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

By

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A Thesis submitted to the Faculty of Graduate Studies of

The University of Manitoba

In partial fulfilment of the requirements of the degree of

MASTER OF SOCIAL WORK

Faculty of Social Work

University of Manitoba

Winnipeg

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

Acknowledgements

I would like to begin by acknowledging that this thesis was completed on Treaty One territory, the land of the Anishinaabe, Ininew and Métis.

I want to thank all who have supported me in my research, making both the journey and the destination possible. First and foremost, this research originates in the voices of the Indigenous Knowledge Holders, and it could have not been completed without their help. From the bottom of my heart, I want to thank them for their time, and for all they shared with me.

I want to give an extra thank Dr. Marlyn Bennet for her hard work, her dedication to help others succeed is extraordinary! I envy her energy and dedication! I would have not completed this thesis without her help. I would also like to thank to the rest of my thesis committee members, Dr. Chantel Fiola and Knowledge Holder Sherry Copenace, for their insight, guidance, expertise, encouragement, and patience. Their faith in me during the many times I have struggled is very much appreciated. I would further like to acknowledge and give thanks to the Wabaseemoong Education Authority for their financial support, and to Cindy Cameron for her on-going contact, support and belief that I can pursue my dreams in achieving my MSW degree.

I would also like to acknowledge the scholarships I have received throughout my studies, as they helped me immensely. A great big thank you goes out to Betty Osbsorne, Carolynne Biovin, Ester Seidl, Elizabeth Hill, Gwen Cook, and National Indian Brotherhood Trust Fund. Their financial support helped make this accomplishment possible!

I would like to give a very special acknowledgement to my friends and family. Jackie Cameron and Erin Morash, I know they are only a phone call away, I want to thank them for being there for me every step of the way. I also want to thank my fellow classmates who later became very close friends for their support, some days their texts were all I needed to get

motivated. A special thank you goes out to Elizabeth Murdock, AKA Liz, for all the times she spent aiming me in the right direction, reminding me of deadlines and always being there when needed, she definitely knows what it means to be a true friend. I also want to thank my three daughters, Sierra, Jade and Amira for their love and presence, they have kept me sane by their reminders to take the breaks I needed. This work would be impossible to achieve without the patience, the understanding, the support, the encouragement, and the faith of my loving husband Dave! I want to say thank you so much, I am so blessed to have him in my life!

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 literation 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

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 hand crafted 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 though storytelling, cultural reconnection, and decolonization. Most of the peer-reviewed literature cited in this chapter was found though 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, c*ultural 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

[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, psychiatrization 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 spiritualty 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

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.

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).

2.11 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 par 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

Figure 1 Spirit dish

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 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 participates 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 qualitive, 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 (*0wnership* 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 on-going 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 if 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.

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 s*piritual 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 *Sundance*s. 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 main stream 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 participants 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 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 *colonialization* 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

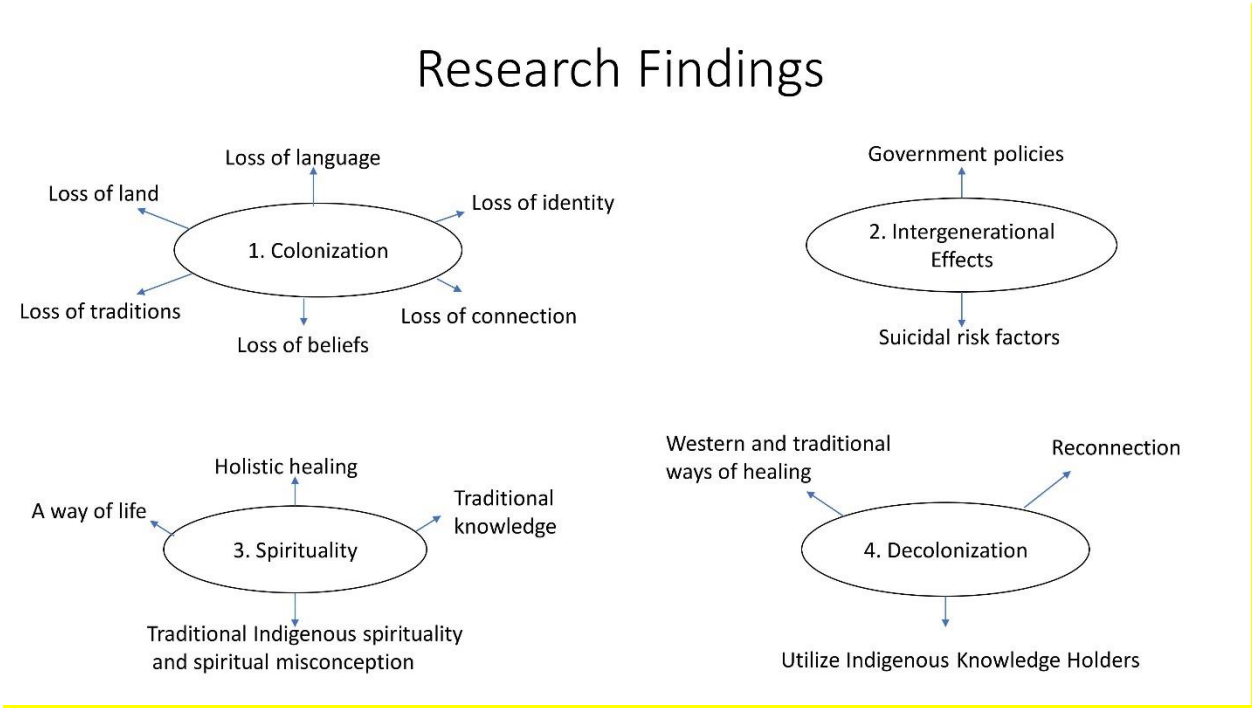

Figure 2 Four major themes and subthemes

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

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 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 addictions, 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 todays 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 had 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 (Loppie &

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 the 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" (Loppy & 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

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. **S**ame 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 chose this, 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 *comparisons* between the recurring themes and the literature review.
- The *limitations* experienced while searching for specific topics found in the interview.
- *Additional findings* that were not covered within the literature review.

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 immerged 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 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-

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 is 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

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.

Virginia Pateman
Faculty of Social Work
University of Manitoba
R2W 2M6
umpatemv@myumanitoba.ca

[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

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

INDIVIDUAL INTERVIEW

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

Principal Investigator/Knowledge Seeker:

Virginia Pateman
Faculty of Social Work
University of Manitoba
R2W-2M6
umpatemv@myumanitoba.ca

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.

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 participant 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 swill 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:

Researchers may publish documents that contain quotations by me under the following conditions:	
Yes No	I agree to be quoted directly (my name is used).
Yes No	I agree to be quoted directly if a made-up name (pseudonym) is used.

<u>Voluntary Participation/Withdrawal from the Study</u>

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?

Appendix D: Resource Information

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MENTAL HEALTH

RESOURCE GUIDE FOR WINNIPEG

The Canadian Mental Health Association Manitoba and Winnipeg is dedicated to helping you navigate the mental health system. If you need help, call **204-982-6100** or visit our website at **www.winnipeg.cmha.ca**

Contents

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 supports 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)

Canadian Mental Health Association
Manitoba and Winnipeg
Mental health for all

1 in 5 Canadians (20% of the population) today are likely to experience a diagnosable mental illness.

Goldberg Depression Scale

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

Depression Scale
(Score one point for each "Yes" if the symptom occurs most of the time over the past 2 – 4 weeks)
1. Have you had low energy?
2. Have you had loss of interests?
3. Have you lost confidence in yourself?
4. Have you felt hopeless?
(If yes with any question, go on to 5 – 9:)
5. Have you had difficulty concentrating?
6. Have you lost weight (due to poor appetite)?
7. Have you been waking early?
8. Have you felt slowed up?
9. Have you tended to feel worse in the mornings?

People with a score of two (2) have a 50 percent chance of having a mental health problem. With higher scores the probability rises sharply.

Goldberg Anxiety Scale

The Goldberg Anxiety Scale is an internationally known scale for screening for anxiety. This is just a screening tool and is not intended to diagnose anxiety. If a person rates high on this scale, a professional assessment can accurately diagnose whether or not the person has clinical anxiety.

Anxiety Scale
(Score one point for each "Yes" if the symptom occurs most of the time over the past 2 – 4 weeks)
1. Have you felt keyed up, on edge?
2. Have you been worrying a lot?
3. Have you been irritable?
4. Have you had difficulty relaxing?
(If yes, to two of the above, go on to 5 – 9:)
5. Have you been sleeping poorly?
6. Have you had headaches or neck aches?
7. Have you had any of the following: trembling, tingling, dizzy spells, sweating, urinary frequency, diarrhea?
8. Have you been worried about your health?
9. Have you had difficulty falling asleep?

People with anxiety scores of five (5) have a 50 percent chance of having a mental health problem. With higher scores the probability rises sharply.

For more information on depression, you can contact the Mood Disorders Association of Manitoba – **204-786-0987**, **www.mooddisordersmanitoba.ca**. For more information on anxiety, you can contact the Anxiety Disorders Association of Manitoba – **204-925-0600**, **www.adam.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 Finder (**204-786-7111**) for information on doctors accepting new patients.

Frequently Called Numbers

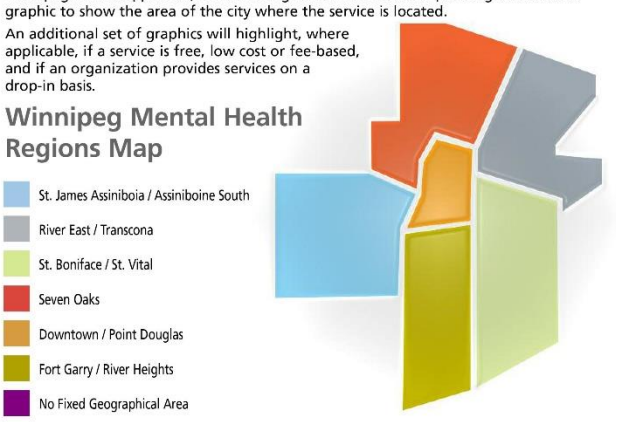
CMHA Winnipeg Phone Line	204-982-6100
• Information and Referral	
• Rights Consultant	
WRHA Mobile Crisis Service	204-940-1781
TTY Deaf Access Line	204-779-8902
Crisis Response Centre – 817 Bannatyne Ave.	24-hour walk-in
Klinic Crisis Line	204-786-8686
Klinic Sexual Assault Line	204-786-8631
Manitoba Suicide Line	1-877-435-7170
Seneca House	204-231-0217
Seneca Help Line (7 pm – 11 pm only)	204-942-9276
Mood Disorders Association of Manitoba	204-786-0987
Anxiety Disorders Association of Manitoba	204-925-0600
Manitoba Schizophrenia Society	204-786-1616
WRHA Community Mental Health Services	204-788-8330
Health Links	204-788-8200
Family Doctor Connection	204-786-7111
Addictions Foundation of Manitoba	204-944-6200
Employment & Income Assistance – Main Line	204-948-4000
Employment & Income Assistance – After Hours Emergencies	204-945-0183
Youth Crisis Stabilization System	204-949-4777 or 1-888-383-2776

Key to Guide

Throughout the guide, you will find graphics to assist you to better understand the services listed in the guide. The map below is color-coded based on the different areas of Winnipeg. Where applicable, service listings will include a corresponding color-coded graphic to show the area of the city where the service is located.

An additional set of graphics will highlight, where applicable, if a service is free, low cost or fee-based, and if an organization provides services on a drop-in basis.

Winnipeg Mental Health Regions Map



Helpful Key Graphics

Free: Some, but not necessarily all, services are provided at no cost. Contact organization directly for details
Sliding scale: Some services are offered on a sliding scale fee schedule based on a person's income and ability to pay. Contact organization directly for details
Cost: A fee will be charged for some services offered. Contact organization directly for details
Drop-in: Some services offered can be accessed on a drop-in basis. Contact organization directly for details
There is an index on page 12 of this guide with common mental health system words and subjects. The daisy you see throughout the guide refers to the index items.

Crisis Response Centre (CRC)

The Crisis Response Centre is an exciting and innovative addition to the mental health service system in Winnipeg. It offers a unique combination of crisis response services within an environment that promotes healing and recovery. Winnipeg residents 18 years of age and over experiencing a mental health crisis now have streamlined access to mental health assessment, treatment and crisis intervention 24 hours a day, 7 days a week.

Visit 817 Bannatyne Avenue.

The Mobile Crisis Service is also available 24 hours a day, 7 days per week to provide on-site assistance with a mental health crisis. **204-940-1781**

Canadian Mental Health Association
Manitoba and Winnipeg
Mental health for all

Crisis Services

What is a Crisis?

- A time of difficulty or change.
- A disruption or breakdown in your daily living pattern.
- A temporary inability to cope by your usual ways of problem solving.
- A feeling of being out of control.

What can you do if this is happening to you or to someone you know?

Contact any of the Following

These services require the consent of the person experiencing the crisis.

WINNIPEG REGIONAL HEALTH AUTHORITY (WRHA), MOBILE CRISIS SERVICE
Is a multi-disciplinary team specializing in crisis intervention, mental health assessment, and short term follow-up for adults experiencing a mental health crisis. Offers 24 hour crisis intervention and home visits. Individuals, family members, and service providers can call for assistance.
204-940-1781

CRISIS STABILIZATION UNIT (WRHA)
Provides short-term intervention for adults experiencing mental health and/or psychosocial crisis.
204-940-3633 · 755 Portage Avenue

YOUTH CRISIS STABILIZATION SYSTEM
204-949-4777 or **1-888-383-2776**

WILLOW PLACE
24 hour crisis line. Provides a safe and supportive environment for women and their children who are being abused by an intimate partner. **204-615-0311**

MAIN STREET PROJECT
Provides 24 hour crisis services including shelter, detox and housing.
204-982-8245 · 75 Martha Street

WINNIPEG EMERGENCY SERVICES OPERATOR
911
Will connect your call to the appropriate Emergency Department who will then take details of your crisis situation.

KLINIC
24 hour crisis line offers counselling service and crisis/suicide intervention.
204-786-8686 or **1-888-322-3019**

MANITOBA SUICIDE LINE
1-877-435-7170

KLINIC SEXUAL ASSAULT INTAKE LINE
Service can include up to 12 short term counselling sessions.
204-784-4049

Hospital Emergency

HEALTH SCIENCES CENTRE
Adults: **204-787-3167**
Children: **204-787-4244**

GRACE GENERAL HOSPITAL **204-837-0157**

ST. BONIFACE GENERAL HOSPITAL **204-237-2260**

SEVEN OAKS GENERAL HOSPITAL **204-632-3232**

VICTORIA GENERAL HOSPITAL **204-477-3148**

CONCORDIA HOSPITAL **204-661-7194**

MISERICORDIA HEALTH CENTRE
Urgent Care · **204-788-8188**

Several hospitals have psychiatric nurses on duty in emergency for part of the day/evening. Inquire about specific schedules.

Emergency Shelter

MAIN STREET PROJECT Open 24 hours Emergency shelter offers emergency, overnight shelter and short-term hostel accommodations for men and women.
204-982-8245 · 75 Martha Street

SILOAM MISSION - HANNAH'S PLACE EMERGENCY SHELTER **204-943-1748**
300 Princess Street
Hours of operation 8:00 pm - 8:00 am · Intake daily at 9:00 pm.

WILLOW PLACE · Willow Place is a Crisis Shelter for women and children who have experienced intimate partner violence. They offer a 24 hour crisis line, outreach and group counselling.
204-615-0311

IKWE-WIDDJIITIWIN · Offers shelter, support and counselling to women who are suffering from emotional, physical or sexual abuse from their intimate partner.
204-987-2780 or **1-800-362-3344**

THE SALVATION ARMY - Booth Centre Provides short-term accommodations for men and women.
204-946-9402 · 180 Henry Avenue

THE SALVATION ARMY - SonRise Village · A family shelter.
204-946-9471

EMERGENCY SHELTER FOR MEN - During business hours call **204-415-6797 ext. 200**. After business hours call: The Provincial Domestic Abuse Line at **1-877-977-0777** or Osborne House at **204-942-3052**. Emergency Shelter for Men and their children is accessible through the Men's Resource Centre for men who are fleeing intimate partner domestic violence and/or abuse.

Free · Sliding Scale · Cost · Drop In

Help for Families

Families can play a valuable role in supporting a family member with a mental health problem. Having a family member with a mental illness is stressful. In addition to coping with the practical issues of day-to-day living, families can experience tremendous guilt, fear, grief, anxiety, self-doubt and uncertainty. The person with the mental illness benefits most from support and encouragement. Family members and friends who have a good understanding of the illness and treatment options will be better equipped to be supportive. Each family member may react differently to the situation. The person dealing with a mental illness must always be treated with dignity and respect.

Many self-help organizations offer information and support to families.

Here are a few tips for Families:

- **TIP** Find out about mental health resources in the community.
- **TIP** Keep a journal of notes about what has been happening, which can help you to see patterns, etc.
- **TIP** Make a list of questions you may want to ask the doctor.
- **TIP** Ask for information about the illness and the treatment.
- **TIP** Offer choices to the person such as "Will you go to the hospital with me or would you prefer (name a friend) go with you?"
- **TIP** Have a plan for dealing with crisis situations such as who to call, what services are available, and who can support the person and family through a crisis.
- **TIP** Make sure you are looking after yourself: maintain outside interests, gain support from others, seek counselling if necessary.

The following offer specialized services for families dealing with mental illness:

Family Therapy is also provided by:

- AURORA FAMILY THERAPY CENTRE **204-786-9251**
- FAMILY DYNAMICS **204-947-1401**

- THE COUPLES COUNSELLING PROJECT **204-790-7221** · Hours Monday and Tuesday 5 pm - 9 pm · 485 Selkirk Avenue
- CENTRE RENAISSANCE CENTRE **204-256-6750**
- AULNEAU RENEWAL CENTRE **204-987-7090**
- NEW DIRECTIONS PARENTING CENTRE A service to support families with small children, birth to 12 years of age. **204-786-7051** · 717 Portage Avenue

Also see Counselling or Therapy list on page 8.

Education and Support Groups

MENTAL HEALTH EDUCATION FOR FAMILIES
Are you coping with a mental illness of a family member? Do you struggle with how to support your loved one? Do you want to know how to support yourself, as a family member? CMHA Manitoba and Winnipeg offers a 6 week course for families and friends. Call **204-982-6100** or visit **www.winnipeg.cmha.ca**

"NAME THAT FEELING SUPPORT GROUP" Children are taught an understanding of mental illness, which provides an opportunity for them to share emotionally and relationally with the group and facilitators. Contact the Manitoba Schizophrenia Society at **204-786-1616**

MANITOBA SCHIZOPHRENIA SOCIETY FAMILY SUPPORT GROUP - Peer led. Fourth Tuesday of every month from 7 pm – 9 pm. Contact the Manitoba Schizophrenia Society at **204-786-1616**

STRENGTHENING FAMILIES TOGETHER - A 4 session education program for family members and friends of individuals living with psychosis. Contact the Manitoba Schizophrenia Society at **204-786-1616**

EIGHT STAGES OF HEALING - A 10 week program for families and friends of someone with a mental illness and/or a co-occurring disorder. Contact the Manitoba Schizophrenia Society at **204-786-1616**

FAMILY AND FRIENDS is a support group sponsored by the Mood Disorders Association of Manitoba. It meets weekly on Wednesday evenings 7 pm – 9 pm at 100 – 4 Fort Street. **204-786-0987**

MANITOBA FIRST EPISODE PSYCHOSIS FAMILY SUPPORT GROUP
Families with young people who have experienced first-episode psychosis meet monthly to share, learn, support each other and lobby. Contact Christine at **204-475-8381** or e-mail Maryam Decter at mdecter@gmail.com

S.P.E.A.K. SUICIDE PREVENTION EDUCATION AWARENESS KNOWLEDGE -
A family-based education and support group. **204-784-4064** · **www.klinic.mb.ca/speak.htm**

AL-ANON ALATEEN
The Al-anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems. Call **204-943-6051** or visit www.mb.al-anon.alateen.org

Finding a Doctor

If you or someone you know is experiencing a mental health problem, it is important to seek help early. It is a good idea to see a doctor to assess your overall health and to rule out any underlying physical illness. Be very specific and thorough about what you have been experiencing in order for the doctor to provide the best possible course of treatment.

If you do not have a Family Doctor, you can contact the **Family Doctor Finder** to help you and your family find a family doctor or nurse practitioner. To register by phone, call **204-786-7111** or toll-free **1-866-690-8260** between 8:30 am and 4:30 pm Monday to Friday. **www.gov.mb.ca/health/familydoctorfinder/**

Your doctor may prescribe treatment or you may be referred to a psychiatrist or a general practitioner who has specialized training in psychiatry, or other mental health professional.

Other professionals who may be part of your treatment team include: psychiatric nurses, social workers, community mental health workers, occupational therapists or psychologists.

Housing

Having a safe, comfortable and affordable place to live is a very important factor in our emotional well-being. Finding the right type of quality housing that fits your budget can be difficult. Here are some housing resources that may help.

Manitoba Housing owns and manages rental housing accommodations in many locations across Manitoba. Accommodations are available under the Social Housing Rental Program or the Affordable Housing Rental Program. Applicants must meet eligibility requirements and have incomes below the Program Income Limits for each program. Contact Manitoba Housing at **204-945-4663** or toll free at **1-800-661-4663**. For more information and application forms, please visit our website at: **http://www.gov.mb.ca/housing/mh/find/find.html**

Co-op Housing - Every member has a vote in how the co-op is run. There may be subsidies available for people who cannot afford the housing charges. For a listing of co-ops see the phone book yellow pages under Housing Cooperatives and Rental.

Private Market -This type of housing is not government operated. Rental units are owned and managed for profit by individuals and corporations. They must follow the regulations of the Residential Tenancies Act of Manitoba.

For information about your rights and responsibilities as a tenant or assistance in dealing with your landlord, call the **Residential Tenancies Branch** (a provincial government agency that assists tenants and landlords). Call **204-945-2476** or **1-800-782-8403** 302 – 254 Edmonton St., Winnipeg R3C 3Y4 · **www.manitoba.ca/rtb**

Non-Profit Housing - Non-profit housing organizations have developed affordable housing for people with low or moderate incomes.

WINNIPEG HOUSING REHABILITATION CORP. (WHRC) **204-949-2880**
140 – 60 Frances Street R3A 1B5 · **www.whrc.ca**

DAKOTA OJIBWAY FIRST NATIONS HOUSING AUTHORITY INC. **204-988-5375**
Unit 100 – 11 Arden Avenue Winnipeg · **www.dotc.mb.ca**

KINEW HOUSING CORPORATION **204-956-5093**
394 McGregor Avenue R2W 4X5 · **www.kinewhousing.ca**

SAM MANAGEMENT **204-942-0991**
425 Elgin Avenue R3A 1P2 · **www.sam.mb.ca**

MURDOCH MANAGEMENT **204-982-2000**

NORTH END HOUSING PROJECT INC. Affordable rental housing.
204-415-6916 · **www.northendhousingproject.com**

NORTH END COMMUNITY RENEWAL CORP. Affordable housing initiatives.
204-927-2333 · **www.necrc.org**

SPENCE NEIGHBORHOOD ASSOCIATION A Spence neighborhood initiative which includes home ownership, safety, image enhancement and employment.
204-783-5000 · **www.spenceneighbourhood.org** · **skillsbank@spenceneighbourhood.org**

NEW LIFE MINISTRIES Affordable rental housing.
204-775-4929 · **www.newlifewinnipeg.com**

NEW JOURNEY HOUSING A resource centre for newcomer housing, New Journey Housing is a non-profit organization established to assist and train newcomers as they search for decent, affordable housing.
204-942-2238 · **www.newjourneyhousing.com**

Mental Health Housing Programs and Services in Winnipeg

CANADIAN MENTAL HEALTH ASSOCIATION MANITOBA AND WINNIPEG - REHABILITATION AND RECOVERY SERVICE **204-982-6100**
930 Portage Avenue, Winnipeg MB R3G 0P8
See **Recovery and Empowerment** section (page 4) for detailed description.

FRIENDS HOUSING INC. Provides affordable supportive housing for people with a history of psychiatric illness as well as housing for young, low-income families.
204-953-1160 · 100 – 890 Sturgeon Road, Winnipeg MB

WRHA - RESIDENTIAL CARE FACILITIES Care provided, on a voluntary basis, in licensed and approved group homes for adults with a psychiatric diagnosis who have not been able to manage independently. Access to these facilities is through Community Mental Health Services. Offers 24 hour supervision. For inquiries, please call **204-299-3805**.

SARA RIEL INC. Safe, stable and affordable housing with the goal of living independently and autonomously. **204-237-9263** · 66 Moore Avenue, Winnipeg MB **www.sararielinc.com**

SALVATION ARMY - THE HAVEN A residential licensed facility that provides supervised residential living for men ages 18-60 experiencing mental illness.
204-946-9404 · 180 Henry Avenue, Winnipeg MB

SENECA SERVICES THROUGH SARA RIEL INC. 24 hour, 7 days a week, safe house for adults with mental health problems. Provides respite care and peer support. Phone ahead to ensure space and appropriateness of service. References required for first time guests. **204-231-0217**. Services accessed through application – call Judy Klein-Taylor at **204-237-7165**.

Growth, Change and Hope

The daisy is a symbol of beauty, growth and hope. We see beauty within everyone.

Canadian Mental Health Association's Mission:

"The Canadian Mental Health Association, a nationwide, voluntary organization, promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness. CMHA accomplishes this mission through advocacy, education, research and service."

Recovery is possible for everyone. It is a process. Recovery means that people with mental illness can live a meaningful life even though they may be dealing with symptoms of mental illness at times. Recovery means that you are not defined by your mental illness; it is only a part of you. As people begin to re-discover who they are, and what gifts they have to offer, the illness becomes less prominent in their lives. Recovery is about re-gaining meaningful roles in family and community life.

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 own lives that is necessary for dignity and self-determination. It is a personal transformation which involves people moving from helpless, dependent victims to assertive, competent citizens.

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

- 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.
  204-943-5194 · Suite 4 – 62 Albert Street, R3B 1E9
  www.artbeatstudio.ca
- UPBEAT ARTWORKS · A gallery-boutique promoting mental health awareness by featuring artworks of Artbeat Studio Alumni.
  204-947-9577 · Unit 207 – Portage Place Shopping Centre
- CANADIAN MENTAL HEALTH ASSOCIATION MANITOBA AND WINNIPEG REHABILITATION AND RECOVERY SERVICE ■
  See the Recovery and Empowerment section below for detailed description.
  204-982-6100 · 930 Portage Avenue, R3G 0P8
  winnipeg.cmha.ca/our-services/rehabilitation-recovery-services
- 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 · 172 Sherbrook Street, R3C 2B6
- 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
- EMPLOYMENT AND INCOME ASSISTANCE/REWARDING VOLUNTEER BENEFIT
  EIA participants in the Persons With Disabilities category with approved volunteer plans will be provided a monthly financial benefit to assist with the costs of volunteering. See an EIA Case Coordinator for more information.
  www.gov.mb.ca
- OPPORTUNITIES FOR EMPLOYMENT/EMPLOYMENT SERVICES · Offers a range of services for job seekers to prepare individuals for the labour market and connect them with employers who are actively recruiting.
  204-925-3490 · 3rd Floor – 294 Portage Avenue, R3C 0B9
  www.ofe.ca
- SAIR TRAINING AND EMPLOYMENT PLACEMENT SERVICES (STEPS) ■
  Specializes in assisting people with mental health, emotional or learning issues to identify, obtain and maintain employment.
  204-474-2303 · 201 Scott Street, Winnipeg, R3L 0L4
  www.steps2work.ca
- S.S.C.O.P.E. INC. ■
  The prime focus is on creating and operating employment programs through social enterprises. SSCOPE 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 · 1466 Arlington Street, R2X 1T8
  www.sscope.org
- 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 · 66 Moore Avenue, R2M 2C4
  www.sararielinc.com

Recovery and Empowerment

Rehabilitation and Recovery Service

is a service of the Canadian Mental Health Association Manitoba and Winnipeg. We work in partnership with people 18 and over, who have a diagnosed mental health condition, including those with a co-occurring disorder (substance use or gambling and a mental health condition). This service is based on the belief that individuals with a mental health condition can recover and create a quality life for themselves. The rehabilitation we pursue with participants is about more than just finding a job, home, friend, or school. It involves helping the individual to recover or discover meaningful life roles like being a successful and satisfied employee, tenant, friend, or student. Using a step-by-step approach staff assist individuals to select a place to live, learn, work, or socialize from the broadest range of options, based on personal preferences, interests and skills. Participants identify goals, set a course of action, and work to achieve their goals. Developing the right skills, resources, and supports are important so that once the individual begins their new role they can achieve success and satisfaction and be able to maintain it. CMHA's Rehabilitation and Recovery Service also provides the following services:

- **Parent Wellness Initiative** - This service works together with single parents (mom or dad), age 18 and older, who have at least one child under the age of six, and who are enrolled in the single parent category of Employment and Income Assistance (EIA). The working partnership we build with individuals focuses on achieving goals related to: finding a place to live; acquiring meaningful employment or education; building positive relationships; identifying meaningful activities; and being an effective parent.
- **Community Housing With Supports** – works with 50 individuals who have experienced chronic homelessness or who have resided in transitional housing settings for an extended period. These individuals will be supported by a team of Rehabilitation Workers and Skills Coaches that will assist them to locate housing, establish their household and maintain their housing through the provision of supportive services within their housing and adjacent community. The team will use a holistic approach to identify client needs and work with the client in collaboration with existing health and social service providers and community resources to meet these needs.

If you are interested in finding out more about our services please call **204-982-6100** ·
winnipeg.cmha.ca/our-services/rehabilitation-recovery-services

Exploring the Journey of Recovery Workshops

is offered by the Canadian Mental Health Association Manitoba and Winnipeg. Participants start with a 3 hour introductory workshop that focuses on recovery, change and overall health and wellness. This is followed by an individual planning session with the workshop facilitator. During the planning session the person will have the opportunity to develop their own recovery plan. The plan may include participation in other health, wellness and recovery workshops being offered or other recovery related activities. Workshops will be offered throughout the year. For information or to register, call the Canadian Mental Health Association Manitoba and Winnipeg at **204-982-6100** · **www.winnipeg.cmha.ca/programs_services/exploring-the-journey-of-recovery-workshops** ■

Artbeat Studio – Studio Central

Studio Central invites local artists to participate in efforts to democratize the arts by: volunteering in the implementation of programming at Studio Central; collaborating with local business and organizations on community projects; and mentoring and encouraging emerging artists and challenging personal, social, political and environmental concerns through the arts. · **204-943-8290** · 444 Kennedy Street
www.artbeatstudio.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 writing their story, telling their story, public speaking, and giving & receiving feedback. The goals for the program are to increase participation and build capacity for people living with mental health issues and to increase awareness and understanding of the lived experience of mental illness. For more information call **204-982-6100**.

Community Mental Health Services at the Winnipeg Regional Health Authority

To access any of the following WRHA Community Mental Health Services for adults experiencing mental health problems, call 204-788-8330 CENTRAL INTAKE.

Adult Community Mental Health Services

Community Mental Health Program:
Provides Clinical Case Management services and supports in the 12 community areas throughout Winnipeg.

WRHA Mental Health Housing Services:
Must be referred by a Community Mental Health Worker.

Program of Assertive Community Treatment (PACT):
Provides Specialized Treatment, Rehabilitation, and Support services using a multidisciplinary team approach.

Co-occurring Disorders Initiative (CODI):
Provides Clinical Consultation, Case Management, Dialectal Behaviour Therapy, and Specialized Treatment Services.

Community Health Clinics

Community clinics offer a range of health services.

ACCESS DOWNTOWN
204-940-2319 · 640 Main Street

ACCESS NorWest
204-938-5900 · 785 Keewatin Street

ACCESS RIVER EAST
204-938-5000 · 975 Henderson Highway

ACCESS TRANSCONA
204-938-5555 · 845 Regent Avenue West

ACCESS Winnipeg West
204-940-2040 · 280 Booth Drive

WRHA POINT DOUGLAS COMMUNITY HEALTH CENTRE
204-940-2025 · 601 Aikins Street

HEALTH ACTION CENTRE
204-940-1626 · 640 Main Street

HOPE CENTRE HEALTH CARE INC.
204-589-8354 · 240 Powers Street

KLINIC COMMUNITY HEALTH CENTRE
204-784-4090 · 870 Portage Avenue

MOUNT CARMEL CLINIC
204-582-2311 · 886 Main Street

PRIMARY CARE CLINIC - WRHA
204-940-2000 · 1001 Corydon Avenue

SAUL SAIR HEALTH CENTRE - SILOAM MISSION
204-943-0658 · 300 Princess Street

WOMEN'S HEALTH CLINIC
204-947-1517 · 3rd Floor, 419 Graham Avenue

YOUVILLE CENTRE
204-255-4840 · 6 – 845 Dakota Street

ABORIGINAL HEALTH AND WELLNESS CENTRE
204-925-3700 · 215 – 181 Higgins Avenue

CENTRE DE SANTÉ SAINT BONIFACE
204-235-3910 · D – 1048, 409 Taché Avenue

Child, Adolescent, and Youth Mental Health

- Addictions Foundation of Manitoba · **204-944-6367**
- Centralized Intake for Child and Adolescent Mental Health Program · **204-958-9660**
- Kids Help Phone National Line available across Canada for youth, 24 hours, confidential and anonymous · **1-800-668-6868**
- Klinic Crisis Line · **204-786-8686** or **1-888-322-3019**
- Ma Mawi Wi Chi Itata Centre: Winnipeg · **204-925-0300**
- Manitoba Adolescent Treatment Centre · **204-958-9660**
- Mood Disorders Association of Manitoba · **204-786-0987** or **1-800-263-1460**
- New Directions for Children, Youth, Adults, and Families **204-786-7051**
- Ndinawe Youth Resource Centre · **204-589-5545**
- RaY—Resource Assistance for Youth · **204-783-5617** or **info@rayinc.ca**
- Youth Resource Centre / Shelter · **204-477-1804** or toll free: **1-888-477-1804**
- Youth Crisis Stabilization System · **204-949-4777** or **1-888-383-2776**
  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 includes: parent/child conflict, difficulty with coping, thoughts of suicide, mental health concerns, behavioural problems, brief therapy, and home-based crisis intervention/youth education service.
- Fort Garry Women's Resource Centre – Children's counselling ages 2 – 12 · 1150 – A Waverley Street · **204-477-1123**
- Klinic Community Health Centre, Teen Klinic – Mondays from 4 pm to 8 pm for youth 13 – 20, 870 Portage Avenue
- The Laurel Centre - Youth Counselling Program: provides individual and group counselling to young women aged 16 – 24 years · **204-783-5460** · **www.thelaurelcentre.com**
- Youville Community Health Centre – Teen Clinic, Tuesdays from 4 pm to 7 pm 6 – 845 Dakota Street · **204-255-4840**
- Anxiety Disorders Association of Manitoba – Youth Referral Services, 100 – 4 Fort Street · **204-925-0600** · **www.adam.mb.ca**
- Manitoba Schizophrenia Society – H.O.P.E.S. – Hope and Opportunity through Peers, Empowerment and Support, for youth between 15 – 30 years of age living with psychosis, schizophrenia, or schizo-affective disorder, 1st Thursday of every month from 4 pm – 5 pm, 4 Fort Street · **204-786-1616**
- Inspire Community Outreach Inc. – Exceptional Programs for Exceptional Youth. Free Positive Mental Health Skill Building and Programming · **204-996-1547** · **www.Inspirecommunityoutreach.ca**

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/family education sessions, and various support groups as well as individual and family counselling. EPPIS can be contacted at **204-940-8771** for further information.

What is Psychosis?

Psychosis...

- is a common medical condition affecting 3% of the population
- results from a disruption in brain functioning
- can radically alter a person's thoughts, beliefs, perceptions and behaviour
- affects males and females equally
- tends to emerge during adolescence and young adulthood
- is more likely to occur in families with a history of serious mental illness
- can be effectively treated

Treatment is most effective when it is started early. With proper treatment, most people recover fully from the first episode of psychosis. For many, the first episode is also the last. ***If you suspect psychosis, don't ignore it!***

Free · Sliding Scale · Cost · Drop In

Addictions

- **MANITOBA ADDICTIONS HELPLINE**
  Call **1-855-662-6605** (toll-free) or visit www.MBAddictionHelp.ca or in person (Monday to Friday, 8:30 am - 4:30 pm) at River Point Centre · 146 Magnus Avenue
- **ADDICTIONS FOUNDATION OF MANITOBA**
  Residential and Community Treatment – Adults and Youth Prevention and Education programs, Gambling Programs – province wide
  204-944-6200 · 1031 Portage Avenue
  www.afm.mb.ca
- **ADDICTIONS RECOVERY INC.**
  Supportive housing for men recovering from addiction · **204-586-2550**
- **AL-ANON/ALATEEN CENTRAL SERVICES MANITOBA**
  Self-help group for individuals who are concerned about a family member or a friend's drinking ·
  204-943-6051 · 107 – 2621 Portage Avenue
- **ALCOHOLICS ANONYMOUS MANITOBA**
  Members share their experience, strength and hope in recovering from alcoholism ·
  204-942-0126 · 1856 Portage Avenue
  Toll free **1-877-942-0126**
- **BEHAVIOURAL HEALTH FOUNDATION**
  Residential Treatment ·
  204-269-3430 ·
  35 avenue de la Digue, St. Norbert
- **COCAINE ANONYMOUS** · **204-936-0000**
- **ESTHER HOUSE**
  Second stage housing for women recovering from addiction · **204-582-4043**
- **FAMILIES ANONYMOUS**
  A support group for adults who are concerned about someone close to them who is using or abusing alcohol or drugs · **204-237-0336**
- **GAMBLERS ANONYMOUS** · **204-582-4823**
- **THE LAUREL CENTRE**
  Counselling for women who have been sexually abused as children and have an addiction · **204-783-5460** · 104 Roslyn Road
- **MAIN STREET PROJECT INC.**
  Detoxification centre (non-medical) Emergency shelter ·
  204-982-8245 · 75 Martha Street
- **NARCOTICS ANONYMOUS** · **204-981-1730**
- **NATIVE ADDICTIONS COUNCIL OF MANITOBA - PRITCHARD HOUSE**
  $ Residential Treatment – culturally based programming
  204-586-8395 · 160 Salter Street
- **NORTH END WOMEN'S CENTRE – ADDICTIONS RECOVERY PROGRAM**
  Operates transitional housing through the Addictions Continuing Recovery program at Chriss Tetlock Place and Betty Berg House. The housing is for women learning to live in recovery for up to one year. Intake for program and both houses is through Addictions Manager at **204-927-2428** · 394 Selkirk Avenue
- **SALVATION ARMY ANCHORAGE PROGRAM**
  Residential Treatment – adults
  204-946-9401 · 180 Henry Avenue
- **ST. RAPHAEL WELLNESS CENTRE (SRWC)**
  SRWC is a not-for-profit community-based organization which offers pre- and post-treatment non-residential education and counselling programs for individuals and families affected by addiction. 2nd Floor –
  204-956-6650 · 225 Vaughan Street ·
  ceic@straphaelcentre.ca
- **TAMARACK RECOVERY CENTRE**
  Second stage addictions residential treatment – adults
  204-772-9836 · 60 Balmoral Street ·
  Intake **204-775-3546**
- **YOUTH ADDICTIONS CENTRALIZED INTAKE SERVICE**
  1-877-710-3999 - province wide

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, are able to 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 Area offices throughout Winnipeg. Each of the Community Area offices 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 / TRANSCONA
Access River East · **204-938-5100**
975 Henderson Highway
Access Transcona · **204-938-5555**
845 Regent Avenue West

ST. JAMES ASSINIBOIA / ASSINIBOINE SOUTH
204-940-2040 · 280 Booth Avenue
204-940-1950 · 280 Booth Avenue

RIVER HEIGHTS / FORT GARRY
204-938-5500
· Unit 6, 677 Stafford Street

ST. BONIFACE / ST. VITAL
204-945-8040
· Suite 100 – 614 rue Des Meurons
204-945-2270 (French Services)
204-948-4196 · 128A Market Avenue

DOWNTOWN EAST / WEST / MAIN STREET
Access Downtown · **204-940-8441**
2nd floor, 640 Main Street
Downtown West · **204-940-8600**
755 Portage Avenue
204-948-4306 · 896 Main Street

POINT DOUGLAS
204-948-4001 · 2A – 111 Rorie Street

SEVEN OAKS / INKSTER
204-938-5600 · Unit 3 – 1050 Leila Avenue
204-948-4056 · 128B Market Avenue

Services for non-disabled clients without children are provided at:

EIA CENTRALIZED SERVICES
204-948-4000 · 1-111 Rorie Street
After Hours Emergencies · **204-945-0183**
www.gov.mb.ca/fs/assistance/eia.html

COMMUNITY FINANCIAL COUNSELLING SERVICE
204-989-1900 · 516 – 294 Portage Avenue
www.debthelpmanitoba.com
Provides assistance in budgeting, credit counselling and income tax service based on ability to pay. Provides information to people on their individual rights in dealing with income assistance and information on income assistance policies and procedures.

Community Financial Counselling Service
GAMBLING ADDICTION PROGRAM
· **204-989-1900**

COMMUNITY UNEMPLOYED HELP CENTRE
204-942-6556 · 501 – 275 Broadway
Helps workers with Employment Insurance concerns.

SEED WINNIPEG INC.
204-927-9935 · **www.seedwinnipeg.ca**
Offers Money Management Training and a Saving Circle program to assist low income individuals and families reach financial goals.

The Myths of Mental Illness

How much do you know about mental illness?

Here are some common myths and truths.

MYTH: People with mental illness are violent and dangerous. **TRUTH:** As a group, mentally ill people are no more violent than any other groups. In fact, they are more likely to be the victims of violence than to be violent themselves.

MYTH: People with mental illness are poor and/or less intelligent. **TRUTH:** Many studies show that most mentally ill people 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 not a character flaw. It is an illness, and it has nothing to do with being weak or lacking will-power. Although people with mental illness can play a big part in their own recovery, they did not choose to become ill.

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 wellness
- positive self-concept, self-acceptance
- satisfying interpersonal relationships
- satisfaction in living
- feeling in control, taking personal responsibility for your actions and feelings
- ability to handle daily activities

By being self-aware we can take positive steps towards mental health when the balance is disrupted. Here are some simple ways to work toward 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 overly critical of yourself
- focus on your strengths and abilities
- **LAUGH!**

Stress | 18 Tips for Dealing with Stress and Tension

Stress and tension are normal reactions to events that threaten us. Such threats can come from accidents, financial troubles and problems on the job or with family.

The way we deal with these pressures has a lot to do with our mental, emotional and physical health.

The following are suggestions to get you started on managing the stress in your life:

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 remedies around!
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 check list; you will receive 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. A diet with a balance of fruits, vegetables, whole grains and foods high in protein but low in fat will help create optimum health. Contact your local Heart and Stroke Foundation for information about healthy eating.
7. Get enough rest and sleep.
8. Talk with others – Talk with friends, professional counsellors, support groups or relatives about what's bothering you.
9. Help others – Volunteer work can be an effective and satisfying stress reducer.
10. Get away for awhile – Read a book, watch a movie, play a game, listen to music or go on vacation. Leave yourself some time that's just for you.
11. Work off your anger – Get physically active, dig in the garden, start a project, or get your spring cleaning done.
12. Give in occasionally – Avoid quarrels whenever possible.
13. Tackle one thing at a time. Don't do too much at once.
14. Don't try to be perfect.
15. Ease up on criticism of others.
16. Don't be too competitive.
17. Make the first move to be friendly.
18. **HAVE SOME FUN!!** Laugh with people you enjoy!

Stress Stretch

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

Set a SMART Goal (and achieve it!)

Unrealistic goals that never seem to be reached add to your stress level. Try setting one goal for yourself this week using the SMART approach:

Specific - Pick one small goal and write it down.
Measurable - Can you count it or check it off a list?
Achievable - Is it realistic? If not, make it smaller.
Rewarded - Reward 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-release mechanism. Rent your favourite comedy movie, record a TV show that you know makes you laugh (and keep it on hand for stress emergencies), go to the library and borrow a book that can make you laugh, read the daily comics in the newspaper, or phone the funniest person you know!

Mindfulness Based Stress Reduction

Courses are offered through CMHA MANITOBA AND WINNIPEG office. Call **204-982-6100** or visit **www.winnipeg.cmha.ca/mindfulness-based-stress-reduction** for more information.

Walking Breaks

Walk away from stress instead of sitting 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 relieving and energizing walk. If you don't like walking by yourself, try forming a walking club with two or three of your co-workers or friends.

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

Free · Sliding Scale · Cost · Drop In

The Manitoba Mental Health Act

The Mental Health Act is a provincial law that provides the legal framework by which individuals may be assessed and treated in a general hospital psychiatric unit, a psychiatric hospital or a mental health clinic. The intent of the Act is to balance an individual's need and right to treatment, the individual's civil rights not to be arbitrarily detained, and the need of society to prevent people from harming themselves or others when they are mentally ill.

Here are the key points for consumers to know:

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 agree that admission is indicated. The vast majority of patients who are admitted to a psychiatric unit in a hospital are admitted voluntarily.

INVOLUNTARY PATIENT

Any doctor can make application 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 themselves or another person, or will seriously deteriorate if not kept in a psychiatric facility.

- A police officer may be requested through a warrant or their emergency powers to bring a person to a psychiatric facility for assessment.
- A justice of the peace can issue a warrant to have a person taken to a psychiatric facility for assessment after receiving signed evidence from a citizen that this person may be a danger to themselves or others.

However, a person can only be admitted to a psychiatric facility as an involuntary patient if a psychiatrist believes that:

- the person may suffer from a mental disorder
- because of the mental disorder there is a likelihood that
- the person may cause serious harm to him/herself or others

OR

- the person's condition may deteriorate mentally or physically AND
- the person needs treatment that can reasonably be provided only in a psychiatric facility
- the person refuses or lacks the capacity to agree to a voluntary admission.

A police officer who takes a person into custody for an involuntary medical examination must inform the person in writing:

- where the person is being taken
- the reason why they are being taken for an involuntary medical examination
- that they have a right to call a lawyer.

DISCHARGE

A person can be kept involuntarily in a psychiatric facility for up to 21 days. If not ready for discharge, the certificate can be renewed for up to 3 months. However, the psychiatrist can also change the person's status from involuntary to voluntary at any time if they no longer meet the conditions to be an involuntary patient. The patient must be informed of any change in status.

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

If a person is considered to be mentally competent to decide on psychiatric treatment, they have the right to refuse or accept medication or treatment. An individual is considered competent to decide 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 trustee before giving medication.

3. How can a person appeal decisions about their involuntary status or treatment in a psychiatric facility?

Review Board applications are available at the nursing station in each psychiatric facility.

A review board is an independent committee of 3 people who:

- May review involuntary status, mental competency, failure to comply with a health directive, competency to manage property, extension or cancellation of a leave certificate.
- May authorize treatment for a patient who is not mentally competent.
- May authorize the withholding of access of a patient to his or her clinical file.
- A Review Board hearing will take place within 21 days of the board receiving the application. A person is entitled to be represented at the hearing by a lawyer, advocate or person of their choice. A decision will be made within 2 - 3 days following the hearing.

4. Can an involuntary patient be discharged from a psychiatric facility?

A Certificate of Leave is a written agreement between a patient and a doctor that may be issued for a period of six months allowing an involuntary patient (who meets certain criteria) to live outside the psychiatric facility.

The certificate contains conditions specifying that the patient must report at specific times and places for treatment. Once the certificate is issued, that patient becomes voluntary. If the patient does not report for treatment as agreed, the doctor can request the police to return the patient to the psychiatric facility.

5. Does a person have a right to see their hospital file?

YES. A person can apply in writing to the medical officer in charge of the psychiatric facility to see and/or copy the clinical record. The person needs to give their name, address, date of birth and date(s) of hospitalization. The hospital can charge a fee for administration and copying. It is important to inform Medical Records if a person cannot afford the fee. Most facilities will adjust or waive the fee.

Within 7 days of receiving a written request, the medical officer may either grant the request to see the file (which is usual), or may apply to the Review Board for permission to withhold all or part of the clinical file. If there is incorrect information in the file, a correction can be requested, or a statement of disagreement can be added to the record.

The Review Board can order the medical officer to give access to the clinical file unless the board believes that this would likely cause:

a) serious harm to a person's treatment or recovery OR
b) serious physical or emotional harm to someone else.

6. If you need specific information regarding the Mental Health Act and your rights call:

CANADIAN MENTAL HEALTH ASSOCIATION MANITOBA AND WINNIPEG
204-982-6100 · 930 Portage Avenue

MENTAL HEALTH REVIEW BOARD
204-945-6050 · 102 – 500 Portage Avenue

LEGAL AID MANITOBA
204-985-8500 or **1-800-261-2960** · 1st Floor – 287 Broadway Avenue

OMBUDSMAN MANITOBA
204-982-9130 · 750 – 500 Portage Avenue

COPIES OF THE MENTAL HEALTH ACT CAN BE OBTAINED FROM STATUTORY PUBLICATIONS · **204-945-3101** OR **www.gov.mb.ca/healthyliving/mh/act.html**

Rights

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

CANADIAN MENTAL HEALTH ASSOCIATION MANITOBA AND WINNIPEG
Rights Consultant. 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.
204-982-6100 · **winnipeg.cmha.ca/our-services/rights-consultation**

COMMUNITY UNEMPLOYED HELP CENTRE
CUHC is primarily dedicated to providing information, advice and representation to unemployed workers in Manitoba experiencing Employment Insurance and Employment and Income Assistance problems.
204-942-6556 · 275 – 501 Broadway · **www.cuhc.mb.ca**

INDEPENDENT LIVING RESOURCE CENTRE
Provides advocacy, information and resources to all people with disabilities. **204-947-0194** · 311A - 393 Portage Avenue · **www.ilrc.mb.ca**

INDEPENDENT TENANT ADVISOR - RESIDENTIAL TENANCIES
Provides information to all tenants representing themselves in residential tenancy matters and provides representation to qualified renters.
204-881-1714 · 302 – 254 Edmonton Street ·
www.gov.mb.ca/fs/cca/rtb/advisor/lantenadvisor.html

LEGAL HELP CENTRE
Answers questions about legal processes in Manitoba, provides workshops on legal topics, provides help accessing community services, and provides legal help from law students for those who qualify.
204-258-3096 · 202 – 393 Portage Avenue (Second floor of Portage Place at the west end of the mall) · **www.legalhelpcentre.ca**

MANITOBA HUMAN RIGHTS COMMISSION
Receives, investigates and attempts to resolve complaints of unlawful discrimination and harassment.
204-945-3007 · **www.gov.mb.ca/hrc**

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.
204-945-6050

OMBUDSMAN MANITOBA
An office independent of government that receives inquiries and complaints from people who believe they have been treated unfairly by departments and agencies 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 **Wpg.1-800-665-0531** · **Bdn 1-888-543-8230** · **www.ombudsman.mb.ca**

PERSONAL HEALTH INFORMATION ACT (PHIA)
To protect your right to privacy, PHIA sets rules for trustees when they collect, use, or share your personal health information. For more information on PHIA, contact Manitoba Health.
204-788-6612 · **www.gov.mb.ca/health/phia**

THE PROTECTION FOR PERSONS IN CARE OFFICE
This office receives and investigates reports of suspected abuse against adults receiving care in personal care homes, hospitals or any other designated health facilities.
204-788-6366 or toll free **1-866-440-6366** · **www.gov.mb.ca/health/protection/**
E-mail: **protection@gov.mb.ca**

SOCIAL SERVICES APPEAL BOARD
The Social Services Appeal Board is an independent appeal board for decisions about Employment and Income Assistance.
204-945-3003 or **204-945-3005** · **www.gov.mb.ca/fs/ssab/index.html**

WINNIPEG HOSPITALS HAVE PATIENT ADVOCATES OR PATIENT REPRESENTATIVES who can follow up on concerns around patient care. Call the hospital switchboard for contact number.

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.
204-945-1047 or toll free **1-800-282-8069 ext. 1047**

A WOMAN'S PLACE – DOMESTIC VIOLENCE SUPPORT AND LEGAL SERVICES
Provides support, advocacy, and free legal consults as well as representation to women exiting abusive relationships.
204-940-1966 · 200 – 323 Portage Avenue

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 Manitoba Psychological Society's website (**www.mps.ca**) provides information on accessing both private practice and publically funded psychologists.

The Psychological Service Centre, a service offered through the University of Manitoba, has 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 session (September to April annually). Services are provided at no charge, however space is limited; therefore, service cannot be guaranteed to all those on the waiting list. It is also important to note that most services are unavailable during the summer months. 161 Dafoe Building, University of Manitoba, **204-474-9222**, Fax: **204-474-6297**, **http://umanitoba.ca/faculties/arts/departments/psych_services/**

School Based Mental Health Services

Unless you have had direct contact with school based clinical services, you may not be aware that services are available in most Winnipeg schools and in many schools throughout the province. School Psychologists are mental health specialists who partner with parents, schools, and others in the community. School Psychologists provide a continuum of services that include education, advocacy, assessment and various treatment approaches. Focusing on such areas as resiliency, competence, and self-esteem, School Psychologists can help students develop positive mental health practices that can last a life time. 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 and/or mental health, help may be found in your local school through your School Psychologist.

Counselling or Therapy

In addition to medical treatment, professional counselling or therapy is often beneficial in the treatment of mental health problems or mental illnesses. Counselling may address one or more of the following issues:

- **effective coping strategies for daily living**
- **relationships and family communication**
- **changing negative thought patterns**
- **dealing with loss and grief**
- **childhood issues of abuse, neglect or trauma**
- **crisis planning**
- **managing emotions in a healthy way**
- **problem-solving**
- **building self-awareness and self-esteem**
- **developing new skills**

Counselling can come from a number of perspectives and may be focused on particular issues. Examples of different perspectives may include feminist or faith-based approaches. Sometimes counselling is focused on a particular issue such as domestic abuse, past childhood abuse, or specifically for men. When choosing a counsellor or counselling organization, ask questions about the perspective and focus to make sure it fits with your values, beliefs, and needs.

Finding a Counsellor

- Ask your doctor for a referral to a qualified counsellor (a referral may be required by the counsellor or by your insurance plan to receive coverage).
- See the Yellow Pages under Counsellors.
- Your employer may have an Employee Assistance Program (E.A.P.) that provides free confidential counselling or referral to counselling.
- Check if your private medical insurance plan covers professional counselling.
- Contact this professional organization:
  MANITOBA COLLEGE OF SOCIAL WORKERS
  · **204-888-9477** · **www.mcsw.ca**

Or call one of the agencies listed below.

KLINIC COMMUNITY DROP-IN COUNSELLING SERVICE
204-784-4067
Drop-in counselling is available at two locations in Winnipeg. Call for locations and times or visit **www.klinic.mb.ca** and go to "counselling services."

- **AULNEAU RENEWAL CENTRE**
  228 Hamel Avenue · **204-987-7090**
- **AURORA FAMILY THERAPY CENTRE**
  University of Winnipeg · **204-786-9251**
- **CENTRE DE SANTÉ SAINT BONIFACE**
  ID – 1048, 409 Taché Avenue · **204-235-3910**
- **CENTRE RENAISSANCE CENTRE**
  844 Autumnwood Drive · **204-256-6750**
- **CORNERSTONE COUNSELLING SERVICE**
  302 – 1200 Portage Avenue · **204-663-0050**
- **EVOLVE (KLINIC COMMUNITY HEALTH CENTRE)**
  870 Portage Avenue · **204-784-4208**
  Specializes in domestic abuse issues.
- **EYAA-KEEN HEALING CENTRE**
  547 Notre Dame Avenue · **204-783-2976** or **1-877-423-4648**
  Aboriginal Traditional based therapeutic trauma treatment and psychological rehabilitation · **www.eyaa-keen.org**
- **FAMILY DYNAMICS**
  4th Floor, Portage Place · **204-947-1401**
- **FORT GARRY WOMEN'S RESOURCE CENTRE**
  1150 – A Waverley Street · **204-477-1123**
  Outreach location 104 – 3100 Pembina Highway.
- **HOPE CENTRE HEALTH CARE**
  240 Powers Street · **204-589-8354**
- **IMMIGRANT WOMEN'S COUNSELLING SERVICES, NOR' WEST CO-OP**
  785 Keewatin Street · **204-938-5900**
- **JEWISH CHILD & FAMILY SERVICE**
  C200 – 123 Doncaster Street · **204-477-7430**
- **KLINIC COMMUNITY HEALTH CENTRE**
  204-784-4090 · 870 Portage Avenue
  TRAUMA COUNSELLING INTAKE · **204-784-4059**
  24 HOUR CRISIS LINE · **204-786-8686**
- **MA MAWI WI CHI ITATA CENTRE**
  204-925-0300 · 94 McGregor Street
- **MEN'S RESOURCE CENTRE**
  204-415-6797 ext. **250** or **1-855-672-6727** · 115 Pulford Street
- **MOUNT CARMEL CLINIC - Multicultural Wellness Program**
  204-589-9475 · 886 Main Street
- **NEW DIRECTIONS Family Therapy, PARENTING CENTRE and Families Affected by Sexual Assault Programs**
  204-786-7051 · 717 Portage Avenue
- **NOR' WEST CO-OP COMMUNITY HEALTH CENTRE**
  204-938-5900 · 785 Keewatin Street
- **NORTH END WOMEN'S CENTRE**
  204-589-7347 · 394 Selkirk Avenue
- **PREGNANCY & FAMILY SUPPORT SERVICES INC.**
  204-772-9091 · 555 Spence Street
- **PLURI-ELLES**
  Services francophone families.
  204-233-1735 · 570 rue des Meurons
- **RAINBOW RESOURCE CENTRE**
  Issues related to sexual orientation and gender identity.
  204-452-7508 · 170 Scott Street
- **RECOVERY OF HOPE COUNSELLING**
  Centralized Intake Line **204-477-4673** or **1-866-493-6202**
  102 – 900 Harrow Street East · 1055 Molson Street
- **THE LAUREL CENTRE**
  204-783-5460 · 104 Roslyn Road
- **WOMEN'S HEALTH CLINIC**
  204-947-1517 · 3rd Floor, 419 Graham Avenue
- **YOUVILLE CENTRE**
  204-233-0262 · 33 Marion Street
  204-255-4840 · 6 – 845 Dakota Street

Peer Support Phone Line
- SENECA WARM LINE · **204-942-9276**
  available 7:00pm - 11:00pm daily

Alternative or Complementary Therapies

If you consider alternative or complementary therapies, it is important to discuss these with your doctor so they can assess if the therapy will interfere with your medical treatment.

It may be helpful to ask the following questions when exploring alternative treatments:

- How does the treatment work?
- What is the cost of treatment?
- How frequent are treatments required?
- What training do practitioners receive and are they registered or licensed?
- What results may be expected?

SOME ORGANIZATIONS YOU CAN CONTACT FOR MORE INFORMATION OR REFERRAL:

Manitoba Naturopathic Association
204-947-0381

Massage Therapy Association of Manitoba
204-927-7979 · **www.mtam.mb.ca**

Reflexology Association of Canada
www.reflexolog.org

Therapeutic Touch Network
204-489-7977 or **204-452-1107**

Free · Sliding Scale · Cost · Drop In

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 (eg. The Metro, The Times) as well as the "Winnipeg Neighbours" (published by the Winnipeg Free Press every Wednesday), are good sources of information about activities and interest groups or hobby clubs throughout Winnipeg. Interest 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.org**
- the Yellow Pages phone book under specific topics of interest, "clubs" or "associations"
- public bulletin boards at 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.

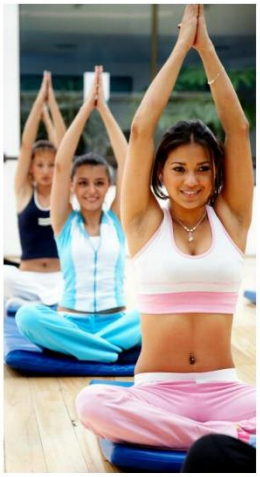
Getting Involved

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? Is membership required?
- When and where is the activity/event? Is it accessible by bus? What happens at the activity?
- Who attends the activity or club? (eg. men and women or a mix of both, age range of 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

Going to new places or meeting new people is not always easy and can be stressful. It may help to go with a friend or let the contact person know you are coming. They will often 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. Give 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 programming throughout Winnipeg. People with a disability or special needs are encouraged to participate in regular programs. For these programs the Department may be able to offer support, such as a leisure attendant or consider a fee waiver if financial limitations prevent participation. For information, call **311**.

Information on programs can be found at **www.winnipeg.ca/leisureonline** or a Leisure Guide can be picked up at various locations throughout the city.

CITY OF WINNIPEG ADAPTED SERVICES
Individuals of all ages with a special need are invited and encouraged to participate in all community programs offered within the Leisure Guide. Every effort will be made to modify programs to suit individual needs and ensure a positive recreation experience. For more program information call **311**.

YMCA-YWCA OF WINNIPEG, DOWNTOWN BRANCH
301 Vaughan Street · **204-947-3044**
A reduced membership may be available by going in person to the downtown branch and asking for a membership assistance appointment.

WELLNESS INSTITUTE AT THE SEVEN OAKS GENERAL HOSPITAL
1075 Leila Avenue · **204-632-3900**
www.wellnessinstitute.ca
Offers a variety of health and wellness programs.

Skill Building

YMCA-YWCA Learning and Leisure Centre

This community based program is for adults who have experienced mental illness and require support to attain/maintain recovery and live satisfying lives. Services include a variety of skill building courses and workshops; social activity groups; a family education group; and the opportunity to use the YMCA-YWCA of Winnipeg health and fitness facilities. Intake is done continually throughout the year. Self-referrals are accepted as well as referrals from professionals. Individuals with co-occurring substance use or gambling disorders are welcome. Call **204-989-4194** for more information.

Community Therapy Services Inc.

SUPPORT AND CONSULTATION FOR INDEPENDENT LIVING
Occupational Therapists in this program work with adults recovering from serious mental illness who lack experience or have difficulty 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/or 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 **204-949-0533** for more information or to access.

Get Better Together

A program for living better with chronic disease. Get Better Together is a free 6 week program to take control of your health and be better able to: manage pain, start an exercise program, eat well to live well, use medications effectively, deal with fatigue and frustration, increase your energy level, solve problems and meet personal goals, and talk to your doctor and make choices. Call **204-632-3927** to register. Visit **www.wellnessinstitute.ca** for more information.

Websites

Addictions Foundation of Manitoba
www.afm.mb.ca

Anxiety Disorders Association of Manitoba
www.adam.mb.ca

BC Partners for Mental Health and Addictions Information
www.heretohelp.bc.ca

Canadian Mental Health Association
NATIONAL OFFICE · **www.cmha.ca**
CMHA Manitoba and Winnipeg
www.winnipeg.cmha.mb.ca

Centre for Addiction and Mental Health
www.camh.net

Substance Abuse and Mental Health Services Administration (U.S.)
www.samhsa.gov

Debtors Anonymous
www.debtorsanonymous.org

Depression and Bipolar Support Alliance
www.dbsalliance.org

Manitoba Health – Mental Health and Spiritual Care
www.gov.mb.ca/healthyliving/mh/index.html

Manitoba Schizophrenia Society
www.mss.mb.ca

Mary Ellen Copeland Wellness Recovery Action Plan
www.mentalhealthrecovery.com

Mental Health Commission of Canada
www.mentalhealthcommission.ca

Mental Health First Aid Canada
www.mentalhealthfirstaid.ca

Mental Health Works Program
www.mentalhealthworks.ca

Mood Disorders Association of Manitoba
www.mooddisordersmanitoba.ca

Mood Disorders Society of Canada
www.mooddisorderscanada.ca

National Alliance on Mental Illness
www.nami.org

National Eating Disorder Information Centre
www.nedic.ca

National Empowerment Center
www.power2u.org

National Institute of Mental Health
www.nimh.nih.gov

National Network for Mental Health
www.nnmh.ca

Obsessive-Compulsive Foundation
www.ocfoundation.org

Obsessive Compulsive Disorder Centre Manitoba
www.ocdmanitoba.ca

Overeaters Anonymous
www.oa.org

Postpartum Depression Association of Manitoba
www.ppdmanitoba.ca

Public Health Agency of Canada
www.publichealth.gc.ca

Sara Riel Inc.
www.sarariel inc.com

Schizophrenia Society of Canada
www.schizophrenia.ca

Turning Leaf Services
www.turningleafservices.com

Winnipeg Regional Health Authority
www.wrha.mb.ca

Wellness Institute at Seven Oaks General Hospital
www.wellnessinstitute.ca

Winnipeg Rental Network
www.winnipegrentnet.ca

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, obtain counselling and find 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 ■
  204-925-0600 · 100 – 4 Fort Street
- DUAL RECOVERY ANONYMOUS ■ ✿
  For individuals affected by both chemical dependency and an emotional or psychiatric illness. · **204-772-1037**
- EATING DISORDERS ANONYMOUS
  Call for information about meeting times and location.
  204-990-8816
- EATING DISORDER FAMILY SUPPORT GROUP
  If someone you love has an eating disorder, the Provincial Eating Disorder Prevention and Recovery program offers a free monthly family support group. Call **204-947-2422** ext **137** to register.
- EMOTIONS ANONYMOUS ■ **204-269-6248**
- INDEPENDENT LIVING RESOURCE CENTRE ■
  Information and referral, peer support, individual advocacy, development of independent living skills, resource/service development and a resource library for people with all types of disabilities. · **204-947-0194** · 311A – 393 Portage Avenue
- MANITOBA SCHIZOPHRENIA SOCIETY ■ ✿
  Manitoba Schizophrenia Society offers peer support groups, a women's support group, a voice hearers support group, peer support for career professionals, and one on one consultation and education.
  204-786-1616 or **1-800-263-5545** · 100 – 4 Fort Street
- MOOD DISORDERS ASSOCIATION OF MANITOBA ■ ✿
  204-786-0987 or toll free **1-800-263-1460** · 100 – 4 Fort Street
  Postpartum Warmline · **204-391-5983**
- OBSESSIVE COMPULSIVE DISORDER CENTRE 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 an operational stress injury (OSI) as a result of operational duties.
  Contact **204-831-3420** · **www.deerlodge.mb.ca/osi.html**
- OVEREATERS ANONYMOUS ■ **204-334-9008** · **www.oa.org**
- POSTPARTUM DEPRESSION ASSOCIATION OF MANITOBA
  is a local online resource with information on postpartum depression, resources, and getting help. **www.ppdmanitoba.ca**
- PROVINCIAL EATING DISORDER PREVENTION AND RECOVERY PROGRAM
  Offers community based services to women and men ages 16 and older who experience disordered eating or eating disorders, including compulsive or binge eating. Also provide wellness workshops about body image, emotional eating, health, and self-esteem for clients, community members, families, and service providers. **204-947-2422** ext. **137**
- PUBLICATIONS
  www.moodsmag.com · **www.mentalhealthrecovery.com**
- RAINBOW RESOURCE CENTRE ■
  This centre is a not-for-profit community organization that provides support, eduction, programming and resources to the gay, lesbian, bisexual, transgender and two-spirit communities of Manitoba and North Western Ontario.
  204-474-0212 · **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.E.A.K. SUICIDE PREVENTION EDUCATION AWARENESS KNOWLEDGE ■ ✿ **204-784-4064** · 242 – 870 Portage Avenue
- THE COMPASSIONATE FRIENDS ■
  Resource library, support meetings, drop-in, newsletter, workshops, and telephone friends for bereaved parents.
  204-787-4896 · 685 William Avenue · **www.tcfwinnipeg.org**

For Seniors ⊘ ✿

- Age and Opportunity · **204-956-6440**
- Geriatric Mental Health Teams
  Intake: **204-982-0140** · Fax: **204-982-0144**
- Partners Seeking Solutions with Seniors
  Peer support line · **204-237-5918**
  www.solutionsforseniors.cimnet.ca
- Province Wide Seniors Abuse Line · **1-888-896-7183**
- Manitoba Government - Seniors and Health Aging Secretariat, Seniors Information Line · **204-945-6565**
  or toll free **1-800-665-6565** · **seniors@gov.mb.ca**

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 for loan, 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.

WEBSITE – **www.mherc.mb.ca**
MHERC ■
204-942-6568
1-855-942-6568
100 – 4 Fort Street

Contact Community Information

INFORMATION AND REFERRAL SERVICE ✿

This service publishes 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 **1-866-266-4636**, Monday to Friday: 9:00 am - 4:30 pm · **www.contactmb.org**

Mental Health First Aid

Mental Health First Aid CANADA

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.mhfa.ca**. For information on local courses, visit **www.winnipeg.cmha.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 930 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.
1-866-626-4862 or **204-945-3744** · **www.gov.mb.ca**

HEALTH LINKS - INFO SANTÉ
This 24 hour health information and referral assistance line is staffed by registered nurses.
204-788-8200 · toll free **1-888-315-9257**

PROVINCE WIDE TELEPHONE BEREAVEMENT SUPPORT
- Hospice & Palliative Care Manitoba
- Bereavement telephone support by trained volunteers
  - for more information, call **1-800-539-0295**

LAW PHONE-IN AND LAWYER REFERRAL PROGRAM ■ ✿
This program provides legal information, not advice, on specific cases to callers at no charge. The program also refers individuals to lawyers with preferred areas of practice and to other legal agencies.
204-943-2305 or **1-800-262-8800** · 501 – 294 Portage Avenue

TURNING LEAF (INC.) is a community based, non-profit charitable organization dedicated to providing helpful services to those experiencing intellectual 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 addressing the seemingly insurmountable obstacles that those experiencing intellectual challenge and/or mental illness face every day: discrimination, poverty, stigma, isolation, loneliness. **204-221-5594** ext. **203**, **www.turningleafservices.com**

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.

Free Sliding Scale Cost Drop In

Talk to your pharmacist for more information about your medications. They are there to help you!

Medication

Medication can be one aspect of a treatment plan for people with mental illnesses. It can control the acute symptoms and prevent relapse of both schizophrenia and mood disorders. However, medication does not cure mental illness – 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 – including the ones that 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 storage 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.

Antipsychosis Medications

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

SIDE EFFECTS include drowsiness, 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: benztropine, procyclidine, and trihexyphenidyl.

Antidepressants

Antidepressants are used to treat and control depression.

SIDE EFFECTS include dry mouth, blurred vision, difficulty urinating, constipation, sedation, and dizziness. These medications take several weeks to reach their full effect. Antidepressants work in the nervous system, 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 stress, for example acute mania. Lithium is the most common. These can take several weeks to work.

SIDE EFFECTS include lethargy, trembling, nausea, diarrhea, 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.

Antianxiety Medications

Also known as tranquilizers or sedatives, antianxiety medications are used to relieve the distress of anxiety.

SIDE EFFECTS include sedation, lethargy, depression, difficulty concentrating, and memory problems. Dependency 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**
  - MAOI's (Monoamine Oxidase Inhibitors)
    - Phenelzine
    - Tranylcypromine
    - Moclobemide
  - SSRI's (Selective Serotonin Reuptake Inhibitors)
    - Citalopram
    - Escitalopram
    - Fluoxetine
    - Fluvoxamine
    - Paroxetine, immediate-release
    - Paroxetine, controlled-release
    - Sertraline
  - Serotonin-Norepinephrine Reuptake Inhibitors
    - Desvenlafaxine
    - Duloxetine
    - Venlafaxine
  - Tricyclic Antidepressants
    - Amitriptyline
    - Clomipramine
    - Desipramine
    - Doxepin
    - Imipramine
    - Nortriptyline
    - Trimipramine
  - Tetracyclic Antidepressants
    - Maprotiline
  - Dual-Action Antidepressants
    - Bupropion
    - Mirtazapine
    - Trazodone
- **ANTIANXIETY**
  - Benzodiazepines
- **ANTIPSYCHOTICS**
  - Antipsychotics second-generation
    - Aripiprazole (Abilify)
    - Olanzapine (Zyprexa, Zyprexa Zydis, generics)
    - Quetiapine extended-release (Seroquel XR, generics)
    - Risperidone (Risperdal Preparations, generics)
  - Natural Health Products
    - Omega-3 fatty acids
    - SAMe (S-adenosyl-L-methionine)
    - St. John's wort (Hypericum perforatum)

HERBAL OR NATURAL REMEDIES

If you are considering an herbal or natural remedy, tell your doctor and pharmacist that you are considering using the remedy. They will provide information, advise you whether it will be suitable for you or if 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.

Free · Sliding Scale · Cost · Drop In

Mental Illness

Mental illnesses can affect a person's mood and cause difficulties in a person's ability to think and relate to others. Mental illness may affect our ability to cope with the demands of daily life. Mental illnesses can occur at any age and affect people of all cultures.

There are many possible causes of mental illness including biochemical, genetic, social, psychological or 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. A diagnosis is not always easy to make.

Here is a list of common mental illnesses and symptoms:

Anxiety Disorders

- affects about 12% of Canadians.
- includes generalized anxiety, phobias (involuntary but intense fear of objects, animals or situations) and panic attacks (repeated episodes of intense, sudden fear and physical symptoms such as difficulty breathing, sweating, heart racing).
- Obsessive-Compulsive Disorder (OCD) is another anxiety disorder in which a person is unable to control the repetition of unwanted thoughts or actions.
- Post Traumatic Stress Disorder (PTSD) can affect anyone who has survived a severe and unusual physical or emotional trauma. People may re-experience the trauma through nightmares or flashbacks and may also experience anxiety, insomnia, poor memory and difficulty concentrating.

Mood Disorders

(depression and bipolar disorders)

- affects up to 10% of Canadians.
- 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, changes in eating patterns, disturbed 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 euphoric, which can lead to impaired judgement 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 disturbed thought processes, delusions (false or irrational beliefs), hallucinations (seeing or hearing things that do not exist) and odd behaviour.
- 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 fasting and excessive exercise. This illness can become life-threatening.
- bulimia involves binge eating followed by self-induced vomiting and the abuse of laxatives.

Personality Disorders

- A personality disorder is a type of mental illness in which a person has trouble perceiving and relating to situations and to 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 encounters, work and school.
- In some cases, the person may not realize they have a personality disorder because their way of thinking and behaving seems natural to them, and they may blame others for the challenges they face. Source: www.mayoclinic.com

Organic Brain Disorders

- affects about 1% of people as a result of physical disease or injury to the brain.
- disorders include Alzheimer's disease, AIDS dementia complex (caused by damage to brain cells by the HIV virus), and damage from strokes and accidents.

These Organizations offer Information and Support for Organic Brain Disorders:

- ALZHEIMER SOCIETY OF MANITOBA
  204-943-6622 toll free **1-800-378-6699** · www.alzheimer.mb.ca
- LEARNING DISABILITIES ASSOCIATION OF MANITOBA
  204-774-1821 · www.LDAmanitoba.org
- MANITOBA BRAIN INJURY ASSOCIATION
  204-975-3280 toll free **1-866-327-1998** · www.mbia.ca
- SOCIETY FOR MANITOBANS WITH DISABILITIES
  204-975-3010 or **TTY 204-975-3012**
- STROKE RECOVERY ASSOCIATION OF MANITOBA
  204-942-2880 · www.strokerecovery.ca
- FASD INFORMATION MANITOBA
  1-866-877-0050
- FASD LIFE'S JOURNEY INC.
  204-772-1591
- INITIATIVES FOR JUST COMMUNITIES TOUCHSTONE FASD PROGRAM · **204-925-1928** ·
  Suite 302 – 1200 Portage Avenue
- MANITOBA FASD CENTRE
  204-235-8866 · www.fasdmanitoba.com

DISCLAIMER
This listing of services does not constitute an endorsement of those services by the Canadian Mental Health Association.

Winnipeg Regional Health Authority *Caring for Health* · Office régional de la santé de Winnipeg *À l'écoute de notre santé*

This resource guide has been funded by the
WINNIPEG REGIONAL HEALTH AUTHORITY
www.wrha.mb.ca
Search WRHA Health Services Directory Online to find health services near you.

Every effort was taken to ensure information was accurate at time of printing. We apologize for any errors or omissions. Please report any changes to the Canadian Mental Health Association Manitoba and Winnipeg at **204-982-6100**.

The Mental Health Resource Guide is published by the
Canadian Mental Health Association Manitoba and Winnipeg
930 Portage Avenue
Winnipeg, Manitoba
R3G 0P8 Email: office@cmhawpg.mb.ca

Canadian Mental Health Association
Manitoba and Winnipeg
Mental health for all

For more information on mental health resources in Winnipeg:
www.winnipeg.cmha.ca
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Quick Reference Graphic

Appendix E: TCPS 2 Core Certificate

PANEL ON RESEARCH ETHICS
Navigating the ethics of human research

TCPS 2: CORE

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)

Date of Issue: **15 May, 2017**