literature is reviewed and discussed. Literature examining causes of Indigenous youth suicide from both a Western and Indigenous perspective is shared to establish an understanding of how the issue is

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understood from these different worldviews. A focus on youth mental health is included in this literature review. Following this, dominant Western interventions to Indigenous youth suicide are contrasted to culturally based approaches of Indigenous perspectives to better understand the strengths and limitations of conventional, dominant approaches. The major paper also explores culturally based Indigenous approaches to mitigate Indigenous youth suicide. Special attention is given to traditional healing methods that are wholistic in their approach. The literature review concludes with a summary and final recommendations for social work practice and policy.

Theoretical Framework

Three main theories and approaches are used as a guide and inform this thematic review of the literature on Indigenous youth suicide. The theories and approaches used to guide this paper inform the analysis, each in their own way, complement each other and build an informed view of the issues being discussed. The three theories are as follows: postcolonial theory, Indigenous philosophy, and a Two-Eyed Seeing Approach.

Postcolonial theory is concerned with analyzing and critiquing the various logics of colonialism as it existed in the past and continues in the present (Craig, Jensen, Pooley, and Rothenbuhler, 2016). Postcolonial theory provides a foundation from which to view the issue of Indigenous youth suicide and Indigenous philosophy helps the reader to understand where and why it is that Western epistemologies are not always effective foundations for interventions.

Indigenous philosophy is the name given to the Indigenous worldview. The Indigenous worldview differs from the mainstream Western worldview in as much that as it allows for the normalcy of Indigenous epistemologies and perceptions (LeGrange, Mika, and Smeyers, 2018). Two-eyed seeing is an ontology and a methodology that brings together both Western and

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Indigenous knowledge (Hutt-MacLeod et al., 2019). By employing the Elder, Albert Marshall's two-eyed seeing approach (Abu et al., 2019), the Western and Indigenous perspectives can be considered together. Two-eyed seeing uses the best elements of both approaches and combines Indigenous and Western knowledges and worldviews. This approach allows for an acknowledgement of both methodologies without preferencing one way of seeing over another. The reasoning behind applying two-eyed seeing is to erase the concept that either knowledge system is superior to the other. The two-eyed seeing approach honours both Western and Indigenous ways of knowing (Auger, 2016). A clearer view is achieved by incorporating the best of both worldviews (Auger, 2016; Craig, Jensen, Pooley, and Rothenbuhler, 2016; LeGrange, Mika, and Smeyers, 2018).

Method

This literature review is based on electronic searches of several websites accessed through the internet and database searches accessed on-line through the UFV library. Databases searched include various disciplines such as Indigenous studies, social work, psychology, sociology, human geography, and nursing. Websites such as Statistics Canada and the Aboriginal Healing Foundation were searched to obtain relevant reports and information. Specifically, these include: Aboriginal Healing Foundation (AHF), Statistics Canada, PsychINFO, Sage Journals, Taylor & Francis Online, PMC, Researchgate.net, Cambridge. Org, Semantic Scholar, and CINAHL databases. The search timeframe included literature from the period of January 2014 to April 2020. The search included the following search terms: "suicide" OR "Youth suicide" OR "suicide behaviour" OR "suicide ideation" OR "Suicide intervention" OR "at risk" OR "self-harm" OR "self-mutilation" OR "Suicide prevention" OR "self-injury" OR "substance abuse") OR "Indigenous" OR "First Nations" OR "Metis" OR "Inuit" OR "Aboriginal" AND

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(“adolescent” OR “teenager” OR “youth” OR “Mental health” OR “Culturally based” OR “Therapy” OR “Traditional healing” and Government reports that involved quantitative measures of self-harm, suicidal ideation and/or suicide were also included. The majority of content reviewed includes peer reviewed journals and book chapters. Relevant theses and dissertations were also reviewed.

The literature reviewed was categorized into sub-topics such as “Western approaches to youth suicide”, “Indigenous approaches to youth suicide” and divided into additional sub-topics as deemed necessary for organizational purposes such as, “Causes of indigenous youth suicide”, “Responses to indigenous youth suicide”, Domestic indigenous approaches” representing North America (Turtle Island) and “International indigenous approaches” that represented Indigenous youth suicide research in other areas including Mexico, New Zealand, Australia, Africa, and India. Methodological approaches, research design and sample sizes (as applicable) of the research located were reviewed to confirm quality. Empirical and theoretical literature that was determined to have acceptable rigor and that was relevant to the research questions was included in this literature review.

Thematic Findings from the Literature

Causes of Indigenous Youth Suicide

The literature reviewed revealed multiple factors contributing to the high suicide rate among Indigenous youth. Suicide among Indigenous youth is understood as a multifaceted phenomenon that involves individual and structural influences. Psychological, biological, and social factors influence suicide risk in individuals and social, economic, and political issues

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impact risk factors at the family and community levels (Stone and Crosby, 2014 & Rhimer, Belso, and Kiss, 2002 cited in Nasir et al., 2016).

Of the contributing factors to Indigenous youth suicide identified in this literature review, colonization was among the most detrimental and the most commonly identified by scholars who considered Indigenous perspectives in their work. Indigenous scholars recognize historical and intergenerational impacts of colonization which are widely understood within Indigenous perspectives as a key contributing factor to suicide among Indigenous youth (Duran, 2019; Wexler et al., 2017). This was in contrast to dominant Western perspectives in the literature which tended to focus on psychological factors to explain and respond to Indigenous youth suicide (Burrage et al., 2016).

Colonization and its Impact on Youth Suicide

As Chief Shawn Atleo states, the word, “suicide” did not exist in any Indigenous traditional language. There is, therefore, no history of Indigenous Peoples taking their own lives (Barker, DeBeck and Goodman, 2017; Eggertson, 2015). Studies demonstrate one of the main reasons for the large numbers of Indigenous youth dying by suicide is due to Canada’s history of colonization (Auger, 2016; For the Cedar Project Partnership et al, 2015; Nelson & Wilson, 2017). Colonization in Canada has involved several major strategies to assimilate Indigenous people into the dominant Canadian society, many of which directly resulted in cultural genocide and increased the risk for suicide (Castellano, 2006). A number of policy decisions by the Canadian government led to the current situation faced by Indigenous youth.

The Indian Act

The Indian Act was passed into legislation in 1876 and remains the single most important piece of legislation affecting Canadian Indigenous Peoples. The intent and application of the legislation is reflected in the seminal statement made by John A. Macdonald identifying the primary aim of the legislation to, “assimilate Indigenous peoples into Canadian society as quickly and as effectively as possible” (Aguilar and Halseth, 2015). The passage of the Indian Act resulted in extensive government control over decisions concerning social, economic, and political interests of Indigenous Peoples (Althaus and O’Faircheallaigh, 2019). Assimilationist strategies under the Indian Act took on many forms and the coercive nature of these policies and practices, over time, withheld and outright denied human and civil rights (Bombay et al., 2019). Some of these policies and practices included the dispossession of traditional lands, forced relocation to lands that differed greatly from the original Indigenous territories, the restriction of mobility by government officials (Indian agents), denial of voting rights, the revoking of Indian status and benefits through enfranchisement, replacing hereditary governance systems with elected Band Councils, outlawing traditions and gatherings, discouraging the use of Indigenous languages, prohibiting the practice of cultural ceremonies and wearing traditional attire, legally mandating Residential School attendance of Indigenous children and youth, and prohibiting Indigenous Peoples from seeking and hiring legal advice and counsel in an effort to thwart their attempts to legally challenge the Indian Act in 1927 (Cannon, 2019; Gehl, 2017).

Strategies to obtain compliance with legislated mandates were not only racist but also violent. For example, a person on reserve who failed to return from an approved leave granted by an Indian Agent could face incarceration. Similarly, a parent’s refusal or failure to release their children to attend residential schools could result in incarceration of the parents (Juschka, 2017; Wilk et al., 2017). Another consequence parents could face for not sending their children to

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residential school was the withholding of their food rations. The Canadian government, represented by Indian agents, had the power to withhold food rations if the agent thought the parents were not cooperating and bringing their children forward to send to residential schools (Wilk et al., 2017).

Adding to the cultural and social effects of being forcibly removed from their homes, many children suffered physical, sexual, psychological, and/or spiritual abuse while attending the schools. These traumas have had enduring effects including, health problems, substance abuse and high suicide rates (Wirihana & Smith, 2014). Consequently, traumatic experiences resulted from the Indian Act legislation. As Althaus and O’Faircheallaigh (2019) state, the Indian Act was a racist piece of legislation introduced by an oppressive government that thought Indigenous Peoples had neither the capacity nor the capability to make appropriate decisions concerning their own welfare. The Indian Act was a policy of assimilation. Cultural genocide of Indigenous Peoples and generations of cultural assimilation have resulted in long-term impacts on the well-being of Indigenous Peoples (Althaus & O’Faircheallaigh, 2019). The loss of language, culture and land has disrupted family and community protective factors (Wirihana & Smith, 2014). The Indian Act’s severing of historical physical and spiritual connection to the land has had deleterious effects on multiple generations (Wirihana & Smith, 2014). Severe impacts on child development occurred leading to lifelong psychological, social, and economic problems (Althaus & O’Faircheallaigh, 2019).

With the goal of restoring justice to Indigenous Peoples, the government of Canada appointed a Royal Commission on Aboriginal Peoples that worked from 1991 to 1995 to investigate the relationship between Indigenous and non-Indigenous Peoples in Canada and make recommendations to improve the relationship (Dickson, 1991). As a result of the Commission’s work, a special report was issued regarding Indigenous youth suicide. Three main

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themes emerged from this report: a) Indigenous youth were ashamed of being Indigenous, b) Indigenous youth were not afforded equal opportunities, and c) Indigenous People's culture had been stripped away. As such, it was found that many of the youth were not aware of the significance that cultural identity played with regards to healing.

The Indian Act, despite being heavily criticized as racist legislation, continues to give the federal government sweeping powers over the lives and affairs of Indigenous Peoples to this day (1995 Royal Commission on Aboriginal Peoples - Choosing Life: Special Report on Suicide Among Aboriginal People).

Residential School

For over a century, the government of Canada permitted church run institutions to house and educate Indigenous children under the guise of 'civilizing' them. From 1874 to 1996 there were more than 150,000 Indigenous children taken from their homes and forced to attend residential schools. Indigenous children were taken from their homes, forbidden to speak their native tongue and were taught that being Indigenous was shameful (Wilk et al., 2017). They were prohibited from dressing in traditional clothing and were not allowed to practice traditional ceremonies. The boys had their hair cut short, and all the children whose names were too difficult for Christian missionaries to pronounce, were given Christian names. Children were punished for speaking their native languages and taught to be ashamed of their Indigenous heritage (Juschka, 2017; Wilk et al., 2017).

The abuses experienced by Indian residential school survivors are further explained in studies conducted by Bombay et al., (2019). Ross, Dion, Cantinotti, Collin-Vezina and Paquette (2015) found that among individuals who survived residential schools, 79.3 percent reported experiencing verbal and emotional abuse, 78 percent reported experiencing severe discipline, 71.5 percent of individuals witnessed violence while 69.2 percent experienced physical abuse.

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Another 61.5 percent were bullied by other children, and 32.6 percent had been sexually abused. The resulting effects of colonization are apparent in the disproportionate burden of ill health suffered by Indigenous Peoples.

Researchers have also shown the impact of residential school attendance on Indigenous suicide. Bombay et al., (2019) and Wilk et al., (2017) conducted studies on the nature of the trauma of Indian Residential Schools. The studies demonstrated that individuals who attended residential school have a higher risk of suicide due to the higher incidence of post-traumatic stress disorder, depression and dysthymic disorder. In a review conducted by Wilk et al., (2017), residential school attendance was found to contribute to mental health issues including depression, substance misuse, stress, distress, and suicidal behaviours. McQuaid and colleagues (2017), further support the findings of Wilk et al (2017) and elaborate on the specific impacts Indian Residential Schools had on Indigenous children. Children attendees of Indian Residential Schools, having been taken from their homes at such a young age, did not have the benefit of having a parental figure or Elders in the community who were loving, nurturing and could have provided guidance to the youth. The impacts of residential schools, the cultural and social effects of being forcibly displaced, and the physical, sexual and psychological abuse perpetrated on the children attending them have resulted in enduring effects with health issues, substance misuse, mortality/suicide rates, criminal activities, interpersonal violence, accidental death and the disintegration of families and communities (McQuaid et al., 2017).

The Child Welfare System

The over-representation of Indigenous children in the child welfare system is a result of the paternalistic attitudes and assimilationist policies of the Canadian government (Yi et al., 2015). Scholars and Indigenous leaders argue that the child welfare system has supplanted the

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residential school system as a way to dismantle Indigenous families and their way of life (For the Cedar Project Partnership et al., 2015; McQuaid et al., 2017). Others have called the child welfare system an extension of colonialism (Yi et al., 2015; Juschka, 2017). The assimilationist objectives of government policies which lead to the development of the residential school system, the 'sixties scoop', and the current child welfare system, have resulted in the apprehension of thousands of Indigenous children (Juschka, 2017).

Current estimates of the number of Indigenous children in care in Canada exceed the number of Indigenous children who attended residential school threefold (Bombay et al., 2020). Currently, Indigenous children in British Columbia are 7.4 times more likely to be apprehended by the child welfare system and removed from their home than their non-Indigenous counterparts. In 2013, Indigenous children totaled 52 percent of children in care. Indigenous children are being removed from homes due the continued belief by Canadian settler society that Indigenous people, in particular, mothers, are unfit parents (Juschka, 2017).

The high rates of family disruption in Indigenous families from residential schools and the child welfare system are strongly linked to suicide risk (Nelson & Wilson, 2017). The excessive psychological stress caused by child apprehensions, the severance of kinship and cultural ties, the emotional upheaval and identity confusion caused by being moved from home to home as designated wards of the state, constitute causal factors for Indigenous youth suicide (McQuaid et al., 2017). The number of Indigenous youth involved with Canada's child welfare system and the disproportionate number of Indigenous youth committing suicide has a direct correlation with, and speaks to the colonial legacy of Canada's child welfare system (For the Cedar Project Partnership et al., 2015). Studies such as, 'For the Cedar Project Partnership' have made apparent the connection between having had a parent who attended residential school and the involvement of the children in the child welfare system (For the Cedar Project et al., 2015).

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Children who were removed from their home communities and sent away to school, or who were taken from their families and placed with non-Indigenous families that did not recognize the need for cultural sensitivity when interacting with Indigenous children, experienced traumatic effects (Bombay et al., 2020; McQuaid et al., 2017; Wilk et al., 2017).

There have been studies (For the Cedar Project Partnership et al., 2015; Wexler, White, et al., 2015) that demonstrate the correlation between Indigenous adults who were involved in the child welfare apprehension of Indigenous children during the ‘sixties scoop’ and, individuals who had a parent who attended residential school. These parents were four times more likely to have been involved in one way or another, with the child welfare system (Bombay et al., 2019). These individuals were also more likely to have grown up in a dysfunctional home, where one or both parents used alcohol, spent time in prison, or had attempted/completed suicide (Bombay et al., 2020). Indigenous people who have aged out of the child welfare system are consequently more likely to have their own children removed and brought in to the care of the child welfare system, thereby perpetuating the cycle of intergenerational trauma. Child welfare involvement was found to be the single biggest predictor of suicidal ideation in Indigenous youth (Clarkson, et al., 2015).

Historical and Intergenerational Trauma

Years of colonizing policies and practices used by the Canadian government to assimilate Indigenous Peoples into European society has caused severe trauma for Indigenous Peoples (Hutt-MacLeod et al., 2019; Yi et al., 2015). The many historical injustices that were committed by the government suppressed Indigenous identity and culture, stole land, children, childhoods, and broke up families. These harms have resulted in what is commonly known as, ‘historical trauma’ (Aguiar and Halseth, 2015). Maria Yellow Horse Brave Heart, who is credited as the

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originator of the term, 'historical trauma', defines it as the cumulative effects of being repeatedly hurt across a lifetime and over generations (Wilk et al., 2017). Intergenerational trauma or historical trauma is understood as trauma emanating from extensive group trauma experiences.

Historical and intergenerational trauma is understood as repeated exposure to trauma that has cumulative effects (Aguilar & Halseth, 2015). Historical and intergenerational trauma emphasizes ancestral adversity which is passed down in ways that compromise the well-being of the next generations (Wilk et al, 2017). Maria Yellow Horse Brave Heart reports on the effects of intergenerational trauma that speak to factors also known to increase suicide risk (Andrews, 2018). Some of the symptoms of intergenerational trauma include depression, suicidal ideation, and anxiety. Relatively recent and growing awareness of the intergenerational transmission of trauma has led to the conclusion that trauma experienced by Indigenous Peoples originates from colonization in Canada and is passed down through the generations (Aboriginal Healing Foundation, 2006; Linklater, 2014). The transmission of the trauma results in cumulative emotional and psychological wounding that occurs over the life of the individual and across generations (Duran, 2019). The impact of historical trauma is therefore felt collectively (Wilk et al, 2017).

Additional evidence of the impact of intergenerational trauma was found in research conducted by Bombay and colleagues (2019) who make clear that there is a greater risk of suicide for individuals who had at least one parent attend residential school. They also provide evidence of the early onset of suicidal thoughts, and that these thoughts show up early in the individuals' life and continue into adulthood. A main contributor to suicide is the diminished mental health directly linked to the intergenerational effects of colonization (Duran, 2019; McQuaid et al., 2017). The resulting effects of intergenerational trauma due to colonization are apparent in the disproportionate burden of ill health from which Indigenous Peoples suffer.

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These health inequities are linked to broader social, economic, cultural and political inequities. The context and conditions which lead to Indigenous youth suicide are also recognized to differ from the non-Indigenous youth population (Barker et al., 2017).

Trauma, Suicide, and the Western Perspective

Indigenous historical trauma is different from ordinary trauma in that it is caused by colonialism (For the Cedar Project Partnership, et al., 2015). Dominant western perspectives that favour biological and individualistic explanations often miss this point. For example, unlike the understanding of trauma experienced by Indigenous Peoples that recognizes trauma as collectively experienced and resulting from cumulative and intergenerational impacts of oppression, the DSM 5, a widely used Western based resource, defines trauma using criteria that diagnoses it as an individual issue. In other words, The DSM 5 does not consider the long-term effects of trauma on the individual or on the collective. It focuses on popular and accepted biological explanations for the high rates of suicide among Indigenous youth including faulty genes or individual deficits as primary reasons (Nelson & Wilson, 2017).

Western Responses

The Western perspective views the causes of suicide as the result of an individual's shortcomings or defects (Nelson & Wilson, 2017). Hence, the Western perspective focuses on psychological and biological factors to explain and respond to Indigenous youth suicide. The problem is often seen as a chemical imbalance in the individual (Marsh et al., 2015).

Therefore, the current regime of treatment from the Western perspective largely includes psychotherapy and or pharmacology or a combination of the two as standard interventions. Both of these modalities of treatment position the clinician as the expert. The individual, or client, acquiesces to the 'expert's' opinion as to which intervention would be most effective and the

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individual rarely has a say in their preferred method of treatment. The major problem with this approach is that it perpetuates the colonization of Indigenous Peoples (June Yi et al., 2015). As well, the clinician, who is usually of European descent, is viewed as the expert on the Indigenous person's life, thereby placing the therapist at the centre of defining the issue and the Indigenous person with no voice in their treatment (Burrage et al., 2016). Non-Indigenous clinicians, who are most often unfamiliar with Indigenous culture, recolonize and thus reinforce the mistrust that is experienced by Indigenous people who access social services (Baskin, 2016).

Other problems result because Western interventions tend to see the individual as “the whole”, while Indigenous perspectives view the person “within the whole” meaning, the individual is not only dealing with a mental illness, but a spiritual, emotional and social illness as well (Nelson & Wilson, 2017). As expected, the services offered to Indigenous youth from Western clinicians tend not to consider the social, cultural, and spiritual issues that are often seen as extremely relevant for suicide prevention by Indigenous communities (Bombay et al., 2019).

Indigenous Peoples emphasize culture and personal experiences, which may conflict with the Western perspective of understanding the phenomena in order to predict and control future events (Gone et al., 2019). Western interventions do not adhere to Indigenous perspectives of incorporating mind, body, spirit and family (Wexler, Chandler, et al., 2015). Therefore, the methods and assumptions employed by mental health workers practicing from a Western lens do not align with Indigenous community beliefs and practices. When Indigenous people actually do access mental health services, they do not address the concerns and feelings of the Indigenous person. This can explain the high rate of drop outs from mental health programs by Indigenous youth. According to Duran (2019), Indigenous Peoples underutilize available mental health and addiction services. There has been concern that Western treatments and conventional psychology have failed to address the needs of Indigenous Peoples because they do not understand

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traditional, spiritual and healing methods (Duran, 2019; Marsh et al., 2015). Incorporating the social, cultural and spiritual components is more relevant to suicide prevention as Indigenous Peoples place more importance on social and community support. (Duran, 2019; Wexler et al., 2015).

The Western approach also differs from the Indigenous perspective in that it focuses on changing behaviour and providing education (Tempier, 2016). The focus is often on treating “dysfunctional” thinking and behaviour which can involve education programs. Sharing information and knowledge in Western ways is typically done through workshops and slide shows, presentations or written programs. This way of teaching does not always fit within an Indigenous way of learning. Methods that may have greater impact for Indigenous youth ought to include storytelling by Elders and learning through one’s own experience (Bombay et al., 2019). The teachings from the Elders incorporate culture and traditional ways of healing. The information provided to youth through storytelling is culturally relevant and speaks to Indigenous People’s traditional ways and views (Bombay et al., 2019). Some Indigenous people believe however, that speaking about suicide invites that negative energy into a person’s space (Burrage et al., 2016).

Western helpers also place emphasis on trained professionals while Indigenous people place value on personal experience and trust. To effectively support the Indigenous youth at risk to experience wholeness and balance, the clinician must understand the historical inequities as well as the contemporary social suffering and trauma that Indigenous peoples have experienced and continue to experience today (Marsh et al., 2015; Radu et al., 2014). The literature provides some insight into why, from a Western perspective and Indigenous worldview, Indigenous youth suicide rates continue to outpace non-Indigenous youth suicide rates in Canada despite the current interventions (Burrage et al., 2016). Presently, the Western perspective on Indigenous

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youth suicide does not vary largely compared to the Western viewpoint of non-Indigenous individuals completing, or attempting suicide despite the evidence supporting the ineffectiveness of Western interventions with Indigenous youth (Barker et al., 2017).

The predictors for Indigenous youth suicide as well as non-Indigenous youth suicide share some commonalities. Some of the common predictors include, but are not limited to, emotional difficulties, drug and alcohol misuse, physical abuse, and a family history of suicide (Beaudoin, Seguin, Chawky, Affleck, Chachamovich, Turecki, 2018). However, what differs in the way Indigenous people view the challenges regarding youth suicide, is that Indigenous perspectives do not ascribe to the Western approach of focusing on the causes being rooted solely in the individual (Goebert et al., 2018).

Western Suicide Prevention Responses

Despite the elevated numbers of Indigenous youth completing suicide, attempting suicide or having suicidal ideation, the literature on the effectiveness of interventions remains scarce. However, conventional Western methods of suicide intervention are being increasingly questioned due to their limited success within the Indigenous population (Barker et al., 2017). The high rates of Indigenous youth suicide have not dropped significantly since the WHO called the issue of Indigenous youth suicide an epidemic (W.H.O., 2009). As a result, Indigenous youth continue to complete suicide at triple or quadruple the rate of non-Indigenous Canadians (Barker et al., 2017; Bombay et al., 2019; Burrage et al., 2016).

The mental health interventions, which include clinical suicide prevention programs, are much less effective due to their incompatibility with Indigenous culture and beliefs (Beaudoin et al., 2018). These Western models fail to incorporate the wholistic approach of mind, spirit, social and emotional well-being (Baker et al., 2017). In addition, many Western therapies fail to

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consider Indigenous Peoples' experience of historical trauma which is central to understanding Indigenous mental health issues (Duran, 2019, Comas-Diaz, Nagayama-Hall, & Neville, 2019).

The lack of recognition of Indigenous People's traumatic experiences causes treatment challenges. Many suicide-prevention reviews, such as randomized controlled trials and controlled cohort studies of school-based and non-school-based interventions ignore the existence of Indigenous individuals in their testing, which results in challenges to finding effective programs and treatment styles (Bennett et al., 2015). There is a growing body of literature questioning the effectiveness of conventional Western therapies when applied to Indigenous people (Morris & Crooks, 2015). Some researchers have even found them to cause harm. For example, a review of suicide prevention programs conducted by Bennett and colleagues in 2015 into the benefits of a program known as ASIST (Applied Suicide Intervention Skills Training), reported that the program increased suicide ideation among Indigenous individuals rather than decreasing it (Bennett et al., 2015).

Indigenous Informed Approaches

Indigenous people in Canada hold a different concept of health and healing. In contrast to the Western understanding of health, Indigenous perspectives do not view the individual as being healed as in being cured in the biomedical sense. Instead they view healing as empowering the individual to make good choices in life (Wexler et al., 2015). The individual experiences a transformative process that enables them to change their overall health. Their behavioral and cognitive processes are developed during this process, and they are brought into a way of life that enables them to face life's realities and to tackle their issues head-on. Their emotions, social well-being and their spiritual functioning begin to heal in a gradual and incremental way. The individual begins to internalize their new teachings though it takes time for the individual to fully internalize the new way of thinking. The journey to wholeness constitutes a process of healing

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that is not only experienced by the individual but also by the community. (Gone et al., 2019; Radu et al., 2014; Wexler et al., 2017, 2017).

The Importance of Community

In contrast to the dominant Western perspective, Indigenous Peoples view suicide, or suicidal ideation as a community problem that is strongly influenced by effects of colonization (Bombay et al., 2019). Indigenous worldview understands suicide as a systemic issue, evolving out of years of oppression by colonization. Since Indigenous culture is based on principles of collectivism, consideration of community and the society to which the individual belongs is paramount (Burrage et al., 2016). The literature provides clear evidence that if an intervention in Indigenous youth suicide is to be effective, it must come from the community that is experiencing the trauma (White et al., 2015). Interventions that are culturally driven and community based have proven to be among the most effective interventions for Indigenous youth suicide. The community-based approach focuses on the individual in community (Gone et al., 2019). Understanding that the individual is not the problem, the approach emphasizes the interconnectedness of all things and with the application of traditional values; the individual and community can reclaim wellness together (Barker et al., 2017). Interventions that utilize resources that are developed within the community have been shown to have positive results. The reason these interventions are effective lies in the fact that the community as a whole needs to heal. Therefore, if the intervention is to be effective, it must be relevant to the individual and involve their community (Wexler, Trout, Rataj, Kirk, Moto, and McEachern, 2017).

Developing the resource within the community empowers Indigenous communities and provides them a way to care for their children and youth that is culturally appropriate (Morris & Crooks, 2015). Considering the history of colonization faced by Indigenous Peoples in Canada, it is understandable that many of the core issues surrounding Indigenous youth suicide involve the

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lack of control over their own lives. Therefore any intervention must have, as a fundamental basis, the ability to allow Indigenous youth to determine their own lives (Althaus & O’Faircheallaigh, 2019; Klonsky, May, and Saffer, 2016). This is confirmed by a recent study which found evidence to suggest that self-governance, community control over resources, and an intact social systems, along with collective efforts to rehabilitate culture, were all associated with the reduction of Indigenous youth suicide (Wexler, Chandler, et al., 2015).

For example, there are 196 Indigenous nations in British Columbia (Button & Marsh, 2020). Among these many communities, some show suicide rates as high as 800 times the national Canadian average, while suicide is virtually unheard of in other Indigenous communities (Button & Marsh, 2020). This is important to note due to the variation in incidence of Indigenous youth suicide rates. There is a strong correlation with the degree to which B.C.’s 196 Indigenous nations are engaged in community cultural practices and the lower rates of suicide in those communities (Mehl-Madrona, 2016). Cultural practices are utilized as markers of a collective effort to improve the cultural continuity of these Indigenous communities (Marsh et al., 2015; Tempier, 2016). Interventions that have arisen from Indigenous communities all have culture as a critical component, if not the primary basis, for success.

An example of community based Indigenous intervention to prevent youth suicide is an effective intervention called ‘Promoting Community Conversations About Research to End Suicide’ (PC CARES). The PC CARES intervention is a community-based project that brings the whole community together and teaches participants about the early signs of youth being at risk. Teaching the PC CARES model occurs in learning circles. Participants in the learning circles are not professionals, but community members. Therefore, the information provided is local and culturally relevant to the community (Wexler et al., 2017). Community based research and intervention such as the PC CARES project, holds promise that the results of the research

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will be applied and maintained by the community. Thus, mobilizing the community may potentially provide an effective intervention (Barker et al., 2017).

Another effective program for Indigenous peoples is the Chisasibi land-based healing program. This program was started in 2012 by the Cree Elder, Eddie Pash. The program involves bringing a group of community members, usually between 18-34 years of age, out on the land for a period of six to eight weeks. The Elder mentors the youth, showing them traditional ways of being on the land including how to hunt and fish and medicinal plant use. The program promotes personal and community wellness from an Indigenous perspective (Radu et al. 2014). Program participants are shown how the land is a place of healing. They eat their traditional foods, they are provided a time for self-reflection and the interaction and intense physical activity required for everyday living, is experienced. Being taught to respect nature is in line with Indigenous teachings about respecting oneself. The healing occurs through cultural reclamation. In other words, individuals are taught to respect the land, themselves and their communities (Radu et al., 2014)

Indigenous Identity

An essential component of healing following the experience of colonization and the intergenerational effects of trauma, lies in reclaiming Indigenous identity. Research has shown that the reclamation of Indigenous identity means the recovery of traditional values, beliefs, philosophies, and ideologies (Duran, 2019) Furthermore, by adapting these values to the needs of Indigenous youth today, they become traditional healing methods (Auger, 2016).

A meta-analysis completed by Barker and colleagues (2017) considered the effectiveness and availability of culturally relevant clinical resources for urban Indigenous youth. In their examination of literature that examined the effectiveness of suicide interventions from both Western and Indigenous perspectives, they concluded that clinical services based in the

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traditional knowledges of Indigenous Peoples promoted cultural revitalization and were more compatible with the needs of Indigenous people (Barker et al., 2017). One of the ways this can be done is by demonstrating to youth, the positive effects of culture. Allowing youth to experience traditional activities, values, and practices and to understand and feel the positive influence is a key component of this approach. Research has shown that enculturation positively affects Indigenous mental health. Enculturation builds resiliency and promotes suicide prevention among Indigenous adolescents and adults. Attention to culture and/or traditional healing is therefore a crucial element in programs designed for Indigenous Peoples (Beaudoin et al., 2018).

Land-Based Intervention

The focus on land in the development of healing interventions for Indigenous Peoples has been shown to be effective because it reconnects Indigenous people with Mother Earth, which is the foundation of ceremonies and other traditional practices that promote wholeness and balance (Hatala et al., 2016).

Indigenous land-based healing therapies stress that land and cultural traditions have the power to heal those who are suffering (Auger, 2016). Land-based therapy also assists the individual who is in distress to alleviate some of their pain and suffering. With land-based interventions, culturally based healing therapies are adapted to fit the individual's specific needs, help meet the needs of the community and are most effective for Indigenous youth (Burrage et al., 2016). These interventions speak to the necessity of having a cultural component integrated into any intervention to improve Indigenous peoples' mental health. Connection with the land promotes community, family and individual wellness, strengthening the individual's ability to lead a good life (Radu et al. 2014). Land-based Indigenous healing programs therefore

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incorporate personal, community and family wellness (Wexler et al., 2017).

The land-based intervention aims to strengthen participants' abilities to lead healthy, fulfilling and resilient lives (Barrage et al., 2016; Radu et al., 2014; Truth and Reconciliation Commission, 2015). Other goals of land-based therapy are to ameliorate mental health problems by creating positive change within the individual and reconnecting him/her/them to their land, family, and community. Land-based interventions allow individuals to fully participate and make positive contributions in their lives and in their families and communities. Land-based therapy promotes a wholistic approach to wellness including a harm reduction approach to mental wellness, whereby the individual moves away from self-harm to a state of being that incorporates greater wellness (Hatala et al., 2016).

This form of land-based healing intervention is also a decolonizing way to heal the community (Radu et al. 2014). It recognizes that healing is an ongoing process and for this intervention to be successful, it must be culturally appropriate and locally navigated (Radu et al. 2014). The benefits will not only apply to the individual, but the whole community, thus further strengthening the bonds of family and community (Radu et al. 2014). A product of Indigenous values and culture, land-based therapy has a wholistic focus and has been effective as a mental health intervention for Indigenous youth (Burrage et al, 2016). Land-based interventions acknowledge the need for social and structural change and do not view the issue of suicide as solely an individual's issue. Another advantage to land-based therapy is that it is transposable from one community to the next (Barker et al., 2017).

Indigenous interventions are wholistic and incorporate many elements of Indigenous culture. Whether that be through sweat lodges, or long houses, the intervention is tailored to the individual's culture, community and local ceremonies (Auger, 2016). For clinicians working with Indigenous youth, it is essential to incorporate culturally relevant aspects and practices into

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any intervention. The sweat lodge ceremony, for example, is an Indigenous cultural practice from the prairie regions that is performed in a dome-shaped lodge. Rocks (Grandfathers, as they are called) are heated in a fire pit and placed in a depression in the ground inside the lodge. Water is poured over the heated Grandfathers which produces steam to cleanse toxins from the mind, body, and spirit (Beaudoin et al., 2018). Another cultural practice that clears negative energy is smudging. Smudging involves the burning of sacred herbs in a small bowl, whereby the smoke is passed over various parts of the body, objects or areas to purify them (Beaudoin et al., 2018).

Two-Eyed Seeing

Two-eyed seeing is a methodology that brings together both Western and Indigenous knowledge. Two-Eyed Seeing means the individual learns to use one eye with a focus on the strengths of Indigenous knowledge and Indigenous ways of knowing. The individual uses their other eye to view the strengths of Western knowledge and Western ways of knowing. Two-Eyed Seeing thus encourages the use of both eyes, blending the two perspectives together for the benefit of all (Marsh et al., 2015).

The goal of applying two-eyed seeing is to erase the hierarchy of knowledge systems as this approach respects both Western and Indigenous ways of knowing (Auger, 2016). These same health care professionals strive to blend Western health-care practices with traditional Indigenous healing practices (Hovey et al., 2017). This approach fits well with the shifts that some Western practitioners have recommended. As long as 21 years ago, Wortzman (2009) identified the need for Western practitioners to reconsider how mental health is understood and services were provided in order to better serve Indigenous people with mental health problems and to prevent suicide. She advocated for a culturally sensitive approach focused on mental

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health promotion as suicide prevention with traditional healers and community members directing the healing process while being supported by Western practitioners.

Two-Eyed Seeing asks us, with respect and passion, to acknowledge our different ways of knowing and to combine our understanding and learn to bring about healing (Wright et al., 2019). The utilization of Two-Eyed Seeing champions inclusion, trust, respect and collaboration, understanding and accepting the strengths within both Western and Indigenous worldviews. By collaborating and demonstrating mutual respect of each worldview, Two-Eyed Seeing encourages Indigenous and non-Indigenous service providers to establish a relationship of mutual respect (Peltier, 2018). Therefore, both worldviews are affirmed as beneficial for the healing processes. The incorporation of traditional healing and cultural respect can further support the development of a sense of identity (Abu et al., 2019). For individuals who suffer from intergenerational trauma, this is paramount for their recovery (Beaudoin et al., 2018).

Encouraging Elders to get involved inspires the local community to participate in cultural events, such as drumming, smudging, and sweat ceremonies. Having participation of the non-Indigenous professionals in community events and ceremonies can also help to forge mutual understanding and respect. This amalgamated model of care decolonizes practice and increases the rate at which Indigenous youth access mental health services as well as decrease the program dropout rates (June Yi et al., 2015). Because of its flexible framework, a Two-Eyed Seeing approach can incorporate other approaches such as cultural safety, culture as treatment, and other decolonizing practices that focus on integrating the best practices from Indigenous and Western perspectives.

Cultural Safety and Related Approaches

Due to Indigenous People's underutilization of health services, more health-care professionals have moved to a wholistic and culturally sensitive approach that emphasizes cultural safety. Cultural safety promotes a person-centered, culturally informed approach to wellness that encourages overall health in all areas of the individual's life (Radu et al., 2014). Recently, the notion of cultural safety, which allows for a critical analysis of the systemic and institutional discrimination faced by Indigenous Peoples, has been added to Western approaches of mental health care (Gone et al., 2019). This model challenges the power imbalances that still exist in the colonial relationships between health care providers and the Indigenous communities they serve (Burrage et al., 2016). This culturally respectful approach to care requires a systematic transformation of the encounter between the healthcare provider and the service user, and also speaks to the institutional power imbalances with the aim of decolonizing the health care system and empowering Indigenous Peoples (Wexler et al., 2017). Cultural safety is an important step in the decolonizing of Western mental health and social services and the reclaiming of Indigenous control over services. Additionally, it aligns with the Truth and Reconciliation Commission's calls to action (Burrage et al., 2016; Radu et al., 2014; TRC, 2015). Cultural safety, with its focus on power sharing and client-directed practice, also provides opportunities for integrating a two-eyed seeing approach because it welcomes best practices from both Indigenous and Western perspectives. "Culture-as-Treatment" interventions that incorporate Indigenous cultural values and healing approaches into conventional western service programs recognize the relevance of Indigenous and Western approaches.

Conclusion

The high rate of Indigenous youth suicide is caused by a multi-faceted and complex situation. Socio-economic inequities, dislocation, oppression, and discrimination are but a few of the barriers facing Indigenous people on their road to wellness (Barker et al., 2017). This paper explored and examined the causes of Indigenous youth suicide, and the intervention models employed, taking Western and Indigenous perspectives and approaches into account. The literature reviewed identified the significant impacts that environment and the social determinants of health (SDOH) have on creating conditions that disadvantage Indigenous Peoples and increase their risk for social, economic, and health problems. Causes of suicide amongst Indigenous youth were found to be strongly linked to SDOH that include historical trauma from colonization. Historical trauma derives from assimilation practices and policies experienced by Indigenous Peoples including the Indian Act, Indian residential schools, the reserve system, suppression of culture and language and the Sixties Scoop. In the literature, historical trauma was found to make Indigenous youth more vulnerable to suicide. Continued effects from colonization and intergenerational trauma include racist policies and practices that manifest as anxiety, depression, physical diseases, poverty, unemployment, child apprehension, feelings of hopelessness, addiction and suicidal ideation in Indigenous communities and especially amongst youth.

Western interventions most commonly used to address Indigenous youth suicide were found to be largely ineffective because they are based on a Western worldview and medical model approaches (Marsh et al., 2015). The dominance of Western interventions and the lack of Indigenous informed approaches was related to low treatment access and high dropout rates amongst Indigenous youth. Studies reviewed showed that most Western interventions had limited relevance to Indigenous Peoples because they were based on the understanding that

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suicide is caused by biological chemical imbalances in the individual and did not recognize the influences of historical and intergenerational trauma on the wellbeing of Indigenous people, their families and community. Indigenous scholars reported major problems with Western approaches because their expert-driven, narrow and pathologizing focus on the biological and psychological deficits of the individual did not consider a wholistic perspective and was disempowering. They also did not reflect the extended family structure and collectivist values of Indigenous people. Of great concern in the literature was the lack of power sharing and the “power over” structure in Western intervention approaches that was experienced by Indigenous people as recolonizing (Beaudoin et al., 2018).

Recognizing the limitations of current Western approaches for Indigenous youth suicide, alternatives are needed. Research shows that interventions that incorporate Indigenous perspectives and values hold great promise for reducing the rate of suicide amongst Indigenous youth. The focus of these interventions is on helping Indigenous people heal from historical and intergenerational trauma by regaining lost cultural traditions, cultural identity, language and control over decision-making. This approach has proven to be more effective in reducing the rate of suicide in Indigenous youth. Research suggests that communities with positive cultural components, such as self- governance, language preservation, enculturation processes and improved infrastructure experience significantly lower suicide rates (Barker et al., 2017). Social workers and other clinicians can play a major role in reducing suicide rates in Indigenous communities by adopting these decolonizing practices, practicing cultural safety, and advocating for increased resources to help heal and support greater well being in Indigenous communities.

A critical need was identified by many Indigenous scholars that includes making changes to dominant Western approaches that shift the intervention focus from the individual to the inclusion of the individual’s community, to sharing power, and considering Indigenous

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knowledge and approaches to be of equal value. Promising practices found in the literature included two-eyed seeing, cultural safety, and “culture-as-treatment” approaches. These approaches recognize that integrating Indigenous culture with Western interventions helps to make services more effective for Indigenous communities and youth. Initiatives which have been culturally tailored and are collaboratively run by Indigenous people living in the community have proven to be most effective in preventing suicidal behaviour (Marsh et al., 2015).

Social work clinicians can include these approaches in their work with Indigenous communities, families, children and youth to make services more relevant and appropriate for Indigenous Peoples. Such efforts are needed to address the re-colonizing nature of some social work practices on Indigenous Peoples, like child welfare services, which have long disadvantaged Indigenous children, families, and communities and contributed to youth suicide risk (Blackstock, 2009).

Taking up practices which include positioning Indigenous people to lead the healing processes, advocating for services such as land-based interventions, as well as committing to providing culturally safe services that recognize the Indigenous worldview and are directed by Indigenous community members, are all necessary to empower Indigenous Peoples and to honour social work’s commitment to reconciliation.

Policy making that reduces barriers to developing and delivering Indigenous informed healing interventions and land-based services could also reduce rates of Indigenous youth suicide. More research focused on evaluating youth suicide prevention interventions that incorporate Indigenous and Western knowledge is also needed. Program evaluation as well as clinical and community-based research would help to continue to build this important body of knowledge.

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