

RECLAIMING INDIGENOUS IDENTITIES: CULTURE AS STRENGTH AGAINST SUICIDE AMONG INDIGENOUS YOUTH IN CANADA

Brittany Barker, MPP^{1,2}

Ashley Goodman, MA¹

Kora DeBeck, PhD^{1,3}

1. Urban Health Research Initiative, British Columbia Centre for Excellence in HIV/AIDS
2. Interdisciplinary Studies Graduate Program, University of British Columbia
3. School of Public Policy, Simon Fraser University

Send correspondence to:

Kora DeBeck, PhD
Research Scientist, Urban Health Research Initiative
B.C. Centre for Excellence in HIV/AIDS
St. Paul's Hospital
608-1081 Burrard Street, Vancouver, B.C., V6Z 1Y6
Canada
Tel: [604] 558-6679
Fax: [604] 806-9044
Email: uhri-kd@cfenet.ubc.ca

Conflict of Interest: None to declare.

Final version published as: Barker B, Goodman A, DeBeck K. Reclaiming Indigenous identities: Culture as strength against suicide among Indigenous youth in Canada. *Canadian Journal of Public Health*, 2017 108(2):e208-e210.
<http://dx.doi.org/10.17269/cjph.108.5754>

ABSTRACT

In Canada, Indigenous youth suicide represents one of several health disparities burdened by Indigenous populations and like many others, can be understood as an expression of societal, historical, cultural, and familial trauma. As the number of Indigenous youth who take their own lives every year in Canada continues to far exceed national averages, it appears that conventional suicide prevention efforts remain ineffective among this population. A growing body of research argues that conventional interventions, largely rooted in Western individual-level behavioural change frameworks, are culturally discordant with Indigenous paradigms. In response, some Indigenous communities are turning to cultural revitalization as a holistic community-driven response to suicide prevention and treatment. The following commentary explores the emerging evidence-base for 'culture as treatment' – a novel approach to suicide that emphasizes the significance of interconnectedness in healing, alongside the revitalization of traditional values to reclaim community wellness. In doing so, we seek to contribute to a changing discourse surrounding Indigenous youth suicide by acknowledging culture as strength against this national crisis.

Word count: 166

Key Words: suicide; health services, Indigenous; population groups; adolescent

COMMENTARY

In January 2016, First Nations in northern Ontario called for emergency relief (equivalent to funds and resources granted to communities experiencing natural disasters) in response to the escalation in the number of Indigenous youth who took their own lives, including the suicide of a ten-year-old girl.¹ Tragically, high rates of suicide among Indigenous youth are not isolated to this region. According to the Public Health Agency of Canada, First Nations youth suffer suicide rates five to seven times that of their non-Indigenous peer group, while Inuit youth suffer suicide rates 11 times the Canadian average – among the highest suicide rates in the world.² As a result, there is a growing recognition and body of research indicating that the contexts and conditions leading to Indigenous youth suicide are distinct from suicide in the general population of youth and need to be addressed as such.^{3,4} In response, many Indigenous communities are engaging in cultural revitalization as a holistic, community-driven response to suicide prevention and treatment. This commentary presents a brief overview of the rise in suicidality experienced by many Indigenous communities resulting from the trauma inflicted by colonization in Canada and discusses the emerging evidence-base of ‘culture as treatment’ as a potential means to mitigate persisting high suicide rates among Indigenous youth.

In 1993, Canadian news organizations released disturbing video footage of six Innu children in an isolated inlet of Newfoundland and Labrador attempting to kill themselves by inhaling gasoline.⁵ Further north, in the territory of Nunavut, 2013 marked a record high annual occurrence of 45 suicides triggering a formal inquest by the chief coroner. Nunavut Premiere, Peter Taptuna, has since declared suicide a public health emergency similar to First Nations in northern Ontario today. The loss of community members by suicide has warranted a state of emergency in other communities across Canada as well, including the Neskantaga First Nation, Onigaming First Nation, and the Pikangikum First Nation.⁶ To this day, suicide and self-inflicted injuries are the leading cause of death among First Nations youth and adults up to age 44 in Canada.⁷

Indigenous youth suicide, as with other social and health malaise affecting Indigenous peoples, is a relatively recent phenomenon among communities. During the Provincial Forum on First Nations Youth Suicide in 2007, Chief Shawn Atleo stated, “The word ‘suicide’ does not exist in our traditional languages as we have no oral history of our people taking their own lives in the past.”⁸ Despite news coverage and statistical reports portraying suicide as an Indigenous issue, Atleo reminds us this is not the case. Rather, suicide is one of many health disparities arising from the ongoing social and historical injustices endured by Indigenous peoples. Many have attributed the immense social suffering faced by Indigenous populations to the loss of cultures

and identities as a result of the forced displacement from territorial homelands and government mandates of assimilation such as the residential school system.^{3,4,9,10} In 1995, the Royal Commission on Aboriginal Peoples released a special report on suicide after hearing from hundreds of Indigenous youth by way of public hearings, written submissions, research studies, and youth talking circles.⁹ Regardless of their community affiliation, Indigenous youth spoke most frequently about confusion and shame in personal identity, lack of opportunities within communities, and the significance of cultural identity in the healing process.⁹

Western approach

Tragically, suicide prevention and intervention programs, and services to-date appear ineffective towards mitigating the burgeoning number of Indigenous youth who take their own lives every year nationally. Standard suicide interventions, largely rooted in Western, individual-level behavioural change frameworks, tend to focus on conventional psychotherapies and operate under the assumption that the best outcomes are achieved via formal mental health professionals and services.^{3,11} A growing body of research argues that these interventions are culturally discordant with Indigenous paradigms and are thus unable to conceptualize suicidality and related issues as expressions of societal, historical, cultural, and familial trauma.³

“We feel that the healing will come from within the community. Along with a realistic resource base, we have the tools to heal our people.”

-Desmond Peters Jr.
Indigenous Youth
Choosing Life: Special report on suicide among Aboriginal people
Royal Commission on Aboriginal Peoples

Culture as Treatment

Culturally driven community-based approaches present a promising framework to help address the Indigenous youth suicide crisis. Today, ‘culture as treatment’ represents one of the many unique and diverse approaches that Indigenous communities are employing to heal traumas and promote well-being from within.^{4,11} Under this framework, Indigenous youth suicide is identified as a community crisis requiring social change through cultural reclamation. This approach emphasizes the significance of interconnectedness in healing and the revitalization of traditional values (e.g., balance, community, family, culture, meaningful roles, spirituality, etc.) to reclaim community wellness.^{10,12}

There are multiple indicators that Indigenous peoples’ identities and cultures are inextricably connected to health. If data from the province of British Columbia is disaggregated, prior observational research found that among the nearly 200 distinct Indigenous communities, suicide rates fluctuate from near zero to exceeding the national average by 800-fold.¹² Research suggests that those communities with a

number of positive cultural markers, including self-governance, language, settled land claims, education, healthcare, cultural facilities, and infrastructure, experience significantly lower suicide rates than those without.^{12,13} Further analyses of these communities found that where approximately half of members spoke at least a conversational-level of the Indigenous language, the suicide rate was close to zero.¹³

Emerging evidence-base

In select settings across North America, interventions are currently underway that promote Indigenous cultural identity and connectedness as a means of ‘treating’ and reducing health and social inequities. As part of a larger three-year study, Rowan et al. engaged in a scoping review of cultural interventions to treat problematic substance use among Indigenous populations that incorporated both Western and Indigenous knowledge and assessed at least one of four holistic outcomes (e.g., spiritual, physical/behavioural, mind/mental, heart/social/emotional).¹⁴ Using an Indigenized methodology, the “Two-Eyed Seeing” approach,¹⁵ 19 studies included interventions demonstrating considerable variability across each of the measured domains but supporting the development of “culturally-based instruments to meaningfully measure wellness arising from participation in cultural interventions offered in the context of addictions treatment for Indigenous people.”¹⁴ Another example in the United States, is the partnership between academics and the Blackfeet reservation. Together they established a pilot project to address high substance and alcohol use among its

community members through cultural revitalization. Participants attended a cultural immersion camp for four weeks with the objectives of reducing problematic substance use, promoting cultural identity and connectedness, and establishing empirical evidence to the effectiveness of 'culture as treatment.'¹⁶

While 'culture as treatment' frameworks have been applied more widely in relation to substance use and addiction treatment settings, less has been done under the auspices of preventing and treating suicide. One exception in Canada is the File Hills Qu'Appelle Tribal Council, which administers youth workshops and cultural camps that use theatre and arts-based practices to "explore and re-create Indigenous identities" while actively addressing youth mental health and suicide through decolonization.¹⁷ Unfortunately, many of these interventions are in the nascent stages of implementation and, as a result, empirical evaluations of the effectiveness of 'culture as treatment' in relation to Indigenous health inequities are currently limited. While evaluating 'culture as treatment' initiatives in order to build an evidence-base represents an important undertaking, Rowan and colleagues note that given "cultural interventions are intimately tied to the Indigenous groups who developed and practice them, comparability and generalization across programs and settings remains an issue."¹⁴ Indeed, with the immense diversity among Indigenous communities, it cannot be expected that one community's cultural 'treatment' can be standardized across all communities or prescribed as a clinical regimen. Lastly, caution should be taken to

prevent further imposing colonial systems and evaluation mechanisms on communities, but rather working with Indigenous groups and using their metrics to achieve community wellness. Given the established link between the loss of Indigenous culture and risk of suicide, the case for cultural reclamation and revitalization may be a critical step toward reducing rates of suicide among Indigenous youth. However, adopting a 'culture as treatment' approach for the prevention of Indigenous youth suicide is best viewed as one necessary step along a continuum. 'Culture as treatment' should not preclude addressing other broader socio-structural factors that intersect with and exacerbate Indigenous youth suicide. Prior research has highlighted the negative impact that racism, poverty, insufficient housing, parental substance and alcohol use, and mental health issues have on the lives of young Indigenous people.^{4,10} While strong cultural identity and participation are imperative, fully addressing Indigenous youth suicide will require interventions that address these socio-structural factors on multiple levels.

Conclusion

Addressing Indigenous youth suicide and other health-related disparities is a concern, not only for formal health professionals, but anyone committed to promoting health and social justice. While the majority of suicide interventions to-date are under the purview of clinical-based health services and associated professionals, there is a growing understanding that Indigenous youth suicide needs to be thought of

differently. We as a nation need to acknowledge that Indigenous suicide is the product of cultural, community and historical oppression, and not an individual response to personal pathology. These measures call for a change to the discourse surrounding suicide, and Indigenous health more broadly, where the traditional knowledge of Indigenous peoples is valued and their capacity to devise solutions to their own health is recognized.

References

1. Porter J. First Nations losing 'babies' to suicide, Chief says after 10-year-old dies. *CBC News* [Thunder Bay] 2016 Jan. 20. Available at: <http://www.cbc.ca/news/canada/thunder-bay/first-nations-suicide-ontario-youth-1.3410909> (accessed January 20, 2016).
2. Government of Canada. The Human Face of Mental Health and Mental Illness in Canada. Ottawa, Canada: Minister of Public Works and Government Services Canada; 2006. Available: http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf (accessed May 13, 2016).
3. Wexler LM, Gone JP. Culturally responsive suicide prevention in Indigenous communities: unexamined assumptions and new possibilities. *American Journal of Public Health*. 2012;102:800-6.
4. Gone JP. Redressing First Nations historical trauma: theorizing mechanisms for Indigenous culture as mental health treatment. *Transcultural Psychiatry* 2013;50:683-706.
5. Press H. Davis Inlet in Crisis: Will the lessons ever be learned? *The Canadian Journal of Native Studies* 1995;15:187.
6. Thompson J. Aboriginal youth suicides cascading, study finds. *Thunder Bay News Watch* [Thunder Bay] 2015 Jun. 30. Available at http://www.tbnewswatch.com/News/372804/Aboriginal_youth_suicides_cascading_study_finds (accessed July 27, 2015).
7. Health Canada. First Nations and Inuit health: mental health and wellness. Ottawa (ON): Government of Canada; 2015. Available: <http://www.hc-sc.gc.ca/fniah-spnia/promotion/mental/index-eng.php> (accessed January 26, 2016).
8. Atleo S. Provincial forum on First Nations youth suicide. Renaissance Hotel, Vancouver, Canada February 21-23 2007.
9. Royal Commission on Aboriginal Peoples. Choosing life: special report on suicide among Aboriginal people. Ottawa (ON): Government of Canada; 1994:135.
10. Kirmayer L, Simpson C, Cargo M. Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples. *Australas Psychiatr*. 2003;11:15 - 23.
11. Green BL. Culture is treatment considering pedagogy in the care of Aboriginal people. *Journal of Psychosocial Nursing and Mental Health Services* 2010;48:27-34.
12. Chandler MJ, Lalonde C. Cultural continuity as a moderator of suicide risk among Canada's First Nations. In: Kirmayer LJ, Valaskakis GG, eds. *Healing Traditions: the Mental Health of Aboriginal Peoples in Canada*. Vancouver (BC): UBC Press; 2009:221-48.

13. Hallett D, Chandler MJ, Lalonde CE. Aboriginal language knowledge and youth suicide. *Cognitive Development* 2007;22:392-9.
14. Rowan M, Poole N, Shea B, Gone JP, Mykota D, Farag M, et al. Cultural interventions to treat addictions in Indigenous populations: findings from a scoping study. *Substance Abuse Treatment, Prevention, and Policy* 2014;9:34-34.
15. Rowan M, Poole N, Shea B, Mykota D, Farag M, Hopkins C, et al. A scoping study of cultural interventions to treat addictions in Indigenous populations: methods, strategies and insights from a Two-Eyed Seeing approach. *Substance Abuse Treatment, Prevention, and Policy* 2015;10(1):26.
16. Gone JP, Calf Looking P. The Blackfeet Indian Culture Camp: auditioning an alternative Indigenous treatment for substance use disorders. *Psychological Services* 2015;12:83-91.
17. Health Services Department, File Hills Qu'Appelle Tribal Council. "Acting Out! But in a Good Way": developing Aboriginal youth health leadership through theatre. Available at: <http://actingout.iphrc.ca/about-the-projects/> (accessed January 20, 2016).