Exploring the Relationship Between Indigenous Youth, Cultural Connection and Suicide
Through the Experience of Indigenous Knowledge Holders

By

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Abstract

This Master of Social Work thesis focuses on the personal accounts and teachings of Indigenous Knowledge Holders from Canadian communities in Saskatchewan, Manitoba and north-western Ontario. The purpose of this research study was to develop a deeper understanding of contributing factors to high rate of suicide among Indigenous youth, and to explore potential remedies found in the wisdom and experience of individuals versed in Indigenous cultural knowledge.

Purposive and snowball sampling was used to recruit twelve participants from eight Canadian Indigenous communities. This qualitative research study applied an Indigenous research methodology based on storytelling, in which data was collected through conversational-style interviews.

Through the stories of these individuals, it was commonly identified that introduction, connection and reconnection to Indigenous culture offers a sense of identity, belonging, self-esteem and confidence among the Indigenous youth. These traits have been shown to foster a desire to live, potentially providing protection and remedy to suicide related deaths.

The inclusion of cultural education in Social Work programs, in a both in a general sense and in those specifically related to suicide prevention, may help reduce suicide rates. The mechanism of prevention appears to be related to an individual’s connection to traditional cultural activities, such as language and spirituality. In these programs, the utilization of Indigenous Knowledge Holders is recommended, as they are believed to be the best link to this historically-obscured cultural knowledge.

Key words: Suicide, Indigenous Knowledge Holders, Colonization, Spirituality, Holistic, Cultural Reconnection
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Gitchi-miigwech!
Dedication

This thesis is dedication to all those affected by suicide. It is the unfortunate and sad truth that many of us have known someone who has taken their own life, and will be forever impacted by the haunting aftermath.

This thesis is also dedicated in memory of my nephew, who was more like my son. Reuben Hunter, you are always in my thoughts and will forever be in my heart.
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1.0 CHAPTER ONE

1.1 Introduction

In the initial chapter, I will provide an overall summary of the study, describe my personal history and outline the motivation that drove my desire to conduct this research. I will also describe the terminology utilized, as well as the limitations and strengths I identified while conducting the study.

This thesis originates in the life and experience of Indigenous Knowledge holders, and their personal experience with suicide. In order to document this wisdom, I recruited and interviewed twelve Indigenous Knowledge Holders (also known as Elders). I asked them for their thoughts and opinions regarding the relationship between Indigenous youth suicide and the loss of connection to culture. My intent was to explore potential methods of reducing youth suicide through the cultural insight and experience of these individuals.

By virtue of longevity and social position, many Indigenous Knowledge Holders tend to be among the demographic groups most likely to have had a connection to traditional culture, and to have experienced the effect of its’ loss. Although the root cause of suicide related deaths and attempts can be complex, evidence has shown that many factors contributing to the high suicide rate in Indigenous populations stem from colonization. The effects of colonization have also been revealed by exploring the life experiences of Indigenous Knowledge Holders, and these experiences have shown correlation to the prevalence of suicide within the Indigenous populations. It is my intention to document this experience, and to learn how the knowledge and
wisdom of the older Indigenous generation can guide us for the benefit the younger generation, specifically, in regard to suicide.

1.2 Situation Self

Boozhoo! Before I begin, please allow me to introduce myself. My name is Virginia Pateman, and I am a fluent speaking Anishinaabe-kwe from the Treaty Three area. I am from the lynx clan and I am a mother of three daughters. I am also a daughter, wife, cousin, a niece, a friend, an aunt and a caregiver. I come from Wabaseemoong Reserve, a community of approximately 800 people in North-Western Ontario.

Like many northern communities, my reserve has a high rate of unemployment and very few people manage to graduate from high school (Southcott, 2009). Wabaseemoong suffers from a high level of addiction, poverty, historical trauma and culture disconnection. It also suffers from a high rate of suicide, which is strongly linked to these social challenges (Ferguson, Baker, Young & Procter, 2016).

1.3 Personal Significance of This Study

From my personal experience, many Indigenous youth living in isolated communities are faced with seemingly impossible personal, social and economic challenges, and there tends to be a great deal of despair and loneliness. Because of these risk factors, many youth turn to drugs, alcohol, solvents, and crime as a “valid option for entertainment” (Erin Morash, personal communication, November 21, 2016). They use these to fill the empty void of boredom and loneliness, and this is a significant contributing factor to depression and suicide (Patterson & Pegg, 1999).
Although it has become common to hear about Indigenous youth who completed suicide on the news and in social media, I believe its prevalence is anything but normal. Adolescence is a crucial stage of development for all persons. It is usually a time of experimentation and personal exploration, where youth challenge themselves and discover who they are and where they fit in the world (Feldman & Elliott, 1990). Chandler and Lalonde (1998) state that one of the reasons why there are elevated rates of suicide behaviour among Indigenous youth is because during this adolescent period the youth are experiencing a “sharply accelerating rate of development” (p. 5). At the same time, they often engaged in self-destructive behaviour, which puts them at risk. “It is during these periods of selfishness that the momentary self-destructive impulses, often triggered by life’s routine hardships, become emptied of their ordinary personal significance, and that suicide suddenly becomes an actionable possibility” (Chandler & Lalonde, 1998, p. 5).

In my experience, the loss of cultural identity also appears to be related to the prevalence of suicide among Indigenous youth. Loss of cultural identity has been shown to damage a person’s self-esteem, self-worth and a sense of belonging. According to Kelly (2007), these are some of the risk factors for suicide among Indigenous youth. My generation certainly appears lost in this regard and unless there is significant change, I fear the next generation may be even more so. However culturally disconnected the Indigenous people may have become, I agree with Maytwayashing’s statement: “we may be lost, but our culture is not” (Mary Maytwayashing, personal communication, January 6, 2017). Knowledge Holder Ed Azure (personal communication, January 5, 2017), echoes a similar sentiment, he states that Indigenous culture, teachings, and ceremonies were never lost. They have always been there and will continue to be there.
After losing several family and friends to suicide, I have come to realize that there is more than one factor that makes a person want to end their life. I believe that many of these problems can be traced to the effects of colonization, especially from the deterioration of identity and culture. This includes the loss of our language, our land, our water, and our tradition. It is my belief that reconnecting with cultural traditions may assist in reducing youth suicide and suicide related problems, and improve existence for future generations. I further believe that learning and rediscovering culture, eroded by years of colonization, will have significant social benefit. It is my goal to research this subject and make use of the subsequent information in a manner that will help all Indigenous youth, including the youth in my community.

1.4 Research Question

The research question guiding this study is the following: “What is the relationship between Indigenous youth, cultural connection and suicide through the experiences of the Indigenous Knowledge Holders?”

The following sub-questions were used to guide the interview process:

1. Tell me about your life?
2. Would you share your thoughts about the cause of high suicide rate among the Indigenous groups?
3. What do you think will help decrease suicidality in Indigenous youth?

In addition to these three main questions, there was also a list of follow up/prompting questions:

- What is your experience with your ancestral language?
- Tell me about growing up in your family?
- Could you share a personal recount of losing a loved one to suicide?
- Could you share one of your first experiences the first time you heard of someone attempting or dying of suicide?
Can you tell me about your experiences with ceremonies in your youth? Why or why not?

Do you think there is a connection between high Indigenous youth suicide rates and loss of culture? If yes, can you please describe your belief in detail?

Can you share your thoughts and/or suggestions on what could be done to curb the youth suicide rate?

1.5 Note on Terminology

Throughout this thesis, I will refer to the participants as Indigenous Knowledge Holders, as opposed to Elders. I use this term specifically because many Knowledge Holders may not see or refer to themselves as Elders. The basis for this aversion to the term may be rooted in the fact that Elders often have a difficult time referring to themselves as Elders and many see this as culturally inappropriate (Waldram, 1997). There are also many definitions of an Elder. Therefore, identifying who would suitably hold the title of Elder is a challenging proposition. For instance, an Elder is sometimes referred to as a healer, a spiritual leader, a medicine person, or an herbalist. Some maybe even argue that a one who has been identified as a Knowledge Holder, is not even gifted as such. Elders are also viewed as those who live and follow a traditional lifestyle and hold a great deal of wisdom and experience. They are also considered central to Indigenous spiritual (Waldram, 1997).

I realized not all Knowledge Holders maybe viewed as Elders, however, both titles are comparable in many ways. For example, just like the term Knowledge Holder, the term “Elder is an ascribed one. It is an honorary designation offered and used by others” (Waldram, 1997, p.110). My plan was to target participants who were 45 years and older, and have been defined as Indigenous Knowledge Holders by others. My reason for targeting the older generation is because by virtue of their age, these Knowledge Holders are likely have had the most experience in the effects of colonization. In addition, “empathy is a key trait that makes certain Elders
especially valuable. Some, having lived markedly spirituality lives in the past, having recovered, are therefore able to understand” (Waldram, 1997, p.110). Therefore, I believe speaking to Indigenous Knowledge Holders regarding their life experiences is the best way to both understand a part of history, and to draw upon the wisdom gained from the social experience of a lifetime within a culture.

There are several common terms used to refer to the original people of Canada, these include; First Nations, First People, Aboriginal, Indian as well as Indigenous (National Aboriginal Health Organization, 2017). I have chosen to use Indigenous in my research, as it appears to currently be the most widely used and accepted term. The definition of Indigenous means being native to a specific geographic area (Thistle, 2017). For example, the Inuit, First Nation and Indian are Indigenous to North America, therefore referred to as Indigenous people. It is a term that is self-declared and not government imposed (National Aboriginal Health Organization, 2017). Throughout this paper I also use Indigenous to refer to the Métis people, in addition to First Nation and Inuit individuals, their culture and spirituality. Other terms such as First Nations, Indian, and Aboriginal will be used in the literature review as well as when citing, quoting and referencing.

1.6 Limitations

I had originally planned to use an unstructured interview format, using as few questions as possible to obtain the desired information. The first limitation I encountered occurred when I asked the research question during the interview process. I found that some of the participants answered faster than I anticipated and appeared to wait for the next question. I had originally planned to ask the main research question and then resort to follow up questions, if required. I
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found that I had to resort to the follow up questions sooner and/or more often than I originally intended, in order to keep the conversation flowing. As such, this resulted in a more directed interview than desired, thus limiting the effectiveness of the unstructured interview methodology.

There were a few other limitations encountered during this study. In one interview, the amount of information that could be gathered was restricted by the required method of documentation. The participant in this particular interview did not want to be audio or video recorded due to cultural or personal beliefs. When I embarked on this research, I understood that recording “may not always be appropriate or desirable” (Willox, Harper & Edge, 2013, p. 139). To compensate, I resorted to note taking alone to document the interview, I also asked more questions and often requested a repetition of what was said, for clarity and accuracy of future recollection. As he was speaking, I felt it was rude to write as it seemed like I was not paying attention, therefore I focused on his words and only jotted down the main points. After the interview I tried to remember all he had to shared, but I found full recollection to be very difficult. Because of this limitation, this one interview was the longest and had the least amount of data collected. Once concluded, I made my best effort to document what was said, within its original context. Due to the lack of audio recording, the data collected during this particular interview was subject to the limitations of memory. It is entirely possible that some valuable information might have been forgotten or otherwise missed.
A further limitation was the challenge of transcribing interview recordings conducted in public spaces. When I contacted a couple of the participants, two of them chose we do an interview in public space. One of the interviews took place in a restaurant and another was in a coffee shop. Transcribing these interviews took a lot longer than the others as there was a lot of background noise and I had to listen to the interview over several times.

Another limitation I experienced in completing this section of research was my inexperience navigating computer software and programming. I attempted a couple of digital methods to make transcribing and coding easier, which include attending Mendeley workshops and researching Nvivo software. I resorted to the analog method of highlighting and coloured sticky notes.

A final limitation of this study was the location of participants. To diversify my research findings, I wanted to interview participants who come from various communities, in different linguistic or cultural groups. Therefore, I recruited participants from relatively widely situated communities, geographically located in Saskatchewan, Manitoba and Northern Ontario. However, because many of them were from specific culture and linguistic background such as Cree and Ojibwe, (as well as dialects of Ojibwe, such as Saulteaux) some of the research collected cannot be generalized to fit all Indigenous communities in Canada. In addition, do to this diversity, other plans I had formulated made it impossible to accomplish, such organizing a talking/sharing circle or hosting a feast with all the participants involved.

1.7 Strengths and Relevance to Social Work

Although the diversity and location of participants was identified as a limitation, the identification of similarities is a strength of the study. Although the participants were from
relatively diverse locations, linguistic groups, and cultures/communities, many of their life experiences, teachings and belief systems were still very similar. These similarities made theme selection easier, and helped focus the knowledge shared during the interview phase into concepts useful for social work, especially in program planning.

Another important strength I encountered was the choice of methodology used during my research. I followed the path of Indigenous Methodology based on storytelling, as I believe that important life lessons can be derived from the life stories and teachings shared by Indigenous Knowledge Holders. According to Kovach (2009), “The privilege of story in knowledge seeking systems means honouring the talk” (p. 99). To me, this means that participants must be afforded the time and space they require for requested stories, with no limits in this regard. Therefore, one of my identified strengths was time. To alleviate as much stress for the participants, I ensured they picked the time that was convenient for and I made sure I made myself available. Because I was able to provide the time necessary to listen to participants without following a rigid format, the participants had control of what they needed to share. As the receiver of these stories and teachings, it has subsequently become my duty to pass on this knowledge, in my personal life as well as in the social work environment (Hart, 2002).

I also identify my knowledge of the Ojibwe language as a strength, as some of the participants spoke in Ojibwe and English at the same time during their interview. Many believe that sharing a common language recreates a type of belonging (Kral, 2012) and that language connects people to their communities, as well to other Indigenous people (Hallet, Chandler, & Lalonde, 2007). As a researcher, finding a sense of connection with the Indigenous Knowledge
Holder participants is a strength. This connection helps establish a good rapport and personal bond, creating the best possible environment for this type of study to achieve its desired results.

I also provided participants with a small gift and offered food during the interview process. As a full-time student and mother of three children, money was a limitation. However, the cost of travel, gifts and food was not an option, it was a necessity. Therefore, I was able to use creativity to overcome this limitation and transform it into a strength. Specifically, I personally handcrafted culturally appropriate gifts within my budgetary limitations, the nature of which helped foster a personal relationship with the participants. This subsequently assisted with the interview process. I believe this personalized approach to relationship building with the participants was one of the study’s strengths. This type of relationship building and giving thanks is important, especially when working with Indigenous Knowledge Holders who have shared their wisdom. For the social worker integrating the assistance of Indigenous Knowledge Holders into their programming, I believe this gesture is not only appropriate but it should be considered mandatory.

Overall, the opportunity for relationship building was the most important strengths of this study, as these relationships helped to build the trust required to obtain the best of the research results from this methodology. Additionally, after the research was complete, I was able to maintain a relationship with many of my participants through personal communication and through social media. I expect this may be of great benefit in future cultural enhancement endeavors. The ability to build relationships is a crucial skill in social work. This does not necessarily refer to a friendship type of a relationship, but any positive interpersonal connection built on mutual trust and respect. This is one of the main keys to a successful and strong working relationship with both social work clients and partners. As such, a strength of this study was to
build relationships, and identify appropriate methods of building relationships with Indigenous Knowledge Holders, who can act as a valuable resource to the social work profession.

1.8 Conclusion

This chapter provided an overview and background regarding the study that will follow in the next 4 chapters. Specifically, it outlined my placement as an indigenous researcher, exploring the potential for cultural knowledge to offer remedy to alleviate the high rate of suicide among Indigenous Youth. It provides some information regarding my methodology, including its strengths and limitations, which centers around the wisdom of Indigenous Knowledge holders as a source of this cultural insight.

In the following chapters, I will expand and build upon the concepts introduced in Chapter one. Specifically, Chapter two will focus on a review of the literature as it pertains to suicide. Chapter three provides an overview of the Indigenous research methodologies, the data collected and analysis phases. It also includes the interpretation and feedback processes upon which this research was structured, as well as the ethical considerations. Chapter four introduces the participants involved in this study, and their experience and perspectives regarding suicide among Indigenous populations. Chapter five ends with a summary, discussion, and conclusion that encompasses my research journey in understanding the phenomenon of suicide that plagues many Indigenous communities.

As described, the next chapter presents the literature findings that pertain to high rates of suicide in Indigenous communities.
2.0 CHAPTER TWO: LITERATURE REVIEW

In this chapter, I identify many of the contributing factors to suicide. It is organized according to the following themes: colonization, cultural disruption, internalized colonization, the need to belong/suicide clusters, the impact of popular media, personal pathology vs. historical oppression, western vs. traditional, the missing component, making meaning through storytelling, cultural reconnection, and decolonization. Most of the peer-reviewed literature cited in this chapter was found through the University of Manitoba’s library and website. From these resources, I will present research that attempts to explain why suicide is at a high rate among the Indigenous population within Canada. I will also present research regarding how this phenomenon could potentially be decreased or alleviated among the Indigenous population.

2.1 Introduction (Colonization)

A common trend identified in the literature is that the revival and continuation of cultural tradition and spirituality is a key component in the remedy for a variety of social problems, including suicide, that plague modern Indigenous communities (Kelly, 2007). Many Indigenous people, including those who live in non-indigenous urban communities, are resorting to cultural programing as treatment and prevention for many social challenges (Kelly, 2007). A big part of this culture revitalization is the inclusion of Indigenous Knowledge Holders, as their wisdom and guidance have the potential to help Indigenous people discover, connect or reconnect to their culture, traditions and most importantly, spirituality (McCormick, 2009; Michell, 2013). The presence of a spiritual void affects the overall wellbeing of an individual, increasing personal involvement in social problems such as addictions, violence and suicide (Wastesicoot, 2014). To
many people, spiritual wellness is considered as important as physical, emotional and mental wellness, and is an integral part of a balanced society (Stonechild, 2016).

2.2 Cultural Disruption

One of the most devastating repercussions of colonization is high suicide rates among Indigenous people (French, 2004). According to Government of Canada (2018). Canada’s Indigenous youth suicide rate is five to seven times more than their non-Indigenous peer group, while the suicide rated among the Inuit youth is 11 times higher. The Inuit youth suicide rate is considered one of the highest suicide rates in the world. Although, the overall suicide rate in Canada has declined, it has continued to rise among the Indigenous population (Kirmayer, Brass, & Holton, 2007).

This legacy of colonization includes the eradication of culture, loss of tradition, language, identity and family instability. It also includes “cultural dislocation, racism, loss of loved ones, loss and grief associated with intergenerational trauma” (Ferguson, Baker, Young & Procter, 2016, p. 36). Many of these social ills stem from assimilation policies the government created in the past. Some of these policies include the Indian Act and the Enfranchisement Act. According to the 1876 Indian Act, the government had maintained full control of Indigenous people’s actions, dictating how they live, where to live, how to parent, what language to speak, and what religion and spirituality to practice (Hurley, 2009). An example of this is the Canadian Indian Residential School (IRS) system, which originated from the Indian Act. The IRS system was first established in 1840, and was consolidated by the passage of the 1876 Indian Act. Schools were Government funded but were Christian focused as they were “administered by Christian churches – The Roman Catholic Church, The Anglican Church of Canada, and the United Church of Canada” (Young, 2015, p. 67).
The original intent of the IRS was to remove Indigenous children from their community and family, in order to effectively indoctrinate them into Christianity and instill them with European values and beliefs (Fiola, 2015). The IRS resulted in cultural disruption, which adversely affected the traditional way of life for many Indigenous people in Canada (Roberts, 2014). When children were forcefully taken from their families and moved into residential schools, they were away from home for 10 months a year, for as long as 12 years. The result was that those who attended these schools lost their traditional way of life, as they were unable to take part in their cultural traditional activities, such as hunting and trapping. These activities were not typically practiced during the summer months when the children were home (Roberts, 2014, p. 29).

According to Fast, Trocmé and Ives (2014), the Western form of education that was considered mandatory in Canada played a major role in the deterioration of many Indigenous cultures. “The reality of IRS is that it severed relationships with family, with the community, with culture, and with identity, and in that sense became an extreme form or cultural genocide” (Stonechild, 2016, p. 15). The child welfare system also acted to impose “aggressive assimilation to the dominant Euro-Canadian culture” (Fiola, 2015, p. 68). With similar purpose, the child welfare system removed children from their families and placed majority of them in non-Indigenous homes. This culture disruption created the same end result as the IRS system, specifically the loss of identity, language, culture, and spirituality (Fiola, 2015).

Another example of Government sponsored culture disruption was the eradication of sleigh dogs in the Inuit territories. During the 50’s and 60’s, many dogs belonging to the Inuit were killed by the Royal Canadian Mounted Police (RCMP) allegedly for the safety of the community. However, many Inuit claim it was to force them to remain in their settlements and to
discouraged them from participating in their traditional lifestyle of hunting (Fast et al., 2014). According to Brooke (2000) “Many Indians say the intrusion of European-dominated programming into native houses contributed to culture dislocation and loss of pride” (p. 4). This disconnection and loss of culture has been found to be another contributor to the high rate of suicide in many Indigenous communities. (Ferguson et al., 2016).

During the 2007 Provincial Forum on First Nations Youth Suicide, a Chief named Shawn Atleo stated “the word suicide did not exist in our traditional languages as we have no oral history of our people taking their own lives in the past” (As cited in Barker, Goodman and DeBeck, 2017, p. 208). Historically, suicide was a rare occurrence and was considered ‘altruistic’ when it did happen, which meant that it was usually the old or the very ill individuals who would die of suicide or be killed at their request to lessen the burden on their families and communities (Kral, 2012). These findings are also supported by Tatz’s (2001) research where he reports similar findings in Australian Aboriginal communities where suicide was a rare occurrence in pre-colonial time. During what has been described as the cultural transition period after contact, according to Wesley-Esquimaux and Smolewski (2004), the Indigenous people were “stripped of their social power and culture authority” (p. 31). This is when Indigenous people started showing suicidal behaviour patterns. There was a major decline in the traditional lifestyle, they stopped participating in their cultural and spiritual activities and became engaged in alcoholism, violence, disruptive behaviour and abuse (Wesley-Esquimaux & Smolewski, 2004). Many of these cultural changes continue to severely impact the lives of Indigenous people today. Living on someone else’s terms other than one’s own is referred to cultural dislocation and there are a number of interconnecting factors that contribute to the elevated suicide rate, cultural dislocation is just one (Ferguson et al., 2016).
2.3 Internalized Colonization

Indigenous people have internalized many colonial assumptions and beliefs and in turn, ignored and/or put down their former beliefs, teachings, language, culture and spirituality. This behaviour is referred to as *internalized colonization*\(^1\). When Indigenous people internalize this colonization process, there may be an overwhelming feeling of powerlessness, confusion, sadness and anger. To escape these feelings, many become detached with who they are and where they came from, and subsequently turn to alcohol, drugs, and/or other forms of self-abuse, including suicidal thoughts (Hart, 2002). For many Indigenous people, alcohol is considered a spiritual entity that has been destructive towards their culture (McCormick, 2009).

Alcohol was originally introduced to Indigenous people by their colonizers during the fur trade era. It quickly became an escape route that numbed feelings of pain and despair (Welsey-Esquimaux & Smoleski, 2004). The consumption of alcohol is a significant risk factor for suicide behaviour (Crosby, Espitia-Hardeman, Ortega, & Lozana, 2013). Individuals who experiment with alcohol at an earlier age are at a higher risk for suicide attempts (Hingson & White, 2013). According to Hingson and White (2013), “alcohol contributes to the three leading causes of death for young people in the United States – injuries, murders and suicides” (Para 7). The influence of alcohol, drugs and other intoxicating substances has the ability to “reduce inhibitions, increase impulsivity, and intensify negative emotions” (Kirmayer et al., 2007, p. 38). For this reason, suicide is often attempted while under the influence of these substances. It is also known that the use of alcohol and drugs can lessen the fear of death, and cause a loss of insight.

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\(^1\) *Internalized colonization* occurs when colonized people believe in the superiority of the dominant culture while criticizing their own culture (sometimes forcefully) encouraging other colonized people to adopt these values* (Fiola, 2015, p29).
into suicidal behaviour or any damage it may cause (Kirmayer, et al., 2007). This remains a problem in many communities, especially the Indigenous communities. Alcohol abuse and other self-harming behaviours can also be interpreted as a form of slow suicide (Kirmayer et al., 2007, p. 4).

2.4 The Need to Belong & Suicide Clusters

The need for belonging is universal and deep-seeded, and individuals who lack an adequate amount of belonging will “seek out and develop additional relationships” (Reis & Sprecher, 2009, p. 167). They will join clubs, gangs, or even hang out who people who are doing things they don’t necessary want to do (Comack, E., Deane, L., d1952-, Morrissette, L., Silver, J., & d1946-. 2013). A sense of belonging has been recognized as a basic need and the absence of it has been identified as a risk factor for suicide (Kral, 2012). There are multiple types of belonging that a person may experience, the primary one is family. According to the 1995 Royal Commission on Aboriginal Peoples report, another type of belonging is culture, as it is a “whole complex of relationships, knowledge, languages, social institutions, beliefs, values, and ethical rules that bind a people together and give a collective and its individual members a sense of who they are and where they belong” (As sited in Leenaars, 2006). When Indigenous people have a sense of belonging, and felt connected to their community, they were less likely to have suicidal thoughts (Hill, 2009) as the absence of social acceptance fosters negative emotions such as sadness, guilt, and loneliness. Sometimes these negative feelings lead to depression, which in-turn leads to an increased risk of suicide (Reis & Sprecher, 2009). According to Hill (2009) “depression is a precursor to suicidal ideation” (p. 72), therefore, incorporating a type of belonging into treatment centres and facilities for depression can have a greater impact and
positive outcomes by indirectly contributing to the prevention of suicide (Fisher, Overholser, Ridley, Braden, and Rosoff, 2015).

There are many other reasons why belonging is very important. For instance, in identifying with others, a person may discover they are not alone in their struggles (Fisher et al., 2015). However, if there is a lack of belonging in a person’s life, then “suicide may manifest itself as another form of belonging” (Kral, 2012, p. 318). He further explains that youth “are connecting with other youth who have killed themselves, including their friends, for similar reasons along the same life path” (p. 318), these are referred to as cluster suicides.

Cluster suicides are also known as contagion suicide or copycat suicide and are more common among Indigenous people, especially in rural areas. They are defined by the larger (than usual) amount of suicides, in a certain area within a certain time span (Cheumg, Spittal, Willamson, Tung, & Pirkis, 2014). Cheumg et al. (2014) found that cluster suicides often happen when the youth involved had a very close relationship with one another, were all around the same age and/or lived in the same communities.

2.5 The impact of Popular Media

Some believe that the media is also major contributor to suicide contagion. For instance, after it was publicly announced in 2014 that well-known actor/comedian/celebrity Robin Williams died of suicide, suicides rates for that year increased by 12 percent. What was not widely reported was the origin of the depression that lead to his suicide, as his quality of life was deteriorating progressively due to a brain disease (Brunk, 2018). The positive reasons for publicizing stories related to depression and suicide is to shed light on mental health issues, and to help eliminate further discrimination (Kirke, 2018). However, such as in the case of Robin Williams, social/public forms of media have often done more damage than good. Another
example of this is the hit series *13 reasons why*. This show was alleged to have sensationalized suicide. The show went against all rules and guidelines set by the Centers for Disease Control and Prevention, the Canadian Psychiatric Association, and the World Health Organization on how suicide should be portrayed. Therefore, soon after the show was aired, there was a significant increase in suicide attempts and copycat suicidal gestures (Feuer & Havens, 2017, p. 724).

Despite the general belief that the media has some contribution to elevated rates of suicide, it does not explain why there is an alarming rate among Indigenous people when compared to the rest of Canada. It also does not explain why Indigenous youth living on reserve are more likely to die of suicide than youth living off reserve (Kirmayer et al., 2007). These facts suggest the problem lies much deeper within the Indigenous experience.

### 2.6 Personal Pathology vs. Historical Oppression

According to Leenaars (2006), the World Health Organization found that Indigenous people have the highest risks for suicide of any culture group, yet explanation is lacking. He states, “Once we understand ‘it’ better, we will be able to better predict and control” (p. 113). Because suicide itself is a hard to understand, it is usually categorized as a mental illness, serious form of depression, or as a criminal act, within western society. Although not all suicides can be contributed to poor mental health, these assumptions are what “drives research, policy and practice” (Gray, 2016, p. 82). According to Gray (2016), much of today’s research, policy and practice “is identified and treated through medicalization, psychiatristization and criminalization” (Gray, 2016, p. 80).

Little thought is given to Canada’s social structures, like in the case of the two young Indigenous girls who were referred to as C.J. (15 years old) and C.B. (17 years told). These two
young girls died of suicide in 2010, just six months apart, at the Manitoba Youth Centre Winnipeg, Manitoba. It was concluded that the ‘girls’ deaths were the result of their own individual deficiencies, not of social structural failures” (Gray, 2016, p. 86). Although, it was known that the girls had suffered major losses, challenges and had experienced suicidal ideation prior to getting incarcerated, the subsequent inquest examining their deaths did not take any of these social factors into account. They ignored all the circumstances affecting the girls’ emotional state, referring to them as ‘unstable’ and/or unable to deal with their stress and pain accordingly. Rather than addressing the social structures of colonialism that failed the girls, they interpreted the situation differently. They stated these girls failed to use the resources available to them (Gray, 2016).

Barker et al. (2017) stated that we as society “need to acknowledge that indigenous suicide is a product of cultural, community and historical oppression and not an individual response to personal pathology” (p. 210). Understanding suicide is complicated and socio-culture factors need to be considered, just as equally as biological and psychological issues (Leenaars, 2006).

2.7 Western vs. Traditional

Indigenous values and belief systems continue to be undermined and misunderstood, therefore they are also not respected or even considered in areas such as the medical field (McCormick, 2009). Indigenous people also continue to represent some of the highest statistics, including the suicide rate, yet they are often not included in the government funding to help find solutions (Abolson, 2016). The root of the problem could lie in the main stream society’s concept of wellness, which is often focused on the prevention of disease and illness. This differs from the concept embraced by many Indigenous cultures, where wellness is often defined by a
holistic approach. The Indigenous approach “encompasses all aspects of individuals and communities including physical, mental, and spiritual dimensions” (Weaver, 2002, p. 5) as defined in the Medicine Wheel (Hart, 2002).

The Medicine Wheel is often used a teaching tool to define this holistic approach. The wheel is often used to share many teachings and it differs from person to person, even from community to community (Hart, 2002). Many traditional Indigenous people believe that in order to achieve true wellness and healing, balance must exist among the four quadrants of the wheel which includes the physical, spiritual, emotional, and mental realms. An imbalance with one area, affects the rest (Weaver, 2002) and those “who are in ongoing state of imbalance will not be able to develop their full potential” (Hart, 2002, p. 41).

2.8 The Missing Component

To live a holistic, balanced life, one must “have a strong commitment and dedication that involves spiritual sacrifice” (Fleming & Ledoger 2008, p. 50) as spiritual component is part of holistic approach (Hart, 2002). However, there are countless Indigenous people who are still spiritually disabled and therefore continue to suffer (Wastesicoot, 2014). Fiola (2015) also stated that many Indigenous people remain disconnected from their traditional spiritually due to colonization. While Christianity was force upon many of them (Fiola, 2015), Indigenous people were also taught that their spirituality was non-existent or invalid (Wesley-Esquimaux & Smolewki, 2004). Because many Indigenous people had been misinformed or lacked information about Indigenous spirituality, they remain fearful of it, which has created a spiritual void. Having this void affects their overall wellbeing, as they also struggle with personal and group identity, and face “issues of suicide, addiction, crime and violence” (Wastesicoot, 2014, p. 50).
Spirituality is seen as a positive protective factor for suicidal ideation (Ng, Chan & Ran, 2010). Ng et al., (2010) had stated, it indirectly supports a spiritually connected person to remain “inwardly tranquil in the midst of external turmoil, retains a sense of direction in the midst of confusion, and displays resilience in the face of hardship or suffering” (Ng et al., 2010, p.350). Although Indigenous spirituality should not be used as a primary remedy for pathologies, such as substance abuse and suicide, it is a tool that is recommended to use in life navigation (Fleming & Ledogar, 2008, p. 9). For instance, research found that being holistically healthy prevents individuals from alcohol abuse and has helped those recover from the abuse (Fleming & Ledogar, 2008). If Indigenous people are taught their spiritual and traditional way of life, and followed a holistic approach, they are better able succeed in this world, and to find meaning, balance, and belonging in their life (Michell, 2013, p. 40).

Living and following a holistic approach goes beyond the individual, it includes the family and community as a whole. For many Indigenous people, it also includes the animate and inanimate, such as rocks, water and animals (Hart, 2002). Many people believe balance and harmony is achieved by incorporating all of these relationships that exist outside and within the personal and spiritual realm (Hart, 2002). A connection to the land and its elements is considered spiritual and spirituality is seen as an integral part of a traditional lifestyle (Roberts, 2014, p.36). It is an important part of Indigenous culture, as Absolon (2016) describes “being on the land, is like being a relationship with spirit” (p. 49). Culture and land are inseparable, therefore, when Indigenous people lost their land, they also lost their culture and their connection to the spiritual realm (Leenaars, 2006)

Health problems among Indigenous people arise when there is a break with the land (Robbins & Dewar, 2011) Some believe that individuals must show a great deal of respect and
remain vigilant to their surroundings as spirits are everywhere and are watching (Wastesicoot, 2014). In countless Indigenous cultures, it is understood that people have a moral responsibility to their family and their environment. If they do not live by those rules, they, their descendants or even their community will suffer negative consequences. This is also a traditional concept known as ojina (Wastesicoot, 2014). Another way of defining ojina is karma, this often means if a person is not respectful to their surroundings, bad things will transpire (Seymour, 2016).

However, some individuals might not agree to the term ojina being called karma as quite often it seen as a natural law. This is another reason why it is crucial that traditional teachings, such as respect, are passed down to the younger generation. Indigenous people are encouraged to embrace their teachings and take on the responsibility of passing down the teachings they have been given (Hart, 2002). When Individuals grasp the teaching of respect, respecting one’s own life becomes an essential part of that lesson.

2.9 Making Meaning Through Storytelling

For many Indigenous communities, traditional knowledge and teachings are usually passed down to the next generation through storytelling. Stories exist in all cultures as they help us understand and articulate the world around us, as Palacios (2012) stated, “we make sense of lives and realities though lived experiences that are organized in a story format” (p. 44).

According to Palacios (2012), there is a need in many Indigenous communities for people to turn to their Indigenous Knowledge Holders and ancestors for ways to heal. The method used in storytelling is also very critical for healing and the welling of the community. Many oral traditions and teachings served a major purpose and need to be acknowledged (Kovach, 2009).

Indigenous Knowledge Holders are considered as the first teachers and philosophers of life, and this is a shared belief in many Indigenous communities. With their life experience, the
Knowledge Holders have had and continue to provide life lessons on how individuals can take care of themselves, their family, their community and their environment (Michell, 2013). For instance, in Canada many Indigenous peoples were historically hunters and gatherers. As such, they were equipped with vast knowledge of their land, their plants and medicines. From the stories and teachings, they were taught when and where to “hunt, harvest berries and medicines to sustain their lives and the lives of others. This knowledge was passed down through generations” (Roberts, 2014, p. 27). These stories not only hold clues on how to hold a sustainable life and live off that land, but they also consist of teachings of values, morals and holistic ways of living with the natural world (Michell, 2013).

Too often many Indigenous healing stories go unwritten and there continues to be a lack of education and teachings on the history, culture, teachings, ceremony and language on Indigenous people (Robbins & Dewar, 2011). However, there has been a tremendous increase of communities incorporating traditional Indigenous culture and spirituality into their community, and community across Canada. This trend continues today, as pipe carriers, spiritual advisers, healers and other Knowledge Holders, are invited to share their wisdom and teachings in schools, ceremonies and other community events (McCormick, 2009).

2.10 Cultural Reconnection

There is reason to believe that connection to culture as well as one’s identity is strongly tied to personal health. For example, in 1995 the Royal Commission on Aboriginal People released a report after gathering suicide-related data from hundreds of Indigenous youth. The youth spoke a great deal about confusion and shame in regard to their identity, about the lack of opportunities and about the importance of culture identity within the healing process (Barker, et al., 2017, p. 209). In this regard, attempts have been made to alleviate the high suicide rate
EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

among the Indigenous population, by “engaging in cultural revitalization as a holistic, community driven response to suicide prevention and treatment” (Barker, et al., 2017, p. 208).

A study of 25 Indigenous youth in B.C. titled ‘Community Strategy Renewal’ discovered that ‘cultural enhancement’ has been shown to help decrease the rates of suicide among Indigenous youth. There was a success in healing when connecting these youth to culture and traditions. The participants shared that connecting to the culture and traditions had led them to empowerment, pride, purpose, meaning and had “strongly contributed to their healing from suicidal ideation” (Kelly, 2007, p. 8). The final report from the 1995 Royal Commission of Aboriginal Peoples stated that enhancing cultural knowledge, culture identity, and cultural pride have had positive effects on youth. Some Indigenous communities in British Columbia, that have taken active steps to preserve and rehabilitate their own culture are shown to be those in which youth suicide rates are the lowest (Kelly 2007; Chandler & Lalonde, 1998).

There is a significant amount of information that indicates that a large part of loss of identity is the loss of culture. For example, Wesley-Esquimaux and Smolewski (2004), stated that the “Lack of recognition of the relationship to the land was a denial of the culture and spiritual heritage of Aboriginal people and, as such, became the root cause of the loss of identity, loss of health and subsequent degradation” (p. 33).

A large part of reconnection with culture lies in revitalizing traditional practices, such as language and spirituality. There is a belief among the Knowledge Holders that Indigenous languages developed organically from the land and stronger and healthier relations are developed when an individual has a strong sense of identity and language (Lamouche, 2010). Mary Maytwayashing (personal communication, January 6, 2017), agrees that language is spiritual and that learning the language helps connect Indigenous people to the land, animals and their
teaching. Hallet, Chandler and Lalonde (2007) also state language is “one of the most tangible symbols of culture and group identity, a link which connects people with their past, and grounds their social, emotional and spiritual vitality (as cited in Canada, 2005, p. 393). This is not restricted to indigenous culture, but if any “culture that is entirely cut off from its mother tongue language is unlikely to survive” (p. 393). A 2007 study that focused on Aboriginal language knowledge and youth suicide by Hallet, et al. (2007), found that there where next to no incidents of youth suicide in Indigenous communities where conversation Indigenous language was high. Lamouche (2010) agrees “Indigenous languages contained encoded specifics about traditional healing methodologies, knowledge of these languages allows one or more effectively access and transmit this healing knowledge to those that need it” (p. 7). Indigenous people knowing their ancestral language not only connects them to their land, community, culture and spirituality, but it contributes to their health, holistically (Robbins & Dewar, 2011).

Ferguson, Baker, Young and Procter (2016) state “To understand Aboriginal suicide, one has to understand Aboriginal history” (p. 36). Therefore, in order to move forward, Indigenous people must learn where they came from. They need to rediscover traditional teachings such as their natural laws, rites of passage and traditional roles and responsibilities. They need to find or pick up their sacred bundles (M. Maytwayashing, personal communication, January 6, 2017). Picking up sacred “bundles means to relearn, reclaim, pick up and own the teachings and practices that emanate from wholistic theory and knowledge. It means to live and practice minobimaadsiwin (a good life)” (Absolon, 2010, p. 75).

According to Hopkins (2017), everyone has a desire to know their identity and where they belong. They want to know the meaning or the purpose in life and how to fulfill it. They want to know their roles and responsibilities, and how they are able to contribute to the world.
EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

To accomplish this and many other things, Indigenous people need to turn to their Knowledge Holders for assistance as their expertise is very significant, especially when helping others find their connection or reconnection to Indigenous culture, identity, land, language and spirituality (McCormick, 2009). According to McCormick (2009) they also have the capacity to dramatically reduce the teen suicide rate by being present when needed and sharing teachings when asked.

Although traditional Indigenous Knowledge Holders have been recognized for their ability to communicate or to act as intermediary for spirit ancestors, they “do not claim expertise over the physiological workings of the body. Rather their power lies in an understanding, often intuitive, of the ways in which the cosmos connects with individual people” (McCormick, 2009, p. 341). Knowledge Holders are the link between these concepts, through guidance, direction, stories, ceremony, and cultural teachings (McCormick, 2009).

2.1 Conclusion (Decolonization)

It is clear that colonization has had destructive social consequences that are reflected in suicide trends (Clifford, Doran & Tsey, 2013). A vast amount of literature identifies that Indigenous youth suicide is a product of the loss of identity, culture language, spirituality, land and pride (Kelly, 2007; Aho & Liu 2010; McCormick 2009; Hallet, Chandler & Lalonde 2007; Lamouche, 2010). Decolonization offers a potential healing journey for many Indigenous people, which would mean cultural introduction, connection and reconnection. Many communities have already taken an active step in initiating this process (Weaver, 2002). In this regard, having culture as part of healing and prevention of social problems such addictions and suicide has been proven successful in many communities (Hallet, Chandler & Lalonde 2007).
Traditional Indigenous Knowledge holders are considered a key resource in making much of this possible, as they have the skills and the assets to help guide individuals in living a healthy and balanced life (Hart, 2002). Living a balanced life means that one must utilize a holistic approach, fostering all aspects of their being equally. This includes the physical, emotional, mental and spiritual facets, (Michell, 2013) as imbalance to one affects the whole (Hart, 2002).

In this chapter, I discussed several topics related to suicide some of which include: Indigenous suicide during historical times, how government policies play a factor in this epidemic, reasons why there is such a high suicide rate among the Indigenous people and more importantly I incorporated literature on some potential ways to combat this issue.

The following chapter will discuss this study’s methodology and design and the overall research plan for this study. It describes the methodology used for this research project and the data collection methods, data storage, and data analysis procedures used. Chapter three also provides clarity on the decisions made through this research project and the details of project implementation. It concludes with a consideration of the ethical considerations, validity, and credibility of this project.
3.0 CHAPTER THREE: RESEARCH METHODOLOGY AND DESIGN

3.1 Introduction

This chapter describes the research approach utilized in the development of this thesis. This included an Indigenous methodology based on storytelling, including the use of Tobacco, self location, trust and reciprocity, food, the research process/setting, the method, participant criteria, data collection and data analysis, and ethical consideration.

3.2 Indigenous Methodology based on Storytelling

For developing this thesis, I followed an Indigenous methodology and focused on storytelling. My intentions were to draw on the work of Kovach (2009). According to Kovach (2009), there are two types of stories in Indigenous cultures, ones that hold mythical elements such as creation stories and those that hold personal narratives such as life experiences and events. Kovach states “both forms teach of consequences, good and bad, of living life a certain way” (p. 95). The stories shared and protocols utilized during the research process are meant to bring balance into the communities (Mitchell, 2014). Based on this guidance, I gathered personal histories, life experiences, and teachings of Knowledge Holders in relation to the research topic, as described in their own words. Additionally, I utilized some tradition medicines, such as Tobacco and Sage, while implementing my study.

3.2.1 The Use of Tobacco in Research

When conducting research in Indigenous communities, offering of Tobacco in exchange for stories and knowledge is a common practice. This is because the offering of tobacco to
initiate a discussion, meeting, or interview is seen as protocol within many Indigenous cultures. It is often offered when requesting information or other types of assistance (Mitchell, 2014). For instance, the Woodlands Cree believe that taking stories for research purposes is taking sacred information. Taking something sacred from a person or from nature can lead to disruption of balance and offering Tobacco is seen as a remedy that will restore that balance (Mitchell, 2014). According to Mitchell (2014) “The act of offering Tobacco reinforces equality, reciprocity, and respect for the interdependent relationship that exists between, humans, plants, animals and indeed all life” (p. 205). The use of Tobacco during the research process allows participants to become involved as equal members of the study. Additionally, following this protocol is culturally sensitive, it shows respect and it also provides a reassurance that the results of the research will be used in a good and positive way (Mitchell, 2014). With this knowledge, I have gifted all my participants Tobacco in a hand-crafted medicine pouch, during the recruitment phase of my study and before the start of any interview.

3.2.2 Self-Location

Self-locating of the researcher is common and important in Indigenous research, and I have incorporated this into the methodology I employed. I did this by explaining who I am and where I come from, at the recruitment phase as well as at the start of each interview. I employed this technique based on the concept that when asking for people to share their story, you must be willing to share yours (Kovach, 2009). In this regard, when I asked participants about their lives at the start of every interview, I also shared a part of my personal history. The reason for this conversation was to build the rapport and trust that was needed before we moved into much deeper topics. In line with Liamputtong (2007), I believe that building “reciprocity, rapport and
trust between the researcher and the researched” (p. 13) improves the research process, especially when doing research with Indigenous population, as doing this “shows respect to ancestors” (Kovach, 2009, p. 110). Additionally, when a researcher self-locates, it provides the research participate with understanding regarding the researcher’s motivation, which will subsequently help build the trust that is crucial for this type of research to be conducted (Kovach, 2009, p. 98).

3.2.3 Trust and Reciprocity

Establishing trust is one of the primary principals involved in conducting Indigenous research. According to Kovach (2009), trust takes time to build, therefore a pre-existing relationship is beneficial to the research process. She states, “for a story to surface, there must be trust” (p. 98). Meeting participants and establishing a relationship before recruitment is part of the process, as well as having a “relationship throughout the entirety of the research” (Kovach, 2009, p. 149). As this is recommended when doing research with Indigenous people, before the interviews and during this research I met and maintained connection to most of the participants, either personally or through social media.

Reciprocity also helps establish good rapport between interviewer and participants. “Providing a small gift is another way to reinforce the Ethic of Reciprocity” (Mitchell, 2014, p. 202). To incorporate this technique, (with the exception of the last participant) I gifted the female participants with a mug and some tea and cookies, and the male participants with tea, cookies and work gloves. I also gave them some Tobacco in a handmade bag, Sage, handmade beaded medicine wheel pin, as well as food as a token of gratitude. For the last participant, I gave him a handmade medicine wheel pin, Sage, Tobacco and a gift card.
3.2.4 Food

As per custom in many Indigenous settings, bringing some type of food and drink to a gathering is appropriate (Kamal, 2015). In accordance with this tradition, I brought food and snacks for every interview (I brought the food so they can eat at the beginning, during, or at the end of our interview). Some of the participants did not want to eat, therefore, I left the food with them to have at their convenience. As such, I had brought food to all of my interviews with the exception of the two interviews that took place in restaurant, for those interviews I had paid for the food and drinks ordered) and he last person I recruited after I thought I was done recruiting and for that last participant, I added a $10 Tim Horton’s gift card to his gift bag. The reason for this deviation was because we were involved in a language training workshop together, and meals and snacks were included.

3.3 The Research Process

3.3.1 The Method

After seeking and then receiving the approval from the University of Manitoba Office of Research Ethics to begin my research, I connected and met with Sherry Copenace. Sherry is an Elder who works for the University of Manitoba and is a member of my advisory team committee. As per protocol in many Indigenous communities, I gifted her with some Tobacco and asked if she could recommend
how I could begin my research in a ceremonial manner. Following Sherry’s guidance, I then held a feast with my family, preparing food naturally grown in this area. I prepared grouse we had hunted, fish we caught, berries we picked, wild rice and corn we bought. It was also suggested I make spirit dish and to place some of the food in a small bowl, which I made out of birch bark (this is referred to as a ‘spirit dish’ see figure 1). I placed this dish, along with tobacco offerings and prayer into open water I found near my home community, Wabaseemoong Ontario.

I began my quest to identify potential participants by attending the Anishinaabe Nibi Inaakoniqewin (ANI) gathering, which took place at the Manito Api-Site – Wig Wam Teaching Lodge for the duration of 4 days, from May 24 to May 27, 2017. During this gathering, there was teachings, storytelling, daily pipe and water ceremonies. According to Craft (2014) each participant (Knowledge Holder) is encouraged to share stories in regards to the Anishinaabe Nibi Inaakonigewin (Ojibwe Water Law). I learned that Indigenous Knowledge Holders who are reputable and well known in the community would be attending this gathering, as many of them have been invited or selected to attend based upon their established reputation (Sherry Copenace, personal communication, April 18, 2017) and this which fit the participant criteria I was aiming for.

Through involvement in this event, I had hoped to get acquainted and established a relationship with potential participants. Absolon (2010) states that while doing research, “relationships were regarded as friendships” (p. 124). She also talks about the importance in developing relationships with research participants. She states, “personalizing and reciprocating relationships in Indigenous re-search create a process that is mutually beneficial” (p. 124). This concept formed the basis of my decision to attend this event, as I would be able meet potential participants before any research was conducted. In this regard, I hoped by getting acquainted
with potential participant outside of the research setting, I would be able develop the foundations for a positive, reciprocal relationship that would help established trust in my research and increased their interest in participating.

While I was there, I had asked a couple Knowledge Holders for their guidance and opinion in identifying some potential participants, as I believed this method of selection would help me find the most suitable candidates. In the end, I had successfully identified a few of potential participants using this method. After I had contacted, recruited and interviewed these participants, I had asked them to identify other potential candidates, as I did not get enough participants who fit the criteria at the gathering. I continued to seek help and guidance and asked my advisory team for assistance. They also provided me names with contact information of suitable Knowledge holders for my research. In the end, I successfully recruited enough participants to meet my number criteria. I therefore thanked the potential participants who were willing to be in the study, but were not subsequently interviewed.

In addition to gain trust, the participants had the opportunity to get an idea of who I am as an individual and where I come from, in order to help establish trust. In Kovach’s *Indigenous Methodologies* book, Kovach (2009) spoke about the importance of trust between a researcher and research participant and having pre-existing relationship is significant.

**3.3.2 Participant Criteria**

*Purposive sampling* was the original selection method for recruitment, a style in which a group of people are hand picked for a specific reason. In qualitative research, choosing certain type of participants for a particular study is suggested because you are able to choose the participants based on the gifts or knowledge they have to contribute (Kovach, 2009). However, this technique did not go as well as anticipated, therefore, some *snow ball sampling* was used.
Snowball sampling is a common research method where participants are located by means of referral. Initial participants provide names of other potential participants, who then provide the names of the further participants (Cohen & Arieli, 2011). For this part, I relied on the assistance of the Knowledge Holders I had recruited as well as the members of my advisory team. They provided me with names of knowledge holders to connect and I went from there. The goal was to find a minimum of ten and a maximum of twelve participants who:

- Self-identified as Indigenous
- Identified as a Knowledge Holder or Elder (by themselves or by others),
- Were age 45 and above.
- Spoke English or Ojibwe (As those are the only two languages I am able to speak and fully understand)
- Resided in, lived near or frequently attended Winnipeg.
- Were raised in cities as well as those who were raised on a reserve, represented in equal quantities (to diversify my sample).

I had decided I had successfully recruited enough research participants after I found my 11th participant, however, during an Ojibwe language training workshop at the Manitoba Indigenous Culture Education Centre, I had found a 12th potential participant. He was a 45-year-old man, who identified as a Knowledge Holder and because he had shared some very interesting information about his personal and work experience on suicide. As such, I felt he would be an excellent addition to my pool of interview participants. He was the youngest participant I interviewed. Since I had established a relationship with a most of my participants prior to recruitment. I recruited participants through three means. I created three recruitment scripts to assist me in responding to those who expressed interested in participating in my research. These three scripts were:
1. Telephone script,
2. In person script, and
3. Email script

The recruitment scripts I provided to the participants included a brief summary about my study. In the end, I had recruited four participants by through in person contact, I recruited six of them through email and two of them through the phone. Six participants resided in the city of Winnipeg and six lived in their communities located in reserves.

3.4 Data Collection

Data collection occurred throughout the interview and preliminary finding stage. Stories and teachings were gathered through conversational interviews, which Kovach (2009) refers to as a “primary knowledge seeking method” (p. 98). To tailor the methodology to Indigenous research, I incorporated individual conversational interviews rather than Western style interviews or focus groups (Kovach, 2009). Following guidelines set out in Kovach’s *Indigenous Methodologies*, I utilized participant-led, qualitative research. By using this technique, the participants took an active role in the research by choosing the location, date, time and speed of the interview and the information they chose to share. As described in Chapter One, the following questions were used to guide the interview process; 1) Tell me about your life? 2) Would you share your thoughts about the cause of high suicide rate among the Indigenous group? 3) What do you think will help decrease suicidality in Indigenous youth? In addition to these three main questions, follow up/prompting questions were also utilized (also described in the first chapter).

To have a flowing, conversational style interview, I mainly used open-ended questions. Kovach (2009) states that “conversational method shows respect for participant’s story and it
allows research participants greater control of what they wish to share with respect to the research question” (p. 124). To build on this concept, I was also available to meet with participants on more than one occasion, although that was not required to complete the interview process.

For this participant led research I focused on three main questions, with my first question being; “Tell me about your life?”. I chose this question because I wanted to know the social location and generation information about the participant’s life. The second question was; “would you share your thoughts about the cause of the high suicide rate among Indigenous youth? And my third question was “what do you think will help decrease suicidality in Indigenous youth?

I chose these last two questions because they are more specific in regard to my topic, and I hoped it would guide the participants to my research question. Depending on what information they shared, I came prepared with a list of follow up questions. These questions were deployed if the answers were not covered by the participants in an unsolicited manner. These questions are as follows:

- Do you speak your ancestral language?
- Where were you raised?
- Do you take part in ceremonies? Why? Or why not?
- When was the first time you heard of someone attempting or dying of suicide?
- Do you think there is a connection between high Indigenous youth suicide rates and loss of culture? If so, can you share your thoughts on this and do you have suggestions on how youth can reconnect to their culture (to curb suicide rate)?

The discussions I had with the participants were similar to qualitative, as they were very informal and conducted in an semi-structured interview/conversational setting. Although there
was a list of questions to ask, the participant was encouraged to be in charge of the interview and were free to share whatever they chose and for as long as they liked. Therefore, there was no rigid agenda to follow during the interviews.

Most of the interviews were conducted at a location of the participant’s choice, with the majority taking place inside the participant’s home or work place. One interview took place a coffee shop, another was conducted a restaurant, and yet another was held outdoors by a fire. In total there were 12 interviews completed, and they were conducted in a one-on-one, private setting. Most of the interviews were completed within an hour, but one interview took over two hours as that particular participant opened the interview with a ceremony and shared many teachings throughout.

During the interview process, I made some observations and took notes. With permission, there was also an audio recording made. The data collected from the conversational interview has been transcribed, organized and translated (if required) into file/literature. My goal was to use this information to the benefit Indigenous people and their communities.

3.5 Data Analysis

For data analysis, I followed an ‘Inductive approach’. I reviewed my notes and transcripts, listened to audio and video recordings, condensed my data and made brief summary notes. Keeping the research objective in mind, I then coded relevant pieces by establishing links between words, statements, opinions and stories. After I decided which codes were important, I created categories/themes related to the research question. I then sorted and classified the data according to the research objective. I labelled these categories and decided which are the most relevant and determined how they are related. According to Thomas (2006), this type of approach is simple, straightforward, less complicated and “provides an easily used and
systematic set of procedures for analyzing qualitative data that can produce reliable and valid findings” (p. 127). I subsequently summarized these results in several written formats, introduced each of the participants, and described categories and how they are connected. I interpreted the results and compared them to previously published studies. I provided participants with a copy of their transcript for review, in hopes that this will demonstrate that I honour their knowledge, that I show respect throughout the whole process, and that I am committed to obtaining the most accurate information.

Another important part of data collection and analysis is the follow up. According to Smith (2012), reporting back or giving back to the research participants is “not often addressed by scientific research” (p.16). However, in Indigenous methodologies it is the researcher’s duty and responsibility to ensure authenticity, therefore participants must be given the chance to review and approve data (Kovach, 2009). There are various ways of giving back and distributing the data collected to the hands of the individuals who help produce it. After the interviews were transcribed, organized in the theme format and printed, I contacted all of my participants and distributed the data for their confirmation. I did this to give the participants an opportunity to retract or add information they would like included. I emailed copies to ten participants, I also hand delivered printed copies to six others, based on their request.

3.6 Ethical Considerations

During the research process, I followed the guidelines set out by ‘Ownership Control Access Possession’ (OCAP, 2007) which are described as “a set of principles that reflect First Nations commitments, to use and share information in a way that brings benefit to the community while minimizing harm” (p. 5.) Applying OCAP to this study gave the participants
jurisdiction (Ownership and Control) over their own data. They maintained and had control of how their information was collected, used and disclosed. They also had and continue to have the right to the information (Access) at any given time, and in the end of the study, the material/information will belong to the participants (Possession).

In addition, I also followed the Tri-council Policy Statement 2 (TCPS2) core principles (Draft 2nd, 2008) and those are as follows: 1. Respect for persons, 2. Concern for welfare and 3. Justice. Specifically, this involves being fair and respectful of participants and their culture, providing accurate honest information, offering appropriate incentives, acquiring informed ongoing consent, maintaining and respecting participant’s confidentiality and privacy, understanding and sharing of any risks and/or benefits imposed in this study, allowing for autonomy, including the right to stop or quit the interview at any time.

I also understood that interview question may have the potential to bring up some difficult or painful memories. However, at the same time, I acknowledge the Knowledge Holders had experience coping with these memories, and appeared to have a good support system in place. At the end of interview, I confirmed that they had a support system in place should painful memories have been triggered. I felt that if we approached a sensitive topic, we must also be able to deal with the emotional consequences. Should there have been no support system in place, I was prepared to assume a support role. I was also equipped with a list of resources including other Knowledge Holders who could provide support and advice in this regard.

In regard to ethical and community consideration, the main objective of this study is to use the information I collected to benefit Indigenous people and/or their communities.

### 3.7 Conclusion
This section described the overall research design, and the steps I took to conduct this research in a respectful manner. More specifically, it detailed how the research approach I employed was tailored and suitable for the participants in the study, based on the available guidance and best practices for Indigenous research. Explanation for the decisions made on methodology, methods and procedures were clarified, and the chapter concluded with a discussion of ethical considerations for this project.

The next chapter serves to outline the background and personal histories of the twelve individuals who were interviewed for this study, and presents the data analysis and the themes and sub-themes that emerged from the data.
4.0 CHAPTER FOUR: FINDINGS

4.1 Introduction

This chapter explores the experiences of the 12 study participants in regard to suicide, and is divided into two distinct subsections. The first section, *Introduction of participants*, briefly describes each participant involved in this study. The second section addresses the *Research Findings*, and is categorized into four themes; 1) Colonization, 2) Intergenerational Effects, 3) Spirituality and 4) Decolonization. Under each theme, there are three to six subthemes that include statements and quotes from the participants, and support from existing literature. The chapter is concluded with a discussion of these findings.

4.2 Section One: Introduction of Participants

The interviews for this research took place over seven months, from February 2018 to August 2018. Ethics approval HS21304 (P2017:124) was received on December 2017 and was renewed on December 2018. Twelve people in total were interviewed, including five female and seven male participants, who were all age 45 and older. The participants came from the following eight Indigenous communities: 1) Wabaseemoong, Ontario; 2) Rosseau River, Manitoba; 3) Sandy Bay, Manitoba; 4) Fisher River, Manitoba; 5) Duck Bay, Manitoba; 6) Peguis, Manitoba; 7) Sagkeeng, Manitoba; and, 8) Fishing River, Saskatchewan. Most of these communities are Ojibwe/Saulteaux in origin, with one Cree and one Métis community also represented. During the interviews, those who spoke Ojibwe and Saulteaux shared some words and stories in their language, but the majority of the interview was in English. During the recruitment phase in the study, I had stated in my recruitment script (in which all participants received), that in order to participate in this study, they must be willing to self-identify and must
be willing to have their name published in the study findings. However, they were given the option to use pseudonym, a spirit name or any other names they preferred. I indicated that by using a name, they would be able to receive recognition for the knowledge they shared. In addition, the consent form also had a check box for participants if they wished to be quoted directly.

4.2.1 Participant 1: Liz

Elizabeth Murdock, commonly known as Liz was born and raised in Peguis, Manitoba. She grew up in the country and lived a farm life. She attended school in Peguis, which went until grade nine, after which she attended the Fisher Branch high school. Her grandpa spoke Saulteaux, but he never passed the language on to his children. Liz indicated that this was because he believed the only way for his children and grandchildren to succeed was to learn and speak English.

Liz has worked with Child and Family Services for many years, she has her Bachelor of Social Work and currently working on her Masters of Social Work. She is a mother of two children, and a grandmother of three. Liz’s introduction to her culture and ceremony life came when her mom was ill, to find strength and guidance in a difficult time. She now regularly participates in traditional cultural activities, she received her spirit name from an Elder from Long Plains, she attends a Sundance ceremony annually and regularly attends ‘sweat lodge’ ceremonies. To Liz, a ‘sweat lodge’ is place of prayer and is also a safe place to cry and find inner peace.

The first time Liz heard of someone dying of suicide was when she was only thirteen years old and this young person was only fifteen. Since then, she has endured other suicides
including some of her close family members. Liz believes suicide is linked to loss of culture. She believes that participation in spiritual ceremony would help decrease the suicide rate among Indigenous people. She states it doesn’t have to be an Indigenous ceremony, as long as it has something to do with having a spiritual connection to a greater power.

**4.2.2 Participant 2: David**

David Budd is the oldest of five siblings and was raised in Fisher River, Manitoba by his biological mother and stepfather. His biological mother was from Cumberland House in Saskatchewan, while his Stepfather was from Fisher River. He has two children, a stepson and a biological son. David went to a school run by the church, which had a similar/same format as residential schools of the era, in regard to assimilation and the elimination of indigenous culture. However, the school would be considered a *day-school*, as students were not placed in residency at this particular facility. Due to bullying, he dropped out of school in grade nine and he was then placed in a foster home in Winnipeg. He eventually returned to high school, graduated, and continued into post-secondary.

David’s parents are fluent in the Cree language, but they never passed the language on to him. His parents had believed their children would have less struggles if they did not know the language. However, later on in life, his parents told him they had regrets about not teaching the language to their children. In general, David does not remember knowing much about his culture at a young age and says his dad was not approachable in this regard. David also recalled that one of his school teachers had told him that there was nothing left of his culture, which lead him to adopt that perception.
EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

It wasn’t till adulthood that David first began to explore his culture. He attended his first sweat lodge ceremony in Roseau River First Nation. He says when he heard the sound of the drum for the first time, he went home and cried. He does not know why he cried, but an Elder had explained that the spiritual power of the drum ‘was in his DNA, his blood memory.’ David immediately knew he had to rediscover his culture. In his own words, David said “I chose this, I am going to choose these people because of the school system told me there was nothing left! But here, I found them! Or we found each other!”

Over the past few years, David has shown a lot of dedication to helping many people in his community. He is involved in revitalizing traditional teachings, dance and ceremony. He is also a pipe carrier and runs his own sweat lodge. As a child, he does not recall having heard of anyone dying of suicide. However, as a young adult, he survived an attempted suicide. Rather than die, this experience led to a spiritual awakening that had significant and positive psychological impact. He had agreed to take part of this study because he knows it affects many people and he too would like to keep searching for answers to why we are losing many of our people to suicide.

4.2.3 Participant 3: Bertha

Bertha Genielle was born and raised in the Métis community of Duck Bay, Manitoba. From grade one to seven, she attended a day school ran by Catholic nuns and priests, who she says did not the treat them very well. Her father was Saulteaux, her mother is French and Bertha speaks Saulteaux fluently. Today, Bertha is a widow and lives in the north end of Winnipeg with family. She has four grown children and many grandchildren. She spends a lot of her time spending time with family and has been the main caregiver for many of her grandchildren.
Bertha was never exposed to the Indigenous ceremonies, teachings and spiritualities as a young person and says her knowledge is very minimal. It was not until her grandchildren attended the Head Start program in Winnipeg is when she was exposed to it, as one of the purposes of this preschool was to give Indigenous children some exposure to their culture, language and teachings. However, Bertha practices alternative healing and medicine, some of which she learned from her mother. She says her mother had a healing hand. She says all her mother had to do to heal someone was touch whatever needed healing. Her mother used to make all types of traditional medicine from plants she harvested, and she past this knowledge on to Bertha. Bertha now makes all types of medicine, including medicine for heart, fevers and woman’s medicine (which is for pregnant woman and for those who had miscarried).

Bertha has never heard of anyone dying of suicide until she moved to Winnipeg. She says the government is partially to blame for bringing instability, addictions, trauma, isolation and poverty to the community. Bertha believes because of all these issues facing Indigenous people, they turn to drugs and alcohol. She says her mother completely abstained from alcohol, but her father did drink on rare occasion. She believes it is socially very beneficial for children to have sober parents because a lot of problems arise from drinking, including suicide. On the other hand, she also believes when individuals contemplate, attempt or die of suicide, they are mentally unstable or they are depressed and need medical attention. She attributes some suicidal behavior to individuals who are lost and have no sense of belonging. She believes they need to find belonging somewhere, whether it is in sports, clubs, community or culture. She also believes that suicide rates can be decreased through open and caring communication with children.

4.2.4 Participant 4: Margaret
Margaret Quewezance was from a reserve called One Man Lake, located in north-western Ontario, a community that is no longer occupied. It was abandoned after Ontario Hydro flooded One Man Lake in 1955 in order to build a hydro dam. One Man Lake was moved and amalgamated into a nearby reserve called Wabaseemoong. As such, Wabaseemoong is the community she resided in for most of her life. Margaret has always spoken her ancestral language (Ojibwe), she did not learn the English language until after she was sent to the Cecilia Jeffery (CJ) Indian residential school at age five. She attended residential school until she was twelve years old and during that time, she says she came close to losing her spiritual traditional ways.

Margaret’s grandpa played a major role in her life as a caregiver and mentor, she looked up to her grandfather and received many cultural teachings from him. For that, she has always led a traditional life and follows her spiritual ways. She remembers that when she was growing up, spirituality was everywhere. She has many grandchildren and had six children. She also has many family members, which she says are “scattered across the country, too numerous to mention.”

She has spent much of her adult life working in suicide prevention. Additionally, community members had always relied on her for assistance as she had knowledge of First Aid and had experience dealing with various emergency situations. Margaret agreed to be part of the study because she says is always willing to share the gifts and teachings she had received, to help her community in any way she can. She says she has never heard of anyone dying of suicide until her community was relocated to Wabaseemoong. Since that time, she has endured many suicides, including three of her grandchildren. She often wonders how her life would have been
like if her family was not forced to move out of their community. To reduce the likelihood of suicide, she believes that children need to be taught their traditional teachings and to learn to value life. She believes Indigenous communities need to connect with their youth, establish trust and created a bond, so they feel they have someone to turn to when they are in need. Margaret also believe that they need a faith, whatever it may be.

4.2.5 Participant 5: Peter

Peter Atkinson is an Ojibwe man, who was born and raised in Rosseau River Manitoba and has lived in Rosseau all his life. Peter comes from family of seven siblings. He is a family man and has helped raise a few of his grandchildren. He attended residential school when he was only five years old and went for three years, after that he attended day school. He is fluent in his Ojibwe language and is proud to be an Anishinaabe man.

Peter is heavily involved in traditional culture and spirituality. His spirit name is Low Cloud and he is from the turtle clan. He had a childhood spirit name as well and it is Feathers in a row. These two names were given to him by a grandfather. He belongs to the Mideywin lodge and is at the fourth level, also known as forth degree. He is a pipe carrier and conducts a lot of ceremonies. He has a sweat lodge right next to his house.

Peter also travels to many schools and other gatherings, to share his knowledge on topics such as treaty talks, creation stories and the clan system. The information he shares originates from the Elders of his community and is not written in Canadian texts. He says quite often children are drawn to the creation story, and you can share that story many times and each time receive a different teaching. He says the reason why the children are so fascinated with this story is that it is written in their blood memory.
One of the most important teachings he has been taught was to value life, he says we as Anishinaabe people were not supposed to commit suicide. He says no matter what circumstance, we are supposed to always ask for life.

**4.2.6 Participant 6: Tony**

Anthony Henry is 76 years old and is a member of Wabaseemoong Independent Nation. He was born in Swan Lake, Ontario and grew up in One Man Lake, Ontario. He came from a family of five siblings and had seven children. At the age of eight, Anthony was sent to the St. Mary’s residential school, which he attended for approximately five to six years. As a young adult he lived in Thunder Bay, Ontario, and now lives in Wabaseemoong, Ontario.

Anthony’s first language is Ojibwe and he remains fluent in the dialect. While in residential school, he remembers being scolded for speaking Ojibwe, but he says he chose to speak it despite this admonishment. All of Anthony’s children were exposed to the language but it was only the older ones who were able to speak it.

Anthony remembers being exposed to ceremony/traditional spirituality in his younger years, but recalled that they were only used when necessary. He says that traditional practices were not emphasized in the same way as the Christian church. However, Tobacco offerings were regularly practiced, and this offering of Tobacco was a form of prayer. It was used for various reasons, such as a prelude to travel.

The first time Anthony experienced the suicide of someone close to him was when he lost his sixteen-year-old daughter. Since that time, he has often pondered what could have been done to prevent her death, and what could have been done to curb the suicide rates in general. He says that historically, suicide was not common. In fact, it was considered taboo and you were
discouraged to even think about it. He believes there is likely a connection between loss of culture to the high suicide rate among Indigenous youth. He states that knowing who you are, and where you come from and to some degree where you are going, is the key. He believes it provides you with a sense of belonging and happiness, and without that, it would be hard to survive.

4.2.7 Participant 7: Chickadee

Chickadee Richards is from Sandy Bay, Manitoba. She is from a family of six siblings. She has three children and six grandchildren. She briefly attended residential school but says there is no record of it. Her grandma was the main caregiver in her life and many of Chickadee’s childhood memories was of her grandmother and her great grandmother speaking Ojibwe, which one of the primary reasons why she is fluent in her ancestral language.

As a child, Chickadee remembers tobacco offerings, food offerings, attending Sundance’s and traditional funerals, so traditional spirituality was always a part of her life. Today, Chickadee is very involved in her traditions and takes part in spiritual ceremonies. She is also involved in making traditional medicine for things such as anxiety, addictions, and for post traumatic experiences. She also has vast experience and knowledge in educating the public, with indigenous culture and spirituality. She attends sweats and ceremonies and speaks very highly of Sundances. She says “Sundances are a place of prayer” just like church is to Christians. She says “I tell people, if they want to witness love, they go to a Sundance” as she believes Sundances are some of the most beautiful ceremonies in existence.

Chickadee has a lot of experience working with Indigenous people, including many youth, and has often dealt with issues related to suicide. Chickadee says that although she has always been aware of the existence of suicide, she cannot recall hearing of anyone dying of
suicide until she was fourteen years old. Chickadee says when an Indigenous person dies of suicide, “The last act of genocide is done.” She says that a significant amount of harm was done to the Indigenous people through colonization, and many of the ceremonies and teachings were taken away, such as death ceremonies. After this happened, many Indigenous people were unable to properly grieve. She believes Indigenous youth lack a foundation for personal growth and they hunger for their traditional culture. They are too consumed with the values and belief systems imposed on them as a necessity to inclusion in the mainstream society.

Chickadee is currently engaged in a personal research project to determine how many parents have died of suicide because their children were apprehended and placed in care. She believes that too many of our Indigenous children are being disconnected from their families, communities, language, culture and land. She says “our old ways have to come to the forefront, we have that in our blood memory and it can be evoked by songs, teachings or ceremony.”

4.2.8 Participant 8: Ronnie

Ronnie P. McDonald is from originally from One Man Lake Ontario but lived in Wabaseemoong Independent Reserve, Ontario for most of his life. He had attended three residential schools in his life, St, Mary’s Indian Residential School, Celicia Jeffery (CJ) Indian Residential and St. Margaret Indian Residential School. He did not attend these schools with his siblings, as they were all intentionally divided. He started residential school when he was approximately five years old, and attended for a total of twelve years. At the age of sixteen, he decided to hop on a bus and run away from his school, to which he never returned.

He is now a father, grandfather and a great grandfather. He is very fluent in the Ojibwe language and is the Ojibwe Language/Cultural teacher in Wabaseemoong school. When asked if he had been at risk of losing his language while attending residential school, he said he never lost
it, as it was embedded within him. Today, he is very involved in traditional spirituality and his culture. His spirit name is King Thunder Bird and is from the Maag (Loon) Clan. He has a sweat lodge by his house, and many of his family members are dancers or belong to a drum group.

Ronnie did not recall hearing of anyone he knew dying of suicide until flooding forced the abandonment of his community (One Man Lake) in his adult years. When asked to share his thoughts on there is a high suicide rate among the Indigenous youth, Ronnie explained that he believes Indigenous youth have no-one to talk to and nowhere to go, especially when living in isolated communities. He says our youth are stuck and lost, and they need help to re-bundle the sacred teachings they missed in life. They need to be educated in their culture, to help provide them with a sense of belonging so they feel worthy and proud to be Anishinaabe people.

4.2.9 Participant 9: Marlene

Marlene Kayseas is 71 years old. She is from Fishing River First Nation, Saskatchewan. Her spirit name is Woman Standing in the Universe, is from the Makwa (Bear) Clan and speaks Saulteaux fluently. She comes from very big family, she had nine sisters and one brother. She is a mother, grandmother and a great grandmother to many. Marlene says the best times of her life, was life before residential school. Her father led a very traditional life of hunting, fishing and trapping and was involved in Indigenous spirituality, and spirituality became part of her life. When she was a young child, her father became ill, and her mother abandoned their family. Marlene attended residential school from the time she was seven until she was fourteen years of age. She later learned that her mother had also spent twelve years attending residential school.

Marlene has faced many struggles in her life, including life around addictions, being in abusive relationships, being assaulted, miscarrying, battling cancer, losing infant children, close
family members and friends. Marlene grew up blaming herself for the negative things that she had experienced in her life, and she lived with this guilt for many years. Healing came later, she says, as it was not until adulthood when she finally had the courage to forgive herself and others.

In 1975, she decided to make a change with her life, so she packed, left an abusive relationship and moved to Winnipeg with her children. She worked at the Health Science Center for thirteen years, and has subsequently has significant experience working in the health field and working with the Indigenous population. At the time of the interview Mary worked at the at University of Manitoba Indigenous Student Centre as an Elder in Residence where she offered cultural and spiritual guidance to students.

The first time Marlene has heard of anyone dying of suicide was when she was in her twenties. She later realized that everyone she knew that died of suicide had attended residential school. She says it is important for youth to find their roots, and she believes that is what is going to save them. She believes Indigenous people need to know who they are, where they come from and they need to be involved in their community teachings and events. She says the many people in her community are still involved in their culture, ceremonies and language, and she believes because of that, the number of children in care is very low compared to other communities.

4.2.10 Participant 10: Charles

Charles Nelson is 68 years old and he was born and raised in Rosseau River, Manitoba and he is a fluent in the Anishinaabe (Ojibwe) language. Charles is a residential school survivor, he attended for four years, from age nine to age twelve. He says he was fortunate to come home every summer. He is from a family of nine siblings, father of five children and a grandfather of
ten. He says he has good survival skills, as he did various types of work around the home, such cutting wood, hauling water, and other jobs necessary for survival.

When Charles was a child, he attended Roman Catholic church, as those were his father wishes. However, he became an adult, he became interested in traditional spirituality. He asked for a spirit name, which he eventually received, with the support of his mother. His uncle gave him the name *Clear Sky*, but he had a dream of another name, *Feathers in a Row*. Both are now his spirit names. Charles belongs to the Bizhew (Lynx) Clan. He belongs to the Mideywin lodge and is on his sixth degree. He stated that this means he has entered the lodge six times.

Indigenous spiritual ceremonies are very important to Charles and have continued to be part of his life. He participates and conducts various ceremonies such as name-giving ceremonies, sweat lodge ceremonies and he routinely attends *Sundance* ceremonies. He is always offering and willing to share his teachings. Charles began our interview with the creation story and continued to share more information about the clan system and shared other teachings.

Charles said Indigenous people did not live in a perfect world, therefore suicide had always existed. He believes Indigenous people need to help each other to survive these types of hardships. He states Indigenous people have always roles and responsibilities they needed to fill, therefore, teaching *life* lessons need to be done earlier. To decrease suicide ideation among Indigenous youth, they also need to hear the teachings about life appreciation and learn the negativities of suicide. He also believes in the importance of ceremonies, as they often brings enlightenment, good energy, and clarity. He says wellness comes from ceremony and teachings, especially when people become lost.

*4.2.11 Participant 11: Ted*
Theodore Fontaine is from Sagkeeng Manitoba. He is from a family of seven siblings, and he currently has one daughter and two grandsons. Theodore began attending residential school when he was seven years old and he walked out when he was sixteen. Theodore later went to school for civil engineering, played semi-pro hockey, served as the Chief of Sagkeeng, and is the author of book *Broken Circle*.

As a child, Theodore came from a loving family. During his childhood he has fond memories of spending time with his grandparents, and remembers doing what he could to make life a little easier for them. He states after the first ten months in residential school, he came home and the love he felt for his parents and grandparents was gone. He believes that by forcing Indigenous children to attend residential school, they were attempting to kill the many of the characteristics of what made them ‘Indian’, including their language. He further stated that the racism and brainwashing that had occurred in his school was very affective, because Theodore became ashamed of who he was and where he came from. This created a divide with his family, culture and identity. He disassociated himself from whatever linked him to his identity as an Indigenous person. He said this self-hate remained for too long and has affected him for his entire life.

Theodore’s first language is Ojibwe and says he did not know a word of English until he entered residential school. He said there were times when he could not speak Ojibwe, but it never left him. Today, he is proud of who he is and where he come from and continues to help revitalize the language by attending events and gatherings and sharing his knowledge.

Theodore states that suicide is well hidden and believes the suicide rate is much higher than what is reported as there are many suicides that are deemed as accidents. The first time he
heard of anyone dying of suicide was when he was in his early to mid-twenties. He said a friend of his, who presumably died in a car accident. He and his friends believe it was a suicide, as there was no reason for that accident to occur, and this friend had attended residential school and he believes he was suffering from the effects. He says “Our people (referring to the Indigenous people), including our world views, and our traditional/spiritual ways of life, have always been under attack and says that has an effect on self-perception on people and when they try to do something about it, systems get in a way, CFS and justice system etc”. In regard to suicide prevention, Theodore also believes the most significant factor is missing conversation between generations. He believes Indigenous Elders need to connect with the younger generation. He believes open communication and trust between generations is very crucial and this itself is a form of healing.

4.2.12 Participant 12: Sean

Sean Parenteau is a 45 year old Ojibwe-Cree-Métis man from Duck Bay Manitoba. He was raised by his mother and grandparents, who all speak Saulteaux. He grew up in his community and has many childhood memories of hunting, trapping and fishing. He is currently the father of two young children.

Although Sean grew up Catholic, he says he is not Christian, and in fact he is very in tune to his ancestors’ Indigenous spirituality. His spirit name is Flocks with Eagles, he belongs to the Red Hawk Clan and his spirit guides are the Sabe and the Wolf. He says he is very powerful spiritually, so much so that people told him that they can see an aura around him. He believes this is because he is guided by a higher power and is connected to his spiritual beliefs. He refers to this connection as his armour, as therefore, the dark spirit cannot penetrate.
He says suicide is very close to his heart, as he has lost a few family and friends to suicide. At one point in time, he even contemplated suicide. At that time, he states that he was in a dark space, and he believes that “the dark spirit is always there”. He says suicide is a topic “that needs to be discussed at our tables at homes”. Sean says suicide is so taboo that no one wants to talk about it. He feels that in general, Indigenous communities are not approaching the subject in the right manner.

He further stated that there is a need to do more in Indigenous communities has inspired him to help. Sean states “I am a conduit to the creator, who works through me to make change and that’s what, my sole purpose in life here is to do, to be there to help our communities make change for the best”. Today, Sean is a film maker, public motivational speaker and a story teller. He helped produced a documentary called *After a suicide, moving past why*. This documentary won a few awards in the United states, including one from the Los Angeles film festival, and one at the Hollywood film festival.

**4.2.13 Summary of Participants**

The interviews of the six participants that resided in rural communities were conducted in their communities, four of these interviews were competed in homes and two interviews were conducted at workplaces. The other six participants lived in Winnipeg, had interviews completed in the city. These interviews were conducted either in the participant’s home, their workplace, or in restaurants/coffee shops. The duration of each interviewed varied, the shortest interview was over an hour and the longest being less than three hours. All interviews except one (as per his request) were recorded and later transcribed. I have been granted permission to quote directly and use their given names.
The twelve transcripts of these interviews were relied upon for gleaning the data required for this study. I identified significant statements and grouped them into similar categories. Based on analysis of this data, emerging themes were subsequently identified and coded. Once identified, the process of contextualizing these themes ensued. The following sub-section describes my findings in this regard.

4.3 Section two: Research Findings

4.4 Introduction

According to most of the participants in this study, colonization has played a big part in contributing to high suicide rate among the Indigenous youth. This was done through eradication of culture, traditional knowledge and beliefs. It further created various types of disconnection between individuals and their families, communities, language, identity and land. When participants were asked what they believed would be helpful to combat the suicide crisis, they indicated that connecting people with their identity, language, family, culture, and land is a crucial component in decreasing the suicide rate in many Indigenous communities.

In this section, the findings arising from this research are presented through four themes and several intertwining sub-themes. The four themes are: 1) Colonization; 2) Intergenerational Effects; 3) Spirituality; and 4) Decolonization. They are defined as ‘intertwining sub-themes’ because many topics discussed under one theme, could easily fit under a sub-theme of another (see figure 2). For instance, there was some discussion on the ‘loss of spirituality’. This was formatted under the theme colonization rather than spirituality, even though it would work under both. The reason this decision was made is because a majority of participants described the loss of spirituality as being derived from colonization. The findings that arose from this research
are presented thematically which include statements and quotes from participants, as well as a short discussion following each theme.

4.5 Theme one: Colonization

Theme one focuses on narratives where the participants have identified a number of losses that are important to them and these losses are discussed in more depth across a number of sub-themes related to a) land, b) traditions and beliefs; c) language and identity; and d) the connection to family and community. Many participants expressed that these losses, caused by government policies, have played a major role in a suicide epidemic.

4.5.1 Introduction

Many of the participants believe suicide and suicidal ideation was historically a rare occurrence but has become common in the modern world. Suicide among Indigenous
populations, especially Indigenous youth, is currently at an alarming rate. Various literature and other forms of media, state that the number of Indigenous youth suicide deaths are much higher than the national average (Kirmayer et al., 2007). Although some participants indicated that suicide had always existed, many expressed they rarely heard anyone dying of suicide until later in their life. For example, Charles stated;

I am almost certain our history has that. You know, Nanabush was the first one to say to us, ‘this is the way it will be, as the world goes’. He was almost, to me, when I hear, we didn’t live in a perfect world a long time ago. (Charles Nelson)

According to Margaret, her grandfather had always predicted that Indigenous youth suicide was going to be problematic in the future. “Someday in the future”, is what he used to say to her.

I used to wonder how he knew these things, like he prophesizes some stuff eh. He seen into the future. I used to think sometimes, I still do, was he a prophet? He predicted things that were going to happen, he says ‘someday our people will, our young people, not only our people, but they will be taking their own the lives’ but that is not the Anishinaabe way. Anishinaabeg were not given that! Suicide is to take one’s life! (Margaret Quewezance)

In some cases, deaths that might be suicides are reported as accidental deaths. Due to this under reporting of suicide deaths, many communities erroneously claim to have a very low suicide rate (Kirmayer et al., 2007). One participant believes this to be true, while another questioned if suicide is even a bad thing.

You see this fact is well hidden, suicide is well hidden and there are a lot of determinants. A lot of determinants of the effects of residential school. One of the major determinants, how did a lot of people say, ‘short life span’. So, what is the determinants from that? So, you site different things like lifestyle, the violence, all the things that people die from and one of the things they said was suicide. At that time, I think, there was not that many stats, people would say ‘there is a lot of suicides’, 15-30 percentage of deaths of people
were suicide. I always maintain that was higher. Because, when there were accidents, those were not accidents. Later on, after really looking at situations of individuals that I knew, they didn’t die of accidents. They actually died of suicide but that’s what the coroner said oh, ‘he died of an accident’. Meanwhile, they were suicides. (Theodore Fontaine)

David questioned, what exactly is the definition of suicide? He contemplated whether suicide is always a bad thing. He mentioned that in some in cultures, such as the Inuit culture, suicide was used as a means of survival for the greater community. He also provided other examples, like that of the Japanese Kamikaze’s, who’s actions were ultimately considered heroic. In regard to other forms of suicide, specifically the Indigenous suicide rate among youth, David felt that is was a very important topic in which he would like more information. He even contemplated if going to an Elder for assistance on this subject would be helpful.

Yeah, I would like to find out about it. That is one of the reasons I agreed to meet with you because it does affect the people, it affects our family. Your family too! You know. We gotta find the answers, we gotta keep searching. You know. I don’t have it on me but maybe I do. I can give you, if you want to see a medicine man and talk to him about it. Actually, he even has a shake tent. He has a shake tent once a month. (David Budd)

Some participants believe suicide was not as common in the past as it is now. As such, most of them reported minimal to no teachings on this topic. However, some of them remember being told that life was sacred and was to be treated in that manner.

The stories I heard about people that commit suicide is not good, it’s not good at all. It does not matter what you go though, you always have to ask for life. It doesn’t matter if you are on your death bed, you ask for that life, always! (Peter Atkinson)

Historically Indigenous people were taught to respect life and all its creation (Kelly, 2007). According to the participants in the study, when individuals miss the teachings of respect,
especially respect for self and others, there is higher probability of them engaging in risk taking behavior that may put their lives in danger, intentionally or not.

I remember feeling so ugly and knowing a young child, 15, she was 15 years old in my reserve. Twelve years ago, when she committed suicide and that was like, there goes potential. Who knows what she could have been. How she devalued life. How she didn’t love herself enough. I had all these thoughts eh. (Chickadee Richard)

4.5.2 Loss of Land, Traditions and Beliefs

When the participants were asked if they could share a personal story of an experience they had regarding someone attempting or dying of suicide, with the exception of the 43-year-old participant, most of them stated that they had no experiences until they were in their teens or early adulthood. According to Margaret and Ronnie, they did not experience anyone dying of suicide until after they were forcefully removed from their reserve. Margaret said displacement was devastating to many people in her community as no-one wanted to leave their homes.

I often wonder, our life would have been a lot different if we stayed there. If people in Swan Lake had stayed there, it could have been a lot different. All those, all these social problems would not been there, that’s what I like to think. (Margaret Quewezance)

When communities are forced to re-locate to make way for large-scale industrial projects, like the Hydro dams in Margaret and Ronnie’s case, there is an increased likelihood that many of the individuals affected will experience an increased likelihood of drug and alcohol addictions, family violence, criminal behavior and suicide (Niezen, 2009). This is not insinuating that in historical times social problems were absent in Indigenous communities, they just appear to dramatically increase during these types of cultural changes (Kirmayer, Tait & Simpson, 2009).
Even though there is an apparent connection to specific places, Charles states that Indigenous people are not tied to one location. All land is sacred and if Indigenous people must move, they are able to do so, hopefully without much complication.

They (land, ceremonial grounds, nature) are very special but then again, we can do these things any place. The way that the Elder made it sound, we can always move. You know, if we get stuck, defending that land or where, it becomes dangerous. You can always move, the old man has said to us. So, he is protecting us from getting caught up in big arguments. Those are nice places we have but no need to fight over them. When I heard some of the Elders say, ‘we were told not to cause fights/disturbances.’ (Charles Nelson)

Some of the participants spoked about the special connection Indigenous people have with their traditional land. It is the most preferred place to performed ceremonies and connecting or reconnecting with nature and spirituality. It is found to be a place of healing. Cunsolo-Willox, et al. (2012) state the connection between people and the land is seen equally as important as the connection to language, culture, identity as well as spirituality. Their research indicated that some individuals found healing when they went out to the land, as it positively influenced their emotional and spiritually well-being. They discovered that the land had the ability to replenish a person’s spirit/soul, to rid them of stress, and make them feel “fulfilled and complete” (p. 543).

Ronnie shared a personal story in relation to land connection. He described an experience he had, working with two Indigenous boys during his employment with Child and Family Services. He said these boys lived in a foster home with caregivers of Filipino descent. He states, “when I would visit the boys, they seemed very disconnected, quiet, refused to talk, and appeared very sad.” He said, “they even refused to talk to their non-Indigenous social worker” and that was not a good sign. It was not until he took the boys out of the home, into the land and to the lake, he noticed a change in their behavior, specifically that “The boys started to open up
and talk.” He believed that being out in the land made a big difference. “I would able to take them out for lunch, we would hang out and I finally was able to joke around with them. They used to laugh, and that was very nice.” He believed getting the boys reconnected to their land and traditions was the starting point in teaching them about the importance of their culture and history. He felt this connection was extremely important for the boys’ well-being. Cunsolo-Willox, et al., (2012) articulated this in the following way:

“People are not only from a particular place, but they are also of the place; that is, their identities, well-being, livelihoods, histories, and emotion-spiritual connections are emergent from the lands on which they live” (p. 546).

A 2012 study on climate/environmental change, and its effects on the traditional lifestyles of Inuit communities, found that when community members could not participate in traditional cultural activities, it had a major impact their health. They got bored, depressed and many turned to drugs and alcohol. One participant stated when that part of their life was gone, some did not know what to do, or should be doing, and this also diminished their self-worth (Cunsolo-Willox et al., 2012). For Anthony, some of the important aspects for survival is being able to have a place to call your own and knowing what to do while occupying that.

I guess it’s basically knowing who you are and where you came from and to some degree, where you are going. Without really having a place of your own, it would be hard to survive or to be happy and being happy is one of the key elements for use to be able to cope with whatever comes our way. (Anthony Henry)

Many of the participants shared that at the time of creation, Indigenous people were given roles and responsibilities. This knowledge was conveyed through traditional teachings, ceremonies and passed down orally by parents, grandparents, extended family members as well as community members. The roles and responsibilities teach individuals how to actively
contribute, commit and be involved with their family and their community. The teachings also provide individuals with the skills they need to survive. They include lessons on how to look after themselves, physically and spiritually, as well as others and the environment. This knowledge also helps individuals find some meaning and a sense of purpose in their life as the following two quotes from two of the participants shared,

I guess one of the things that really helped me is that I can survive out there. Like uh, I don’t need a lot of uh, I don’t need a lot of, I don’t need Safeway (grocery store) for example, I would be just fine if I went out there and start living in the bush. I know exactly where to get everything that I need to cope and having that frame of mind, that really helped me. That really, I don’t know how to put it, it’s there when I need it, basically. (Anthony Henry)

We used to work hard when we were young. We had to work hard for everything! My dad worked hard and all year. Spring summer, winter and fall. In the summer time, he would take us everywhere when school was over, we did everything, cutting pulp, blueberry picking, senaca roots, we use to cut, we use to go get and dig up senaca roots. My dad used to fish. In the winter, and he was trapping. (Bertha Genielle)

In addition, for many Indigenous cultures, the transition from youth to adulthood was, or (in some cases still is) accomplished through a rites of passage ritual. This ceremony requires a certain type of work to be completed before earning the next social status title. However, due to colonization, the historical Indigenous roles and responsibilities have diminished significantly (Kirmayer, Brass, & Valaskakis, 2009). According to the participants, Charles believes roles and responsibilities were given for many reasons. He states they are designed to prepare the younger generation to live a long sustainable and meaningful life. He adds, “there is a way to train them.” Charles shared some information of what he had been told by his friend. He stated, “my friend said, ‘I love him, that’s why I put him to work!’” (his friend was talking about a family member). Charles continued, “that’s where they learn, that’s where we learn. They put us to work.”
Everyone had obligations and roles to fill, therefore their contribution to their family and community was valuable and important. “The loss of these traditions has left youth without comparable structures to foster identity and consolidate their engagement with and commitment to the community” (Kirmayer et al., 2009, p. 461). At a very young age, all children learned the value of work and made their contributions (Theriault, 1992). Theodore recalled that as a child, he did all types of work to take care of his home and family. He said that taking care of family members was predominant.

We had no amenities at home, you know. No electric lights, no power, no stove, and toilets outside. So that’s how I grew up, I helped my grandparents battle the ravishes of cold in the winter. I would be charged, not in charged. They would show me how to help my grandparents. I was five, six, seven years old so I would, I would secure the wood. You know, I would help, I am not good at sawing wood, my dad did that. But I helped, and I made sure that wood piles inside the porch was full, so my grandparents did not struggle with the cold. Water, we had big tubs that we use to fill up with water for cleanliness and also for cooking. I was the one who use to carry that from the river. That’s when the water was pristine, clean, clear, so I would have little pails, and I would go down. (Theodore Fontaine)

In a study completed in two Inuit communities, it was reported that family, traditional cultural values and practices were of the utmost importance in the well-being of individuals, similar to what many of the participants have stated. They stated that traditional roles and responsibilities and taking care of self, family and community was vital to one’s health and happiness (Kral, 2012).

I had to get the water, I would carry it from over there to over here. It was fun. I was involved in all that, I was taking care of business. I remember in the bush hunting, six, seven years old hunting for food. So, then of course, there is that shock of going into residential school was extreme. They wanted me to learn about this religion and the idea that it is not right, to know yourself as an Indian. So, that’s what, that’s basically when I left home was seven. Periodically going home. It’s been a road getting back. (Theodore Fontaine)
Elizabeth also spoke about her experiences losing loved ones to suicide. She believes that youth need attention, unconditional love, elevated self-esteem and they need to know they are worthy as individuals. They also need to know who they are and where they come from, so that they are not lost.

**4.5.3 Loss of Language, Identity and Connection.**

Some participants also believe language is strongly tied to identity and those who lost their language or grew up not learning their ancestral knowledge are missing a part of their identity. Language connects people to their community, their culture, their spirituality and their past, therefore, many people believe it improbable that “any culture cut off from its *mother tongue* is likely to survive” (Hallet, Chandler, & Lalonde, 2007, p. 393). Theodore expressed the importance of ancestral language and believes that language is connected to identity. He stated “the most devasting effect I had, that my era had is the residential school, they destroyed, they tried to destroy our identity. Of course, the basic characteristics of identity is language.”

Two participants stated they did not know their ancestral language and three participants expressed they were made to believe that knowing their ancestral language had no benefit, especially when it came to achieving success. Elizabeth states, “My grandpa spoke Saulteaux but he never taught his kids Saulteaux. I asked him one time why. He says he thought for them, to succeed or whatever, that they needed to learn English and not Saulteaux.” The following excerpt is from David’s interview as he shared his similar experience with the ancestral language:

My parents were fluent in Cree though, yup. All of a sudden, even in grade seven, Cree started to come back I guess, and we had a Cree teacher in grade seven. Then she said, “I
know your parents, you should be able to understand me”, because I am Cree you know. “You’re Cree.” So, I went home and told my mom “the Cree teacher is kinda like, ah giving me shit, you know.” Mom says “you know what David, you know what? They told us not to pass on the language. Your kids will have an easier time if they didn’t know the language.” She believed them, but now years later, she says “I am sorry, I should have spoken to you guys in Cree.” (David Budd)

Peter also remembers being given comparable information. He was told his ancestral language will serve no purpose, as it was not needed it in the future. Nevertheless, he retained the language, as it was the method he used to communicate with his mother. Many children were not as fortunate.

My mom was spiritual, she only went to grade two. She kept her language. That’s how she communicated, that’s how I learned too. I never looked at it as something bad like some people. Like some people, they say don’t learn it, you’re not going to use it anyway for the future, but I hung on to it, whatever I could. (Peter Atkinson)

In addition to being informed that life would be easier knowing the English language, David was further told by his non-Indigenous teachers that there was nothing left of his culture. These two assertions are separate but are comparable to the assimilation and colonization methods practiced in Indian Residential School (IRS). The child welfare system also imposed similar thoughts and beliefs on Indigenous children (Carriere & Strega, 2015). (The comparison between the IRS and child welfare system will be elaborated upon in the upcoming section titled ‘Intergenerational Effects’). Besides not having the opportunity to learn the ancestral language at home, due to the systematic racism many individuals made the ultimate decision to speak English only. Because of the racist ideology they were taught, they felt shame being identified as Indigenous. Therefore, not learning the language was a way to disassociated themselves with something that was portray as ugly and shameful. This sentiment is illustrated by Theodore who
stated that when he was younger, he would not openly admit he was from an Indigenous community.

It’s so sad, as little as seven, eight-year-old, nine-year-old, right up to fifteen or sixteen, of how that accumulated. It’s like a bad scab. ‘Indians are no good’ they say. I used to play hockey, semi-pro, they wanted to know where I was from, you know, I would get interviewed and stuff like that and I would never say Sagkeeng or Fort Alec. I would always say Pine Falls. That was the effect! (Theodore Fontaine)

Another participant also spoke about the strong influence that the prejudice opinions of others had in on their own personal identity. Due to the fear of being judged and humiliated, many individuals did not even attempt to speak their ancestral language, and that perception still remains strong today. Similarly, Peter comes from a family of many siblings, yet he says he is the only one who is still able to speak the language fluently.

My siblings understand it, but I am the only one who speaks the language now. They understand, but they are afraid to talk because people will laugh at them when they make a mistake and that is not right. They need to just go ahead and say it. It doesn’t matter if you make a mistake. Go ahead and speak the language! (Peter Atkinson)

Sharing a common language also creates is a type of belonging. This sense of belonging was articulated Anthony, who stated “you have to belong somewhere. I always used that, I know I am Ojibwe! I know where I come from, and I know my language!” Research has also shown that in the past, Indigenous communities with a higher level of ancestral language knowledge have had fewer suicides (Hallet et al., 2007). Many participants believe that a sense of belonging is vital to one’s health and happiness, and research has found that it is a protective factor for suicide ideation (Kral, 2012).

Today, even the most isolated cultures have also been introduced to the mainstream society through globalization (Kirmayer et al., 2009). Many youth may feel they have strong
EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

connections with the world outside their community through cyberspace. While this may be a true feeling for the youth, this virtual connection does not compare to, nor fulfill the type of belonging, intimacy, connection and traditional knowledge, as family or people in their community would provide. “Nor do the Images of youth-orientated consumer culture propagated by mass media fit with the realities of poverty, employment, and other obstacles faced by youth in many Aboriginal communities” (p. 460).

The young ones, they are so consumed with everything that is out there that is being pushed on them, imposed on them. Even, belief systems. That is the hard part, they take it because they think they have to be part of mainstream, but I don’t believe they have to be part of main stream. My son sticks out like a sore thumb, because he has been groomed and grew up in culture. He struggles, most of his friends still do drugs and alcohol and he doesn’ t eh. (Chickadee Richard)

Social media has also sensationalized suicide, and youth have subsequently started to imitate what they see. Peter mentioned, “like this Robin Williams, he committed suicide, that Robin Williams committed suicide right? People think, well, it’s a good thing. No, it’s not a good thing, you’re not supposed to commit suicide. They make it sound like it was alright and it’s not all right.”

In general, many people want to belong somewhere, especially the youth. To meet this need, they may join gangs or associate with people with whom they might have nothing in common (Comack, Deane, d1952-, Morrissette, Silver, & d1946-, 2013). Bertha stated the “youth just want to belong somewhere, must keep the youth busy, in school and in sports. They need to be involved in sports and everything, they need to belong somewhere.” There also been youth who have committed suicide, following the suicide of friends and family members, in hopes of being reunited with them. For example, Margaret spoke a little about cluster suicides.
One year, I am not sure how to say but one year was bad, there was a cluster of them, there was a cluster of suicides. Yeah, they copy each other. They follow each other. A lot of them say to me “I really wanted to see (name of the decease)” and that is just an example. They want to see those who have passed is often what they say. (Margaret Quewezance)

According to Niezen (2009) “Youth groups first form around binge drinking or solvent abuse, moving progressively to great severity of self-harm, sometimes to the point at which death itself becomes a focus of belonging” (p. 190). An example of this happened in a northern Manitoba community where there was a group of people who died of suicide one after another. Before one of the members ended his life, he said “hey, I’ll say hi to all those guys for you” (Neizen, 2009, p. 184), referring to the others who died before him. This self-destructive behavior, as well as death by suicide is more common in communities where the connection between Indigenous people and their family, culture, traditions and ancestors, is weak or non-existent (Neizen, 2009).

4.5.4 Discussion

A vast amount of literature suggests that the high rate of suicide among the Indigenous population is due to the effects of colonization (Tempier, 2016). Colonization has been identified as one of the main root causes of lost of identity, loss of ancestral language, loss of belonging and culture. Many sources, including most of the individuals in this study, indicate that these type of losses puts Indigenous people at higher risk for suicidal ideation, behavior and attempts (Tempier, 2016). Therefore, connecting Indigenous people to their family, community, land, ancestral language, traditions and spirituality are not only considered a prevention to suicide but they are also considered as a promotion to life (Hopkins, 2017).

4.6 Theme two: Intergenerational Effects
4.6.1 Introduction

In the following section, I will be discussing several known contributors to suicide that the participants had addressed, which include: a) government policies and b) suicidal risk factors;

Indigenous people having the highest rates of substance abuse, mental health issues, accidental deaths and suicide (Adelson, 2005), and many participants believe government policies are a major contributing factor. These policies continue to undermine and disrupt the lives of Indigenous people, creating various cultural disruptions that will not end with this generation, but will continue to effect subsequent generations. These disruptions were described by participants, who spoke about the problems that were derived from IRS and the child welfare system, such as family breakdown, alcoholism and suicide. The participants also spoke about the importance of a strong family and community unit and the potential it many have to alleviating problems such as addictions, a sense of abandonment, loss of identity, loss of belonging, and even suicide.

4.6.2 Government Policies

Government assimilation policies, such as the IRS, created a devastating effect for many Indigenous communities and caused extensive social trauma. In many cases, when this type of trauma was not addressed, it was passed down to the subsequent generations through the behavior of the victims. This is referred to as intergenerational trauma (Menzies, 2007). In Marlene’s interview, she spoke briefly about the various ways intergeneration trauma had affected her life and related them to many of her life’s challenges. Some of these included; stories of sexual and domestic abuse, parental abandonment, experiences with child and family services, life with addictions, losing family members to early death (this includes five of her
biological children) and living with shame and guilt. Marlene believes many of these life challenges derive from government policies.

I went to residential school, when I was seven years old and this is where it all came from. Now, I know where it came from. I can see the big picture now, I used to blame, I used to think this was somebody’s fault, the way I am living, the way my kids are, my drinking, it’s gotta be somebody’s fault. I used to try to blame my mom, I guess, that’s who I blamed, everything on her because I thought she should have been there for me because after I got abused in residential school, I just kept getting abuse all over the place and all that time because my mom wasn’t there. (Marlene Kayseas)

Later in life, Marlene had discovered that her mother also attended IRS for 12 years, and that the historical trauma that IRS survivors experienced while attending these schools had inadvertently been passed down to the next generation. In addition to this, Marlene had also made a link between suicide and historical policies. Marlene stated that she knew a few people who have died of suicide, and all of those people were IRS survivors.

I didn’t even know a lot of people got abuse there (IRS). I couldn’t figure it out. They are the ones that killed themselves. I never thought they were abused, I didn’t really know that until I was an adult and was working in the field (social work). But I know now, when I look at it, the people that didn’t go to residential school were not doing that (attempting or dying of suicide). (Marlene Kayseas)

Theodore stated that one of the most culturally devastating events of his era was the legacy of the IRS system. He believes that one of the purposes of the IRS was to erase all the basic characteristics that identified any individual as being Indigenous. This included language, identity, culture and spirituality. Theodore spoke about the disconnection the IRS created between Indigenous children and their families, communities and culture. Once incorporated in the IRS, it was just a matter of months before Theodore he felt ashamed of who he was, which
helped create the disconnection with his family and community. He stated that the disastrous after-effects left permanent scars on his life.

They made us believe, that these people who were not in school were outsiders. They didn’t have language, they didn’t have a culture. They were like animals, my own parents. So, I started, during the first ten months, this is how it affected me. During those first ten months, I went home at the end of June and I didn’t like my grandparents. I did not like my own mom and dad, my whole family, because they were Indian. This affected me for the rest of my life. (Theodore Fontaine)

Many traumatic historical events have caused all sorts of intergenerational effects, which include self-hate, life of additions, family break-down, community and culture disruption and disconnection, high rate of violence, crime, and suicide.

I don’t believe we have a foundation for our people, our young people. I believe they have been harmed. I always called it the last act of genocide. When you do suicide, when you completed suicide, the last act of genocide, is done. We don’t know who we are, we don’t love who we are, we don’t love life, we don’t care. (Chickadee Richard, 2018)

Other social disruptions described by a few participants were the loss of family and community ties. Some people believe that as the schools began to close, the child welfare system stepped in as a replacement (Menzie, 2007). In 1951, the percentage of Indigenous children in care was one percent. By the end of the 60’s, the percentage increased by 30 percent to 40 percent, hence today’s term the sixties scoop. During that time, children were removed from their homes and placed in primarily non-Indigenous foster homes, and many were also adopted out. The number of children in care has not decreased in the present day. In fact, in some jurisdictions it has increased, this has evolved into the new term millennium scoop (Sinclair, 2007). Indigenous people represent six percent of Canada’s population, however, Indigenous children (depending on location) represent 40-80 percent of children in care (Carriere & Strega, 2015).
When children were placed in non-Indigenous homes, they often lost their ancestral language, culture and identity and it was speculated that this loss, contributed to the inability to lead a healthy and fulfilling life. It also “results in psychiatric, disorders, substance abuse, unemployment, and numerous suicides” (Choate et al., 2019, para. 23). This loss of Identity, culture, language, family and community connections created by the government’s child welfare system was very similar the IRS system. Bertha stated “the government creates so much problems for our people, they are the ones creating these problems for our people and killing our people (Bertha Genaille). Theodore also shared a similar belief as Bertha, about how Indigenous culture is constantly being undervalued and disregarded.

We, so, there is a lot of desperation because that’s always been under attack, how we live, we are violent, lazy Indians, dishonest, all that stuff so that’s always been an attack, in that philosophy. People don’t realize, it has an effect on self-perception of people, you know, or frustration that they want to do something about it, they get frustrated because they find a lot of times, systems will get in the way, child welfare systems, you know, things like that. (Theodore Fontaine)

Chickadee shared a story of a time she worked for *Manitoba Corrections*. She recalls being asked for her assistance after a young girl *in care* had hung herself inside the Manitoba Youth Centre. She recalled going into the girl’s bedroom and thinking;

These are the last things she saw was these four walls all by herself. I wondered how it would have been if someone knew what she was thinking about. You know, would she be alive today if she had someone to talk to? So, I had all these thoughts. So, after I left that night, I had a total breakdown inside my house and I was just crying for her because I was thinking ‘the loneliness she must have felt in there’ and how they criminalized our children. Our children, our children are big industry in the justice system, in the health system, education system, Child and Family Services (CFS) system. I was really upset that this young girl took her life. (Chickadee Richard)
Some researchers argue that child welfare system might be more damaging than IRS, because that while in IRS, the children resided with their Indigenous peer group. They knew where they were from and they also knew their parents would return in ten months (Choate et al., 2019). Chickadee agreed with this, she stated that when the CFS system removed Indigenous children from their environment, it created negative effects similar to those with the IRS. She also believed that today’s child welfare system maybe even worse than IRS.

These stories have to be told about CFS, how they, how it’s still the, I remember um, listening to Mary Sinclair. It’s only an extension of the residential school. Probably far worse now than residential school, because the kids had five years with their parents. Those years were very necessary to their growth and where they came from. But now they are apprehending babies at birth, they are being taken in the hospital. A lot of people say that they are disconnected from their community, they’re disconnected from their culture, disconnected from their parents, disconnected from love. Every parent loves their kids, no matter how bad of a shape that they are and the ugliness that they carry. These are their kids. The kids know no love and that’s why some of the kids take their lives because they are in care. (Chickadee Richard)

Menzie (2007) also supports Chickadee’s beliefs, in regards to the importance of keeping families together and connected. He shared his experience of growing up without a biological family. He stated, “I struggled with my feelings of anger, sadness, sorrow, loneliness, shame, confusion and abandonment, all of which are characteristics of children who were raised outside their birth family” (p. 2.). Furthermore, children who end up in foster homes are often left to navigate the world alone and often feel lonely, abandoned and/or unloved (Finney & Tomasso, 2015).

4.6.3 Suicidal Risk Factors

This family unit disruption affects everyone, and caregivers are often left with tremendous heartbreak. They often resort to alcohol in order to manage their grief (Loppi...
EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

Pauly, 2015). Generally, this coping mechanism ends with health problems, criminal activity, domestic violence, accidental deaths, and even suicide. A few participants expressed that the abuse of alcohol or other substances was exacerbated when people experience pain and trauma.

Although the loss of children is one of the many common tragedies Indigenous families encounter, there were other important losses. Some of the losses that were mentioned with a similar end result, was the loss of culturally significant items. Chickadee shared a story of her late-grandfather. During the outlaw/banning of ceremonies, Chickadee’s grandfather had a very difficult time when his sacred possessions were confiscated. She stated when types of losses occur, they are considered major tragedies. These individuals feel a part of their life is gone, and sometimes, she says, they may end up not loving life altogether.

My great grandfather, he had a bundle, he was probably the last bundle carrier on the reserve. The missionaries and the police took his items away, or were going to take his items away, and they went and burnt them. He died an alcoholic. (Chickadee Richard)

When participants were asked to share their experiences regarding suicide, many stated they knew a few individuals have died of suicide. Some deaths came with obvious signs that suicide was the cause of death, such as notes, but others were speculated as suicide related deaths. Many of the people they knew who have died of suicide were also often under the influence of drugs, alcohol or other mind-altering substances at the time of their death. Studies have shown that heavy drinkers are more likely to die of suicide than moderate and light drinkers (Kirmayer et al., 2007). McCormick (2009) has found alcohol use and suicide, could also be an adaptation, as the consumption of alcohol among Indigenous people “maybe has been their attempt to deal with the state of powerlessness and hopelessness that has arisen due to the
devastation of tradition cultural values” (p. 348). Theodore stated, “we used booze, disease, drugs to try to deal with it ourselves and eventually, and a lot of times, suicide was attempted.”

Participants were also asked for their opinion as to what would help decrease suicide idealization among the youth. One of the things Elizabeth said was “staying away from drugs, staying away from alcohol and drugs, that’s a big factor, just because of the impact or the influence.” Charles also acknowledges how harmful alcohol, drugs and other substances are. He recalls a many as three to four people who have died of suicide. “That’s what we are dealing with a lot of time, some of our people over exercise and overdo their alcohol and drugs.” He believes that when people are under the influence of drugs and alcohol, they are more prone to suicidal thoughts and attempts. He pondered why some people would take their lives, when life is sacred and should be extended as long as possible.

Why lose your life for that? Why? Must be precious, it is beyond reason sometimes. It seems like ah, when I had to be around those people, they see something but there is nothing there, you know, it’s their mind, is full of that alcohol. (Charles Nelson)

Many Indigenous people, including more than half of the participants, believe that a part of living the good life (also known as following the Red Road), is abstaining from alcohol, drugs and other harmful substances, as their use is not “compatible with Indigenous cultural beliefs, practices and traditions” (Lopy & Pauly, 2015, p. 230). However, at the same time, this ideology may also alienate some individuals due to feelings of shame, embarrassment and guilt (Loppie & Pauly, 2015). Indigenous individuals who have a problem with alcohol or substance abuse may see themselves fitting into the stereotype of a drunken Indian (Kirmayer et al., 2007 year), and this stigma may prevent them from seeking help (McCormick, 2009). During the
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study, Peter shared a story of a time he welcomed an individual who appeared to be intoxicated to one of his ceremonies. In regard to this type of situation, some may consider it unethical to have intoxicated people in ceremony (Lavalleé, 2019). On the other hand, this type of approach could also be considered a method of reducing harm (Lavalleé, 2019). Many harm reduction approaches are becoming increasingly popular and accepted as an alternative to prohibitionist/abstentionist practices (Landau, 1996; Lavalleé, 2019). Landau states “while harm reduction is at not all odds with abstinence, it tolerates and even accepts, use in order to address the immediate problems it causes” (p. 399). Peter believed that welcoming that individual was the right thing to do, as family and community play a vital role when it comes down to substance and alcohol abuse treatment and prevention. Family are considered the second most effective treatment solution, with spiritual support being the first (McCormick, 2009). Rather than ignoring them or condemning them

4.6.4 Discussion

Many participants feel that the root cause of many social ills lies in assimilation policies. Even after the last IRS was closed, the aftermath of cultural destruction created long term negative effects which continue to affect Indigenous people and their communities today (McNally & Martin, 2017, p. 117) Therefore, the Indigenous population continues to be at a much higher risk for many problems such as substance abuse, family breakdown and suicide. It has been reported by the participants that in order to alleviate many of the problems facing Indigenous people today, families and communities need to be supported. Keeping families together creates a sense of identity and belonging, which this creates a solid foundation that is crucial for the well being of individuals.
4.7 Theme Three: Spirituality

4.7.1 Introduction

The findings for theme three resulted in four subthemes: a) Indigenous traditional spirituality and spiritual misconception; b) a way of life; c) holistic healing and d) traditional knowledge.

The revival of traditional spirituality within Indigenous population is what maybe holding the key for reducing the high suicide rates within that demographic group (Kelly, 2007). Although the government assimilation policies created a lot of damage through “the attempted domestication of Indigenous peoples via Indian Act has contributed to disease and illness among the people” (Absolon, 2010). Through these policies, Christianity was forced upon many Indigenous people (Fiola, 2015), and many of them are still fearful as they are misinformed about their traditional spirituality (Wastesicoot, 2014). Many participants feel in order for Indigenous communities heal, Indigenous people need to validate their traditional teachings and spirituality, therefore they need to learn, relearn, and reclaim their traditional teachings and pass the knowledge down to the next generation. They also need to live and following the good life (Absolon, 2010; Hart, 2002). Following the good way of life, Individuals foster all four quadrants of their well-being, as defined by the medicine wheel (Hart, 2002). This includes physical, emotional, mental and spiritual well-being, when there is a void in one, it creates an imbalance, therefore creating a greater chance of illness, disease, and even death (Absolon, 2010).
4.7.2 Traditional Indigenous Spirituality and Spiritual Misconception

Ceremony and spirituality are considered intertwined and are a big part (or in some cases *used* to be a big part) in the lives of many Indigenous communities. Historically, Indigenous peoples have incorporated spirituality into their lives through rituals, ceremonies and the use of sacred items. When assimilation policies forced them to abandon their traditional spiritual beliefs and ceremonies, a great deal of damage was done (Stonechild, 2016). They lost their way of life, their way of praying, teaching, celebrating, and most crucially, they lost their way of grieving and healing. Chickadee spoke about how Indigenous spiritual ceremonies are necessary and spoke briefly about the importance of a death ceremony. Chickadee states “they are not able to go through loss and grief, because one of the first things that was outlawed for us, our people, was the death ceremonies, and that was the highest ceremony we had was the death ceremony.”

Many Indigenous people continue to remain secretive and protective towards their teaching and ceremonies (Wastesicoot, 2014). This is probably because their spirituality, teachings and way of life continues to be undermined. Even after the ban of ceremonies was lifted, traditional Indigenous spirituality continued to be practiced in private (Weaver, 2002). Marlene shared her recollection of the time when the government had outlawed Indigenous ceremonies. Despite this, her family was able to retain their traditional spiritual ways. She shared what her ancestors had to do to in order to save their teachings, their ceremonial lifestyles and their sacred possessions.

When those people were going around picking up drums, shakers, everything, medicine bags, my people left for Saskatchewan, but they knew where to go where the land wasn’t as good as here. No one really bothered us, but they were still scared. I remember we went to a Mideywin ceremony, way up in the bush. We drove all day with a horse and we camped there. I was really small, I can’t remember (much), the only thing I remember
was watching the lodge. (Marlene Kayseas)

Margaret states, “we as Anishinaabe people are taught not to take our own lives. But we are starting to become lost because we are following the western form of life.” A few participants felt that many communities have been negatively influenced by Christianity as it has either replaced their own belief system, or it looks down upon it. Referring to Christianity, Chickadee expressed, “that is one of the greatest sins, is the church. Indigenous people still fear for our way of life.” Ronnie also shared a similar sentiment, he stated “our people have been misled, through the big book (making reference to the bible).” Fiola (2015) stated that Indigenous people continue to carry the deep seated Christian values and still believe Indigenous traditional spirituality is the work of the devil. This attitude against Indigenous traditional spirituality is still present in many Christian, as well as Indigenous people.

That (Christianity) is not even who we are. So, why are we even allowing those forces, that’s those dark spirits working. That’s the dark spirits working against us, and the more cultured we are, the more you know your identity and where you come from. You know, you won’t be susceptible to that. (Sean Parenteau)

Many Indigenous people continue to remain culturally and spiritually disconnected. While some individuals feel they are not entitled to this information (Fiola, 2015), others do not know where or from whom to attain this knowledge. It also does not make it any easier when some holders of traditional information are over protective of their knowledge.

4.7.3 A Way of Life

Marlene’s father was her main support and had taught her many things in life, including the traditional spiritual knowledge she holds today. Many of her family and community members were very involved in traditional teachings and ceremonies, and she said “it was just our way of
life.” Although, she still leads a traditional spiritual life today, she remains vigilant in regard to what she is comfortable sharing.

My people back home are so protective, and they don’t trust people. Still, no one is allowed to go to ceremonies. I go there every year and dance. Even when I took a friend. They were questioning, what, and why she was there. She was really interested, she was a student from here. I told them why she was there, and they liked her. (Marlene Kayseas)

There were many reasons why some Indigenous people feel they need to safeguard their teachings and ceremony lifestyle. Fiola (2015) states “There exists a long history of suppression of Anishinaabe spirituality among the Métis (and other Aboriginal people) at the hands of church and government” (p. 202). Policy makers, church officials, non-Indigenous writers and researchers gave mixed perceptions of what Indigenous spirituality actually means, therefore, this has instilled fear and shame among the Indigenous people against their own spirituality and culture beliefs (Wasteicoot, 2014).

On the other hand, many people believe to avoid further disruption in Indigenous communities and cultures, the secrecy of Indigenous spirituality must change. Indigenous people need to acknowledge they have been given the responsibility to honor, carry and pass the teachings they have received to the next generation (Wastesicoot, 2014, p. 50). For participants like Anthony, traditional Indigenous Spirituality was not something that he participated it in his daily life, however, he led a very traditional lifestyle and states that the spiritual component was always accessible. Referring to Indigenous traditional spiritually, Anthony comments “it wasn’t really emphasized, it was just there. It wasn’t like Christianity for instance, you gotta go to church on Sundays. It wasn’t like that. The religious part was there but only used as necessary basically.”
Some of the participants stated that their introduction to traditional Indigenous spirituality came when it was needed. In particular, after the loss of a loved one or when one was experiencing health problems. They spoke greatly about the importance of having that spiritual connection as part of their health and wellness.

Spirituality is not just a belief nor a religion, but it is a reality to many people. “All aspects of life have a spiritual dimension, plants, animals and even stones have spirits” (Stonechild, 2016, p. 63). According to Wastesicoot (2014), all living elements have a spirit and children are taught at an early age to respect this belief. Indigenous children were taught to live life with balance and harmony, and to always respect themselves, others and their environment. “When one fails to live by such ethics, they offend the spirits” (p. 54). Some people referred this spirit to as *ojina*. The concept of *ojina* is also a teaching that is taught at an early age, it is a spiritual punishment that occurs when a moral wrong is committed (Wastesicoot, 2014). A few participants mentioned other spirits quite similar to *ojina*, but had referred to it as either a *dark spirit*, *suicide spirit*, or *the opposite spirit*. Elizabeth states “everything has a spirit, why can’t suicide? It is just not a good spirit. We referred to this, as a suicide spirit. It’s common where I come from”. Chickadee similarly acknowledged this suicide spirit, reflected in the following statement.

It’s a suicide spirit that takes eh. When you are weak in mind in spirit and emotions. That spirit comes and just embodies you, I guess, it comes to you. There are many different kinds of spirits out there. They talk about that eh, the dark spirit, the suicide spirit.

(Chickadee Richard)

Just like Elizabeth and Chickadee, Peter also mentioned this spirit during his interview and he referred to it as the opposite spirit. Peter Atkison shared “the opposite spirit is inside us,
the good and the bad is inside us. Whenever you think of it (suicide), that opposite spirit looks at you, tries to influence you.” He stated this opposite spirit as well as the creator, are always with you, therefore individuals have to decide who they choose to listen to.

When you don’t know who you are, and you don’t know where you come from, and you doing know where you are going, essentially you are lost as a person. You become susceptible to the dark spirit. Which is on the other side of that spiritual line and you’re susceptible to taking your own life and those thoughts of suicide, whereas, if you were on the other side and you know your identity, you know your Indian name, your clan, your spirit guides and you know where you are going in the future, nothing can stop you and nothing can harm you. (Sean Parenteau)

Stonechild (2016), recalled similar teachings by his grandfather. He stated that maintaining a relationship with the spirit world is equally, or even more important than the relationship with the physical world. He expressed “those who have lost connection with the spirit world have become imbalanced and are also susceptible to various harms and dangers” (p. 88). This corresponds to what some of the participants also believe, along with Weaver (2002) that “wellness and spirituality are considered inseparable” (p. 7).

**4.7.4 Holistic Healing**

Indigenous traditional spirituality is going beyond one’s self and making connections to all of creation, which includes, family, community, culture, natural and the spiritual world (McCormick, 2009). Many participants believe that to be healthy holistically, one must live life in a balanced way. The Medicine Wheel is the best representation of living life in this manner, as it is a tool often used to symbolize a person’s life (Hart, 2002). The wheel is divided into four quadrants of the self, which includes physical, emotional, spiritual and mental quadrants (McCormick, 2009). Among the four components of the Medicine Wheel, the spiritual
component tends to be the most ignored (Stonechild, 2016), which therefore creates an imbalance. Over half of the participants shared that ceremonial life and connection to spirituality was crucial in one’s life, however, two out of twelve mentioned filling that spiritual void with any spirituality or religion will suffice. The following comments exemplify this perspective:

Going to ceremony will help. It doesn’t have to be Indigenous ceremony. I mean if they are Indigenous, it could be, you know, but as long as there is a spiritual connection to something so that they understand that, it could be Christianity or Buddhism or whatever, but as long as they have a place where they know it’s a safe place to talk to a higher, you know, talk to space, that when you say your prayers about life, whatever, anything that they leave it there, they understand that they don’t have to carry all that stuff, you know, they can just let it go. (Elizabeth Murdock)

I think they need to be told, where we stand. What we were given. We need to teach them to value life. It’s never too late. The ones who have been given these teachings since they were small are the lucky ones but it’s never too late to start educating them about suicide. They need to be spoken to, whatever their faith is. When I was really active at work and when people went to crisis. They asked me to pray with them, it doesn’t matter what it is. (Margaret Quewezance)

Although Bertha did mention the absence and the importance of Christianity, she said she does not go to church regularly but stated she prays often. She expressed “Children are not being taught anymore, nowadays. We are not sending them to church anymore, they don’t know anything about God”. In addition, she believes Christianity and traditional Indigenous spirituality are equally as important. She stated, “it’s all the same. If you believe in God. It’s a good life to believe in something. Same with Anishinaabe. Same with teaching.”

The importance of spirituality and religion in ones’ life was mentioned as often as the importance of cultural reconnection. Marlene stated “you have to find out who you are! Where you come from! You have to find your roots!” A part of culture connection is knowing your identity and getting involved with culture as well as learning your ancestral language. Bertha
said “they (Indigenous youth) gotta get involved in their culture, and their language.” In general, many believe (including most of the participants) the connection and/or reconnection to culture, community and spirituality is healing and the disconnection is what caused Indigenous people to be unhealthy (McCormick 2009). Sean suggested that if Indigenous people know who they are, where they come from and where they are going, that in and of itself is spiritually powerful. Therefore, we need to educate our youth and connect them to their culture, because if they are disconnected, they become susceptible to that dark spirit.

4.7.5 Traditional Knowledge

The knowledge that appears to be most highly valued in today’s society is the knowledge accessed through the western educational system. The main purpose for this is to prepare individuals to be “useful cogs in the economic machine” (Stonechild, 2016, p. 5) They attend school to gain the various skills needed to gain employment, therefore, their occupation becomes their main identity and diverts from anything that may hint to religion and spirituality (Stonechild, 2016). However, several participants believe acquiring traditional knowledge from Indigenous Knowledge Holders is as valuable and educational as western knowledge, if not more so. One participant shared a story about how he sought out Indigenous Knowledge Holders and attended ceremonies to gain his knowledge.

I worked in the city until 1975, I had money, income tax because I worked on the reserve. They paid me all back and so I travelled. So, that’s where I learned. I was supposed to go to university, but I didn’t go to university, I went to seek out Elder’s. I went to the red school house for a little while. So, part of my travels, I went there, I went to Cree people. I went to their places, sweat lodges there. (Charles Nelson)
The following participants also shared their beliefs in regard to the importance of traditional knowledge. They suggested Indigenous youth need to be taught their history and culture through teachings at a young age, as it gives them a sense of pride and belonging.

We need to provide them with education and awareness. Youth need to belong somewhere, they need to identify, they need strength, they need a place to go to talk and be loved. They need to be proud of who they are and need to take pride of being Anishinaabe. (Ronnie P. McDonald)

We need to educate them. I tell them Anishinaabe teachings. I don’t know if they really identify with Anishinaabe teachings. I think most of them do but not all of them. They should find someone they trust. We gotta get them to trust you, trust is an issue. They are worried you will go tell others. They often ask, ‘are you going to tell others’ and I often say no. I will tell my supervisor without telling names. I use codes that only I know. They gotta trust you. There has to be trust. (Margaret Quewezance)

According to Kirmayer et al. (2007), good communication between youth and their parents is a protective factor for suicide and suicide ideation. The participants also acknowledged the importance of open communication and honesty, and this too relates to the disconnection between the youth and their family as well as the community. For instance, when Bertha’s grandchildren ask her about ‘suicide’, they have an open discussion about the topic. She believes today’s youth are not being taught the things they need, she stated “we are supposed to be teaching and talking to our children about everything. We shouldn’t be hiding things from them. We gotta teach them”. A few of the participants expressed the youth need to know they are listened to and are able to establish trust with another person. They also conveyed the importance about discussing the facts of life and death, especially when the youth ask for this information.

You don’t know who will do that (suicide), it doesn’t matter the age. It doesn’t matter, even the young kids, think about that. Kids hear these sorts of things, they hear everything, like on TV etc. My boys even asked me ‘Koko, what’s that? Suicide?’, my grandson asked eh. So, I told him. (Bertha Genielle)
For many people, suicide is a sensitive and sometimes a hard topic to discuss. For this and other reasons, some people feel it is best not to talk about it. As Anthony expressed, “suicide itself was not, kind like, I guess it was tabooed or you couldn’t really think in that way. You were encouraged not to think of suicide.”

It’s so taboo (suicide) that no one wants to talk about it and I feel we’re not going about it in the right away as far as community” if we could prevent simply by talking about it. If we open up, and not allow this to be a taboo subject anymore within our communities and start really getting into the heart of the matter. (Sean Parenteau)

Three other participants also shared how beneficial it would have been if they were able to talk to their parents or caregivers about things they needed to talk about. As an illustration, David shared some difficulty he experienced while trying to acquire much needed information from his parents.

You know, he wasn’t (his father) approachable. Our, my parents were not approachable people where you can just go talk to them. I couldn’t even talk to them about sex or nothing. Even though, they didn’t even know about that stuff, it seems, you know. So, it was almost like, there was a lot of silence and we had to figure out things for ourselves or they just believed in the western system will give you all the answers, you know. (David Budd)

There are also no resources for our youth, on top of that, no one is teaching our young, their traditional way of life so they become lost. Today’s youth have no one to talk to and nowhere to go, they get that feeling they are not worthy. (Ronnie P. McDonald)

Some participants believe that when the natural sequence of cultural and spiritual transmission between generations is disrupted, the teachings become non-existent. The youth subsequently become lost, bored and they lack a sense of belonging or purpose in life. As a result, there is an increase experimentation with drugs, alcohol and other substances among youth.
When I used to work in suicide prevention. I would ask those who attempted, why they wanted to die. ‘There is nothing here in the reserve, there is nothing in the community. It is very boring here for us. We are into sniffing, we are trying out new ideas’ but every once in a while, someone dies by accident. I do know a couple. Sometimes people don’t mean to really die. (Margaret Quewezance)

**4.7.6 Discussion**

Many of the participants believe the revival of traditional and spiritually teachings are crucial to one’s well-being, especially with the Indigenous population. It teaches individuals how to live and follow the good way of life, which includes taking care of self, family, community and surroundings (animate and inanimate). The teachings also provide a sense of knowledge regarding personal and community identity and belonging. To accomplish this, Indigenous people need to re-establish what they had lost, or learn what they have not been taught. It is time for those who have been given the teachings to pass them down and educate anyone that is willing to learn, as there are many people who have been misinformed or who have not had access to learn about Indigenous culture and spirituality. To be holistically healthy, one must live and follow the good life and have a balance in their physical, emotional, mental and spiritual well-being (Hart, 2002). Care needs to be considered in all aspects of their physically, mental, emotional and spiritual being, equally. When this is accomplished it creates a balance and is referred to ‘the good life’ (Hart, 2002), When individuals take care of themselves and others, there remains a balance (Absolon, 2010). When there is a balance, individuals are less susceptible to harm (Weaver, 2002).

**4.8 Theme Four: Decolonization**

**4.8.1 Introduction**
Theme five focuses on decolonization, which includes a discussion of the following sub-themes: a) western and traditional ways of healing (not one fits all), b) reconnection to culture c) and c) utilize Indigenous knowledge holders,

To understand suicide among the Indigenous population, one must be aware of their history (Ferguson et al., 2016). Indigenous knowledge, ways of living and healing must be taught and passed down to the younger generations. To accomplish this, Indigenous people need to utilize the Knowledge Holders before it is too late, as many of them are moving on to the spirit world before their knowledge is passed down (Wastesicoot, 2014). Many Indigenous Knowledge Holders are seen as having the ability to guide and direct individuals to the right direction, this path has been referred to as the path to wellness also known as the red road (Hilary, 2002) or minobimaadsiwin (in translation means living a good life) (Absolon, 2010). McCormick (2009) also states having Indigenous Knowledge Holders available for youth to access when needed, could reduce the Indigenous teen suicide rate.

4.8.2 Western and Traditional Ways of Healing

One participant mentioned that suicide ideation was a form of a mental illness. She stated that when individuals contemplate suicide, it is because they are not mentally well, they are depressed and need medical attention and western medicine.

You know you are sick when you do that. You know it’s a sickness, you’re sick, depressed, you don’t know. You often are not well, you are supposed to see a doctor and they prescribed stuff to you. A lot of people get like that, even the holly wood stars, but in some cases, it’s the drugs that kill them now. They take so much drugs because sometimes they don’t know what they are doing, that is often when they hurt themselves. (Bertha Genielle)
Mainstream society often relies on western form of healing such as what Bertha mentioned. However, traditional spiritual healing is slowly making a revival. Many communities are using *culture as treatment* as an approach to heal Indigenous communities and promote their well-being (Barker et al., 2017). Although studies have shown that traditional healing approaches have been the most successful, some believe combining this with western forms of healing would also be beneficial (McCormick, 2009). At the same time, for some people like Marlene, western therapy was ineffective, and she was only able to find healing in traditional ceremony. For many Indigenous people, wellness means returning to traditional spiritual teaching (Weaver, 2002).

The time my daughter passed away, I got depressed. I wanted to, I used to work at the Health Sciences Centre, I worked there for many years, 13 years. I was advisor for them. I got sick when she died, I couldn’t focus. I was having bad panic attacks. I just went to the union, I got scared but they put me off work, I am supposed to take pills so I can get disability but I didn’t I thought I knew I was going to go to the Elders so I didn’t take the pills. I didn’t tell anyone. (Marlene Kayeas)

4.8.3 Reconnection

Chickadee stated that Indigenous people do not have to be part of mainstream society. She states, “our old ways have to come to the forefront, they have never gone anywhere, they are still intact.” She believes that traditional Indigenous ways of living and believing must return, as they are ingrained in the *blood memory* of Individuals. The *blood memory* is ancestral memory, deep seated, instinctual ties to the knowledge of past generations, passed through blood rather than learnt. *Blood memory* connects individuals to spirituality, songs, language and teachings. It is an Indigenous way of experiencing and connecting to one’s own culture (Portillo, 2017). Some participants feel that if Indigenous ways of living and believing return, so will the sense of
 belonging for many people. To illustrate, when two of the participants (Ronnie and Theodore) were asked if they ever felt they were at risk of losing their ancestral language while in residential school, they indicated that they did not, because they believed the language was embedded in their *blood memory*. The following participants also shared similar beliefs pertaining to *blood memory*, as they refer to deep connection they feel towards their culture.

I went to Wisconsin for seven years, four times a year to learn these things and I finally got a hold of that creation story. I sat there and I listened, um, the very first time I heard it I cried because I heard it in the language and its really beautiful in the language and I cried about, well, I heard it about ten times, that time, and I cried each time because I felt so close to the creator then. (Peter Atkinson)

When I was a little girl, what I remember, was when there was, when we were at the rain dance, our tent was there. My dad was saying, when working in the lodge he would say ‘you guys, make sure you watch that tree when they pull that tree up, you watch that’, he said. Then they were getting that tree on Saturday, they, all the men tied that tree to their like, they pulled on their horses at the time. We used to ride the horses and they would pull the tree. I remember my grandpa and my real grandpa’s brothers. My dad’s uncles, one of them, I was so attached to him. He gave me my Indian name. I seen him riding on that horse and he had little braids and they were skinny and they were flying back. I was so proud of him and I was crying, I must have been about 4 years old and I was standing on a big rock. It must have touched me, but I didn’t understand what was happening. Ya, that’s an experience. (Marlene Kayseas)

I went to my first sweat at Rosseau River and then I heard that drum for the first time too. I heard that drum for the first time, I went home, and I cried. I don’t know why I cried, you know. Years later an Elder says, *that’s like your blood memory, it’s in your DNA*, that’s why I cried. I remember telling myself after I cried *I am going to choose these people because the school system told me there was nothing left! But here I found them, or we found each other. I said I am going to hang on to this, you know.* (David Budd)

When participants were asked to share their thoughts and/or suggestions on what could be done to curb the youth suicide rate, a few of the participants suggested that Indigenous people need to *rebundle*. *Rebundle* is another word for *reclaim*, reclaiming the traditional, spiritual teachings and practices (D. Kennedy, personal communication, March 16, 2019). There is a shared belief held among many of the participants that reclaiming identity, culture, traditions,
language and spirituality is part of a healing journey many Indigenous community must take.

Some have expressed that once they are on that healing journey, positive things will transpire.

Marlene stated she had been told that as an Elder, she has been gifted, and is encouraged to share her teachings. Marlene recognizes the importance of this gift and states she is doing as much as she can to pass along her knowledge. At times, she has wondered why she did not start this process a long time ago. Marlene spoke about her community and how well it is progressing. She acknowledges the hard work the community has done to actively revitalize their traditional culture, and she stated that this effort has yielded positive results.

My community, that is one of the lowest percentage of kids in care and I know it is because we have ceremonies every year. We have culture camp, I go every year. (teaching kids how to cut and dry wild meat, how to make moss bags, bonnets. Elder sits in the school for children to talk to. (Marlene Kayseas)

Peter also echoed this sentiment, suggesting Indigenous traditional spirituality and ceremonial involvement is a positive contributor to the wellness and healing of his community.

Well, a guy here says ah, ‘there is no suicide anymore in our community because Mideywin are here’. For some reason that has, um, an effect in the community because we’re praying eh, we are always praying for the community. Whether they like it or not, they get prayed for and it effects the outcome of the suicide. There hasn’t been as suicide here for a while, it used to be pretty bad too. (Peter Atkinson)

During Chickedee’s travels to several Indigenous communities, she discovered that a common desire was for healing centers, traditional ceremonies, and access to traditional teachers. In general, there was a great concern about the protection, preservation and promotion of cultural and spiritual teachings among participants of this study. This concern is legitimate, as there currently is very limited written Indigenous traditional/spiritual information and many communities are concerned about losing Indigenous Knowledge Holders to the spirit world
before their knowledge is passed on (Wastesicoot, 2014). Therefore, many believe there is an urgent need to learn from the Knowledge Holders, as time may be limited. For instance, during the interview, a participant mentioned that her health had been deteriorating, and wondered if she would be around to read the results of this study. She says “I am downsizing. That’s when I asked you, what if I die?” (Margaret Quewezance)

4.8.4 Utilize Indigenous Knowledge Holders

Indigenous Knowledge Holders are often willing and available to share their knowledge (Kral, 2012). Failure to utilize this resource may be due to a of lack of interest among Indigenous youth, or they simply do know not how to approach the Knowledge Holders (Leenaars, 2006). Whatever the reason maybe, many participants believe Indigenous youth are not utilizing the Knowledge Holders as they should, therefore, they are not receiving the teachings they need. Stonechild (2016) states, “teachings of Elders may seem simplistic on the surface, but they are based on inspiration. They are encapsulated in a clear manner as one proceeds through life. It is a practical spirituality that can be applied in daily life” (p. 54). A lot can be gained from the knowledge of Elder’s, especially when it comes to life lessons and healing.

There’s ways in which we teach people to have long lives, if we can grasp these people, if we can give them a little bit of the specialty of things. I think it’s a powerful gift, if we can have the opportunity to teach the more and relate to them. (Charles Nelson)

A concern some participants have expressed is that in the contemporary world the youth are not communicating with the Knowledge Holders, and this has left a void that must be filled. For example, when Theodore was asked what can be done to decrease the suicide ideation among Indigenous youth, he believed that communication was one of the most significant
factors. He stated, “the main thing is conversation, like what we are having, conversation between generations.”

However, three participants expressed that Indigenous Knowledge Holders should not carry the responsibility for curing the problems that currently plaque Indigenous people and communities. They felt that this could only be accomplished by the ancestors, Great Spirit, Gitchi-Manitou, Grandfathers, and/or Mother Earth. They felt that it was the Creator that provided the power to heal, and Knowledge Holders were simply a bridge to the Creator. In this same regard, Stonechild (2016) stated that “Healing does not come from the healer, but from Manitow and spirit world. The healer is merely a conduit and must avoid taking personal credit” (p. 89). Charles stated that the Knowledge Holders are entrusted with good minds and the ability, and therefore they have a job to fulfil. He further believes that the most important part of this role is to help enable people to be able to live the best life possible. However, he also acknowledges that the ability of the Elder is small compared to that of the Creator.

There’s not much I can do sometimes, we have power but we don’t have a lot, we just have some power. Creator has lots of power and I only have a little bit of power. We can make, acknowledge, to spirit. (Charles Nelson)

Marlene and Sean shared a similar belief as Charles. They believe that the real power is in the hands of a higher entity, which some refer to as ancestors, grandfathers, creator, or the Great Spirit.

A Cree Elder from North Battlefield, helped me with the cancer I had. I had cancer. My husband took me there, to his people, so I survived the cancer. When I went there, he told me ‘I am not the one who cures the cancer’. He called them grandfathers, the old men he used to call them. I guess they were ancestors, from a few hundred years ago. Those were the ones that were healing the people in that area, so many people went there. (Marlene Kayseas)
I am a continuation of story tellers of our ancestors. Um Louis Riel, said ‘in an 100 years it will be the artists who will awake our spirit, our people’s spirit!’ I am one of those artists. That is what I am meant to do and that is why, I am guided to places like this. I am always, in places where I am much needed. I am conduit of the creator and he works through me, and I honestly believe that it’s humbling, very power um, spiritually. (Sean Parenteau)

Although some of participants are modest, the tasks they perform as guides, helpers or intermediaries appears to be essential. Their duties are so important that without their assistance, there is a significant chance that aspects of traditional spiritual and cultural knowledge would be lost forever.

**4.8.5 Discussion**

A common theme that has been identified through the literature as well as many of this study’s participants is the *Rebundle* concept. According to Absolon (2010), *Rebundle* means to re-learn, and re-claim. It is time for Indigenous people to learn, reclaim, practice and pass on the teachings and practices they have been given. Many people also believe we need to utilize traditional Indigenous Knowledge Holders, as they have lived the experience and have the ability to provide lessons on how life a meaningful and sustainable life (Michell, 2013). The expertise of Knowledge Holders is very significant, especially when helping others find their connection or reconnection to Indigenous culture, spirituality, land, language and identity. They are the link that connect the two, through stories and ceremony, they provide cultural teachings, guidance and direction, which has significant potential to reduce the suicide rate among Indigenous youth (McCormick, 2009).
4.9 Conclusion

This chapter describes the evolution of the verbal recollection of participants into data that could be analyzed for the purposes of this study. It further describes how this data was subsequently distilled into the four emergent themes.

It is from these themes, parallels can be established to past research, conclusions can be drawn, suggestions can be made for future research and implications for indigenous social work practice can be identified. In the following chapter, I will address each of these topics.
5.0 CHAPTER FIVE: SUMMARY, DISCUSSION AND CONCLUSION

5.1 Introduction

The final chapter summarizes of the research study and its results, including the relationship between the research finding, additional findings, justification of research approach, and critical evaluation. It also includes implications for Indigenous social work practice, suggestions, recommendations for social work practitioners and educators, recommendations for and future research.

5.2 Summary of Research Study and Results

This purpose of this study was to explore the relationship between Indigenous youth suicide and disconnection to culture, through the knowledge and perspectives of Indigenous Knowledge Holders. The ultimate goal was to utilize their cultural wisdom and personal experience, to identify potential methods of reducing the suicide rate among Canada’s Indigenous youth.

The study has subsequently revealed that the effects of colonization, especially the deterioration of tradition, identity, language, land, culture, spirituality and pride is a significant contributor to the high suicide rate in Indigenous communities. This finding suggests that learning and rediscovering culture eroded by years of colonization will have substantial social benefit, including suicide prevention.

5.2.1 Relationship Between the Research Finding and the Literature Review

This section talks about the research questions that were asked and the recurring themes found. In addition, it also covers:
The participants were asked to share their personal insight, including their thoughts and belief on why there is a high suicide rate among the Indigenous youth, and what they thought would help decrease this suicidality. Based on their aggregate knowledge and extensive life experience, participants described their own theories in this regard. Some of the reoccurring themes that emerged from their accounts include colonization, eradication of traditional roles and responsibilities, absence of a spiritual connection, and decolonization.

The first overarching theme found in this research was colonization. Colonialism played a major role in damaging Indigenous cultures, traditions and beliefs. In its wake, colonization has left an absence of language, identity, and of spirituality (Stonechild, 2016). Most of the participants agreed that the after-effects of colonization are huge factor in the high suicide rate within the Indigenous population. From the recounts of the participants, several subthemes under this heading were also identified. These include the loss of land, language, beliefs, traditions, identity, spirituality, and their link to suicide.

Another recurring theme was the loss of traditional roles and responsibilities. According to Hopkins (2017), when youth have roles and responsibilities, they feel they have a purpose in life, they feel needed and important, and there is therefore a sense of pride. (Leenaars, 2006) states, our ancestors went through hardships, therefore there was always work to be done. Many of the participants spoke about the value of hard work as well, as one participant shared part of loving our children is putting them to work. Another participant recounted that knowing his roles and responsibilities was what helped him through life. It appears crucial to teach our
children roles and responsibilities, and many participants suggest we must continue with, or return to, traditional lessons in this regard. These include education in the seven sacred teachings and medicine wheel teachings.

Through the participant’s thoughts regarding why suicide is at an alarming rate among Indigenous youth, the lack of connection and commitment to spirituality/religion was also identified. One participant stated that connection with any type of spirituality or religion is helpful, as long as it fulfills the spiritual component in one’s life. Another participant stated the reason why individuals contemplate suicide, is due to because lack of prayer and faith. This is further corroborated by another participant who stated the suicide rate in his community is very low, due to high spiritual involvement. Others also believe the high suicide rate is due to lack of traditional teachings, a lack of connection to Indigenous cultural traditions and spirituality.

According to Wastesicoot (2014), “to live and follow the Indigenous ways of knowing requires a person to have a strong commitment dedication that involves spiritual sacrifice” (p. 50). Many participants believe when someone is spiritually connected, they are balanced and fulfilled and this is considered a holistic living, is a world view embraced by Indigenous cultures. To live a balanced and fulfilled life, means to foster your spiritual health, as it is equally as important as, as looking after your emotional, physical and mental health (Hart, 2002). An excellent illustration was described by Peat (1994), where the balancing of the four components is compared to a four-legged chair.

“So it is with our four-legged chair. Any three of the legs will define a perfectly flat plan where the chair is in balance; And the forth leg will either be too long or too short. And this means that there will be different orientations for the chair in which three of the tips touch the floor while the fourth remains in the air. When you sit on the chair you wobble between these different balance points. This example demonstrates that the very sensitive and difficult process of achieving balance is a fundamental property of space, the universe and the number four. Achieving a final
balance involves a dynamic process of constant adjustment” (As sited in Hart, 2002, p. 41)

Many people, including some of the participants, view spirituality as a guide, a healer and a very important part of life. Some shared how spirituality came to them as a catalyst for healing and they therefore have remained spiritually connected. It is known that Indigenous spirituality and healing are often inseparable (McCormick, 2009). In addition, it is felt that when person is spiritually connected, they are never abandoned, even if they are physically alone. As such, it is easy to draw the conclusion that filling a ‘spiritual void’ can become an important protective factor for suicide.

Decolonization was another recurring theme found in this study. It was also the opinion of most of the participants that colonization played a major role in cultural destruction and the disconnection youth have with their family, community, culture, language, land, identity and spirituality. Many participants believe that cultural destruction disrupted their overall livelihood, and have linked that to the suicide rate.

To combat this issue, some participants believe cultural revitalization is the key component. They further believe that this is best accomplished with the help of Indigenous Knowledge holders, as they possess the source and ability to pass sacred knowledge necessary for rebuilding and revitalizing the culture. Consistent with the participant’s belief, many communities have implemented programs using this approach. They are engaging in cultural revitalization as a holistic, community driven response to suicide prevention and treatment (Ferguson et al., 2016).

Since the 1970s, there has been a slow progression in other areas of Indigenous Governance towards self-determination, as Indigenous communities continue to fight for self-
EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

governance. (Ferguson, et al., 2016). Many Indigenous communities do want to take charge of their own affairs, they want to design and manage their own programs and services with the least amount of government interference as possible. British Columbia (BC) was the first province that allowed these communities to assume this responsibility. Subsequently, BC Indigenous communities took steps to preserve, rehabilitate and promote Indigenous culture, and their youth suicide rates are the lowest in Canada (Kelly, 2007).

5.3 Additional Finding

Another interesting concept found in literature and mentioned by the participants (but not covered in the literature review) was combining the modern and tradition worlds. According Sherryl Blacksmith (as sited in Fiola, 2015) “Change is inevitable, you can fight the process or you can go with it: the most beautiful teachings come from adversity. Accepting that culture changes, like the seasons, help us accept growth within ourselves and our nations” (p. 7). Combining the modern and traditional practices is very crucial. It not the only desirable but it is absolutely necessary in suicide prevention among the Indigenous youth (Kelly, 2007).

Incorporating this concept will teach youth that reconnection to traditional way of life does not necessary mean “to live in the days of the old but to revive the spiritual strength to live in the modern times” (Kelly, 2007, p. 93). Morris and Crooks (2015) also agreed with the importance of balancing and blending the two worlds together, the modern and the traditional. They believe that whether we want it or not, most youth continue access to all types of information though technology, therefore it is important they are involved with the modern life and events. However, more importantly the youth also need to be engaged in their traditional culture, and ensure they stay connected to it as the key to having a good life involves revitalization of indigenous world views, traditions, ceremonies, beliefs, and identity (Absolon, 2010).
In a related sub-genre, there may be benefits reaped from combining traditional medicine with western medicine. Historically speaking, “Western medicine has the power of the government, the law, and the medical system behind it and is therefore likely simply to overwhelm and assimilate traditional medicine in any attempt at integration” (McCormick, 2009, p. 344). Although the integration between the Western and traditional healing may be complicated, an effort to combine the two systems may prove mutually beneficial. In Canada, there are over six hundred reserves, more than fifty Indigenous language, many Inuit and Métis communities, as well as thousands of Indigenous people living in urban settings. There are different world views, beliefs, and spiritualities. Therefore, there is not, and there should not be just one approach to helping all Indigenous groups (Hart, 2002).

Because colonialism had severely damaged Indigenous cultures, many Indigenous communities struggle to maintain that spiritual aspect, therefore leaving a spiritual void in their lives (Stonechild, 2016). However, according to many it is very crucial to fill that spiritual void. “Spirituality is the belief in a higher entity; some people call it Creator or God or Great Spirit or Kichimanitou or Mamowi-ootawimow. Regardless of the name, it is a believe that there is something greater than the individual” (Roberts, 2014, p. 36). When it comes to spirituality, a couple of the participants shared that it does not have to be limited to Indigenous spirituality, as some individuals may have had positives experiences with Christianity.

While implementing this study, I discovered that spirituality is not simply a lifestyle choice but is an essential part of a healthy life. Through my own path of discovery, I have found that I am definitely more spiritual now that I have ever been in my life. In my personal opinion, it took many years for people to be assimilated and / or accept Christianity, therefore it will take many more years for people to make their way back to traditional belief. However, Indigenous
spirituality cannot not be forced upon anyone in the same manner as Christianity historically was. Respect is one of the traditional teachings, respect for everyone and everything, which includes other peoples’ beliefs as well. However, it should be available and accessible.

Due to the vast diverse Indigenous population, finding an exact measure on what and how to incorporate traditional spirituality or cultural practice into any preventative program or service may be difficult. However, with caution and careful examination, this is possible and should not prevent Indigenous researchers, policy makers and others taking a lead from making this possible (Fleming & Ledogar, 2008). As it was discovered that one of most successful programs for healing within Indigenous population, were the programs that laid emphasis on Indigenous spirituality, traditional cultural values and practices (McCormick, 2009). “Through changing times, Indigenous culture and its’ traditions are capable of absorbing many new challenges that arise, living and abiding by the traditional beliefs and practices might be the most credible suicide prevention strategies” (McCormick, 2009, p. 62)

5.4 Justification of Research Approach

I believe the methodology and methods chosen were ideal in this research situation. As an Indigenous person working with Indigenous individuals on a social problem facing many Indigenous communities, I wanted the methodology of this study to be Indigenous focused. Therefore, *Indigenous methodology based on storytelling*, was chosen. I searched for ways on how I could begin and end my research in ceremony, seeking advice from Sherry Copenace, an Indigenous Knowledge Holder who works for the University of Manitoba. Sherry had suggested I begin my research by having a feast, entailing a prayer, a blessing of food, making a spirit dish, and finding open water to place the spirit dish. With those instructions, I prepared some grouse
my family hunted, wild fish we caught, blueberries we picked, corn and wild rice we bought. I said a prayer and smudged the food, placed the food on a birch bark basket I made, along with an offering of tobacco on the side. I made a drive with this sacrament, in search of open water. Because it was early spring, many lakes and rivers were still covered with ice. However, I found open water near Kenora Ontario (very close to the where I grew up). I held the bowl in my hand, said a prayer and released it into the water. I stood there watching it as it floated further and further away, until it was out of sight. This event signified the start of my research! I believe because I was doing research based on Indigenous methodology, ceremony is how my journey should begin and end.

5.5 Critical Evaluation

For this study, I aimed for ten to twelve participants and recruited eleven and decided that was sufficient number, therefore I decided to stop. However, during a week-long workshop I met a man who spoke about some of the work he has done with the topic of suicide. He also shared he has been identified as a Knowledge Holder and is a public motivational speaker. He helped produced a video on suicide called After a suicide – Moving past why, a video that won five awards to date and is currently playing in film festivals. Because he was the youngest participant recruited, his life experiences were different from the rest due this his age, therefore that might have some bearing on the results. For instance, he shared a few experiences of loosing loved ones to suicide where the others did not hear of anyone dying of suicide until after residential school era or land displacement.

Another problem encountered was due to the location of several interviews. Most of the interviews were conducted in either a home or work setting. However, two interviews were
completed in a place of establishment therefore, therefore the noise level was high and we experienced several interruptions by service attendants. These two experiences made it difficult to listen to the auto recordings. Although, it was the participants that chose the location of the interview, I wondered if they would have shared more than they did, if the interview was done in a more private setting.

5.6 Implications for Indigenous Social Work Practice

According Sinclair (2009), in order to know where our future is heading, we need to know our past. Therefore, social workers need to understand Indigenous history and the type of impact colonization has played on their culture. Social workers need to be involved in dismantling the social systems that are the negative construct of colonization, and help create a system that is more cultural appropriate.

As many of the participants have addressed in this study, being far removed from traditional culture has detrimental effect on the lives of Indigenous youth, and Indigenous people in general. Research and literature have provided further evidence that this detrimental effect is manifest in the suicide rates, as well as other social ills. If this is true, then the reverse is also likely to be true, a reconnection to traditional culture will have a beneficial effect on the rates of the same social ills, including suicide. In a quest for connection and reconnection to culture, Indigenous Knowledge Holders can be utilized as teachers, mentors, guides, counsellors and advisors, in places like school settings, treatment facilities, counselling sessions, prisons, and sharing circles. As Hart (2002) stated “We need to turn our traditional healers and Elders to relearn our helping philosophies (p. 36).

5.7 Recommendations for Social Work Practitioners and Educators
Based on the research and knowledge I have obtained during this study, my recommendations for social work practitioners and educators are:

- Develop approaches that are culturally relevant and meaningful to communities served. According to Wexler and Gone (2012) many social services in Indigenous communities are “not always structured culturally meaningful and frequently underutilized” (p. 800).

- When developing a plan for each community or person, craft it according to the community’s wants, values and beliefs. This means getting community members involved in implementation of service planning and policy making for their community, especially in critical areas such as suicide prevention.

- Meet youth as they are and avoid turning them away or making them feel bad because they were unable to abstain from drugs, alcohol or other substances.

- To encourage and accept all worldviews, faiths and beliefs. As some individuals have had positive experiences with Christianity, a spiritual component does not necessarily need to be of traditional Indigenous origin. In agreement with Hart (2002), there is not, and there should not be just one approach to helping all Indigenous groups.

- To recognize that suicide related acts are not always a mental issue, so refrain from assuming that individuals are simply in need of psychological help.

- Be aware of the bigger picture, and how colonization had played a major factor in this suicide epidemic. When dealing with suicide prevention among Indigenous youth, look at treating the residual effects of colonialization such as self-hate, internal racism, poverty, homelessness, hopelessness, addictions, violence and loss of culture and identity (Morris and Crooks, 2015).

- Provide education resources regarding to culture and spirituality as many Indigenous people are still unaware of their culture. For instance, my introduction to cultural teachings and/or spiritual knowledge came while attending university.

5.8 Suggestions for further research

My recommendations for further research include:

- Advocate and seek funding for social programming and incorporate more wholistic practices/programs that “feed the spirit” (Absolon, 2010, p. 85). According to Absolon (2016) Canada Indigenous people represents the highest statistics of many social problems such as suicide, homicide, poverty, homelessness, addictions and incarceration, yet they are often not included in solution findings and funding.
- According to Ng, et al. (2010), spirituality is seen as a protective factor for suicide ideation. Therefore, research to establish if a certain level of commitment towards spirituality and/or religion causes distress or contributes to resiliency and life satisfaction.

- To research the effectiveness of programs that focus on life promotion rather than suicide prevention (Hopkins, 2017).

- Further research involving the suicide rate among the ‘two-spirit, lesbian, gay, bi-sexual, transgender, queer population (2SLGBTQ+) is needed.

- Research exploring the link between bullying/lateral violence and suicide among the Indigenous population.

- Another important cultural recommendation provided by the Indigenous Knowledge Holder in this study, was acknowledge the woman spirits and identify the role of women and matriarchal power with respect to life. Further research should be conducted in this regard.

5.9 Conclusion

This final chapter discussed the following: the summary of research study and results, relationship between the research findings and data, additional findings, justification of research approach, and critical evaluation. It also includes, implications for Indigenous social work practice, recommendations for social work practitioners and educators and suggestions for future research.

“The legacy of colonization, has left a dark shadow on the contemporary lives of young people” (Aho & Lui, 2010, p. 125). There is little information available on successful suicide prevention strategies when it comes to Indigenous youth, or how to effectively deal with attempts. While the current research is slim, this study has revealed a potentially effective cultural remedy. I have learned that Indigenous Knowledge Holders hold deep-seated life experiences and wisdom regarding traditional Indigenous culture. These individuals have
historically played an important role in Indigenous communities and mentors, guides and spiritual leaders. Based on this, many hold and maintain the best generational knowledge on traditional culture and spirituality. Through their insight, these individuals may hold the remedy to the problems facing Indigenous communities in the modern era, especially the youth of those communities. In this regard, many of the Indigenous Knowledge Holders shared how important it is for Indigenous youth to know who they are and where they come from.

In the first chapter of this thesis, I identified that my goal for this research was to ultimately use the results to help Indigenous youth. Now that this study has come to an end, I would like to share, my personal journey of the steps I have taken towards reaching this goal. This journey started with my own spiritual re-connection, which evolved into an understanding that I gained as a result of my research, in regard to the value of traditional ceremony and teachings. I have subsequently passed this to family, friends and any person with an interest. In addition to this, I am heavily involved in passing my ancestral language in classroom settings, as I believe this is a big part of identity loss. It is also my hope that by making this research public, I will be providing others with valuable information they can use as a resource to develop future programs and services that will help connect people to their culture, language, identity, land and spirituality. I believe the research has shown that the youth would benefit from connect or reconnect to their community, culture, language, identity, land and more importantly, their spirituality. It not only provides a sense of belonging, identity, confidence, and self-worth (Kelly, 2007), it also creates a solid foundation that might potentially reduce or eliminate elevated suicide rates among Indigenous populations.
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**APPENDICES**

- Appendix A: Recruitment Scripts
- Appendix B: Consent Form
- Appendix C: Research Questions and list of follow up/prompting questions
- Appendix D: Resource Information
- Appendix E: Copy of Certificate of Completion. TCPS 2: CORE. Ethical Conduct for Research Involving Humans on Research Ethics
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Appendix A: Recruitment scripts

INTERVIEW RECRUITMENT SCRIPTS
I will use the following scripts when I first make contact with potential participants.

BY PHONE, IN PERSON AND EMAIL:

“Boozhoo/Hello. My name is Virginia Pateman. You may remember me from Anishinaabe Water (Nibi) Gathering or from the Makoosekawin Gathering and Ceremony. How are you doing? (possibly followed by small talk conversation). I hope you are doing well (This sentence will only be added to the recruited script by email). As you may or may not be aware, I am currently a University of Manitoba student, completing my Masters in Social Work based on Indigenous Knowledge and I am now at the beginning of a research study.

The purpose of this study is to find potential methods of reducing Indigenous youth suicide rates. For this study, I am seeking ten to twelve Knowledge Holders/Elders from various communities to participate. Based what I have learned, heard and seen, I believe you, as knowledge holder/Elder, might have insight that would make a positive contribution to my study. I would therefore, be very interested in having you participate.

I am specifically interested in hearing about your personal history, life experience, cultural wisdom and teachings you received. Most importantly, I want to explore, what you think about relationship between Indigenous youth, cultural connection, and suicide. I am hoping by doing this research, there is a possibility that you as a participant might share some valuable information with the potential to benefit Indigenous people and their communities.

In order to participate in this study, you must be willing to self-identify. In other words, you must be willing to have your name published in the study findings. However, you may use pseudonym, a spirit name or any other name you prefer to be identified with. By attaching your name to the information shared, I believe I am giving you the recognition you are entitled to for your knowledge. Participation in this study is completely voluntarily, you are free to answer any questions and you can withdrawal at any time without affecting our relationship.

All data, including handwritten or type notes, audio recordings, memory sticks, consent forms, personal and contact information will be securely locked in theft resistant safes and/or in a password protected computer. Only I will have access to all of this material. Any information gathered during this study will be destroyed in December of 2021.

If you decide that you would like to be a participant in this study, I will be in contact with you to book an appointment for an interview. I am unable to give an estimate how long the interview will take, as it is semi-structured and you will take the lead into what you choose to share. The interview will take place at a time and location suitable for you. If you have questions you want
to ask during the interview, you are encouraged do to so, if you have questions later about appointments, the study, research results, or other concerns, please contact.

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[If participant is interested, we will schedule a place, date and time to meet]. Miigwech/thank you for your time, I look forward to talking with you on (date), at (location). I will see you soon.
Appendix B: Consent Form

Title of Study: Exploring the Relationship Between Indigenous Youth, Cultural Connection and Suicide Through the Experience of Indigenous Knowledge Holders.

Principal Investigator/Knowledge Seeker:

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Research Supervisor: Dr. Marlyn Bennet, Assistant Professor, Masters of Social Work Based on Indigenous Knowledges Program, Faculty of Social Work, University of Manitoba, 204-474-6862, Marlyn Bennett@umanitoba.ca

You are being asked to participate in a research study involving an individual interview. Please take your time to review this consent form and discuss any questions you may have with the knowledge seeker of this study, your friends, and/or family before you make your decision. If this consent form contains words that you do not understand, please feel to ask for an explanation of any words or information that you do not clearly understand. This study is partnership between the Virginia Pateman and the University of Manitoba. The primary investigator/knowledge seeker for this project is Virginia Pateman.
EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

**Purpose of this Study**

The purpose of this study is to explore the topic of Indigenous youth suicide and to identify potential methods of reducing the high suicide rate. I want to know what your thoughts are regarding the relationship between Indigenous youth, cultural connection and suicide.

I will be selecting and interviewing Knowledge Holders (age 45 years and older) from various communities such as Winnipeg, Roseau River, and Sandy Bay, Manitoba as well as Wabaseemoong, Shoal Lake and Whitefish Bay, Ontario. My reason for seeking participants from the older generations is that by virtue of age, Knowledge Holders, such as yourself, may have had the most experience in the effects of colonization. Therefore, I believe they are also the most likely to have had a connection to traditional culture, and to have suffered from its loss.

I will be asking selected participants to share their cultural wisdom, teachings, and life experience, specifically in regard to Indigenous youth suicide. Specifically, it is my intention to document your knowledge, and learn from your experience and wisdom. The information I gather may have the potential to benefit Indigenous and non-Indigenous communities through the utilization of study results for the purpose of protective policy and programming related to suicide.

**Participants Selection**

I will be seeking up to 12 participants for this study and you have been identified as a possible participate in this study because you have met the following participant criteria:

- You self-identify as Indigenous
- You identify as a Knowledge Holder or Elder (self identify or identified by others).
- You are age 45 and above.
- You speak English or Ojibwe (As those are the only two languages I am able to speak and fully understand)
- You reside in, live near or frequently attend Winnipeg.
- You are willing to have your identity disclosed, as a participant in this research project.
Study procedures

If you agree to participate in this study:

- We will set up an interview on a time that is most convenient for you. The method of data collection for this study will be individual interviews.

- Participation in the study will be for a minimum of an hour, however it can go for as long as three hours. It all depends what is shared in the interview and how much information the participant is willing to share.

- The knowledge seeker will ask a question and the participant will take the lead in relation to where they chose to go with their answer.

- You will be asked some questions relating to your life experience in regard, to Indigenous suicide. These questions are designed to illicit answers that may help identify if there are potential protective factors in regard to Indigenous youth suicide.

- As a participant, you will be in charge of what you say, if you want to stop and take a break or end the interview at any time. If for any reason, the interview is not complete, we can postpone and reschedule for another day for completion.

- The information gathered in this interview session or sessions will be audio recorded and later transcribed by the knowledge seeker.

- The audio-recordings and the transcription notes will be stored in locked files before and after being transcribed. Recordings and transcriptions will be destroyed in December 2021 upon completion of this evaluation.

- The participants will receive a copy of the transcriptions for review before they are used for the study. They will be encouraged to share their thoughts, feelings and opinions about the data and they will be given the opportunity to add, delete or change information at this point.

- They participants will be asked how they would like to receive the data, whether it is through mail, email, or hand delivered.

- After completion of study, the final copy of the report, and the audio and/or video recording will be distributed to all the participants.
Risks and Discomforts

There are no anticipated physical risks to participants. However, there may be a few emotional/mental risks. Specifically, during the interview you will be asked to share information about your personal life, family and community. It may be possible that painful and/or emotionally difficult memories may arise in response to these questions. Please remember that you may refuse to answer any questions that make you feel uncomfortable. At any time, you may also alert the knowledge seeker that you are feeling particularly distressed during the interview, the knowledge seeker will re-frame the question or move on to another question. If the interview feels further participation will result in undue stress, we will stop the interview and will have to option to take a break, continue another time, or quit permanently. All participants will also be provided list of counseling/psychological resource list, for use if additional support is required following the research project.

Benefits

Your participation in this study may not result in direct benefit(s) to you. However, the information gathered may have the potential to benefit many Indigenous and non-Indigenous communities, by allowing others to use this information to create culturally appropriate services and programs.

Costs

There is no cost for your participation during this individual interview.

Payment for participation

You will be given tobacco prior to the start of any interview. This is a gift you will receive whether or not you choose to participate in this study. Participants will also receive refreshments during the study and ‘thank you gift’ that consists of sacred medicines (Tobacco and Sage), a hand beaded pin of the medicine wheel and hand crafted bag.

Confidentiality
I will do everything possible to keep your personal information confidential. All records, including audio recordings, hand-written or typed notes, interview transcripts, and memory sticks will be in a locked filing cabinet while informed consent forms, participants names and addresses and any contact information will be stored separately in a separate locked filing cabinet. The list of names and personal addresses will be used to send you a summary of the results of the study. I will be the only individual to have access to this all this data.

All typed interview transcripts will be kept in my password protected computer. This data will be stored until December 2021 then destroyed. All material will be shredded ad discarded while electronic data, such as the typed transcripts and audio-recordings will be deleted.

Some people or groups may need to check the study records to make sure all the information is correct. All of these people have a professional responsibility to protect your privacy.

➢ The Psychology/Sociology Research Ethics Board of the University of Manitoba which is responsible for the protection of people in research and has reviewed this study for ethical acceptability

➢ Quality assurance staff of the University of Manitoba who ensure the study is being conducted properly

Permission to Quote:

We may wish to quote your words directly in reports and publications resulting from this. With regards to being quoted, please check yes or no for each of the following statements:

<table>
<thead>
<tr>
<th>Researchers may publish documents that contain quotations by me under the following conditions:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>I agree to be quoted directly (my name is used).</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>I agree to be quoted directly if a made-up name (pseudonym) is used.</td>
</tr>
</tbody>
</table>

Voluntary Participation/Withdrawal from the Study
EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

Your decision to take part in this study is voluntary. As a participant, you are free to answer or refuse to answer any question at any time. You may refuse to participate or you may withdraw from the study at any time, without affecting any relationship we have or have built. If you withdraw from the study, you can also request the withdrawal of your data.

During the course of the interview, if abuse and/or neglect of children or persons in care is discovered; or there is disclosure regarding an individual who may be in danger of harming him/herself or others, than I (the researcher) have a legal duty to report to the appropriate legal authority. In this regard, examples of my obligation to report to the appropriate legal authorities refer to the child and family services agency of jurisdiction in the case of abuse and/or neglect of children or of children being at risk of being abuse or neglected. If it is learned that an individual may be in danger of harming him/herself or others than I (the researcher) have the legal obligation to file a report with the police in the area of jurisdiction.

Contact and Questions

If any questions come up during or after the study, or have questions about the study, the research results or other concerns, please contact the knowledge seeker using the information provided above.

If you have any questions and would like to someone else rather than the Knowledge Seeker about your rights as a research participant, you are encouraged to contact the University of Manitoba, Fort Garry Campus Research Ethics Board Office at (204) 474-7122

Consent Signatures:

1. I have read all five pages of the consent form.

2. I have had a chance to ask questions and have received satisfactory answers to all of my questions.

3. I understand that by signing this consent form I have not waived any of my legal rights as a participant in this study.

4. I understand that my records, which may include identifying information, may be reviewed by the research staff working with the Principal Investigator/Knowledge Seeker and the agencies and organizations listed in the Confidentiality section of this document.
5. I understand that I may withdraw from the study at any time and my data may be withdrawn prior to publication.

6. I understand that the knowledge seeker has a duty to report if there is any disclosure of child abuse or neglect, or if there is an intent to harm myself or others.

7. I understand I will be provided with a copy of the consent form for my records.

8. I agree to participate in the study.

Participant signature________________________                                           Date___________________

(day/month/year)

Participant printed name: ____________________________

Witness signature: ____________________________                                            Date___________________
Appendix C: Three research questions and follow up/prompting questions

The three main research questions:

1) Tell me about your life?

2) Would you share your thoughts about the cause of high suicide rate among the Indigenous youth?

3) What do you think will help decrease suicidality in Indigenous youth?

A list of follow up/prompting questions.

- What is your experience with your ancestral language?
- Tell me about growing up in your family?
- Could you share a personal recount of losing a loved one to suicide?
- Could you share one of your first experiences the first time you heard of someone attempting or dying of suicide?
- Can you tell me about your experience with ceremonies in your youth? Why or why not?
- Do you think there is a connection between high Indigenous youth suicide rates and loss of culture? If yes, can you please describe your belief, in detail?
- Can you share your thoughts and/or suggestions on what could be done to curb the youth suicide rate?
EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

Appendix D: Resource Information

The Canadian Mental Health Association Manitoba and Winnipeg is dedicated to helping you navigate the mental health system. www.winnipeg.cmha.ca

Contents
1 Introduction
2 Crisis Response Centre
3 Crisis Services
4 Help for Families
5 Housing
6 Employment
7 Recovery and Empowerment
8 Addictions
9 Child, Adolescent, and Youth Mental Health
10 Stress Tips
11 Income Assistance
12 Mental Health Act
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Introduction
If you or someone you know is experiencing a mental health problem, you may not know where to turn for information, help or support.

This guide is intended to assist individuals, families, friends or professionals to access information on the variety of services and supports available in the community of Winnipeg. Having access to useful information is a key value of the Canadian Mental Health Association. We hope this guide will assist you in finding the services or support you are looking for in a timely manner.

Mental Health Definition
The capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face.

(Public Health Agency of Canada)

Appendix D: Resource Information

Goldberg Depression Scale
The Goldberg Depression Scale is an internationally known scale for screening for depression. It is a screening tool and is not intended to diagnose depression. If a person rates high on this scale, professional assessment can accurately diagnose whether or not the person has a clinical depressive disorder.

1. Have you lost interest?
2. Have you had loss of appetite?
3. Have you had loss of confidence?
4. Have you felt hopeless?
5. Have you had difficulty concentrating?
6. Have you had weight gain or loss?
7. Have you been eating well?
8. Have you felt light-headed?
9. Have you beenible to feel worse in the evenings?

For more information on depression, you can contact the Mood Disorders Association of Manitoba - 204-786-9997 www.mooddisordersmanitoba.ca. For more information on anxiety, you can contact the Anxiety Disorders Association of Manitoba - 204-925-0400, www.anxiety.mb.ca. If you are concerned about symptoms of depression or anxiety that you may be experiencing, a good first step is to talk to your doctor. If you do not have a regular doctor, you can try a walk-in clinic or you can call the Family Doctor Link - 204-786-7111 for information on doctors accepting new patients.

Frequently Called Numbers

- CMHA Winnipeg Phone Line - 204-982-6100
- MHFA Mobile Crisis Service - 204-940-1761
- TTY Deaf Access Line - 204-779-8992
- Crisis Response Centre - 817 Main Street Ave., 24-hour walk-in - 204-786-8400
- Klinic Crisis Line - 204-786-8401
- Klinic Sexual Assault Line - 204-786-8551
- Manitoba Suicide Line - 1-877-432-1710
- Seneca House - 204-631-3237
- Seneca Help Line (7 pm – 11 pm only) - 204-942-8297
- Mood Disorders Association of Manitoba - 204-923-0606
- Anxiety Disorders Association of Manitoba - 204-923-0606
- Manitoba Schizophrenia Society - 204-786-1616
- MHFA Community Mental Health Services - 204-786-8330
- Health Links - 204-786-8200
- Family Doctor Connection - 204-786-7111
- Addictions Foundation of Manitoba - 204-944-8200
- Employment & Income Assistance - Main Line - 204-945-0900
- Employment & Income Assistance - After Hours Emergencies - 204-945-0181
- Youth Crisis Stabilization System - 204-945-5777
- or 1-888-583-2776
EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.
EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

Help for Families

Families can play a valuable role in supporting a family member with a mental health problem. It is important to seek help early if you, a friend, or a family member shows signs of suicidal thoughts or behaviors. It is never too early to start getting the support and help you need. Here are some tips on what you can do to help:

1. **Talk**
   - Share your concerns and feelings with your family and friends. Help them understand the importance of seeking help and support.

2. **Listen**
   - Listen to your family member and try to understand their perspective. Be patient and show empathy.

3. **Support**
   - Offer emotional support and encouragement. Help them find resources and support services.

4. **Advocate**
   - Help your family member find the right treatment options and advocate for their needs with healthcare providers.

5. **Seek Help**
   - Contact a mental health professional or a crisis helpline to get immediate assistance.

6. **Follow Up**
   - Continue to support your family member even after treatment has started. Regular check-ins can be helpful.

7. **Join a Support Group**
   - Joining a support group can provide you with the opportunity to connect with others who have similar experiences.

8. **Learn About Mental Health**
   - Educate yourself about mental health issues and resources. This can help reduce stigma and improve understanding.

**FURTHER RESOURCES**

- **Mental Health America**
- **National Alliance on Mental Illness (NAMI)**
- **The Trevor Project**
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**

Housing

Having a safe, comfortable and affordable place to live is an important factor in our emotional well-being. Finding the right type of housing that fits your budget and lifestyle can be challenging. Here are some steps you can take to help you find the right housing option:

1. **Assess Your Needs**
   - Consider your budget, family size, location preferences, and the level of support you require.

2. **Research Housing Options**
   - Look into different types of housing such as apartments, single-family homes, or shared housing.

3. **Contact Local Housing Providers**
   - Reach out to local housing authorities, non-profit organizations, and community centers for information on available housing options.

4. **Apply for Government Assistance**
   - Explore government programs like Section 8, the Low Income Housing Tax Credit, or the Homeless Assistance Grant Program.

5. **Seek Support**
   - Consider seeking help from a housing counselor or a housing advocate.

For more information on housing options and resources, contact your local housing authority or visit the following websites:

- **Housing Authority of the City of Chicago**
- **Chicago Housing Authority**
- **Chicago Public Housing Authority**
- **Chicago Housing Initiative**
- **Chicago Housing Rights Network**

**IMPORTANT INFO**

- **No discrimination on the basis of race, color, religion, sex, national origin, familial status, or disability.**
- **Equal Housing Opportunity**

MENTAL HEALTH RESOURCE GUIDE FOR WINNIPEG

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EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

Employment

- **ARTBEAT STUDIO**
  This community-based art studio accommodates artists to acquire a workspace where they might advance their artistic technique safely and securely. The artists are supported and mentored in managing their own workplace, production and marketing.
  204-943-5196

- **UPBEAT ARTWORKS** - A gallery-boutique promoting mental health awareness by featuring artworks of Artbeat Studio Alumni.
  204-947-9577

- **CANADIAN MENTAL HEALTH ASSOCIATION MANITOBA AND WINNIPEG REHABILITATION AND RECOVERY SERVICE**
  See the Recovery and Empowerment section below for detailed description.
  204-982-6100

- **CLUBHOUSE OF WINNIPEG INC.**
  Members work side-by-side with the staff during the "work ordered" day to accomplish all of the jobs necessary for the operation of the Clubhouse. This includes everything from cooking and maintenance to clerical and administrative duties and working in the Thrift Shop. Clubhouse now offers a fitness program 5 days a week.
  204-783-9400

Recovery and Empowerment

Rehabilitation and Recovery Service is a component of the Canadian Mental Health Association Manitoba and Winnipeg. We work in partnership with people 18 and older, who have experienced a diagnosable mental health condition, including those with a co-occurring substance abuse condition, to help them to live in the community with dignity.

Empowerment is an issue of social justice and refers to the process that people go through to gain or regain the power and control over their lives.

Empowerment requires that people have access to the means to assume responsibility for their own lives and well-being. People become empowered as they assume responsibility. Empowerment is also about having a voice. To be empowered means we have a right to speak for ourselves without requiring the permission or approval of others.

- **EMPLOYMENT AND INCOME ASSISTANCE/MARKETABILITIES PROGRAM**
  A specialized group of staff focused on working with EIA participants with disabilities who are interested in exploring employment. See an EIA Case Coordinator for more information.
  www.gov.mb.ca

- **SAFETY TRAINING AND EMPLOYMENT PLACEMENT SERVICES (STEPS)**
  Specializes in placing people with mental health, emotional or learning issues to identify, obtain and maintain employment.
  204-476-2803

- **S.C.O.P.E. INC.**
  The prime focus is on creating and operating employment programs through social enterprise. SCOPE operates a Moving Service, a Property Maintenance Service including lawn care and snow shovelling, vending machines, building cleaning services, a retail thrift shop and a mobile food truck.
  204-987-6300

- **SARA RIEL INC., EMPLOYMENT SERVICES WORK PLACEMENT FORCE**
  The Employment Program delivers service through skill development, workshops, supported education, supported job search, marketing, work site support and counselling and referral services.
  204-237-9263

If you are interested in finding out more about our services please call 204-982-6100

www CMHA MB.ca

Tell Your Story

Is a service of the Canadian Mental Health Association Manitoba and Winnipeg. Tell Your Story will assist people with lived experience of mental illness to develop and enhance their personal skills, focusing primarily on working with them, helping them to tell their story, public speaking, and giving them feedback. The goals for the program are to increase participation and build capacity for people living with mental illness to increase awareness and understanding of the lived experience of mental illness. For more information call 204-982-6100.
EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

Community Mental Health Clinics
Community clinics offer a range of health services.

ACCESS DOWNTOWN
204-940-2379 640 Main Street
ACCESS NorWest
204-936-5700 785 Keewatin Street
ACCESS RIVER EAST
204-988-5050 975 Richardson Highway
ACCESS TANSOUTH
204-938-5555 845 Regent Avenue West
ACCESS Winnipeg West
204-980-2060 286 Booth Drive
WINRHA POINT DOUGLAS COMMUNITY HEALTH CENTRE
204-940-2079 201 onions Street
HEALTH ACTION CENTRE
204-940-1626 640 Main Street
HUMB. CENTRE HEALTH CARE INC.
204-981-6834 240 Prowse Avenue
ELINIC COMMUNITY HEALTH CENTRE
204-984-0570 830 Portage Avenue
MOUNT CARMEL CLINIC
204-982-2371 884 Main Street
PEERSY CARE CLINIC - WINRHA
204-940-2000 1001 Conception Street
SALIS SAW II HEALTH CENTRE - SOULMAY MISSION
204-953-0190 800 Princess Street
WOMEN’S HEALTH CENTRE
204-947-1577 3rd Floor, 415 Graham Avenue
YOUNIVERSE CENTRE
204-255-8640 6 - 845 Dakota Street
ADRIANAL HEALTH AND WELLNESS CENTRE
204-923-3700 213 - 181 Higgins Avenue
CENTRE DE SANTE DAHOMIAC
204-335-3910 10 - 1048 409 Main Avenue

Addictions
- MANITOBA ADDICTIONS HEALTH CENTRE
  Call 1-866-389-6500 24/7 Free of cost
  www.manitobaindigenoushealth.ca
  Monday to Friday 9:00 am - 5:00 pm
  at River Point Centre 4 406 Main Avenue
- ADDICTIONS FOUNDATION OF MANITOBA
  Residential and Community Treatment – Adults
  and Youth: Prevention and Education programs, Gambling Programs,
  - prevention
  204-942-0771 109 - 221 Portage Avenue
  www.fwa.mb.ca
- ADDICTIONS RECOVERY INC
  - Youth and adults recovering from addiction
  204-986-2550
- AL ANON/ALENIATES CENTRAL SERVICES
  - 204-942-0771
- ALCORDIANS ANONYMOUS
  - First step program for individuals who are concerned about the use of alcohol
  204-982-0716
- BEHAVIOURAL HEALTH FOUNDATION
  Residential Treatment
  204-269-3430
  25 avenue de la Grippe, St. Norbert
- COCAIN ADDICTS ANONYMOUS
  204-936-0000
- ESTHE HOUSE
  Second stage housing for recovering individuals
  204-982-2043
- FAMILIES ANONYMOUS
  A support group for adults who are concerned about someone close to them who is using or abusing alcohol or drugs
  204-937-0100
- GAMBLERS ANONYMOUS
  204-982-4623
- THE LAUREL CENTRE
  Counseling for women who have been sexually abused as children and now in
  addiction
  204-763-5460 104 Red River Road
- MAIN STREET PROJECT INC
  - Detoxification centre for medically Emergency Shelter
  204-962-8245 - 73 Marion Street
- MARCOTICS ANONYMOUS
  204-983-1730
- NATIVE ADDICTIONS COUNCIL OF MANITOBA
  - PRITCHARD HOUSE
  - Emergency Treatment – culturally based programming
  204-464-3935 - 160 Salter Street
- NORTH END WOMEN’S CENTRE
  - ADDICTIONS RECOVERY PROGRAM
  - Transitional housing through the Addictions Continuing Recovery program
  at Chris Webbs Place and Betty Berg
  House. The housing for women learning to live in recovery up to one year. Intake
  for program and both houses is through
  Addictions Manager at 204-927-3418
  394 Salut Avenue
- SALVATION ARMY ANCHORAGE PROGRM
  - Residential Treatment – adults
  204-946-5501 - 180 Harry Avenue
- ST. RAPHAEL WELLNESS CENTRE (SARW)
  - is a non-profit community-based organization which offers
  - professional counseling for individuals and families affected by addiction.
  2nd Floor – 204-956-6835 225 York Avenue
- TAMARRACK RECOVERY CENTRE
  Second stage addictions residential treatment – adults
  204-772-9383 - 60 Benriss Street
- YOUTH ADDICTIONS CENTRALIZED
  INTAKE SERVICE
  1-877-770-2899 – province wide

What is Psychosis?
Psychosis... is a serious mental condition affecting 3% of the population... results from a disruption in brain functioning... can drastically alter a person's thoughts, beliefs, perceptions and behaviors... affects males and females equally... a rare and serious disorder...

Children, Adolescent, and Youth Mental Health
- Adoptions Foundation of Manitoba 204-940-6507
- Centralized Intake for Child and Adolescent Mental Health Program 204-985-3160
- Kids Help Phone National Line available across Canada for youth 24 hours, confidential and anonymous. 1-800-667-6868
- Kids Crisis Line 204-786-8406 or 1-888-322-3195
- Ma Maw Hi Child Care Centre Winnipeg 204-985-3190
- Manitoba Adolescent Treatment Centre 204-550-5660
- Mood Disorders Association of Manitoba 204-786-0975
- New Directions for Children, Youth, Adults, and Families 204-786-7011
- Nishnawbe Youth Resource Centre 204-590-5545
- Nishnawbe 5 Resource Assistant for Youth 204-783-5617 or info@nysca.ca
- Youth Resource Centre Winnipeg 204-677-1906
- Youth Crisis Stabilization System 204-949-6777
- 1-888-282-2776
- The Youth Stabilization Unit is a 24 hour community-based crisis intervention service for youth and their families. Some of the issues the Unit responds to include: parental conflict, difficulties with coping, thoughts of suicide, mental health concerns, substance use, problems, family issues, and community issues.

The Early Psychosis Prevention and Intervention Service (EPPIS)
A program that serves residents of Winnipeg, is designed to support young people between 13 - 35 years of age who are displaying symptoms of psychosis for the first time. Individuals can collaborate on a treatment plan with Psychiatrists and Mental Health Clinicians, which may include medication, group/individual education sessions, and various support groups as well as individual and family counselling. EPPIS can be contacted at 204-940-8771 for further information.

Please consult with a healthcare professional if you suspect psychosis. Just ignore it!
EXPLORE THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

The Myths of Mental Illness

How much do you know about mental illness?

Here are some common myths and facts.

MYTH: People with mental illness are violent and dangerous. TRUTH: In general, people with mental illness are not more violent than any other group. In fact, they are less likely to be the victim of violence than the general population.

MYTH: People with mental illness are poor, and thus, are less intelligent. TRUTH: Many studies show that people with mental illness have average or above-average intelligence. Mental illness, like physical illness, can affect anyone regardless of intelligence, social class or income level.

MYTH: Mental illness is caused by a personal weakness. TRUTH: A mental illness is a character flaw. It is an illness, and it has nothing to do with being weak or lacking self-control. Although people with mental illness can have a big part in their own recovery, they do not deserve to be labeled as such.

MYTH: Mental illness is a single, rare disorder. TRUTH: Mental illness is not a single disease but a broad classification for many disorders. Anxiety, depression, schizophrenia, personality disorders, eating disorders and organic brain disorders affect millions of Canadians every year.

Mental Health

Our mental health is an ever-changing aspect of ourselves. Positive mental health is described as:

- emotional and psychological well-being
- positive social connections, self-acceptance
- satisfying interpersonal relationships
- feeling of control, taking personal responsibility for your actions and thoughts
- ability to handle daily activities
- being self-aware we can take positive steps towards mental health when the balance is disrupted. Here are some simple ways to work towards regaining a balance...

- get adequate sleep
- eat a balanced diet
- get regular exercise
- practice relaxation techniques
- make time for pleasurable activities, hobbies, and work
- prioritize tasks, delegate, don’t take on too much
- develop supportive relationships
- don’t be so critical of yourself
- focus on your strengths and feed them
- LAUGH!

Stress

Stress and tension are normal reactions to events that threaten us. There are many sources of stress in our lives and it is important to understand how these stressors affect us.

1. Recognize your symptoms of stress.
2. Look at your lifestyle and see what can be changed — in your work situation, your family situation, or your schedule.
3. Use relaxation techniques — yoga, meditation, deep breathing, or massage.
4. Exercise — physical activity is one of the most effective stress reducers available.
5. Time management — do essential tasks and prioritize the others. Consider those who may be affected by your decisions, such as family and friends. Use a checklist, you will increase satisfaction as you check off completed jobs.
6. Watch your diet — alcohol, caffeine, sugar, fats and tobacco all put a strain on your body’s ability to cope with stress. It is also important to maintain a healthy diet and make sure your body is well-nourished.
7. Get enough rest and sleep.
8. Talk with others — talk with friends, professional counselors, support groups or relatives about what’s bothering you.
9. Help others — volunteers work can be effective and satisfying stress reducer.
10. Get away from work — read a book, watch a movie, play a game, listen to music or go for a walk. Just do something different.
11. Focus on the positive — think about the good things that happen in your life.
12. Be kind to yourself — don’t be too hard on yourself.
13. Take one thing at a time. Don’t try to do too much at once.
14. Don’t try to be perfect.
15. Face up to your problems.
16. Don’t be too competitive.
17. Make the first move to be friendly.
18. HAVE SOME FUN! Laugh with people who enjoy!

Stress Breakthrough

When you are under stress, tension accumulates in your neck and jaw. Take a minute to relax and slowly move your head from front to back, side to side, and in a full circle. For your face, stretch your mouth open and slowly move your lower jaw from side to side and back to front. (NOTE: If you notice pain or if you have any tricks to your back, neck or jaw, check with your doctor first.)

Set a SMART Goal (and achieve it)

Specific — Pick one small goal and write it down.
Measureable — Can you count or check if it is a fact?
Achievable — Is it realistic? If not, make it smaller.
Relevant — Revisit yourself when you reach your goal.
Time-limited — Set a specific, realistic date to finish or achieve your goal.

Comedy Break — Laugh at Stress

Set aside some time for laughter, your body’s natural stress-reduction mechanism. In fact, you know that you know when you laugh — you feel better and you forget about the stresses that are bothering you.

Mindfulness Based Stress Reduction

Courses are offered through CMHA MONTREAL AND WINNIPEG office. Call 204-982-1010 or visit www.mindfullnessresearch.org/mbsr/mindfulness-based-stress-reduction for more information.

Walking Breaks

Walk away from stress instead of slipping down for another cup of stress-inducing caffeine on your coffee break, lunch hour or when you’re at home by going for a stress-walking and energizing walk. If you don’t like walking by yourself, try forming a walking club with two or three of your coworkers or friends.

For more information on Stress Management workshops check out www.localsearch.com

Income Assistance

Employment and Income Assistance in Winnipeg

Based on the needs assessment, this service provides financial assistance so that single parent families, persons with disabilities, individuals and families who are unemployed, can provide for their basic needs. Training and employment supports are provided to assist participants in achieving financial independence through employment.

Family Services and Consumer Affairs has decentralized services for income assistance clients with the exception of adult clients without children.

Services for persons with disabilities, and adult clients with children are provided in Community Offices throughout Winnipeg. Each of the Community Office facilities provides a full range of income assistance services at their location, ranging from intake to case management.

The offices are located as follows:

- RIVER EAST / TRAMTRADE
  - Access East: 204 938-5100
  - 957 Henderson Highway
  - Access: 204 938-5355
  - 480 Regent Avenue West
- ST. JAMES ASSINIBOINA ASH/ASSINIBOUY SOUTH
  - 204 940-2000
  - 480 Botham Street
- RIVER HEIGHTS / FORT GARDY
  - Unit 6, 977 Stafford Street
- ST. BONIFACE ST. VITAL
  - 206 935-8900
  - 150- 1646 3rd Street
- DOWNTOWN EAST / VITAL / MAIN STREET
  - Access Downtown: 204 940-0845
  - 2nd Floor, 840 Main Street
  - Downtown West: 204 940-0800
  - 485 Portage Avenue
  - ST. JOSEPH / DOWNTOWN
  - 1001 Main Street
- SEVEN OAKS / KINISTERO
  - 204 940-0651
  - Unit 1-1, 1001 Lakeside Avenue
- RIVER EAST / ST. BONIFACE
  - 204 940-0800
  - 250 Grant Avenue
  - Services for non-disabled clients without children are provided at:
- EIA CENTRALIZED SERVICES
  - 204 343-8000
  - 301-1111 Portage Avenue
  - After Hours Emergencies: 204 945-6189
  - www.eia.ca/locator.html

COMMUNITY FINANCIAL COUNSELLING SERVICE

204 985-1900
- Provides assistance in budgeting, credit counseling and income tax services

COMMUNITY EMPLOYMENT HELP CENTRE

204 962-6556
- 125 Broadway
- Helps workers with employment insurance concerns.

SEED WINNIPEG INC.

204 927-9755
- Offers many programs to provide jobs and training to low-income individuals and families

INCOME ASSISTANCE IN WING

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The Manitoba Mental Health Act

The Mental Health Act is a provincial law that provides the legal framework for the care, assessment and treatment of persons with mental illness or mental disorder, including those who may be at risk of harming themselves or others. The Act is designed to balance the individual's right to liberty with the public interest in ensuring that people with mental illness or mental disorder receive the care and treatment they need. The Act also provides for the protection of the rights of people with mental illness or mental disorder, including their right to be treated with respect and dignity.

1. How are people admitted to a psychiatric facility?

VOLUNTARY PATIENT
A person may request admission as a voluntary patient, in which case, a doctor must explain that admission is voluntary. The vast majority of patients who are admitted to a psychiatric unit in a hospital are admitted voluntarily.

INHABITED PATIENT
A person must be referred for a psychiatric assessment based on his or her personal assessment that the individual is suffering from a mental disorder that likely will result in serious harm to himself or herself, or another, or will seriously deteriorate if not kept in a psychiatric facility.

- A police officer may be requested to issue a warrant or emergency powers to remove a person to a psychiatric facility for assessment.
- A police officer may issue a warrant to have a person removed to a psychiatric facility for assessment if the police officer has reasonable grounds to believe that the person:
  - is a danger to themselves or others.

DISCHARGE
A person may be kept in a psychiatric facility for up to 21 days if not fitted for discharge. However, it may be extended for up to 3 months. The patient has the right to a hearing before a judge to review the decision to extend their stay.

- The patient's condition must deteriorate mentally or physically.
- The patient must meet certain criteria, including:
  1. A serious risk to the patient's health.
  2. State of mind that makes it unreasonable to provide care and treatment.
  3. Reason why consultation is being sought for a psychiatric examination.
  4. That they have right to a legal aid lawyer.

2. Can a person be forced to accept medication against their will?

A person is considered to be mentally competent to give consent on psychiatric treatment, they have the right to refuse or accept medication or treatment. An individual is considered competent to make a decision on psychiatric treatment if he or she has the ability to understand the nature of the illness for which treatment is proposed, the treatment recommended, and is able to appreciate the consequences of giving or withholding consent.

- If a person is not mentally competent, the psychiatrist must get consent from a family member, committee, proxy or the public trust before giving medication.

People need to know their rights as patients and consumers of services and how to exercise those rights when there are problems. Knowing where to take complaints and concerns is important.

Rights

Canadian Mental Health Association Manitoba and WINNIPEG

Rights Consulting.
This service helps people with a mental illness to be heard in the way they wish to be heard when there are problems with the services they are using. 204-982-5100 winnipeg.cmha.ca/user-services/rights-consultation

Community Unemployed Help Centre
Primary service is to provide information, advice and representation to unemployed workers in Manitoba experiencing Employment Insurance Employment and Employment and Income Assistance problems.
204-942-6556 275 – 501 Broadway www.cauc.mb.ca

Independent Living Resource Centre
Provides advocacy, information and resources to all people with disabilities.
204-982-6194 31A – 320 Portage Avenue www.hic.mb.ca

Indepedent Tenancy Advice – Residential Tenancy Board
Provides information to tenants representing themselves in residential tenancy matters and provides legal help to tenancy law students for those who qualify.

Legal Help Centre
Answers questions about legal processes in Manitoba, provides workshops on legal topics, helps non-lawyers understand and use community services, and provides legal help to law students for those who qualify.
204-255-9306 255 – 391 Portage Avenue (Second floor of Portage Place at the west end of the mall)www.legalhelpcentre.ca

Manitoba Human Rights Commission
Monitors, investigates and attempts to resolve complaints of unlawful discrimination and harassment.
204-945-3007 www.gov.mb.ca/chr

Mental Health Review Board
Under the Mental Health Act, patients have the right to appeal certain aspects of their admission or treatment in a psychiatric facility.
204-945-6550

OMNIUSCAN MANITOBA
An office of independent government that receives inquiries and complaints from people who believe they have been treated unfairly by a department or agency of the provincial government or by a municipal government, and those who have concerns about their requests for access to information, or about the privacy of their personal health information.
204-982-9130 or 1-866-982-9131 www.onismuban.ca

Personal Health Information Act (P HI)
To protect your right to privacy, PHI acts for those who treat data related to personal health information. www.personalhealthmb.ca

The Protection for Persons in Care Office
The office receives and investigates reports of suspected abuse against adults receiving care in personal care homes, hospitals or other designated health facilities.
204-982-6365 or toll free 1-866-982-6356 www.gov.mb.ca/healthprotection/ www.unitedway.manitoba.ca/protect

Social Services Appeal Board
The Social Services Appeal Board is an independent appeal board for decisions about Employment and Income Assistance.
204-945-8003 or 1-888-945-8005 www.gov.mb.ca/sab/home.html

Winnipeg Hospitals’ Patient Advocates or Patient Representatives who follow up on concerns around patient care. Call the hospital without for contact.

Employment and Income Assistance – Fair Practices Office
If you feel you have not received fair treatment when dealing with Employment and Income Assistance and you have been unable to resolve the issue through the normal process, you can contact the Fair Practices Office.
204-982-9765 or toll free 1-888-982-9915 ext. 1070

A Woman’s Place – Domestic Violence Support and Legal Services
Provides support, advocacy, and free legal consultation as well as representation to women who have been abused.
204-940-1156 220 – 323 Portage Avenue

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Counselling or Therapy

Finding a Clinical Psychologist

Clinical Psychology

Clinical psychologists are able to diagnose mental health disorders/conditions, conduct comprehensive mental health assessments, and provide a variety of empirically supported treatments.

The Psychological Service Centre is a service offered through the University of Manitoba, which offers a mandate to train graduate students in the discipline of clinical psychology and serve as a community resource to those in need. Referrals are accepted for therapy and assessment from the general public during regular academic sessions. Services are provided at no charge, however, space is limited, therefore, services cannot be guaranteed to all those on the waiting list. It is also important to note that many services are unavailable during the summer months.

University of Manitoba, 204-474-9727, Fax: 204-474-9727, http://psychology.universityofmanitoba.ca/services/index.html

School based Mental Health Services

If you have had direct contact with school-based clinical services, you may not be aware that these services are available in most Winnipeg schools and in many schools throughout the province. School psychologists provide a continuum of services that include education, advocacy, assessment and various treatment approaches. Focusing on such areas as educational competence and self-esteem, School Psychologists can help students develop positive mental health practices that will last a lifetime.

Accessible through the school system, this confidential and free service is often the entry point for mental health services for children and youth. If you have any questions or concerns regarding your child's functioning or mental health, help may be found in your local school through your School Psychologist.
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Social Activities

Being part of interesting activities and having friends are important. They give us something to care about and add meaning to our lives. The following are some helpful hints in locating activities and finding out the information you need to decide if an activity or club is for you.

Gathering Information

Local community newspapers (e.g. The Metro, The Thwaitews) as well as the "Winning" Network published by the Winnipeg Free Press every Wednesday, are good sources of information about activities and interest groups or hobby clubs throughout Winnipeg. Industry or hobby clubs are very open to new members and all that is required is an interest in the club and its activities. Other good sources of information about types of clubs or other activities include:

- "Contact" Community Resource Guide – available at your local library or www.contactmb.mb.ca
- The "Yellow Pages" phone book under specific topics of interest, " Clubs" or "Associations"
- Public bulletin boards in libraries or in the community
- Shopping malls or grocery stores and community organizations

Friends, relatives and acquaintances are usually more than willing to tell us about their experience and knowledge of social activities.

Getting Involved

After locating an activity or club you find interesting, there may still be certain information you want or need before making a decision. Often a phone number and/or contact person is listed. Possible questions you may want to ask are:

- Are there any costs involved in participating in the activity or group?
- What membership requirements are there?
- When and where is the activity/program held?
- What happens at the activity?
- Who attends the activity or club? (i.e. men, women or a mix of both, age range or people who attend, how many people attend or are members)
- Are there any specific skills needed to attend or become a member?
- How are new people welcomed?

Sharing the Fun

Ganging to new places or meeting new people is not always easy and can be stressful. It may be helpful to go with a friend or let a contact person know you are coming. They will either make a point of looking for you and perhaps introduce you to others. It takes time to meet others and feel comfortable in a new setting. Get yourself and the activity a chance. You may be pleasantly surprised!

Recreation

The City of Winnipeg Community Services Department provides a variety of recreation, leisure and sports programs throughout Winnipeg. People with a disability or special needs are encouraged to participate in regular programs. For those programs the Department may be able to offer support, such as a leisure attendant or consider a fee waiver if Financial Limitations prevail in your case. For more information call 311, or visit the Recreation and Leisure Services website: www.winnipeg.ca/recreation. The Leisure Guide can be picked up at any location throughout the city.

Skill Building

YMCA-YWCA Learning and Leisure Centre

YMCA-YWCA learning and leisure programs provide an opportunity for children and young adults to learn new skills and knowledge. Programs are offered from September to June. For more program information call 991.

Youth Activities Centre

301 Vaughan Street, 204-947-3044

A strong membership is available by going in person to the downtown branch and asking for a membership assistance department.

Wellness Institute at the Seven Oaks General Hospital

1717 Sals Avenue, 204-032-0000

www.wellnessinstitute.ca

Offers a variety of health and wellness programs.

Websites

Addictions Foundation of Manitoba

www.addictions.mb.ca

Anxiety Disorders Association of Manitoba

www.adaam.mb.ca

BC Partners for Mental Health and Addictions Information

www.bcpmh.ca

Centre for Addiction and Mental Health Services (CAMS)

www.camhs.net

Substance Abuse and Mental Health Services Administration (US)

www.samhsa.gov

The Anxiety and Depression Association of Canada

www.adac-cada.ca

Mental Health and Addictions

www.mhca.mhs.mb.ca

Mental Health Crisis Line

Call 204-989-1954 for more information.

Community Therapy Services Inc.

Support and Consultation for Independent Living

Occupational Therapy is a program that works with adults recovering from serious mental illness who lack or have difficulties with independent living skills such as money management, meal preparation, household and community management, etc. Therapists complete functional assessments and assist individuals to gain independence through developing skills and accessing supports for improved success in community living. CTS therapists can also assist individuals with physical limitations to become more independent through identifying appropriate equipment, home adaptations, and other interventions. Call 204-949-0332 for more information or to access.

Get Better Together

A program for living better with chronic disease. Get Better Together is a five-6 week program to take control of your health and be better able to manage pain, set simple exercise programs, eat well to the max, use medications effectively, deal with fatigue and stress, increase your energy levels, solve problems and meet personal goals, and talk to your doctor and make choices. Call 204-622-3277 to register. Visit www.wellnessinstitute.ca for more information.
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Self-Help Organizations

The Winnipeg community offers a variety of self-help groups which provide the opportunity for consumers, family members and the general public to gather information, receive peer support, attend counseling and then cut-out about available resources. Other services offered may include advocacy, support groups, workshops, social opportunities and public education.

Please refer to website listing on page 9 for more information.

- ANXIETY DISORDERS ASSOCIATION OF MANITOBA
  1-800-952-9090 - 100 - 4 Fort Street
- DUAL RECOVERY ANONYMOUS
  For individuals affected by both chemical dependency and an emotional or psychiatric illness.  604-772-0327
- EATING DISORDERS ANONYMOUS
  Call for information about meeting times and location.
  204-990-8816
- EATING DISORDER FAMILY SUPPORT GROUP
  If someone you know has an eating disorder, the Provincial Eating Disorder Prevention and Recovery program offers a few monthly family support groups. Call 204-990-2422 or 137 to register.
- EMOTIONS ANONYMOUS
  204-262-6248
- INDEPENDENT LIVING RESOURCE CENTRE
  Information and referral, peer support, individual advocacy, development of independent living skills, resource/resource development and a resource library for people with all types of disabilities.
  204-947-0194
  311A – 385 Portage Avenue
- MANITOBA SCHIZOPHRENIA SOCIETY
  204-943-6556
- MANITOBA SCHIZOPHRENIA SOCIETY OFFERS Peer support groups, a women's support group, a youth support program, peer support for career/education and on-line consultation and education.
  204-756-1516 or 1-800-263-5545 - 100 - 4 Fort Street
- MOOD DISORDERS ASSOCIATION OF MANITOBA
  1-800-263-0957 or toll free 1-800-263-1640
- POSTPARTUM WARM LINE
  204-951-5983
- PRIMATE COMPLEX DISORDER CENTER
  MANITOBA, INC.
  204-942-3331 - 100 - 4 Fort Street
- OPERATIONAL STRESS INJURY SOCIAL SUPPORT (OSISS)
  Offers community resource information and referral, education, and peer support to military members, veterans and their families who have been impacted by operational stress injury (OSI) as a result of operational duties.
  Contact 204-831-3420 or www.osiss.mb.ca
- OVEREATERS ANONYMOUS
  204-393-9008
- POSTPARTUM DEPRESSION ASSOCIATION OF MANITOBA
  204-951-8422
- PROVINCIAL EATING DISORDER PREVENTION AND RECOVERY PROGRAM
  Offers community board services to women and men ages 16 and older who experience disordered eating or eating disorders, including anorexia or bulimic eating. Also provide wellness workshops about body image, emotional eating, health and self-esteem for clients, community members, families and service providers. 204-956-3232 ext. 197
- PUBLICATIONS
  www.moodmag.com • www.menthealthrecovery.com
- RAINBOW RESOURCE CENTRE
  This centre is a non-profit community that provides support, education, programming and resources to the gay, lesbian, bisexual, transgender and two-spirit communities of Manitoba and North Western Ontario.
  204-474-0712 • www.rainbowresourcecentre.org
- SENECA WARM LINE
  Offers peer support, help with problem-solving and information about community resources to those who are struggling with mental health and life issues.
  Available 7:00 pm - 11:00 pm daily.
  204-942-9276
- S.P.A.R.K. SUICIDE PREVENTION EDUCATION AWARNESS KNOWLEDGE
  204-878-3644
- THE COMPASSIONATE FRIENDS
  Resource library, support meetings, drop-in, newsletter, workshops and telephone service for bereaved parents.
  207-876-4969
  695 William Avenue • www.compassionatefriends.org

For Seniors

- Age & Opportunity
  204-935-6049
- Generations Mental Health
  204-982-0951
- Partners Seeking Solutions with Seniors
  204-237-5918
- www.solutionsforseniors.cmib.ca
- Prairie Winds Services (Angle Line)
  1-888-896-7183
- Manitoba Government - Seniors and Health Aging Secretariat
  204-945-6565
- toll free 1-800-405-6565

By 2020, it is estimated that depressive illnesses will become the second leading cause of disease burden worldwide and the leading cause in developed countries like Canada.

Mental Health Education Resource Centre (MHERC)
Operated by the Manitoba Schizophrenia Society

What is MHERC?
MHERC provides educational resources on mental health and mental illness to consumers and their families, caregivers, service providers, educators, and the general public. The MHERC resources are available, free of charge, to all Manitobans. MHERC services include:
- LENDING LIBRARY
  - MHERC has a comprehensive collection of resources, including books, videos, CDs, journals, magazines, newsletters and pamphlets.
- INFORMATION AND REFERRAL
  - MHERC staff are able to provide information on provincial mental health services, community presentations and workshops, and self-help organizations.
- PUBLIC USE COMPUTERS
  - 2 on-site public-use computers are available for internet research and word processing. Printing service is also available.

Contact Community Information

INFORMATION AND REFERRAL SERVICE
This service provides a Community Resource Guide for Winnipeg and Manitoba which includes information on community programs, voluntary agencies and self-help groups. Callers can be referred to an appropriate agency by calling 204-287-8827 or 1-866-210-4631 Monday to Friday 9:00 am - 4:30 pm. Call contact.org

Mental Health First Aid

Mental Health First Aid is a 12-hour course now being offered in Winnipeg. Mental Health First Aid is the help provided to a person developing a mental health problem or experiencing a mental health crisis. For more information on the program, visit the Mental Health First Aid Canada website at www.mhfac.ca. For information on local courses, visit www.winnipegmhf.ca.

CMHA National has produced a series of information brochures on a variety of mental health topics. These brochures are available to individuals at CMHA Winnipeg Region at 539 Portage Avenue. Organizations may purchase quantities of the brochures. These brochures are available through www.cmha.ca.

Additional Information

MANITOBA GOVERNMENT INQUIRY
This service provides information and referral to provincial government services.
204-662-4882 or 1-844-354-7814 • www.gov.mb.ca

HEALTH LINKS – INTO SANTE
This 24 hour health information and referral assistance line is staffed by registered nurses.
204-718-6200

PROVINCIAL WIDE TELEPHONE BEREAVEMENT SUPPORT
- Hospice & Palliative Care Manitoba
- Bereavement Telephone Support by trained volunteers • For more information, call 1-800-539-6295

WILL PHONE-IN AND LAWYER REFERRAL PROGRAM
This program provides legal information, not advice, on specific cases to callers at no charge. The program also offers individuals to lawyers with preferred areas of practice and to other legal agencies.
204-943-2395 or 1-800-262-8800

TURNING LEAF (TFL)
TFL is a community based, non-profit charitable organization dedicated to providing helpful services to those experiencing intellecual challenge and mental illness. These services are made up of caring, skilled community members. These Turning Leaf community members are dedicated to helping those experiencing intellectual challenge and mental illness. They are also deeply committed to working with the participant in attaining the seemingly unattainable goals that those experiencing intellecual challenge and/or mental illness face. They help with daily living, nutrition, hygiene, medication, socialization, and leisure activities.
204-221-5599 ext. 201 • www.turningleafmanitoba.com

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EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

Medication

Medication can be a product of a treatment plan for people with mental illness. It can control the acute symptoms and prevent relapse of both depression and mood disorders. However, medication does not cure mental illness—it only controls it. Medication has factors to consider such as drawbacks—side effects, time necessary to be effective and cost. For these reasons it may be necessary to try several different medications and adjust the dosage several times before you find the combination that is right for you.

The following information is meant as a general guide only. There are a wide variety of medications available for the treatment of mental health disorders. It is important to talk to your doctor, pharmacist, and other health care providers about all your medications—indicating any ones you may be taking for other conditions. Try to go to the same pharmacist for all your prescriptions. If you experience side effects from any medication, or if you have a medication allergy, talk to both your doctor and pharmacist about it. Don’t stop or change your dose of medication without talking to your doctor first.

In Manitoba, your pharmacist is required to discuss with you, in an atmosphere of confidentiality and privacy, the following information about your prescription medication:

- The drug name
- What the drug does
- How and at what time the drug should be taken
- Importance of taking the drug as directed, regularly or when needed
- What to do if the dose is missed
- Common side effects
- Food, drink, other drugs or activities to avoid
- Special dosage requirements

Remember that the use of alcohol with any medication is potentially dangerous.

The following are descriptions of general sub-categories of medications commonly used—many of these medications are used across a range of mental health disorders.

Antipsychotic Medications

Also known as neuroleptics or major tranquilizers, antipsychotics are used to treat acute psychotic illnesses, such as schizophrenia and mania.

SIDE EFFECTS include dizziness, dizziness, dry mouth, movement problems and stiff muscles. tardive dyskinesia (TD) or involuntary movements may occur when they are used for longer periods of time. Managing side effects may be achieved by changing doses, changing medications, or taking medications for movement side-effects, for example: bromopride, prochlorperazine, and tetrabenazine.

Antidepressants

Antidepressants are used to treat and control depression.

SIDE EFFECTS include dry mouth, blurred vision, difficulty urinating, constipation, sedation, and skin blisters. These medications also take several weeks to reach their full effect. Antidepressants work in the nervous system, and some antidepressants are also used in other conditions such as pain.

Mood Stabilizers

These are used to treat people in the state of great excitement and emotional storms, for example acute mania. Lithium is the most common. These can take several weeks to work.

SIDE EFFECTS include lethargy, trembling, nausea, dizziness, frequent urination, and mental functioning problems. Regular blood tests are needed for therapeutic effect. Carbamazepine, valproic acid, topiramate, are also used as mood stabilizers because their action is in the nervous system. In some people, these drugs can have fewer side effects.

Anxiolytics Medications

Also known as Benzodiazepines or sedatives, anxiolytics are used to relieve the distress of anxiety.

SIDE EFFECTS include sedation, lethargy, depression, difficulty concentrating, and memory problems. Dependence can occur if they are used for long periods of time.

The following sub-categories are meant to be general—many of these medications can be used across a range of mental health disorders.

- **Antidepressants**
  - MAOIs (Monoamine Oxidase Inhibitors)
  - Tetracyclics
  - SNSs (Selective Serotonin Reuptake Inhibitors)
  - Clozapine
  - Ectohippurate
  - Fluoxetine
  - Haloperidol
  - Paroxetine, immediate-release
  - Paroxetine, controlled-release
  - Sertindole
  - Serotonin-Norepinephrine Reuptake Inhibitors
    - Dapoxetine
    - Duloxetine
    - Venlafaxine
    - Bupropion
    - Aripiprazole
    - Clozapine
    - Ziprasidone
    - Ziprasidone

- **Antipsychotics**
  - Aripiprazole (Abilify)
  - Clozapine (Geppax, Zyprexa, olanzapine, generic)
  - Quetiapine extended-release (Seroquel XR, generic)
  - Risperidone (Risperdal Perphenazine, generic)

- **Herbal or Natural Remedies**
  - St. John’s wort (Hypericum perforatum)

If you are considering an herbal or natural remedy, tell your doctor and pharmacist. They will provide information about whether it will be suitable for you. It will interfere with other medication you are using. If you have a problem with the remedy, they may be able to help you solve it.
EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

Mental Illness

Mental illness can affect a person’s mood and cause distress in a person’s ability to think and react as usual. Mental illness may affect our ability to cope with the demands of daily life. Mental illness can occur at any age and affect people of all cultures. There are many possible causes of mental illness, including: biological, social, psychological, and environmental.

When you first seek help, a mental health professional will want to assess the symptoms in order to diagnose the problem and decide on the best treatment. Diagnosis is not always easy to make; there is a list of common mental illnesses and symptoms:

Anxiety Disorders

- affects about 12% of Canadians.
- includes generalized anxiety, phobias (irrational but intense fear of objects, animals or situations) and panic attacks.
- associated episodes of anxiety, sudden free and physical symptoms such as: difficulty breathing, sweating, heat racing.

Obsessive-Compulsive Disorder (OCD) is another anxiety disorder in which a person is unable to control the repetition of unwanted thoughts or actions.

- Individual with Obsessive-Compulsive Disorder (OCD) can affect anyone who has survived a serious and unusual course or emotional trauma. People may experience the trauma through nightmares or flashbacks and may also experience anxiety, insomnia, poor memory, and difficulty concentrating.

Mood Disorders

- affect people with mood disorders experience the “highs” and “lows” of life with greater intensity and longer than most people.
- depressive symptoms include feelings of sadness, change in eating patterns, distorted sleep, lack of energy, inability to enjoy life, difficulty concentrating and making decisions, impaired sex drive, feelings of helplessness and hopelessness that can lead to thoughts of death or suicide.
- bipolar symptoms include periods of depression and periods of feeling “high” or elated, which can make it difficult to judge and insight, extreme irritability, excessive energy, and difficulty concentrating.

Schizophrenia

- affects 1% of Canadians, with the onset usually in the late teens or twenties.
- symptoms may include distortion of thought processes, delusions (false or irrational beliefs), hallucinations (hearing or having things that do not exist) and odd behavior.
- other symptoms include social withdrawal, depression, lack of interest, and difficulty expressing emotions.
- the number and severity of episodes vary.

Eating Disorders

- common in men and women under the age of 30.
- anorexia nervosa, the most common, is a serious illness that involves drastic weight loss due to failing and excessive exercise. This illness can become life-threatening.
- bulimia nervosa is an eating disorder that is self-induced vomiting and the abuse of laxatives.

Personality Disorders

- personality disorder is a type of mental illness in which a person has trouble perceiving and relating to situations and people. There are many specific types of personality disorders.
- in general, a person with a personality disorder has a rigid and unhealthy pattern of thinking and behaving, no matter what the situation. This leads to significant problems and limitations in relationships, social mores, work, and school.
- in some cases, the person may not realize they have a personality disorder because their way of thinking and behaving seems normal to them, and they may blame others for the challenges they face.

These Organizations offer information and Support for Organic Brain Disorders:

- ALZHEIMER SOCIETY OF MANITOBA 204-943-6402 Toll Free 1-800-378-6099 www.alzheimer.mb.ca
- LEARNING DISABILITIES ASSOCIATION OF MANITOBA 204-218-5221 www.lɗcaa.mb.ca
- MANITOBA BRAIN INJURY ASSOCIATION 204-975-3200 Toll Free 1-888-327-1990 www.manobinx.ca
- SOCIETY FOR MANITOBANS WITH DISABILITIES 204-975-3200 www.societyinmb.ca
- STRIKE RECOVERY ASSOCIATION OF MANITOBA 704-924-2800 www.strike.recovery.ca
- MOTOR INFORMATION MANITOBA 1-866-677-5205
- FASD LEAF’S JOURNEY INC 204-773-1911
- INSTITUTE FOR JUST COMMUNITIES TOUCHSTONE RUSH PROGRAM 204-935-1928
- MANITOBA FASD CENTRE 204-275-8806 www.fasdmb.mb.ca

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EXPLORING THE RELATIONSHIP BETWEEN INDIGENOUS YOUTH, CULTURAL CONNECTION AND SUICIDE THROUGH THE EXPERIENCE OF INDIGENOUS KNOWLEDGE HOLDERS.

Appendix E: TCPS 2 Core Certificate

Certificate of Completion

This document certifies that

Virginia Pateman

has completed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Course on Research Ethics (TCPS 2: CORE)

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