

**Raising the Voices and Experiences of Indigenous Parents to Create Culturally Relevant
Responses to Youth Suicide**

By

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Abstract

Indigenous youth suicide is very complex due to the lasting affects colonization has on the social, psychological, biological, environmental, economic, familial and structural factors that influence Indigenous youth and their mental health. In Canada, our Western ways of interventions and prevention are not easily accessible, culturally relevant, or highly affective for Indigenous children and youth. As a result, more than 20% of deaths among Indigenous youth are from suicide and Indigenous youth are also four to six times more likely to die by suicide than non-Indigenous youth. Colonial factors such as family disconnect, loss and grief, substance abuse, and others, impact Indigenous youth's mental health and in turn, suicide rates.

There is a dearth of current research that includes the voices of parents, families, and communities directly affected by Indigenous youth suicide. This research gathered the experiences, stories, and knowledge of 8 Indigenous parents living in Manitoba who have lost a child to suicide or have had a child survive a suicide attempt. Through semi-structured interviews, their stories were thematically analyzed and organized with the intention of influencing future suicide preventions and interventions. The findings resulting from this study show how suicide effects not only Indigenous youth, but parents, families and communities and brings questions of 'why', immense feelings of loss and grief, shame and regret.

Recommendations for policy, practice and research include: addressing colonial policies, increasing resource availability, incorporating spirituality and culture into interventions, decreasing stigma in communities, increasing training of practitioners and increasing research on culturally relevant factors that are preventative and that increase Indigenous community mental wellness.

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Dedication

This thesis is dedicated to the two people who are always with me in spirit.

To my amazing grandfather, ***James Campbell***, who always believed I could do anything I set my mind to and taught me that knowledge can change the world. I miss you every day.

and

My friend, ***Alfred Michaud***, who taught my family the true meaning of unconditional love, and that family is who you make it. Love you, miss you.

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Chapter I

Introduction

Indigenous youth suicide and suicidal attempts in Canada are of ongoing and increasing concern among Indigenous communities. Among Indigenous people in Canada, between the ages of 15 to 34, dying by suicide is second in leading causes of death (Government of Canada, 2012). The number of Indigenous youths who die by suicide is not only higher than non-Indigenous youth but is also the highest percentage of suicide deaths among any other population in the entire world (MacNeil, 2008; Lemstra, Rogers, Moraros, & Grant, 2013). While we who work as practitioners with Indigenous youth witness the struggles that these youth have to face daily, no one is impacted more than the youth themselves and their families.

Definitions

Suicide is complex, as are the different terms that appear in conversations about it. Because of this complexity, I believe it is important to describe some of the important definitions that will be used throughout this study.

Suicide. Briefly, suicide can be explained as any death caused by injury that is directed purposely to ones-self with an intent to die (Centers for Disease Control, 2018). Different countries and areas have their own criteria for labeling a death a suicide, however the four main criteria that are consistent in the literature are: the attempt must have the potential to be lethal; the attempt must be done by the person to themselves; the person must have realization of the consequences of what they are trying to do; and the person must have or had the goal to cause lethal harm (MacNeil, 2008). The World Health Organization elaborates on this definition by adding that natural causes and accidental causes of death need to be ruled out even when the situation clearly appears to be a suicide (World Health Organization, 2018). The application of

this definition of suicide to Indigenous people who die by suicide is problematic because of the differences in culture and the traditional Indigenous beliefs of wellness that focus on life and balance. When an Indigenous life is out of balance, death (and suicide) can be a result and not necessarily fit within this limited definition (MacNeil, 2008).

Suicide attempt. A suicide attempt is when a person attempts self-harm to cause death, but they do not die by the act. Sometimes suicide attempts do not result in injury to the person at all (Centers for Disease Control, 2018).

Suicidal ideation. Suicidal ideation is the term most often used when a person is thinking about or planning suicide (Centers for Disease Control, 2018). It is an important forewarning sign of possible suicide attempts with 30 percent of those who experience sincere thoughts of suicide attempting to end their lives in the future (Lemstra et al., 2013).

Indigenous youth. For the purpose of this study, Indigenous youth will be defined as any First Nations, Inuit, or Metis youth in Canada between the ages of 14 and 24 years of age. While this study is based on Indigenous youth from Manitoba, most of the literature is based on Canadian statistics of Indigenous youth.

Suicide clusters. Suicide clusters are defined as what happens when multiples suicides or attempts happen in succession, usually restricted to one geographic area in a short amount of time (Olson, 2013). However, not all clusters happen immediately and those that continue for an extended period of time after the initial suicidal behavior are called ‘echo’ clusters (Center for Suicide Prevention, 2013). Two other types of clusters that are predominant are ‘mass’ clusters and ‘point’ clusters. Mass clusters happen usually in response to social media influence and are not restricted to one geographic area, while point clusters happen in close time and space, usually in specific communities or institutions (Olson, 2013). Due to the closeness of Indigenous

communities, point clusters are unfortunately very common among Indigenous youth experiencing the loss of a friend or relative to suicide (Olson, 2013).

Colonization. Colonization by Europeans has happened throughout history and across the world. For the purpose of this research, I will be defining colonization in terms of the European colonization of Indigenous people of the country now known as Canada. A fully encompassing definition of colonialism would be impossible to state in short terms but can be best understood as the forced and continuing displacement, disconnection, attempted assimilation, oppression, economic exploitation and domination by European settlers towards Indigenous people (Alfred, 2009). By doing so, Europeans had the goal of cultural genocide and erasure of the Indigenous original people of the land. (The Canadian Research Institute for the Advancement of Women, 2016; Gosek, 2002; Alfred, 2009).

Understanding these terms is vital when it comes to growing the knowledge base on Indigenous suicide. As a white researcher, it is also important for this study to explain my background, who I am, where I come from, and why this important topic speaks to me.

Social Location

My name is Marni Still, I am a settler ally living in Treaty 1 territory in Selkirk, Manitoba. I acknowledge the privilege that I have as the great-granddaughter to Irish settlers here in Canada; while my people were colonized in Ireland, in Canada I know that I am part of the colonizing process of Indigenous people. The driving force in my life is my family, which consists of my four Metis children and partner. It is important to me that my children grow up knowing where they come from, so that they can develop a strong sense of identity and knowledge of who they are. In the process of becoming a mother and helper, I found myself interested in learning about Indigenous ways of knowing, being and doing. I wanted to be able to

help provide tools and connections to my children and clients, so that they would be able to live that piece of themselves if they chose to do so. Through my professional practice as a school social work clinician in the community of Brokenhead Ojibway Nation, I learnt of the struggles Indigenous children face in their everyday lives. I learned of the history of colonization and the horrible reality that Indigenous people still face with the continued colonization tactics of our social structures and systems in Canada. Through building relationships with many children and families, I experienced a violent wake up-call in discovering the racist, oppressive, and discriminatory practices of current systems and resources and how this affects the children and their families for whom I tried to seek assistance. This awakening started a passion that is still with me today.

Indigenous children and families who have fought against colonizers for generations, still have to endure racism, extreme poverty, and significant differences in the quality and amount of resources they receive from our current government structures. Too many youths are dying because of what has been done to their families through discriminatory societal structures and the factors that compile from these to create youth who are feeling hopeless and without options. Because of these reasons, and the undying and relentless love, spirit, humor, and passion of the Indigenous youth with whom I had the privilege of working, that I want to continue my work as an ally to Indigenous families; supporting them to get their voices heard in any way I can.

Purpose and Rationale

There is a lot of research done on this topic and it is clearly understood throughout the literature that suicide among Indigenous youth is a serious and overwhelming issue. Understanding Indigenous youth suicide is very complex due to the effects of colonization on the social, psychological, biological, environmental, economic, familial and structural factors that

influence Indigenous youth mental health (Gosek, 2002; Manitoba Healthy Living, 2008).

Current Western interventions and research on Indigenous youth and suicide are not making positive progress, nor are they often culturally relevant; and so, the number of deaths of children in Canada continues to rise (MacNeil, 2008). What is inherently missing in the literature is the experiences and voices of Indigenous families and youth who have died by or attempted suicide, with most knowledge coming from professional helpers, academic researchers and government agencies. This study seeks to provide a new lens to look at suicide prevention among Indigenous youth, by inquiring about the perspectives of their parents; thereby raising their voices and influencing prevention interventions, research initiatives, and policy changes.

Chapter II

Literature Review

Self-harming injuries and suicide are the leading cause of death among Indigenous youth in Canada and many families have been left with heartache and despair, searching for answers to ‘why’ (Centre for Suicide Prevention, 2013). What is clearly understood among researchers is that Indigenous youth suicide is a complex social problem, with many contributing and intertwining factors and no clear-cut answers or easy solutions. This literature review will focus on the prevalence of this problem in Canada, as well as the common themes that emerge in the literature that influence suicidal behavior in Indigenous youth.

Prevalence from Global to Local

Worldwide, Indigenous teens die by suicide and have more suicidal attempts than any other adolescent population and are overrepresented in every suicide statistic category (Mota, Elias, Tefft, Medved, Munro, & Sareen, 2012; World Health Organization, 2018). There are many global studies that have been done that show that Indigenous people in New Zealand, Australia, and the United States all have drastically higher suicide rates than the non-Indigenous populations of their respective countries (Harder, Rash, Holyk, Jovel, & Harder, 2012). Within Canada, suicide numbers are increasing, and Indigenous youth are at much higher risk than others. More than 20 percent of deaths among Indigenous youth are from suicide and Indigenous youth are also four to six times more likely to die by suicide than non-Indigenous youth (MacNeil, 2008; Advisory Group on Suicide Prevention, 2002; Lemstra et al., 2012). It is important to note that the literature suggests that Indigenous youth suicide rates in Canada differ between Indigenous communities and provinces because of their unique risk and protective factors (Chandler & Lalonde, 1998; Advisory Group on Suicide Prevention, 2002). In the study

by Chandler and Lalonde (1998), some British Columbia communities had suicide rates that were non-existent, while others had staggering numbers 800 times the Canadian average.

Unfortunately, death by suicide is only the most serious consequence of this complex problem and suicide attempts are much more frequent. To put it in perspective, for every Indigenous youth who dies by suicide in Canada, there are six to eight suicide attempts (MacNeil, 2008). In addition, suicidal ideation among Indigenous youth is the catalyst for future attempts. While the total number of Indigenous youths across Canada who have suicidal ideation is unknown, a study done among middle schoolers in Saskatchewan gives us a small idea of how big of a problem suicidal ideation is. Lemstra et al. (2013) showed in their study that 23 percent of on-reserve Indigenous youth experienced suicidal ideation in a 12-month period compared to 19 percent of Indigenous youth living in an urban setting and 8.5 percent of non-Indigenous urban youth. These numbers are alarming, and additionally, there are differences in suicide rates between genders as well.

Gender Differences

The literature shows significant differences between female and male Indigenous youth and suicide. Statistics that have been gathered in the literature explain that worldwide, between the years of 1990 and 1999, 24 non-Indigenous males died by suicide (per 100,000) while in comparison, 126 Indigenous males died by suicide out of 100,000. Female numbers were lower, with 5 non-Indigenous females out of 100,000 dying by suicide, in comparison with 35 Indigenous females dying by suicide out of 100,000 (Lemstra et al., 2013; MacNeil, 2008; Advisory Group on Suicide Prevention, 2002). While there are always exceptions, usually based on the community and geographic location, Indigenous males die by suicide more frequently than females. However, Indigenous females attempt suicide more often than males (MacNeil,

2008). While there is a lack of specific research available on two-spirit, lesbian, gay, bisexual, transsexual, and queer (2SLGBTQ) Indigenous youth and suicide in Canada, Indigenous 2SLGBTQ youth often have many of the risk factors that non-2SLGBTQ individuals have, in addition to the struggles specific to their 2SLGBTQ identities: increased mental health issues, depression, identity struggles, sexism, homophobia, etc. (Rainbow Health Ontario, 2013).

Contributing Factors

Knowing the prevalence and independent risk factors for suicide ideation among First Nations youth is an important step in finding culturally relevant interventions to prevent suicide (Lemstra et al., 2013). This literature review has found that there are eight categories of prevalent factors that contribute heavily to Indigenous youth suicide, and these will be discussed in more detail below: colonization and identity, community factors, substance abuse, family and home influences, socio-economic factors and poverty, mental health, and loss and grief. Due to the complexity of suicide, many other factors could contribute to Indigenous youth dying by suicide. These issues were not main foci of authors cited, or they fit into one of the above mentioned categories and will not be elaborated on their own for this review: abuse, violence, home instability, poor nutrition, health issues, absent parents, biological factors, gambling, risk-taking behaviour, bullying, etc. (Mota et al., 2012; MacNeil, 2008; Gosek, 2002; Lemstra et al., 2013; Centre for Suicide Prevention, 2013).

Colonization and identity. Suicide and suicidal attempts were not common in traditional Indigenous culture, however due to the continual and ongoing effects of European colonization, suicide has become an epidemic among Indigenous people and youth in Canada (Centre for Suicide Prevention, 2013). Among the literature, it stands out that colonial factors such as the reserve system and loss of land, residential schools, the child welfare system, racism and forced

assimilation, attempted erasure of culture and language, marginalization, and ideas of inferiority have left Indigenous youth with a dramatic loss of identity, a lack of self-worth, and continuing internal conflicts of who they really are (MacNeil, 2008; Alfred, 2009; Advisory Group on Suicide Prevention, 2002, Truth and Reconciliation Commission of Canada, 2015). These colonization tactics have also left some parents and families with a loss of identity and an insurmountable amount of trauma; in turn impacting the emotional, physical, and environmental health among families. Self-identity, family and community connection, environmental factors and cultural identity are large contributors to how individuals physically, psychologically and spiritually develop. (MacNeil, 2008). When a youth's identity is conflicted, and they do not have a strong relationship with their own culture or family, they often begin self-destructing behaviors that are significantly related to suicidal ideation, attempts and deaths (MacNeil, 2008; Mota et al., 2008). With the continued colonization of Indigenous people in Canada, it is no surprise how the factors stemming from colonization are still having an effect on Indigenous youth today.

Community factors. While we understand that suicide in Indigenous youth is related to a multitude of personal, social, societal and environmental factors; for those youth who are living on reserve or in Indigenous communities, the factors that affect some communities must also be taken into consideration. These include but are not limited to: overcrowding, lower standards of education, employment shortages, poverty, housing issues, less access to resources, etc. (Lemstra et al., 2013, Chandler & Lalonde, 1998). While Indigenous youth suicide is high across most areas of Canada, a study done in Manitoba in the 1990s showed that on-reserve suicide rates were significantly higher than those off-reserve. As stated before, there are always outliers to these statistics and the suicide rates on-reserve vary between communities and among different Indigenous language populations (Lemstra et al., 2013).

Due to the close ties of youth living in Indigenous communities, when a youth dies by suicide the effects are felt strongly through the whole community and can lead to greater risk of additional suicides and attempts occurring shortly after (Centre for Suicide Prevention, 2013). Often suicide pacts and clusters happen in Indigenous communities in the time period after one youth dies by suicide. This is often due to friendships and family ties between youth and the individual who died; they can relate to that person, they are experiencing intense grief over the loss of this person, they feel like they are meant to be next, and/or they are feeling extremely hopeless and lost (MacNeil, 2008).

Substance abuse. Suicide and substance abuse are often linked together in research and most often, those Indigenous youth who are struggling to cope turn to substances, such as alcohol and drugs, to deal with tension and trauma (Lemstra et al., 2013; Mota et al., 2012). Unfortunately, substance abuse leads to impulsivity and risk-taking behavior which is seen in the suicide statistics of Indigenous youth; completed suicides in comparison to the number of attempts are higher when the individual acted out of impulsivity rather than planning the suicide in advance (MacNeil, 2008).

Another factor that is linked to suicide as well as substance abuse is fetal alcohol syndrome (FAS). Often there can be high alcohol consumption rates in Indigenous communities as people try to cope with the ongoing effects of colonialism, which lead to increased rates of FAS on some reserves (MacNeil, 2008). A review of research encompassing ten studies of Indigenous people from Canada and the United States (including Alaska) showed higher than the ‘average’ rates of FAS among all populations. While this could be difficult to generalize due to the differences between communities, it does convey that FAS is an issue. Often FAS cases are not diagnosed due to feelings of shame and guilt by mothers, and stringent criteria from Western

practitioners making it difficult for youth living with FAS to get potentially helpful resources. FAS is linked to suicide because it can possibly cause youth to have difficulty understanding consequences, have a hard time planning, and makes it difficult to make informed decisions. This can cause anger and impulsivity which can push them to take their own life when they are struggling to cope (MacNeil, 2008).

Family and home influences. Having a strong connection to a stable family environment is a protection factor against suicide. This being said, suicidal ideation and attempts become a larger risk for those Indigenous youth who deal with unstable homes, disconnection from family and friends, Child and Family Services (CFS) involvement, parents who have their own trauma, domestic violence, and substance abuse (Mota et al., 2012). Parental attachment has been shown to be a very important factor in youth dying by suicide. The two largest familial risk factors in suicide among Indigenous youth is when the child feels unloved and wants to leave home (Mota et al., 2012). An example from a Saskatchewan study explains that for approximately 39 percent of youth who stated on a questionnaire that they have another perspective, a large population of Indigenous youth experiencing high suicide rates are those who are involved with and removed from their homes by CFS. These apprehended youth are at extremely vulnerable to suicidal ideation and behavior due to the psychological trauma of being separated from their families and home communities and placed with strangers who are often non-Indigenous (Manitoba Healthy Living, 2008).

Socio-economic factors and poverty. Socio-economic factors and the levels of poverty among Indigenous communities can have a detrimental effect on youth development and mental health. Sewage problems, polluted water, living below the poverty line, low literacy rates, and substance abuse all provide a harmful living environment where Indigenous youth cannot grow

to learn how to function and succeed in ‘mainstream’ society (Lemstra et al., 2013; MacNeil, 2008). Poverty plays a large part because it influences inadequate living conditions, and reserve housing in some communities is barely livable. Often the families living in these homes deal with asbestos, lead toxicity, and mold contaminants that cause significant health issues (MacNeil, 2008). To paint a more vivid picture of what some families have to live through while living within Indigenous communities, I provide the following quote by Lemstra et al. (2013):

According to the 2006 census, the median annual income per household among seven First Nation communities in 2005 was 8,572 dollars; the high school graduation rate among adults was 50.7 percent and the adult unemployment rate was 27.5 percent for men and 20.7 percent for women. In comparison, the median annual income per household in Saskatchewan was 23,755 dollars, the high school graduation rate was 80.6 percent and the male and female adult unemployment rates were 5.9 percent and 5.3 percent, respectively. (p. 16)

While not conclusive but an interesting side note, in the study done by Lemstra et al. (2013) in Saskatchewan, none of the children interviewed who had a father who was employed in a professional role reported experiencing any suicidal ideation. This varies among different communities and families but having access to steady employment and not struggling with poverty appear to be protective factors when it comes to suicide in Indigenous communities. This unfortunately is not a reality for the many families and youths who find themselves struggling to meet the basic needs they need for survival (Lemstra et al., 2013; MacNeil, 2008).

Mental health. Over 90 percent of people who die by suicide have been living with a mental disorder of some form, with depression leading the pack of these disorders with 60 percent prevalence among those dealing with suicidal behavior. It comes as no surprise then

when Western research states that mental illness is the most important risk factor in relation to Indigenous youth suicide (Government of Canada, 2012). To explain how serious this issue could be, one study found that depression was the strongest risk factor for Indigenous youth suicide and it actually increased the likelihood of suicidal ideation by three times (Lemstra et al., 2013). In addition, suicidal ideation is shown in the literature to be associated with many of the factors leading to depression including: having a difficult childhood, not feeling loved, isolated feelings, not working through childhood trauma (Lemstra et al., 2013).

It is important to note that neither mental illness nor any other individual factor is singular in causing a child to die by suicide. Instead, suicide is a complex web of interaction and due to the high number of contributing factors being found in Indigenous communities, the increased risk for Indigenous youth can be understood as serious in nature (Government of Canada, 2012). An example from my practice experience is explained in the following: depression can result from a father abandoning this family, causing financial trouble, mom then becomes depressed herself due to the huge loss she is grieving and in turn, the depression the youth feels leads him or her to decide to end their life because of the hopelessness they feel

In a final note, current mental health policies and procedures reflect the colonial structure that has been the root cause of the majority of these suicide factors that are such a problem in current society. These policies take a political and social stance and do not consider any views of life, culture, or spirituality from Indigenous ways of life. Instead, by incorporating only brief statements about culture and still working from the medical Western model of intervention, colonial suppression tactics continue to be at play (MacNeil, 2008; Gosek, 2002; Chandler & Lalonde, 1998).

Loss and grief. Feelings of loss and grief often come not only after a suicidal behavior occurs, but also before as a contributing factor to suicidal attempts. These feelings can be of another life, a loss of a friend or family member, a loss of a relationship, a family member deciding to leave, the loss of a job, etc. and leads to feelings of extreme despair, hopelessness and results in questions about life's purpose and if one is meant to be here. Research has shown that youth suicidal behavior is often precipitated by feelings of loss of significant relationships (MacNeil, 2008; Mota et al., 2012). The conversation about loss and grief in relation to Indigenous youth suicide relate to the emotions and struggles that happen after a suicide in a community; excruciating feelings of loss and the grief that builds is often what is the driving force behind the suicide clusters that can occur shortly after (Olson, 2013). In shortened terms, high rates turn into youth feeling an extreme sense of loss and hopelessness, and create higher risk going forward (Mota, et al., 2012).

Protective Factors

When looking for protective factors that appeared through the literature, it was easy to pick out the common themes. Among what was evaluated for this review, strong Indigenous communities, use of traditional language, cultural continuity, and good attachment and quality of familial relationships all appear to be the most successful protective factors against Indigenous youth suicide (Chandler & Lalonde, 1998; Centre for Suicide Prevention, 2013; Mota et al., 2012; Lemstra et al., 2013). For communities to be a protective factor they must have taken steps to preserve, rehabilitate, and pass on cultural knowledge to the youth. When this has been done in Indigenous communities, we see much lower youth suicide rates (Chandler & Lalonde, 1998). Language is a huge part of cultural knowledge and spirituality; communities that have a large percentage of traditional language speakers (over 50 percent) have been shown to have

lower suicide rates than communities that have lost their language due to the effects of colonization (Centre for Suicide Prevention, 2013). Finally, Indigenous communities that have less colonial government interference and their own forms of self-governance tend to see significantly lower youth suicide rates than in other communities who do not (MacNeil, 2008).

Healthy relationships, positive attachment, and family connectedness between Indigenous youths and parents, families, and/or caregivers can be a significant protective factor; it is often when these healthy relationships break down that there will be an increased rate of suicidal behavior (Lemstra et al., 2013). Also, feelings of community safety and the perception of care by community members has been seen to be a protective factor. This information shows the importance of attachments and relationships, and how detrimental it can be to a youth's development if these important relationships break down or are never built (Mota et al., 2012).

Interventions and Prevention

Because of the scope of the social problem and the fact that Indigenous youth suicides continue to rise, it is important that I take a look at what the literature says about current practices and initiatives in place to combat this problem. As well, I will also discuss how the literature questions if the Western system is working in saving Indigenous youth in Canada.

Intervention and immediate response. Western interventions for suicide are troublesome and often do not work because they are not culturally relevant (MacNeil, 2008). While Canada has a national suicide prevention strategy, I did not find in the literature how these national strategies are being implemented in different geographical areas or if it is working in Indigenous communities; however Indigenous youth suicide numbers continue to increase (Government of Canada, 2012). Some key recommendations from both the Canadian and Australian national strategies to combat Indigenous youth suicide are (a) that prevention

strategies for this population must involve and revolve around Indigenous people in designing, implementation and evaluating the programming; and (b) that a focus on Indigenous communities, holistic and family driven interventions started early, and a rebuilding of strong Indigenous communities is the best chance at success in decreasing youth suicide rates (Kuipers, Lindeman, Grant & Dingwall, 2016). Due to a shortage of mental health resources and the remote locations of some reserves, the first response by those intervening with youth who are appearing suicidal is to take them to the hospital emergency department for assessment (Kuipers et al., 2016). Youth are intelligent and know what to say to appear non-suicidal to doctors, nurses, and other clinicians; they often are discharged from the hospital when they have convinced the practitioner(s) that they are not suicidal, nor do they have any suicidal behaviors (Kuipers et al. 2016).

Assessments and trained staff. Part of the problem with going to the emergency room is that suicide assessments are not culturally relevant, and they focus on mental health from a medical model rather than on the large scale of underlying factors that can lead to suicide in Indigenous youth, such as: environmental, family, or social issues (Kuipers et al., 2016; Manitoba Healthy Living, 2008). A quote from an Australian study on the perspectives of front-line workers who work with Indigenous youth suicide puts the complexity of the intertwining factors into the spotlight to show current assessments are not adequate:

Recognising that multiple factors contribute to suicide including impulsiveness, violence, alcohol, risky behaviour, generational trauma, cultural loss and so on it is not surprising that some front-line workers questioned the validity of risk assessments. There's no valid risk assessment in the world and I'm not just talking about Central Australia, there's none anywhere (Kuipers et al., 2016, p. 112.)

Front line workers were not comfortable using assessment tools they knew did not always work and also showed concern for having properly trained staff, who are competent and willing to do their job (Kuipers et al., 2016). Hiring trained staff to work in communities is also problematic due to many different factors. First, there is a push to hire people from the community who can add cultural relevance and traditional healing methods; however, then there are often issues with confidentiality due to different cultural beliefs and Western systems being unyielding.

Confidentiality also plays into creating a barrier for service provision (Kuipers et al., 2016).

Reserves and resource availability. Resources for suicidal youth in Indigenous communities are not always readily available. Sometimes there is not anyone who is trained to help and even when there are people to help, often social services and health systems get wrapped up in confidentiality issues and do not share any information. This is very problematic because instead of working together to find solutions and resources or a child in distress, they are working independently holding different pieces to a complex puzzle (Kuipers et al., 2016; Manitoba Healthy Living, 2008). In addition, Western structural protocols (such as confidentiality, and others) end up slowing the entire network of resources down while waiting for documentation; leading to bottlenecks for receiving care and support in time before a serious crisis occurs. This also makes it hard when trying to find referral sources because a study of how long each waitlist will be takes time and can be frustrating when a child desperately needs services (Kuipers et al., 2016).

Because of bottlenecks, jurisdiction issues, systemic issues and lack of culturally appropriate interventions, finding follow-up care after a suicide attempt can be difficult and often will not be available immediately or long-term (Kuipers, 2016). Sometimes, it is the youth or family that does not want follow-up care; this can be because of their personal beliefs or because

of the stigma that revolves around suicide and mental health in Indigenous communities (Advisory Group on Suicide Prevention, 2012).

Further Considerations

There were many suggestions made by the authors, however I will summarize the main findings and ideas for going forward with Indigenous youth suicide research, intervention and prevention. First of all, a clear understanding of how suicide is defined in Indigenous cultures as well as an understanding of how Indigenous youth see life and death, and their perspectives on suicide and ideas of what could be helpful in planning for resources, policy development, and preventions (MacNeil, 2008; Kuipers et al 2016). To create a working intervention, we need this definition of Indigenous suicide because often Indigenous deaths by suicide do not fit into the Western definition and cannot be recorded as such (MacNeil, 2008). All the literature explains that the solution for the Indigenous suicide problem lies in the communities, and for this reason, only by considering all the specific values of Indigenous culture, the needs of the community, and the environment, and all aspects of Indigenous life would you be able to create a holistic healing balance and see some possible success (MacNeil, 2008; Advisory Group on Suicide Prevention, 2002).

Indigenous suicide reflects an overwhelming sense of shame and hopelessness within a fractured cultural, economic, and political environment (MacNeil, 2008). While a large number of countries of the world have a national suicide prevention strategy (as does Canada), the literature does not show that these strategies built on Western knowledge are working in Indigenous communities (Kuipers et al., 2016; MacNeil, 2008; Chandler & Lalonde, 1998). It has been shown that cultural continuity is a very important protective factor for Indigenous youth and also that their opinions and views need to be addressed so they can add their voices to help

in prevention. This view, along that of their families, would be useful in providing a better picture of all the dimensions of Indigenous youth suicide (Lemstra et al., 2003; Kuipers et al., 2016).

Chapter III

Methodology

Theoretical Framework

For the purpose of this research, I utilized historical trauma theory to help understand the backgrounds, experiences, and perspectives of Indigenous parents who have had a child die by suicide, or had a child survive a suicide attempt. Due to the ongoing effects of colonization (discrimination, racism, oppression, assimilation) and the trauma these factors place on the collective, the concept of historical trauma emerged in research as early as 1995 (Brave Heart, Chase, Elkins & Altschul, 2011). However, much work has been done on developing historical trauma theory in relation to Indigenous people since 1998 by Maria Yellow Horse Braveheart (Brave Heart et al., 2011).

Historical trauma is defined as: “a cumulative and emotional wounding across generations, including the lifespan, which emanates from massive group trauma” (Weaver & Brave Heart, 1999, p. 22). Keeping this definition in mind, historical trauma theory seeks to use this lens to understand the behavior and emotional suffering of Indigenous people, and in turn create new practice and intervention models that are culturally relevant and can create positive mental wellness (Brave Heart et al., 2011). The reason that this theory was chosen for this study, is because most of the factors found in the literature that lead to Indigenous youth suicide are also factors that result from generations of inflicted trauma. Unlike historical trauma theory applications with other populations that have experienced singular traumatizing events, Indigenous based historical trauma theory explains how smaller ongoing traumatic acts over generations become almost commonplace and shape Indigenous people, families and communities (Elias, Mignone, Hall, Hong, Hart & Sareen, 2012).

By looking through the lens of historical trauma theory, this study will be able to provide insight into the experiences of Indigenous families impacted by suicide. In addition, by understanding the effects of colonization and trauma over generations, we will be able to take these stories of parents and move forward in creating interventions and resources that can address historical trauma and increase mental wellness among Indigenous communities.

Research Questions

This research explores the perspectives of Indigenous parents who have experienced suicidal behavior in their children, and who often have the value of their knowledge overlooked by current research. The data gathered aims to provide answers to two research questions: 1) What are the perspectives of Indigenous parents who have had a child die by suicide or have experienced suicidal behavior in their child(ren)? and 2) What recommendations do parents have for suicide prevention, interventions, and research?

Research Methods

I utilized narrative inquiry as part of the framework to gather and understand the data that was collected. Narrative inquiry is explained by Clandinin and Huber (2010) as a type of qualitative methodology that aims through narrative to understand, think about, and study other's experiences. Narrative inquiry can provide complex and intricately detailed data and is often used to give marginalized people a voice. While there are many different approaches to narrative inquiry, they all have the common theme of telling a story (DePoy & Gitlin, 2016); making it an appropriate methodology to use when aiming to gain understanding of the stories shared by the Indigenous parents who participated in this study. In addition, the aspect of storytelling is very important to Indigenous ways of life and is traditionally and scientifically known to help with spiritual and mental healing (DePoy & Gitlin, 2016; Simpson, 2013). By using this methodology

that has a focus of storytelling and discussion, participants were able to rediscover their voices, and explain their perspectives to help make change for others.

Participants

For this study I recruited eight Indigenous parents who met the following criteria: a) self-identified as Indigenous, b) had experience with having lost a child to suicide or have had a child survive or experience suicidal behavior in the past, c) were willing to share their stories and experiences, d) did not have a child who was currently suicidal, e) are 18 years old or older, and f) are the biological parent of a child who has survived suicidal behavior, or has died by suicide. At the end of recruitment, the participants consisted of four parents who had lost a child (or more than one child) to suicide, and four who had a child (or more than one child) survive a suicide attempt. The participants were mainly mothers, with seven mothers participating and one father.

Recruitment. Recruitment of participants took place by the circulation of a recruitment poster (See Appendix D for recruitment poster) to find parents who both met the requirements for the study and were willing to volunteer their stories. Organizations in the North End and downtown area of Winnipeg were contacted, and they displayed and/or circulated the recruitment poster for potential participants to see. In addition, recruitment was discussed in a board meeting for the Interlake Suicide Prevention Committee that I currently sit on as a member since 2017. This committee contains professionals from a wide variety of disciplines across the Interlake region. It was explained that any of these professionals could also circulate the study information. Permission was also granted by the Psychology/Sociology REB to share the recruitment poster publicly on social media; it was posted on Facebook, Instagram and Linked-In so that others could share widely, and participants could voluntarily contact me if they were interested.

Once a participant contacted me directly, I used a recruitment script to explain the research, confidentiality, consent protocol and ensure they meet the participant criteria (See Appendix A for recruitment script). It was also explained specifically that this was a voluntary study and in no way should they feel pressure to be a part of it.

Data Collection

Before each interview, informed consent was given in written form to proceed (See Appendix B for consent form). Data for this study was gathered by conducting one-on-one, in-person and private, semi-structured interviews utilizing an interview guide I had created (See Appendix C). By using semi-structured interviews, the participants were able to answer questions relevant to the research question and have an opportunity to tell their stories and share their knowledge and perspectives in the way they found relevant and meaningful. Using semi-structured interviews left the study open to explore new themes and ideas that emerged (Stuckey, 2013). Before each interview, I offered tobacco to the participants, to honor the request I was asking of them to share their stories with me (KiiskeeNtum, 1998). While I initially planned to conduct interviews in the participant's homes, as we started interviews most parents expressed that they preferred a neutral setting. The result was that private settings in public buildings in their communities ended up being organized and used for the interviews. Each interview lasted between 60 to 90 minutes and was audio recorded on a stand-alone recorder and was transcribed by a confidential transcription service.

Compensation

Tobacco was offered to each participant that participated in this study. Tobacco is sacred to Indigenous people from Turtle Island and is believed to open the doorway in ceremony between people and the spirit world. Tobacco is offered out of cultural respect when one is asking a

request from an Indigenous person, and if accepted creates a sacred commitment and promise between both the people involved and Creator (KiiskeNtum, 1998). For this study, this act of gifting tobacco signified the relationship between the participant, our working together, and the commitment to conduct this research in an honorable way. In addition, a \$50 monetary gift was given to each participant for the time and knowledge they shared with me while we conducted this research.

Data Storage

Research data including transcripts, consent forms, and audio recordings were given an alpha numeric code to protect confidentiality, and securely locked and stored safely in a filing cabinet to which only I have access in my home. Identifying information was kept on a hard copy stored in a separate locked filing cabinet, also in my home and only accessible to myself. Audio files which were recorded with a standalone recorder and files transferred to thumb drive, were password protected and encrypted. Any data that was stored on my personal laptop while conducting this research and going forward for storage has been both password protected and encrypted so that they will not be able to be read by anyone other than myself, the researcher. During transportation of data, all materials have been and will be stored in a locked briefcase and kept in my possession at all times.

Data Analysis

For the analysis of this data, I utilized the thematic analysis model by Braun and Clarke (2018) which is used across a wide variety of disciplines in the social sciences to analyze qualitative data within many different types of frameworks. Because this method is theoretically flexible, it can be used to answer different types of research questions and be used to answer questions related to people's perspectives, experiences, feelings and

construction of meaning (Braun & Clarke, 2018). I used an inductive approach, coding the data collected, and looking for the emergence of themes that are directed by the information that has been provided by the parents in this study (Braun & Clarke, 2018). Due to the great amount of data that was received from the narrative interviews I conducted with Indigenous parents, I used a qualitative data management software (NVIVO) to help me code, analyze and organize this data. The codes were organized into themes and the results of these analytic efforts are below.

Data Interpretation and Validation

After coding, data was interpreted according to the main themes that emerged among the stories of the parents, and in comparison, to how these relate to the current themes that have been found in the literature review I conducted on the topic. In order to validate the data, I ensured that I conducted “stakeholder checks” (Braun & Clarke, 2018) in which I provided the participants with the transcripts of their data before analyzing to ensure that the information that I had collected is authentic to what was shared with me. This also gave them the opportunity to clarify any errors or pieces they did not want shared and ensures that I as a researcher, respect the principles of OCAP: The Indigenous parents who provided the knowledge have control over the outcome of our interviews and the information shared (First Nations Information Governance Centre, 2018). During the analyzing process, if I had any questions about the meaning of information, participants were contacted for clarification.

Ethical Considerations

For this study, I partnered with a vulnerable population who have been through very difficult issues within their family (such as suicidal behavior), and a large ethical concern was the concept of “do no harm” and ensuring the confidentiality of sensitive information (University

of Manitoba, 2018). I wanted to ensure that I left the participants feeling empowered and supported. As a registered social worker here in Manitoba, I was qualified and prepared to do this research in a compassionate, respectful, and confidential way. My education includes a Bachelor of Arts in psychology as well as a Bachelor of Social Work. In addition, I have certificates in Mental Health First Aid (First Nations), Applied Suicide Intervention Skills Training, Assessing for Suicide in Kids, TCPS 2: Course on Research Ethics, as well as training in risk assessment, motivational interviewing, and experience in trauma work, suicide intervention, and counselling with both youth and families. I used this knowledge and experience that I hold to help guide the parents that volunteered for this study in telling their stories in a safe and supported environment.

The interview time together was not very long, and I wanted to ensure that the participants, if needed, had resources to turn to for ongoing support when our time together was over. At the end of each interview, I ensured that we took some time examining how the participant was feeling after sharing their experiences with me. Each participant was given a list of community/area specific resources with contact information in print form to give each participant. I also made it clear to each participant that if for any reason after the interviews they were feeling like they needed assistance, that they could call or email me and I would help set them up with supports.

Principles of OCAP

I worked very hard to make this study safe and respectful for the Indigenous parents choosing to work with me by discussing and obtaining informed consent and providing a copy of their interview transcript to the participants for clarification and approval. This process ensured that this study adhered to the principles of OCAP (Ownership, Control, Access & Possession),

which explain that Indigenous people own, control, access and possess the data that results from research they participate in (First Nations Information Governance Centre, 2018). By giving the participants copies of the data they shared, I am acknowledging that this information is not mine to own, but only lent to me as a steward to help make this knowledge heard. Providing the transcripts to the parents also provided validation to the information. The parents in this study were given the control to decide what and how they wanted to share this information, and this helped ensure that there was no miscommunication or errors in data interpretation (First Nations Information Governance Centre, 2018). It was very important for the quality of this research that the participants were comfortable with the information they provided and that what they wanted expressed can be heard in the final written work. It is equally important that the findings of this study are shared with the participants, which will be done with both a written report and in-person when participants are invited to a meal and presentation about the findings (after the final submission of this thesis).

Chapter IV

Findings

This chapter will provide a summary of the findings that were a result of the interviews conducted in partnership with Indigenous parents who have experienced suicide and attempts among their children. It is important for me to begin this chapter by first providing a background of the participants in this study and their families, in order to honour the relationship that we nurtured while conducting this research together. In addition, this will provide some insight to their lives, before moving on to discuss their experiences with suicide. It should be noted that due to the sensitive nature of this study names and words with specific genders attached have been removed and replaced with ‘they’ and similar words, to protect the anonymity of the parents involved.

Family Background

Eight participants volunteered for this study and all had a variety of different and similar aspects of their stories. Four parents were interviewed whose children died by suicide: one parent had lost one child, and three parents who had lost two children. The other four parents had a child attempt suicide, with a total of five children among them that survived attempts. The children of the parents interviewed all were in between the ages of 13-24 when they experienced suicidal ideation, attempted suicide, or died by suicide. Three of these five children are now grown adults. All of the participants described current or past family trauma that has affected their families.

All of the participants that were interviewed lived in different locations in Manitoba during the time of the suicide or attempt by their child. Two participants lived in a reserve community in southern Manitoba, three participants lived in cities in southern Manitoba, and one

participant lived in a northern reserve community. One participant moved back and forth between a reserve community in southern Manitoba and a city, where they are currently located. Regardless if their living location was in a reserve community or city, all participants had felt the effects of colonization.

The Effect Colonization has had on Families

Colonization as we know is deeply rooted in Manitoba, and all the families interviewed have felt the effects in different and multiple ways. Some factors of colonization that have been described by these eight participants include but are not limited to: history of residential school attendance in the family, family violence, history of sexual abuse, mental health issues, substance abuse, Child and Family Services involvement, poverty, disconnection from culture and language, family experiences with suicide and a loss of identity. Of all the factors that were indicated by parents, loss of identity and culture, mental health issues, family experiences with suicide, and parental suicide attempts are the factors that were common among multiple participants and are known to greatly increase suicide risk among families.

Loss of identity and disconnection from culture. Experiencing a loss of identity and missing the connection to Indigenous culture was the most prevalent aspect among families, with almost all participants not growing up with an attachment to their culture or traditional teachings. One participant who has parents who attended residential school described their perspective when asked what their family's beliefs are:

We're pretty ... They're [extended family] pretty much in limbo. They don't know ... They don't trust the Holy Spirit. Some of them don't believe in the Creator, and are just like, "We're just here." So they're just, "We're lost. We don't know which way to go." (P3)

Another participant shared they wanted to know traditional ways, and it was very hard forming an identity when growing up disconnected from family, in and out of Child and Family Services care and having to raise younger siblings half of their life:

I'm interested in traditional help. All my life, I've been thinking traditional. Like I'm here. I don't know which way to go, which way to follow actually. I've seen it, but I've never got involved with it for both sides, traditional or spirituality. Feeling-wise, I wasn't taught that. I had to learn that myself and teach my brothers and sisters how to look after each other, how to care for each other because that wasn't taught to us. Because when I was seven, I was a parent already. (P5)

Growing up without this connection to culture due to disconnection is very common among Indigenous families, and it makes it difficult when wanting to learn traditional ways for your family. Others who did grow up with connection to culture and language found it difficult when having to relocate away from home. One parent who was forced to relocate from their reserve had only spoke Cree to their children, and then they had to struggle to adjust to living in an English-speaking area:

It was just hard to try to get [them] adjusted, because my kids just spoke ... their first language was just Cree. They didn't know English. It was hard for them to adjust to a town where they just talk English.

Having a disconnection from culture and language has been shown to be harmful for the mental wellbeing of Indigenous youth. Sometimes this and other traumas stemming from colonization can lead to mental health concerns among children and families

Mental health concerns. While some participants of this study did not have any concerns about the mental health of their child before the suicide attempt or death, others knew

that their child struggled with different psychological disorders. One participant who had two of their children attempt suicide explained their one child's diagnoses, and what they saw in their other child prior to their attempts:

Yeah, [they are] ADHD. [They have] obsessive compulsive disorder. [They have] a learning disability. It's hard to know with [them]... my [other child] ...I wouldn't say I thought [they] were suicidal, but I would definitely say I noticed the anxiety. [They] wouldn't want to leave our house. (P1)

Other participants had not had formal assessments of their children but had concerns about their mental health due to their presenting behaviors and the knowledge of the trauma(s) they had experienced. In this participant's case, they had concerns about their child's wellbeing and tried to help the best way they knew how:

I knew my [child] was battling depression, because every time [my child] drank, [they] would always talk about [their] dad. [They were] angry. [They were] angry with those people. [They]] knew them. We know them. That's [their] uncle who murdered [their] dad. I know [child] had a lot of anger issues. I just always talked to [them], the only way to move on was to forgive and just let go of that anger. So, I always would tell [them] to let go of it. (P2)

Six of eight participants had concerns about their child's mental health prior to their suicide or attempt did their best to help their child with the difficulties. Sometimes as mentioned above, it was trying to help through conversation and relationship with their child directly. For others, mental health issues were so severe they required medical attention and hospitalization. One parent described their experience with their child's mental health, and cycling in and out of the hospital:

...[child] just got out of the hospital, and I at least said, "Does [child] have schizophrenia?" ... At first, [they were] in and out, because [they were] running in out like [they] had to leave the hospital, and they said they couldn't do nothing because [child], pretty much in, if [child] wants to leave they can leave. And then it got to the point whereas [child] couldn't trust anyone, but me. [They] said, "I can't trust anyone, I just see awful faces on them, but you, I don't see that, and I can't trust them." And then [child] said that [they] ran to the bus stop and there was a man sitting beside [them] telling them, "Take your life, there's a bus there, jump in front of it, no one wants you." And that was the voice that [they] heard in [their] head. And [they] said, "No, my [parent] loves me, and I'm not doing that." And, [child] waited for the lights to turn and [they] walked home. (P4)

What is commonly heard among most participants who did have mental health concerns, is that depression and anxiety were something their children dealt with on a regular basis. Some of these children, turned to self-harm as a way to try to cope with their pain. One parent of a young teen described their experience:

The other time...[child] was at [their] dad's. But [they] posted it on social media, "Depression sucks." And [child] had slice marks. But that wasn't enough to ... It wasn't enough that it didn't go through the skin. Just left a couple of marks. And it was on both arms. (P3)

Another parent experienced similar experiences with their older teen, and described their experiences with their anxiety, depression, and self-harm:

So, with my youngest kid, my youngest [child], [they] had a lot of mental health issues as [they] got older. Like with [their] anxiety. [Their] anxiety was one. And [their]

depression. I pushed [child] to finish high school, and it was a challenge because [they] wouldn't go to class and all that. I noticed [child] started cutting...And I started questioning [them] and [child] wouldn't talk about it. And with ... I think with all my [children], I think their suicidal thoughts were because of depression. (P7)

The youth who experienced mental health issues tried to receive help through hospitals and health practitioners, or by using cutting as methods of coping. In addition to mental health issues, family experiences with suicide and loss are also contributing factors to suicidal ideation.

Family experiences with suicide and loss. Knowing that suicide is so prevalent in Indigenous communities and how this can affect families and future suicide attempts, it was asked if participants had other experiences with loved ones who died by suicide, prior to experiencing it with their own children. All eight participants had expressed that in their lives they had lost a family member, friend, or someone they knew to suicide. One participant, when asked if they had experiences regarding suicide, explained the losses they had experienced in their life within their own family:

Yeah. A couple of cousins. Well there was [cousin], and this was almost like Christmas time, I believe it was. Back in 80-something, '87-88 or something like that...and he was all happy and everything when I seen him that last time. About two days later, I found out that he took his own life. And I still ask myself, "Why?" to this day... But we hurt a lot after that happened. We just asked that question "Why? Why did he do it? Why couldn't you just come to us and tell us?" (P5)

Another participant who lost two children to suicide, told the story of how suicide had directly affected their family prior to their children's deaths. This participant lost their partner to

“suicide-by-cop”, which happens when a person wants to die and creates a situation in which a police officer is forced to use lethal means to subdue them (Hutson et al., 1998).

...Well, my spouse went, [they] did [die by] suicide, but [they] did it by someone doing it to [them]. That happened with the [city] police. And then after that, that was in 2005 that happened. [Partner] would tell me what [they] were going to do, but in my head, I was just like, "No, you're drunk, things are not going to go." Not that I wanted [them] to, but it was just, [partner] would say it. (P4)

For this participant, suicide has had a large impact on their life. As an adult, they have lived through suicidal ideation with their spouse and two of their children, leading to their deaths. It is known that the future risk of suicidal ideation increases within families when there is a history of suicide present (Centres for Disease Control, 2019). Sometimes, it is not only their children that deal with thoughts of suicide, but also the parents themselves.

Parent experiences with suicide attempts. In addition to experiencing suicide losses previously, three of the participants in this study shared that they themselves had attempted suicide in the past. One participant explained their experience attempting and how it changed their way of thinking going forward when the suicide failed:

I did that when I was young. Went with the gun and one with a rope... I tried. For me, that second time, that bullet jammed in that barrel...And there's one there, and that beam broke. Like I said, I was too heavy. So, I had a purpose. The second time I had a purpose. That's what I said to myself and why be stupid? Why do I want to hurt those people I thought of? So, I came that close to suicide with that bullet jamming in that split second, but then it made me think after it didn't go off. "What are you doing? Look who you're

leaving behind. Think about it." That's how it is. People are saying that to each other, saying that to myself. "What are you doing? Why are you trying to do this?" (P5)

Another participant described their situation with wanting to die by suicide when they were a child and how a strong family support system is what kept them from making an attempt; something this participant is now trying to do for their own child who has had suicide attempts:

Well, when I was younger, I wanted to hurt myself as well... and the one person who kept telling me to keep going, and that I believe in you, is both my Aunty [Name], and my Granny, and my mom. She raised me... And going through so much with, it was my Granny, who would always tell me, "My [participant], you're going to be somebody one day. And you can't let me down, because I want to see you succeed."...So she would always tell me that. She was like, "You're so smart. You can do this." And she used to give me so much support. Same with my Aunty. She never judged me, never. Her and her husband, they never judged me, and if I did something wrong, they're like, "It's okay, just get up, try again." (P3)

A different experience was had by a third participant. They had attempted to die by suicide, and it was their child that convinced them otherwise. This made it so much harder for them when that same child died by suicide not long after, because they could not understand how their child's feelings on suicide could change so rapidly:

A year before my [child] did this, I tried to do it. My [child] saved me. [They] saved me. And the things that came out of [their] mouth hurts me. [They] said, "Why would you think of doing that when you've got us? You've got us, [parent]. We're always going to be here for you." I hung onto that. I hung onto that so hard. (P2)

These experiences of parents demonstrate how suicide affects many Indigenous people on different levels. However, even with having their own experiences with suicide, it did not prepare them for the feelings that accompany finding out your child has suicidal ideation or attempted to die by their own hand.

Feelings after Suicide Attempt

It can be understood that after having a child attempt suicide, the recovery going forward with the child, parents and family can be very difficult. Often parents deal with feelings of despair, heartache, shame, fear, and anger; as well as feelings of blame towards themselves for what their child is going through. One participant when asked what it was like for them immediately after the attempt described the following:

Oh, it was really difficult. I cried. I cried. And I wanted to blame myself. And because of my counseling and my therapy, I worked through it... That was hard, because, I would just again go back to the blame. Like, I feel so bad. Like it's my fault that I did this, and did this, and did this. And you're supposed to be a parent and make sure your kids are safe, you know? That no one should hurt them. You know?... Someone tells you, "I don't want to live no more, I want to die. I want to kill myself."... It really hurt me when [child] told me that. (P7)

Another participant also reflected these feelings of blame and failure as a parent after the attempt, and what it was like for them when they had to bring their [child] home and try to figure out how to move forward:

So, brought [child] home. And I said, "You're going to spend a few days with me." And then we were ... me and [partner] were on [child] watch. Like a lot of times [partner] would be up half the night making sure [child] was sleeping. I'd be up half the night

checking on [child] sleeping, while [child] was sleeping. We lost a lot of sleep. We would try to talk to [child] every day. And it just ... after that I felt like I failed as a parent, because my child couldn't talk to me. (P3)

Unfortunately, the challenges that present after a suicide attempt are not always easily fixed and the effects can often be felt years later. One participant discussed their experience of how difficult it can be trying to help your child recover after a suicide attempt when they do not want to receive help.

...there's nothing I can do. Now that my [children] are older, I'm still struggling for them to get help...Now [child] is 20, [they] go out, comes back, and then [they start] throwing things at me. I know [child has] anger issues, and I know [they are] mad, and I understand that [they are] mad at me because of the situation [Child and Family Services involvement], the way it looked...like it was me, but I did so many programs, and I tried to explain to [them], but now I just let [child] get mad, like maybe it will help [them] get better...it's really hard when somebody doesn't want to get help for themselves. We were trying to pull that with [child], go along with [them], and I don't know, it's just really hard...[child] just wants to be on [their] own, and [they] only have a few friends. [They are] not sociable. And [child is] always at the house with us. So, it's like [they] doesn't really go out to do anything. [Child] doesn't want to look for a job, doesn't want to go to school, doesn't want to go to counseling. So, it's like [child] is stuck right there. (P8)

Trying to know how to move forward and help your child after a suicide attempt is difficult and as parents have described, it is hard to know how much to push your child in their recovery journey and in resuming their life patterns. In addition to this, parents often have their own

feelings that they need to address while trying to help their child, which can add additional stress and worry.

The Continual Worrying

A common theme that was present among all parents who had a child survive a suicide attempt was the continual worry that as parents they had to live with as they tried to move forward with their lives. The exact worries ranged between parents, however all of them expressed worry for their child growing up, and if they were ever on their own without support. One parent described their experiences as the following:

I still worry about [child]. [Child is] still at home... [They are] not doing much...It's a struggle. It's with [them] I still, I'm on edge... I'm not on edge. I'm really on edge, because I don't know what that's going to look like. There's moments when I'm just completely upset and saying to [them], "You need to do something. This is not a life. Sitting in your parents' basement doing nothing is not a life." I am worried about that, but I'm also worried at the same time if I push [them] too far, is [child] going to do something to harm [themselves]? There's a really fine line of how far do you push someone who is not that mentally stable. How far do you go? That's the part that, if anything happens to me or my [partner], my kids are not going to be okay. My [child] is not going to be okay, my oldest [child]. [They] couldn't look after the family if something happened to us. (P1)

In addition to worrying about the future for their child when they are struggling, parents also have to worry if there will be any more suicide attempts. The fear of future attempts was one of the primary concerns among every parent in this study who had lost a child to suicide (and has other children) or had a child survive an attempt. One participant explained the following:

I'm kind of worried, what if that comes up again, and what if something triggers [them]?

The triggers and the anger issues, and then what if [child] thinks about doing it again?

Because every time [they] walk out that door, me and my mom kind of worry. (P8)

These thoughts were mirrored by a participant who lost two children previously to suicide, and is now always worrying about their children that are still here:

I'm just scared that this might happen again. Especially from [child] because [they are] talking about that. So, I'm keeping an eye on [them] also. (P5)

This shows how complex suicide is for parents who have to simultaneously manage their own feelings of loss and grief, and the loss and grief of their surviving children. Often this leaves parents trying to bury their feelings of grief while they try to help the rest of the family.

Even after time has passed, situations can arise that parents worry will trigger their child into another attempt. One participant explained how her child turned back to substance abuse after their attempt and every time they go out, the parent and her family continually worry for their safety:

Sometimes I kind of think I should have seen the signs. And right now with my [children], like I said, I worry about them every day... [child is] still struggling. [They are] the one that I worry the most about, just because sometimes [the child] does threaten us like that. Like, "Oh, you don't fucking care."...And then [they will] be like, "Oh, I don't want to talk about it." And [they will] just get up and leave... I'm glad my [child] comes back, but [they] comes back high, and that's the thing that stresses me and my mom. But mom, she says, "Well [child]," she says, "you should be happy [they are] home." She says, "What if [child] out there?" She says, "What if [they] get a wrong hit?" And then she says, "What if [child] starts cutting again and [they] go too far?" (P8)

Sometimes the worry that parents experience after having a child attempt or be lost to suicide becomes so intense that they feel that they need to take drastic measures to keep their children safe. One participant explained how they altered their home as a way of helping them worry a little bit less about their child:

I literally had to take the hinges off the door. I took [their] door away from [them] to make sure ... "You're not locking that door. No." It's come to a point where I've already taken the doors off my house. I don't want doors. I don't want ... those closet things, I take them out ... I don't have closets ... those rods anymore. Because my house is old. It's not the metal ones. It's the old wooden ones. I take them out. I took everything out. That's how paranoid I've become. (P2)

Unfortunately, the strong feelings and worry after a suicide attempt are often present for a reason. While many families continue to fight together with their children to survive and move forward in a healthy way, other families end up losing their children to suicide and their lives are never the same again.

Feelings after a Loss to Suicide

The experience of a child dying as the result of suicide is unimaginable to most people. For those who go through a suicide loss of a child, the feelings of loss and grief cannot be fully understood by anyone who has not experienced the same type of loss. While the intention of this study was not to discuss the actual event of the death, some participants expressed that they felt it was important to share this part of their story for other parents to hear, before moving on to talking about their feelings of loss, grief, coping and healing.

One participant who lost their child to suicide less than a year before their interview for this study, shared their memories of the time surrounding their child's death:

That morning when I got up, I never checked [their] room. The first time I'd never checked my kids' room, because I knew they were all home. I went to work happy, knowing my kids were home. I took my lunch break. My phone kept ringing and I just kept ignoring it, because I just wanted to lie down. It wouldn't stop ringing, and I answered it. Whoever phoned me just told it straight out, "Your [child is] dead. Why don't you get the hell home?" And I threw my phone. I don't remember how I got home. I just remember standing there, and the constable is telling me I couldn't go into my house. And I asked him, "Is my [child] really gone?" And all I could hear, he said, "Yeah." All I remember is my mom screamed. I still hear it. I hear it all the time. When I think of it, I can still hear my mom screaming. I don't know what could have happened. That night doesn't make sense. [My child] was happy. I didn't see it coming at all. My oldest [child] ... [they do not] talk about it much. [They are] the [person] that found him...But I didn't know what [my child had] used, and now I don't understand how that little cord can hold [them] up. That's what got me mad. It's like, "How could that hold [them] up?" I left that rope hanging there for a whole week until I realized that's what [they had] used. I didn't even ... I didn't know where [they had] did this until I noticed that closet had a wire. I said, "What is this here?" Then that's when my [other child] said, "That's the rope [they] ... that's the cord [they] used." I said, "What is it still here for?" Nobody even took it down. (P2)

The shock, anger and confusion explained by this parent was a common set of feelings among all four parents interviewed who had their children die by suicide. Another parent explained their experience of when they found out that his first child died by suicide:

...I was working out in [community]. We went back that night, and then, I don't know. Me and [partner] got into a conflict. So, I went out to the bar. [Partner] went home, and then, from the bar I took off to [city]. Then [partner] found me in [city] and then [they] told me that [child] took [their] life. I was, "What?" They found those letters that [they] had been writing, I guess. Because [partner] showed me those letters afterwards. It said, "I'm going to meet my [parent] soon." Why didn't [they] say this before? [Child] was telling you, telling me, and the kids that [they] were going to do this. (P5)

These feelings of shock, confusion, guilt and regret are reflected in the perspectives of other participants, specifically when the death was unexpected. One parent who lost two children to suicide discussed their experience of not seeing any signs whatsoever before their deaths, and because of this, they are searching for a reason for why this happened to their children. This parent now believes that explanation includes the idea: 'suicide is a spirit'.

There was nothing. Other than [child] breaking [their] phone because [they] got mad at [their partner] and [their partner] left that night; [child] wasn't suicidal. [Child] wasn't doing anything. That really made me think like, see, I found out after [their] grandmother committed suicide. Just walked into the lake and drowned. I'm wondering if somewhere along the line that's hereditary or there's a gene that causes this, because how do you prove something like that?...I do believe it's genes. Not the genes with that suicide spirit. That suicide spirit follows this family, but then skips this person and that person and says, "Oh yeah, okay." That's something that'll never be proved, but these are things that I don't think about anymore because I'd wrack my brains out and I'd probably die of grief again, wracking my brain out. (P6)

Looking for answers to explain why this happened so prevalently in their family is also shared by other families with similar experiences. Another parent discussed their regrets after their children's deaths, and how they thought a 'suicide spirit' in the form of an old man came to take youth by suicide:

We probably could have helped somewhere down the line, helped them get rid of that, what they call that person dealing with that. The talks that make them think this way. When that old man is around. It's getting stronger anyway. Do you know of the old man?...We call him an old man. He tricks the minds of these kids through their phones and tells them, "You're better off coming with me than staying over here. There's nothing here for you. I can give you everything"...We call him an old man because he takes our lives, takes people's lives. And he was trying that with [child that is still alive] and I told [child that is still alive] that, because [they] always see this person. I said, "Don't even listen to him. Look in my eyes." I grabbed [their] face. "Look, [child]." And I say, "Now touch me." That's what I said. "That person you see there, can you touch him?" [They] says, "No." "Well he's not real then. Leave him alone. Tell him, 'Leave me alone or my [parent] is going to come after you.'" I say, "Look. He's not going to get you [child]. Do what's good enough. You don't need anymore," I said. (P5)

After this story, when asked if this parent had seen the old man before, they responded:

Yeah, when I was younger. I've seen him twice actually. Because me too. I did that when I was young [attempted suicide]. (P5)

It is reasonable to search for answers as to why suicide happened with multiple family members in certain families, and with the cases of these two participants, they believe that their children were taken from them through suicide by factors outside of their control, such as spirituality.

Other participants who lost a child chose not to share as many details around their child's death, but more was shared about participants' experiences with dealing with the intensive feelings of loss and grief.

Dealing with Loss and Grief

Processing loss and working through grief following the loss of a child is a devastating process that often presents differently for every person. There are no specific steps or timelines that are relevant for all, but instead each parent processes and heals in their own way. One participant explained what they are currently working through while feeling the loss of their child:

Ever since then, life's been, I don't know, hell. You wake up with this pain every day and you go to bed with it every day. Sometimes I feel like, "Maybe it's just all God's work." I used to say that. But I know it's real. I still have [their] clothes. [Their] room is still untouched. I just moved ... I thought I would feel better not ... I moved into [their] room. I just moved my stuff into [their] dresser, moved my ... [their] clothes still hang there, [their] bed's still there, I use [their] ... I thought that would make me feel good or try to find some understanding. I don't know. It doesn't. (P2)

Another participant who has worked very hard on their healing journey explained how the death of a child affects a parent in a different way than experiencing other losses:

...a parent lives with that pain for the rest of their life. There is no level of grief when it comes to losing a child. I mean losing anybody, but when you lose a child, it's a little bit different. Because I've been through this, I've lost hundreds of people already in my lifetime. When you lose like a mother, a dad, a brother or sister, an aunt, an uncle, best friend, grandparents, anybody that was pertinent in your life, that's one thing. Yes, you're

sad, and yes, you cry, and yes, you grieve, but when you lose a child, it's the ultimate.

(P6)

When asked about healing right after the death of a child, participants responded in similar ways. For those who are farther in their healing journey, they explained the healing process took time and space to work on the healing that is often taken by caring for others. Other participants explained that they are still have not been able to work through the grief:

No...I still didn't have time to grieve yet from my losses. Even for [child who attempted suicide] and [child who died] and [second child who died], I didn't have time to grieve.

I'm so busy with the kids and [partner]. It just keeps my mind off it, but when I stop doing stuff, that's when it all hits me. It's like getting a bat. Hit me in the chest. That's how it feels, all that hurt, and then, I get all that anger with all these emotions. It's like making a soup. I stir it and I don't know what's going to come up. But I know enough not to hurt a person. That's the good thing. I just try to deal with it the best way I can. It's hard, very hard. (P5)

When asked what the feelings of loss and grief were that they experienced, another participant explained how everything in their life feels like it is empty:

My house doesn't even feel like a home. Nothing. There's just no life. There's no life in there anymore. Nothing. It's just quiet and dark. You can feel it. It's so depressing and lonely. I painted the walls to make it look different. No. Take the pictures down, put new ones up. No. It seems like nothing is working. I try something new, something else will pop up. I don't know. It's just, I don't know how to deal with this, how to ... I can't fix it.

(P2)

Struggling to resume life after the death of a child leaves the parents navigating their way back to a new “normal” that is often difficult to find while they are grieving. Other participants experienced what they felt were extreme highs and extreme lows as they processed the grief that came after losing their child. One participant who has lost two children to suicide explained their feelings and how small memories could be triggers:

Sometimes I wanted company, sometimes I didn't. Sometimes I wanted to talk, sometimes I didn't. It just depended what kind of mood I was in and the level of grief I was feeling that day, because it's like a roller-coaster, people say. Sometimes you're okay. Sometimes a smell, an object, a place will trigger that. I'd just sit and bawl for nothing sometimes because things, like Nicki Minaj. That was [child]'s favorite singer. I hear [them] singing and I start crying because I miss [them] so much, and that was [their] favorite. [Other child who died], it was Apple Bottom Jeans and that one rap. Just different things. The perfumes, their smells, their food. (P6)

One theme that kept arising as participants who had lost their children shared their stories, is that of how there was no more ‘normal’ for their family; everything had changed:

It's like ever since my [child] committed suicide, a lot of [their] friends, like, people I don't even know inbox me threaten[ing] to killing themselves. It sometimes drives me crazy... they think that I can help them, or I ... I don't know. And I can't. I can't even help myself. I'm trying to deal with this myself and people throw this at me. You know? The worst thing I hate is you'll hear that, "Oh, get over it. It's been this long. Come on... get back to normal." I don't know what "back to normal" is. I don't know how to be that person as before. There's no more normal. They don't seem to understand that. (P2)

The stories shared by participants gave examples of how devastating it is to work through the loss of a child. However, when a child dies by suicide it is not only the parents who are affected.

Effects on the Family

After the death of a child to suicide, the intense feelings of loss and the grief that follows are also felt by and impact siblings, close family members, and the family structure as a whole. One participant shared an example of what their family is currently struggling with after the loss of their child and sibling:

There's a lot of times I get up ... I don't sleep. I can hear my kids crying, my [child] crying in the next room, I can hear my [other child] crying. And when I go talk to them, I know what it is: they miss their [sibling]. They need to understand what happened. We're not going to understand what happened. We just pray. (P2)

The family struggles to find meaning and navigate through their own grief, with this parent providing emotional support to the surviving children as they experience their own grief. For this family, they rely on spirituality for support. When asked if they feel like they are the glue holding the family together, they responded that:

Sometimes it feels that. But it also feels like I'm breaking, I don't know how to, sometimes I run away just to avoid being with them. (P2)

Supporting the children in their grief is overwhelming. Participants who still had other children at home at the time of the loss of their child, were asked what their experience was like having to move forward through the loss and still parent their other children:

It was hard...There was a lot of conflict. We tried. I tried to be there for them. Like, "If you guys need me, I'm right here." And a couple of the kids says, "Don't you ever, ever leave us." And I said to them, "Don't worry. I'm not going to leave you. I'm always going

to be here." They're still grieving. They're still going through a lot of pain. It's just that they're in a cocoon and don't want to get out there. They've blocked themselves for not going out there to receive help from everybody... Slowly they're breaking out, a chip at a time, but every chip that drops from them is better. It's good. It means they're breaking out of there finally. (P5)

Other participants described how the need to be present and supportive for their families is what keeps them going, however, the questions their family has and the pain they see in their other children is difficult. These complex and tangled emotions also bring up feelings of worry:

Like, what keeps me together is my grandchildren; it's that they're there. My [child], I need to ... I'm trying to hang on and be strong for my [child] because I know [they are] hurting. There's a lot of times I get up ... I don't sleep...It feels like I can't fix it with my other kids. I'm just there to watch; watch and wait. That's how it feels like: I'm waiting for them to do something. Then who do I phone?... I get angry lots, because I don't understand. [Child who died]'s older kids come over, and the youngest one has a hard time. But the things that he asks is, like, I can't answer them. I can't. Like, "Why did my [parent] do this? Is [parent] coming home?"...Like, I know [child is] not coming home. I tell [them] that, you know? But I can't answer why. I can't... (P2)

While, for some, these constant questions while grieving are difficult to work through, others struggle on how to talk to their other children about suicide after they lost a sibling in this way. One parent wanted to share that they tried to convince their child to choose to fight through the feelings of loss and grief:

My [child], [they are] 20, and [they] still live with me. And I talk to [them] and I tell [them], "You know what, a lot of people think of hurting themselves, want to go away for

craziest reasons. Some may be crazy, or some may be difficult to talk about." I said, "But, whatever it is, if you can't talk to me or [other parent], you go to someone else, and you did." And I said, "And I'm proud you did." And I said, "But, I need you here. I need you to grow up and to watch me and to watch your [other parent], and just to be here and be a big [sibling], be a big [relative] to everyone." And I said, "So please, if you have trouble, talk, don't hide it." And that's what I told [child], and [they] said, "Okay [parent]." ...And I said, "We don't know why we lost your [siblings], but ... they, you know ... I don't know ... life will go on. I said, "While we're here, we'll look for them." And I just tell [child] to just speak up, just talk. (P4)

While these parents are trying their best to parent through the losses and help guide their children through the healing process, sometimes it is understandably difficult for parents to function while buried in their own grief. One participant shared how they did not realize their own grief was impacting their other children, and one of their children reached out to give them a reminder:

I'll never forget that time...And I always remember that one note [they] left me on the table. "[Parent], we're all hurting. We're all hurting. Not just you." (P7)

A sudden suicide attempt of a child or death of a child to suicide can not only trigger feelings of grief, but also bring up many questions that parents may never have the answers to, and the surviving children may need support and it is hard to address everyone's needs in the family.

Questions of 'If', 'Why', and 'Maybe'

A common theme among all parents regardless if they experienced the death of a child or had a child survive an attempt, is questions of 'if I did something differently', 'why did they do this', and 'maybe if...' One participant when asked what their thought process was after their loss explained how the feelings of 'maybe' still sticks with them every day through their grief:

I always think that...maybe [they] wouldn't have did this. I don't know. But I don't want to use that "if" or "maybe", because there's no "if" or "maybe". I'm tired of being ... I was angry with [child] for so long. Too long. I have to let go of all of this, because it's not going to bring [them] back. It just ... it doesn't work that way... And all of this has really mentally, physically, spiritually broke me. It broke me good... I just need to try to survive my first everything: my first Christmas, first birthday, [parent]'s day; just try to survive the first everything, then do it all over again. It's just the first time ... I don't know. Like, I'm mad at [child] for not being here kind of. I don't know why [they] did this, why [they] would leave me, why [they] would leave [their] kids. (P2)

Sometimes, information after a death or attempt comes to light which results in more questions than answers. While discussing the letters they found after the death of their child, one participant struggled with why they did not pick up on the clues prior to their child's suicide:

... I should have caught on to what [child] was saying. I should have told [partner] to keep an eye [on them] because [they] kept saying, "You guys will be rid of me soon. I won't be around anymore." I didn't think then. I didn't think because my mind was too busy working... I should have saw that, but I didn't either. Again, there's always that question of why? Why did you do it? (P5)

One participant in this study had a different experience than the other parents, because at the time of their child's attempt, their child was a permanent ward with Child and Family Services. This added an extra layer of trauma during this experience and additional questions of 'why' due to not being with their child every day, and not being provided information in a timely manner:

I felt helpless. And regret, because I did try so much, so hard to get my kids back, and then what the hell was going on in that home, I was so mad. And so, I started getting

more with my lawyer and asking him, "I need more information. What is going on at home? Are they doing their job? Are they even going on them, checking on [them]? Why is [child] running away? And what is going on in that home? Why didn't they listen to [child], and why didn't they move [child] somewhere else?" (P8)

With time and working on their self, another participant realized that this question of 'why' was keeping them from progressing in their healing journey. This participant explains below how their traditional teachings helped them move on from the questions of 'why' and let them move forward:

I did for a time... just kept asking, "Why?" I don't ask that anymore; I kind of washed my hands of that, washed my spirit of that because I don't know why and I never will know why, because I don't have the answers. The Creator has those answers. The grandmothers and grandfathers, the ones that are directing me and guiding me and helping me through life, you know? They all have that answer, and I don't. When I will know that answer is when it's my turn to the spirit world, and I will see my kids again, and everybody that left us early. That's just how I see it, and I can't spend the rest of my life wondering and worrying and getting sick, because I just can't do it. It happened. There's nothing I can do about it, but I can learn and I can help others because that's what we have to do. (P6)

While some parents are able to move past the questions that they do not have answers to, others may never be able to, and learning to cope will look a little differently (as it does for every person).

Coping after Suicide Attempts and Loss

Learning to cope often comes with time while processing through the feelings of loss and grief. Coping mechanisms for the participants were often described differently, and learning

coping strategies came at different times for every parent. Some parents described not understanding exactly how it is they cope, however relying on prayer and their beliefs helps them push through:

...I talked to a lot of people and they are like, "Wow. What do you do during this madness?" But I don't know. I don't know where I'm getting the strength ... just to be here, especially with everything that goes on and just thinking and, you know. I said, "I don't know, I just pray and just keep on praying and ask someone to watch over me and help me." (P4)

Another participant echoed this feeling when asked if they could pinpoint exactly what it is that helped them cope with their loss:

Nah, I don't think I can go through it like that. It's always going to be there in truth, no matter where you are or what you do. It's always going to be there and there. It will never leave you. You always think about it all the time. A memory that's stuck in your head. And the pain is always going to be there, but you still got to move on. You just got to try to push it aside and try to deal with it the best way you know how. (P5)

One method for coping with loss was attempting to keep some part of the participant's lives that felt like they were resuming their regular activities. One participant decided to continue in their pursuit of their grade 12 diploma:

...it took me a couple of years to finish my grade 12, but... a lot of people said, "Why don't you just give up? Stay at home. It's your job." I was, "Why? What would that do?" But I just kept going back to school, even after I lost the kids, I just kept going back to school...they tell everyone to stay home and not do nothing, But I thought 'maybe if I do this'...If I didn't I probably wouldn't be where I am right now. (P3)

By attempting to resume their normal pattern of life and focus on their original goal of completing high school, this parent felt that it helped them cope through the grief of that time and hold on to some sense of 'normal'.

As shown above, every participant in this study is in a different phase of healing from their loss. While some are not yet able to pinpoint how they cope, one of the participants who lost more than one child to suicide has had time to gain insight of how they learned to push through the grief of their losses. This participant's perspective is that in order to learn to cope, parents who have lost a child to suicide need to be their own biggest supporter, not be ashamed, and allow themselves to struggle in order to move forward:

Sometimes I didn't care, but I guess that's part of the depression. When you suffer a loss like that, you just don't care. I didn't care whether I lived or died. It didn't matter to me because my kids weren't there, but then that voice would still be there and it would say, "You've got your kids. You've got your grandbabies you've got to think about." So yeah, there's so many emotions. When you go to school and you take philosophy and all these other subjects, and you learn about grief or like certain emotions, there's like sadness, anger, bitterness, hurt. Then the anger, guilt and anger come last. What I found is the reason why guilt and anger come last is because those are the harshest feelings that we subject ourselves to as a person. You go through all that emotion, and then it's anger and guilt. Now if a person can't get over that anger and guilt, then they're done... You learn in your own time in your own way how to heal and how to cope. That's all, and there's nothing wrong with these programs that people put out there for support and whatever. To those people that don't feel support, well, your support is yourself. Maybe that's the biggest thing I could say out of all of this. The biggest piece is you and how you cope and

deal and struggle with it. It's okay to say you struggle, you know? Any time you deal with anything, society has always put on us that, "Be ashamed if you fall and you've done something wrong." You've got to pick yourself up and start all over again. The same thing with suicide as well. We can't be ashamed, and we can't be anything but proud of our children and who they were, and keep their memory alive right here, because that's us. They're gone, yeah, but you know what? If you don't keep their memory alive, you die. You've heard of people dying of a broken heart? That's true. (P6)

Unfortunately, losing a child to suicide is life shattering and while some of the participants have been able to learn to cope with their loss in their own way, others have turned to substances to help numb the pain that they live with every day.

Self-Medication

Some participants of this study shared how they turned to alcohol to help with the toll that their loss and grief has taken on their bodies, minds and families. As explained below, this participant found only through alcohol were they able to shut their brain down and sleep. While this is not something they wanted to do, at the point of our interview they had already been waiting almost seven months for a referral to a treatment program:

I don't sit in another room. I sit in that room [her deceased child's room], I eat in that room. I don't leave that room. And I've turned into a closet drinker...I don't depend on sleeping pills, so I drink to make myself sleep. At home, I usually drink pretty much almost every day just to help me sleep, either one or two beers, or I'll just get myself so pissed that I can pass out and sleep for days. That's what I do. That's what I told my doctor ... I told him I needed to go to treatment. I don't want to start drinking. I don't need

to start all these other things to help me sleep. I'm still waiting. It's been ... December I went and applied for it. (P2)

Similarly, another parent when asked for how they coped through his multiple losses responded with:

...I was always alcohol. Well recently I haven't. I just stopped. I think it's been over ... It seems like a long time. But any money I had for a case, I would go buy a case and sit there. I know it hurt [partner] and the kids, but that's when I get to my grieving point. I thought alcohol was the best thing. I was wrong, because the longer I stay sober, the more positive I'm thinking. A positive outlook on things. (P5)

Using alcohol is a common coping response when people are experiencing the many pains of grief. With losing two children to suicide, another participant explained how they avoided using alcohol or drugs as a form of self-medicating while grieving. Coping mechanisms differ from person-to-person in order to move through the healing process. This participant shares how they were aware of their imitations and what they needed to heal:

See, that's why I say now...I know why there's so much drugs and alcohol in the world. So many people are suffering because they didn't know how to deal with this pain. I chose not to drink. I chose not to do drugs, only for the fact that I knew if I started, I wouldn't stop, number one. Number two, it just made the grief a million times worse. You feel it. I couldn't deal with that, you know? I have my kids, my grandkids to look out for. I had to be there for them. How were they going to grow up if I'm not there? (P6)

This participant was able to use other methods of coping, such as turning to spirituality, and had an awareness that drinking alcohol would not help them attend to their family or their own

feelings of grief. There are many positive and negative coping methods that people who are grieving rely upon, alcohol and drugs are common.

Resource Gaps following Suicide or Attempt

One question that was important to ask participants was what their experience was of seeking help for either their child or themselves before or after a suicide attempt or a loss. Experiences of parents were mixed, with many experiencing trouble trying to find help from resources that were just not available. One parent explained how hard it was when initial support was shown, but once the funeral was over their family felt like there was no one to turn to:

...you hear about suicide and when it happens in your own community or to someone you know, you never hear anything about it after the funeral is done. After the funeral is done then it's just quiet, and then you never hear about it again. Because after that happened with my [child] here, the pamphlets came out, they were put up on site for you to see. Later on, they were gone. There were no pamphlets around, no one there to, you know ...talk to. (P4)

The experience of this parent is not unique, and after their loved one is laid to rest, often communities go back to their usual patterns of activity and resources disappear; leaving parents feeling abandoned and alone in their grief. When this happens, parents usually turn to whoever they have that they feel comfortable talking with, and who can relate, for peer support.

There's nothing from [community]. So, I usually just talk to [best friend]. I had another [person] approach me...[they] lost two of [their children] to suicide all in a year; a year apart. [They] comes and sees me. We talk a lot. I haven't seen [them] in person, but through Facebook or we video chat. [They were] from [community], but [they] had to move [they] said. [They] said [they] had to move just to get out of that house... (P2)

Inadequate access to resources and interventions after a suicide attempt or loss is a common problem, and for parents this leaves them dealing with their loss, grief, and having to navigate their new normal all by themselves with only friends to rely on. For those who lived in cities during the time, finding resources was somewhat easier but not significantly so. Participants living in cities had easier access to hospitals and better school mental health programming, however there is a lack of other resources for after a suicide attempt or death in Manitoba. This dearth of resources increases when participants are looking for culturally relevant loss and grief or mental health interventions.

The few participants that were offered or sought out counselling after their loss[es], did not speak highly of the outcome of their session[s]. When asked about the people who provided support after the death of [their children], one [parent] explained [their] experience and gave a good example of how difficult it is for some parents after such a great loss, to connect with the few people that are available as professional supports.

They don't know what to say... they'll hug you or rub your back and say, "I know how you feel." Oh my God. At first, I would just leave it...but inside I'm like, "Ugh. The next person that says that to me, I'm going to trip." So anyways, this counselor...I just couldn't do it anymore. She had said it at the right time, for me anyways, and I turned around and I said, "Look," because she, you know, trying to hug me and rub my back and, "I know how you feel. There, there." I looked at her and I said, "You know what? You don't fucking know how I feel. Have you lost a fucking child?" She went, "Well, no." "So then how the fuck can you sit there and tell somebody you know how they fucking feel if you have never lost a child? In fact, you don't even have fucking children and you're in this line of work." "To come and sit here and tell me you know how I feel, you don't even

begin to have a clue how I fucking feel. Don't ever fucking say that again to anybody unless you really know, unless you've been there, because you know what? I'm sorry, I don't mean to get mad at you, but I'm tired of people telling me they know how I feel. Unless I know that you've lost a child to suicide or to any kind of death, it doesn't matter. You've lost a child. It's the same kind of grief. Then, I can understand and relate that you're telling me the truth. Just don't come up to me and say that, just think you're going to make me feel better. You're not making me feel better. You're pissing me off." (P6)

This is an issue that other parents have experienced, with people trying to be comforting but instead being hurtful by trying to claim they understand what those who have had a child die by suicide feel like:

...they'll say, "Oh, I know how you've been through." I say, "No, you don't. Yeah, you buried your mother. Yeah. You don't know how it is to bury your child, and especially to suicide where you ask yourself why, where you wonder that why every day." I said, "That's what hurts." (P2)

The inability for professionals to connect with parents grieving from the suicide loss of a child is a large concern, specifically if they unintentionally cause more harm. In addition, parents are tasked with the burden of accepting the unhelpful behavior of professionals if they want counselling, or they must address the behavior that is causing them pain; neither options which are optimal for a person who is dealing with immense grief and is just looking for some sort of relief.

This lack of connection between professionals and parents dealing with these losses is just one of the issues that arise when participants are able to receive help. Other participants who reached out for services before or after a suicide attempt or death described additional problems

that arose while trying to navigate a western medical system that continues to reflect its colonial roots.

Issues with the Western Medical Model of Helping

The current system that provides intervention and postvention resources for mental health and suicide is based on a western medical model. With a push towards the importance of mental health in recent years, organizations are turning towards more ‘holistic’ approaches of intervention; however, these interventions are still often are not enough, not easily accessible, or do not take into consideration the many factors that stem from colonization and lead to Indigenous youth suicide. As explained above, parents had a hard time finding appropriate resources, and when they did, the services they were offered were not what they felt that they needed at the time.

One parent who knew their child dealt with mental health issues and suicidal ideation, repeatedly sought out help from the hospital; which was what they were told to do in a crisis situation. What happened each time was a brief interview and then their child was sent home:

The doctors talk to [them] for maybe half an hour, then [they are] back at home. Then, I'm the one that stays up all night to watch [them]. (P2)

This is something that commonly happens when children are assessed for suicide at the hospital. If they display that they are not an immediate threat to themselves and there is a family member in charge of them, they will often be sent home; regardless if the parent is prepared for the daunting task of monitoring their safety at home.

After this experience, this parent's child died by suicide, and their anger about the failure of the medial system was clear. This parent still tried getting help while they were struggling

with grief, and was hoping for counselling, however the only action by the medical staff was to give them a prescription and send them on their way:

They give me a prescription for Prozac and sleeping pills. I said, "I won't take these. I need to...I know how it is to be on antidepressants. I don't want to take them anymore, because I need to deal with this. I need to heal." I don't want to take them. I need to understand this and I'm going to be okay. No matter how much I'm broken, I know I'm going to be okay. I know I'm going to be okay even though it's hard. (P2)

As this participant explains, they wanted to receive help to work through the grief so that they could heal, not mask it with antidepressants and sleep aids. While some parents take the medication out of desperation for some relief, it is common for others feel frustration that medical system treats loss and grief through medication instead of having the adequate resources and properly trained support staff available.

Another issue with the current system is that it is not set up for families to get services in a quick manner, often having long wait lists and stringent criteria to be accepted. Another parent explained their frustration of not getting a referral to supports while their children were at the age that the guardian's [CFS Placement] could ensure they received the help they needed.

We're trying to get [child] help... then it's like I can't push [them], because [child is] 20 now... And this happened three years ago... me and my mom talked about it. I said, "I don't understand." They had [them], and after [they] got out better, why didn't they put [them] in treatment? I don't know. Why didn't they get [child] a psychiatrist

help?...Something, anyways. And then a counselor, and it's just like, it didn't pan out. (P8)

This situation is unfortunately not uncommon and gaining access to government funded professional help can be a difficult task. Additionally, for those parents like the one mentioned

above that do not have custody of their child while they are struggling with mental health and suicide issues, there becomes added barriers due to not having immediate access or decision-making rights to your child.

Long waiting lists, shortage of resources, medically focused treatment, and other barriers to services are only some of the issues that arise for Indigenous parents seeking help for their child or themselves after an attempt or loss to suicide. In addition to these things, the current health structure in Manitoba is slow to adopt cultural healing practices and resources into the system to support Indigenous families.

Dearth of culturally relevant resources. One issue that was brought up and will be discussed more in depth later on, is the lack of access to culturally relevant resources and healing options for families. This is something that multiple parents suggested they wanted to change, and one parent who did seek support through the system for their teen who had multiple suicide attempts, explained how hard it was to find traditional options for healing. When asked if the resources they received met the needs they needed them to meet, this parent's response was:

At that moment, no. I had to ask Jordan's Principal [Federal Indigenous child health program]. And I asked [child] about the cultural pieces... [child] loves to drum. I told them, "[Child] loves to drum, and it helps [them]. It soothes [them]. Can we get [child] doing that?" That program never happened. And I asked [child's] worker, what's it, [their]... Respite worker. "Go do traditional things. You know, like go to a pow-wow. Do something, teach [them] about smudging. [Child] smudges at home." And we try to keep on that. And I'm still learning as well. But at home, it's like, "I want my [child] to learn more of this, so maybe one day, when [child is] learning this, [they] can bring it home, show us." But at that time, I really wish that they maybe would have had an elder who

could just ... was right then and there, when they heard about the situation, to just jump in. (P3)

Connection to culture and spirituality are known to improve mental wellness in Indigenous youth, however connection to traditional helpers is not often offered by our current system as a form of treatment, and privately can be hard to find and/or unaffordable for many families. Also, connecting to cultural activities may be difficult depending on where they are living. Knowledge Holders/Elders may or may not be well versed in mental health issues, but the cultural relationship may serve as a protective factor. While some participants were able to find connection to culture through ceremony, spirituality, etc.; others felt that it was a challenge to seek help because the stigma of suicide still remains.

Stigma of Trauma and Suicide

Seeking out help in a person's community after the attempt or loss of a child to suicide is often difficult and as multiple participants shared, a large part of this is because of the stigma that is still present surrounding suicide. One parent when talking of their own background, discussed the death of their sibling to suicide and the layers of mental health issues that this parent and their sibling (who they helped raise) experienced growing up. Now that they [her relative] is gone and the participant lived, in retrospect they feel regret of how stigma kept them from healing:

I was the one that brought [them] up and survived, I guess. Survived, eh? So, we didn't have a relationship. But through this all, the mental health, no one talked about their feelings. No one talked about getting hurt. No one talked about it. The stigma was there that you're not allowed to talk about it. (P7)

This was expanded on by another participant who lost two of their children to suicide. When asked their perspective on what people and communities need to be doing differently to prevent suicide, they responded with:

Well I think they're trying the best they can, right? Because nobody knows...it's such a ...what's that word I'm looking for? It's like a no-talk, it's hush-hush. It always has been. A lot of parents aren't able to talk about this, and that's a big stigma in society because what you were saying about how people, you're finding that it's not being talked about. There are no solutions. It just keeps happening. (P6)

This idea of suicide stigma continued emerging through multiple interviews, when parents were asked where we should start when it comes to changing suicide interventions, preventions, and research. One participant simplified it into a very simple fact:

Yeah, there's nowhere to start because there's nobody talks about it. That's the one issue, right? (P3)

There are many reasons why this stigma continues, and a lot of parents who have had children die by suicide or have had children attempt suicide feel shame due to the worry of what others would think about them and their families. One participant who had two of their children die by suicide explained what it was like for them, knowing that stigma existed, and trying hard not to feel the shame they had seen others experience:

I just always felt, because I knew there was that stigma there, because I was a social worker and the things that we had to deal with and stuff, and I've seen the behaviors of other people, so I knew the stigma behind the suicide already. I'm like, "You know what? I'm not going to be that person because I'm not ashamed." That's what it is, a shame for a lot of parents. "How dare this child leave me," and it's, dare I say, selfishness with the

parent. To me, it's just a feeling. Hey, it's a feeling that you go through, like, "How dare you leave me. How dare you leave me to face this alone. How am I going to answer to people? What are they going to think of us?" (P6)

This participant's experience shows us the multiple layers of grief that parents have to go through when dealing with a suicide loss. Every parent will grieve and experience their loss in a different way; often feelings of guilt and shame are tangled together, only to be amplified by the stigma surrounding suicide. This stigma not only affects the parents and families who are dealing with suicide, but also Indigenous communities in which suicide is a major concern. Because of the high rates of suicide in some Indigenous communities, people that live outside reserves can perpetuate the stigma by discussing the high suicide rates that Indigenous communities have no control over because of the historical trauma inflicted upon them.

Effect of Suicide on Communities

Hearing how suicide impacts families who have been through a loss or attempt is only a part of what we need to know to understand the magnitude of Indigenous youth suicide. Another large piece of the puzzle is how suicide directly impacts the communities that these families are a part of. When beginning our interview, one participant explained how suicide impacted them and their friends while growing up (and through adulthood) living in a reserve in Northern Manitoba:

I've dealt with suicide for so long actually ... I lost two of my friends to suicide in [community]. My first friend, [name], I was 21. [They] hung [themselves]. My friend [name] shot [themselves] in front of their kids. Like, how do you do that? You know? That family, we never talked to them. We were not allowed to talk about what these [children] did as our friends. We had a group of friends. We never talked about it. Just

continued to hang around. We'd go fix the grave, but we never talked about why, or a possibility of why or what happened. It was just left like that. (P2)

This participant's experience demonstrates the fear and misunderstanding that a lot of communities still have regarding suicide. No one wants to talk about it due to the fear of it continuing to happen. Another parent who lost their two children to suicide, and witnessed the death of others in the same manner, described their perspective of what suicide does to

Indigenous communities:

It's devastation. Total devastation to see ... You never know why, and you never know why it happened to you, but it's moments like that. You're there for the other families. You're sitting in the wakes in the funeral. You're crying along with them, and you're the first one they call because they know, and that's all that they want, is that understanding and to be comforted and be by their side. Just even sitting in the same room. That's how I know that. I don't even cry anymore when one of these kids takes their lives because I can't. I've shed so many tears, but I dress them. I do the traditional honor because I am very honored when the families ask me to make a star blanket and dress them because that's the last, most wonderful thing you can do for a person, is dress them and put their moccasins on and put that star blanket over them. The most honorable thing, and that's why I'm so honored. That's why I don't cry because I know their history and I know that they're much better where they are now because they were just suffering here...when this happens, it's a ripple effect. Everybody feels the loss, and when my [children] did this, when [child] did this, I think [they were] the first in a long time that had committed suicide on my reserve. I mean there had been attempts and other things, but [they were] the actual first one that did it, and it affected everyone. (P6)

Due to the traditional structure and close ties of Indigenous communities, these feelings of loss and grief described by this parent are echoed not only by family members, but other friends and loved ones as well. After a death, the families stick close together and to themselves, and out of grief and feelings of loss, conflicts sometimes can happen between them and other community members. One participant explained what it felt like in their community after the loss of their two children:

I'll just say... It's like everybody for themselves, their own little family. It's like their bubble. Nobody can get through. Each community and all of these families, and if one tries to get out and make a difference, that one gets picked on and whatnot. It's terrible sometimes. It hurts when there's communities like that. I'm glad that when I was out there, they had a lot of problems also in communities, always fighting with each other because someone took their life and the funeral happens, and people have fights after that with families, conflicts. (P5)

Another participant explained that they felt a lot of the conflict within communities regarding suicide had to do with not being able to understand; unless you as a parent have gone through a suicide loss or attempt of a child you cannot fathom what that loss feels like:

People around there, they don't see that the mental issue on the reserves are really bad and there's no support at all. They don't see it until it happens to them or their family. (P2)

When asked if these feelings of misunderstanding and judgement by others hinders asking for help after a loss or attempt to helpers and members of your community, one parent answered:

...it's hard for every person [reaching out to community]... it's probably like, "I don't want to hurt this person by saying this." It's like you're walking on eggshells. You got to be very careful how you approach it [suicide] and what you say. Otherwise, you're going

to get hurt or they're going to get angry or they won't talk to you again or they'll just push you away and say, "No, I don't want to talk to you. I don't like the way you talk about this." There's always that mask and that shield. They're protecting themselves when they're trying to open up, but that's something they should realize that they have to hear also because they've been through the same thing, but I don't know. It's very hard to connect with people nowadays. (P5)

Knowing that talking about suicide prevents suicide is hard to understand when the stigma of suicide is still very present. As this participant described, a lot of people in their experience 'put on a mask and shield' and try to protect themselves and their family from the grief others are experiencing, as well as their own. This, however, makes it hard to connect to others when a parent or family dealing with suicide and could benefit by being able to share their feelings with someone or connect with resources for assistance.

The final participant that had perspective to add has dealt with suicide attempts among their children, and also has experienced loss of students to suicide as an educator. The views they wanted to share regarded youth themselves and their sense of hopelessness:

I don't know. It's just tough because it's reality... Our young kids are killing themselves because...They have no hope. They think they're alone. And their addictions they're going through... We don't know all what they go through... But there probably is a lot of trauma already in their lives... Sometimes there is hope that will fill me with something small ... Maybe it means nothing to us, but to them, to them it does. That hope is what they need...(P7)

While suicide within communities has multiple layers and can be very difficult to navigate, this participant shared their belief that people need to work through this grief together if they are to

provide hope to youth and prevent future suicide attempts. In order to do this, parents, families and communities need to work together to heal from suicide loss, as well as the impacts of colonization and the factors it creates that lead to Indigenous youth taking their own lives.

Healing

Moving on through a healing journey after the attempt or a loss of a child to suicide is different for every parent and family. As it is with loss and grief, healing is unique to the individual. One thing that is common when it comes to healing after a suicide loss, is that often it is a lifelong journey. One participant shared the story of what their healing journey as an adult [from their own traumas and their children's suicide attempts] looked like for them:

...through those four and a half years of counseling there I did a lot of work on myself. And one of them was forgiveness for my parents. And all those ... relationships I was in with abuse. Addictions and ... Especially the ones that hurt me. I learnt that you can forgive but you don't have to talk to them more. You don't have to be their friend; you don't have to ... As long as you forgive and heal...I also learnt that healing, it's a lifetime journey. It never stops. And I learnt grounding. How to stay grounded and stay in the present. And with the triggers, I learned lots about when I get these triggers, what to do. Because one person asked me, "How can you live with yourself with all this that happened to you and your kids, how can you live with yourself?" I told them, "It's hard, but I have to. And I'm doing it for my choice because I chose not to let my past do this to me no more. Because I wasn't the one doing wrong." I said, "I was the victim. I was the ... " But now I say, "I'm not a victim anymore. I survived all this. I'm a survivor." I said, "I'm not no longer going to let my past be in control of who I am." (P7)

As this participant experienced, healing can be done with help from counsellors, mental health professionals, and outside resources; however, most of the participants in this study stressed the importance centring spirituality and culture.

Spirituality and Culture in Healing for Youth Suicide Survivors

For the participants of this study who had children who have survived a suicide attempt, spirituality and a connection to culture is what they saw to have the largest positive impact on their healing journey. One participant who had both of their teen children survive suicidal ideation and attempts, noticed a significant difference between their healing and shared their thoughts:

So, they're both have gotten better, but there's a difference on [first child's] healing journey and [second child's healing]. [First child] has been doing spiritual work and [second child] hasn't, and you do see a difference...The spiritual stuff that [first child is] finding out about [themselves], and somebody telling [them] there's a ...Well, what you would do in ceremony. Same idea, but it's not ceremony, but it's the same concept where someone is telling you I see this. The grandmothers are speaking to me about this. That's what it is. [They are] going back into stuff and healing. [They are] thinking about stuff that happened in [their] past. [They are] healing from that whereas [second child] is just in the here and now, and let's move forward. [Second child] doesn't seem to be making the progress that [first child has] made. What I think there's definitely a correlation there, because [second child] doesn't seem to be dealing with anything that has bothered him from his past where [first child] has. (P1)

This lack of addressing previous traumas unfortunately happens with many mental health supports (unless they are specifically trained to do so) and focuses on how to function in the

moment. This can be problematic for some who need to address previous traumas in order to heal and avoid future suicide ideation. However, a focus on one's own spirituality can help a youth work through what they need to and be a large contributor to healing.

In addition to spirituality, another parent who experienced their young teen attempt suicide multiple times shared that their child had found a new connection to their culture during their healing process. When asked if they thought this had made a difference, their response was:

I think it did. Because [they] would do the smudging. We got [child their] own bowl. We got [them] the sage. And [they said], "[Parent], I would really love to one day go sage picking." So, I said, "Okay, I think I know where I could find some, so we'll do that." [They] had a feast at [their] school, and [child] was doing the drumming. [Child] loved it. [Child] loved it. [Child] was like a natural, like when I was watching [them], [they were] like a natural... And [they were] so happy. [Child] did carving. [Child] carved [school name] sign, with [them] and [their] two friends... [They were] so proud. They do a lot of cultural activities now, at [school name] as well. So, when it comes to things like that, [child]'s the first one they ask. And [child]'s like, "Yes!" Because they do drumming group as well? And yeah, [child] comes in and [they are] smiling. Or I pick [them] up, [they would] be smiling, "Hey, [parent]." I'm like, "How was your day?" [They are] like, "Awesome. We drummed today." So that's what brings and heals [their] spirit is learning that. (P3)

Not only does the experience of this parent show the importance of a connection to culture for Indigenous youth mental health, it also shows us how having cultural activities and ceremony as part of school programming can greatly benefit the youth who attend. This parent was not the only participant who saw a change in their child when they started participating in cultural

activities. Another participant who had their child attempt suicide talked about how a move out of the city back to their reserve community rekindled their child's connection to culture and ceremony:

[Their] grandmother's actually [has been helping him], since [their grandchild] passed, and well she dealt with her [child] murdered...I think she's going back into that way of traditional...actually, she said [participant's child] started being a fire keeper. So, I'm kind of thinking [child is] following her. For [them], I think it is being out there now [community], because [they] feel it out there. Whereas in [city], it's like we're all separated still. So, it's still there, knowing the fact like well, my [siblings] are still in the system, whereas oh, why can't we just all be home kind of thing. (P8)

This family, who has been separated by Child and Family Services, has had a difficult time healing because they cannot all be together. By a return to their community, this participant's child has started to see a sense of purpose and they are hopeful that it helps them to heal.

While this connection to spirituality and culture is very important, like all things will look different for every person. One parent who follows Christianity, explained how they feel youth should find a connection to spirituality in whatever way they feel drawn to in order to build a strong sense of identity:

...I think our young people, especially First Nation people do need a lot of help with finding out their sense of identity. Who they are. And to have that spiritual part be open, and help them, teach them, that it's okay to go traditional, to live on the land. But it's okay to go to church as well and believe. Whatever your faith is, have something... And that's one thing I told my kids. I told my kids, "Whatever you guys need that faith, whatever it is as spirituality, find it. (P7)

Connecting to spirituality is not only helpful for healing in Indigenous youth, but also for parents who are trying to help their children heal from a suicide attempt or healing themselves from the loss of a child to suicide.

The Help of Spirituality and Traditional Healing for Parents

Seven out of the eight participants involved in this study shared that their spirituality has been the biggest part in healing after their experiences with suicide among their children. One parent explained what has gotten them through their grief to this point is praying and asking for help:

... I was baptized, and I went to church back in 2000 and that's what I just kept doing, was just praying ... And helping, and if I probably didn't go that way, I'd probably be ... I don't even know where...I don't know where I'm getting the strength ... just to be here, especially with everything that goes on and just thinking and, you know. I said, "I don't know, I just pray and just keep on praying and ask someone to watch over me and help me." (P4)

Another parent when asked what has helped them to heal explained that it is through prayer that they keep going for their family:

It's my praying. And I speak up for my own help, and just ... when my kids all get together and I just look at them, and I know, "Okay, I know why I have to be here. Just to guide them and be here and keep pushing them to strive for more than what they have right now." (P3)

Prayer is a large part of spirituality, and seven out of eight participants mentioned praying to Creator or God for help while they are grieving and healing. For every person, where one prays (be that in ceremony or in church), or however they participate in spirituality, can be

different. This depends on where one feels the most comfortable and accepted. One participant shared their experiences of not being able to go to a church, but being able to find peace while praying in a sweat:

They told me God was everywhere, so he's in my home. I'll pray at home. I pray, but I won't dare go to ... Like, people tell me to go to church. No, I won't go to church. I can't even go to a clinic. I get bad ... my anxieties are bad. I faint a lot of places when there's too many people, or when I start to think of [child] then I get panic attacks and I'll faint. So, I don't really like to go to public places. But I can go to a sweat. I don't know why. I can sit in the sweat. (P2)

When asked how this participant felt after a sweat they explained the following:

Tired. I just sweat. Tired, and I fall back asleep in peace. I'm in peace. I'll just sit there and think, pray. (P2)

Trying to feel moments of peace is one of the main reasons participants shared for believing in prayer for healing. Another participant explained how they attempt to deal with the days where they feel intense grief through prayer and being on the land:

Prayer. I'm praying now to get that feeling out there. I say, "Here, you have it. I don't want it today." Then, I'll go cut grass or build something, then try not to think, but it always comes back... Sometimes I think my praying is for nothing. I ask him. "I asked you for something. Where is it? I don't see it." And I get angry about that. It's just like something is keeping me down here and that's why I made the move up because I move up there, I can do a lot. I know I can, but they want to keep me down here. And I tell myself, "No more." I say, "No more bullshit." (P5)

Even when believing in prayer, often individuals will go through feelings of anger and look to place the blame on a higher power, as this parent explained above. Another participant explained they wished they could pray but did not feel like they believed in someone to pray to. This reminds us of the need to respect all beliefs when it comes to spirituality because it is an individual choice. One parent who had their two teens die by suicide explained the following about their perspective:

...if I didn't have prayer...I wouldn't be here. I'd probably be dead. Christianity for me, I still respect that. I respect all forms of spirituality because as I understand it, Christian people believe in God. We believe in the Creator. Muslims and other people believe in Allah. There's Buddha, there's all the names, and he's God. He's Creator. He's the same guy. He made us. It's just said different nationalities. We all still pray the same way. For native people, we go into the sweat lodge and pray. One thing I tell people all the time is prayer; I was raised like you go to church and pray. That's how I was raised. Then some native people believe that they can only go to the sweat lodge to pray when in essence, you can pray anywhere. I pray when I'm driving, I pray when I go to sleep. I pray when I wake up. I'm praying when I'm on my sewing machine. I pray when I'm on my Chi Machine. I'm praying, not all the time but lots. I pray lots, and that doesn't make me corny, messed up, traditional person or a crazy Christian, stuff like that. It's just myth.

(P6)

As this participant describes, prayer can be used anywhere at any time by anyone, and this helps it be the most prevalent strategy that was brought up by participants as part of their healing journey. In closing on spirituality and healing, this participant added an interesting analogy not heard by any other participants that is important to share:

Going through this is like being in bubble wrap. That's the best way to describe it. You're in this big thing of bubble wrap, and there's one little hole that you can get out of, but you're poking at that bubble wrap trying to find it, and if you don't find that hole, you don't get out. You're surrounded by the counseling and all these other things, but there's no way out until you find that hole. How you find that hole is through that prayer and that spirituality for yourself because this is what gets us through everything. That's how I see it. (P6)

This participant shares their belief of how important it is to have prayer and spirituality in some form for yourself, and to focus on doing the work for yourself, if you want to heal from a suicide loss of a child. In addition to prayer and spirituality, two other ways of healing participants found helpful was ceremony and connecting back to culture.

Ceremony and Connection to Culture

For participants who chose to turn to traditional methods of healing, ceremony and a reconnection to culture were two factors that were explained to help parents with healing. When asked what was most helpful for their family in their moving forward from suicide attempts, one parent explained the following:

Finding out about my roots, and then trying to find out enough that I can share with my own family, and then try and get them to embrace the idea of finding out about their roots as well because I think that's really key. The language too, the language is a big one. I feel like we're a bit lost without our language... I'm hoping that things will change and that whole ... The idea of people having more access to indigenous culture to heal. I really think that that's super important. (P1)

This participant who did not have connection to their culture growing up, has seen a lot of healing done within their family since they have reconnected with their traditional language and ceremony. Another participant echoed the importance of traditional healing and how ceremony was the most important piece for them in changing their viewpoint after their child's suicide attempt:

Probably the traditional stuff, because I went through a lot of sweats. And for my program too, the one I did, we did traditional things there too, and we made our own bundles. The [participants] did drums, hand drums, and made their little bundles and strawberry pins, rock painting. So it was kind of like working with them has kind of made me see things differently...(P8)

This participant was able, through programming, to reconnect with their culture and participate in ceremony, and see the positive change in their healing process. Unfortunately, traditional programs are not always accessible and other participants had stressed how they felt they would have preferred being given a traditionally based healing option when they sought out assistance. A participant who has reconnected with their traditional beliefs in the last few years offered the following advice:

I think that if people have the option of doing things that are cultural, instead of here's this pill that's going to help your depression, or here's this it's going to help your mental illness. It doesn't feed your soul. It doesn't take away the pain from whatever your past is. I think that's another important thing too, is being able to talk about and that's where ceremony in ceremony if you want to talk. I think, but you also have to try and find a comfort level there too. (P1)

This participant's ideas are to move away from the medical model when it comes to suicide, loss, and grief and move towards traditional methods that help you heal from the inside out.

Regardless the method chosen by participants to heal, all methods looked different to each parent and as the participant above mentioned, it is up to those who have experienced suicide to decide what they feel would be most comfortable for them to try. The last common experience that was brought up frequently by the participants was the importance of social support while grieving and healing.

Social Support

While discussing different healing strategies, three of the parents discussed how important their friends were during this time and that their experiences felt as if you were 'just doing what you need to get through the day:'

...I relied on friends. I think my friends knew. My friends knew more than I knew, if that makes sense, about what was going on. You just go into survival mode I think. I think that's just all it really was. (P1)

Another participant felt they would be lost without their friend, who also had a child die by suicide:

...my friend helps me lots. And it's so weird. My best friend I'm always hanging around with, [they have] helped me go through this with my [child's] funeral. My [child] committed suicide [date]. [Date], [their child] did the same thing...[Friend has] helped me lots. We help each other lots. We have our days. Some days are harder for [them]. Some days I'll have a good day and [friend will] be having a bad day. We're together every day, from right after [they] get off work we're together, until [friend] goes home to

go to bed. The way we are, we'll drive around, we'll ... or we just sit there and play cards and talk. (P2)

Having the support of someone close to you who you feel comfortable sharing your grief with can be helpful to a parent trying to cope and heal from a loss. As discussed previously, connecting with people after a suicide or attempt can be a struggle for parents because no one truly understands what you are going through other than someone who has been through it themselves. So having the support of someone who has also lost a child to suicide can be extremely valuable for someone with a recent loss.

In contrast, when participants did not have anyone to talk to after the death or suicide attempt of their child, they found it difficult:

...when it happened to me, there was no one around. There was no one there or anything. You felt alone. You felt empty. I would think to myself, "Okay, everyone's going home, the funeral's over, I'm here." But then I'd look around and then I'd see that I have my other younger kids there, and then I said, "Okay, I'll get through this." (P4)

Another participant shared that it is now getting easier to talk, but other than their best friend it can be hard to talk to others; this parent fears that if they do not talk about their child, people will forget about them and they as a parent will be stuck not moving forward:

I don't know, talking about it. Sure, I cry when I talk about it. It's getting easier. As long as somebody's willing to listen, you know, I'll tell them, because I don't want anybody to forget about my [child], ever. That's what I'm afraid of, you know, that one of these days nobody's going to even remember [their] name but me and my kids. Everybody's going to move forward. Everybody's moving forward and it feels like I'm stuck. It's like I take two steps forward, then one step back. (P2)

The fear that people will forget their children is significant and one that can be addressed by creating rituals through vigils and community events both within the family and community to remember those who have died and their contributions while they were alive. These feelings of wanting to talk to others but struggling to have others listen was discussed by other participants. Another participant shared how they do not think that talking to others is what is necessarily helpful, but just having someone to 'be there' with them:

When I tell my story to people, I'm amazed at how many people have gone through the same thing I've gone through, because when you're going through this, it's only human nature to think you're the only one going through this, right? Because as you're grieving, you don't want to really talk about it. Me anyways, I don't want the pity. I don't want people to feel sorry for me. That's not my point. When I do talk to people, it's about maybe something I've said or could say will help them, and if I've helped one person, then I've done my job. I'm dealing with my grief the best way I know how, and all I want is for somebody just to come and sit with me. We don't even have to talk; we can sit and smoke, and we can ... Just be there, you know? Sometimes that's all we need. There is no real actual need because we don't need anything. (P6)

This participant explains that those grieving from a death by suicide are doing the best they can, and what they truly need is people who can show support without pity or judgement. All of the participants stressed the importance of having social support to lean on through their grief and healing. In addition to social support, most of the parents acknowledged the idea that healing for them would be a lifelong process.

Healing is Lifelong

Final thoughts on prayer, spirituality, traditional healing, connection to culture, and social support were asked, and one participant wanted to share the message that they shared with their children who are still healing from their past trauma:

And I told them [children], healing doesn't just happen in one day and you're done. Or you go to counseling for a month and you're done. It's a lifelong journey, lifelong process."

And like I said, we talked about those triggers. Yeah, they hurt. But always for me, I get through it. To help myself get through these things I will just say to myself, "I'm okay. I'm okay. You're here. No one can hurt you no more." (P7)

Other participants talk to their child(ren) they have lost as much as they can and ask for guidance:

Yesterday I did a lot of thinking standing on the beach there. I thought of [child] and all the people that have passed. I look up at them. "I hope you guys are happy, safe where you are."...you've got to be there for us. Try to counsel us too. (P4)

Given the absence of resources, our current society leaves parents feeling alone, while they are working hard to try to heal. Healing is a different process for each parent, but one message that has commonly been passed from each participant is that they know healing will be a lifelong attempt for them. Those who have lost a child do not believe they will ever be fully healed; however, they are continuing to work hard to move forward for the memory of their children, and to be there for their families.

Parents Advice for Other Parents

After sharing their stories, at the end of the interview, parents were asked to provide any insight and advice from their experiences that they would like to pass on to other parents who are

copied with a child who has attempted suicide or have had a child die by suicide. It is with hope that this advice could help others in their grieving and healing.

For Parents Who Had a Child Die by Suicide

The parents who had children die by suicide provided extremely valuable insight for other parents, that only those who have been through this type of loss could understand. One parent wanted to share to other parents that they are not alone, and that they as parents who have had a child die by suicide, have to stop blaming themselves:

I would say...you're not alone, for one. We are one. And it does take a community to raise a child. And to also know that it is not your fault. A lot of times kids don't even want to say what's going on because they feel threatened. I lost one of my friends to suicide. And I always thought to myself "I could have been a better friend." And that's what I was thinking with [child], "I could have been a better [parent]. Could be a better [parent]." There's nothing more that you could have done, more than what you already have, to make anything change. It's in the child's thoughts. No matter how many times you think you could have done something better, there really probably isn't something you could have done better. Because you did your best... And I think that they would want you to move forward. Grieve all you want. Can never stop that. Never. But just remember how the most amazing person that they used to be. (P3)

Another parent discussed how they had let themselves get lost in their grief, which in turn led them to feeling suicidal. They explained that those who have had a child die by suicide need to stick together and talk to each other:

Work out your heart aches, losses. Don't let them wear you down. I let that happen to me. I let it wear me down, where I came to that point where I was trying to do that also. Be

strong for one another. Be there for one another. That what suicide loss is not being there for each other because of these things. They took over. The thoughts took over. Nobody is in touch with reality anymore. (P5)

Another parent who lost two of their children to suicide, also stressed the idea of talking about the heartaches and loss and grief. Additionally, they added that spirituality in any form is important for healing:

Keep talking. Talk about it and if you're not into church wise, then try traditional, and I think because they both work, and just ask someone for guidance and it will come to you. (P4)

The final participant that had perspective to add for other parents experiencing a suicide death, discussed their process of loss, grief and healing through spirituality:

There's a light at the end of the tunnel. We don't think we're going to make it because our whole world is gone, our child. That piece of us that we thought was going to bury us, and all the things that we were taught growing up now suddenly is gone. Now we have to learn to live without them, is the biggest task. Coping is your next step. You have to learn how to cope. You don't have to stop grieving, ever, but it will be a different kind of grieving after a period of time because they say time heals all wounds. It doesn't, not when it comes to a child. Your wound never heals, ever. It subsides, yes. You learn how to cope, and when you can do that, then your struggle gets easier. Your life becomes... a little more balanced, and why I say "a little more balanced" is because we never go back to the way we were, so if we were balanced and stable before, it's never going to be. Once we learn that, and that's part of the coping mechanism, learning how to cope, learning how to deal with it. The only way I dealt with it is prayer. Maybe somebody else, it might

be different, but prayer is universal, so it doesn't matter what culture. You can pray to anybody, anytime, anywhere. Sometimes I didn't know the Creator was listening or those grandfathers or grandmothers, but obviously he was because I'm here. I'm a testimony to that because I just didn't lose one child; I lost two to the same thing. Your nightmares will never end as well. They'll subside, but as long as you learn how to cope with that, it makes life easier, and you can breathe easier. It's okay as long as you know, as you learn to say, "You know what? It's okay to cry. It's okay to get mad. It's okay to be angry. It's okay to stumble and fall if we have to, but it's not okay not to get back up and try again because they wouldn't want us to do that." They would want us to keep on living, and we're supposed to, keeping in mind that's just a part of life, and there's all those factors.

(P6)

These messages and perspectives of parents who have had one or more children die by suicide is advice that only those who have experienced losing a child can understand. I am very grateful to the participants for sharing their stories with other in hopes to help parents who are currently struggling with the loss and grief of a child. Other parents who have dealt with suicidal ideation and attempts of suicide among their children also provided insight for those who have a child still fighting.

For Parents Who Have a Child Still Fighting

Having a child who is fighting suicidal ideation is difficult. For parents and families, knowing what to do to help your child, knowing where and how to get help, dealing with guilt and self-blame, or figuring out how to move forward after an attempt is just a few of the struggles that come after a child attempts suicide.

One parent who had children survive their suicide attempts chose not to answer this question, due to not having healed yet themselves in this process and they did not feel ready to provide advice for others. Other parents chose to share what they thought were most important to consider when moving forward after your child attempts suicide:

There's a few things floating through my mind, but I think one of the most important lessons for me was to ... I realized that I was being really hard on myself. About not knowing, not having the cultural background and just not having that accessible. Because we feel like well, I should know this and I should be able to do this and I should know how to parent. I should know how to deal with this... I think the biggest thing for me was to try to learn not to be hard on myself about it...I think the biggest thing that I must have learned is just being patient. Just having patience, and just checking in. That was a big one is having to check in with them. Encouraging them to learn about themselves a little bit more. Even just saying to them, hey, do you want to ... Like I was trying to get my [child] to come to a powwow on the weekend, or just trying to get them to do stuff that's cultural so they can make that connection...Because I think they just feel lost. I really feel you have to try and find something that you know that they can connect to on a spiritual level. Even if it's just like telling them what their spirit name is and trying to find out what it actually is in the language whether that's Dakota or Cree or whatever. Just anything that you can do to try and make a simple connection to that would be my advice I think. (P1)

For this parent, reconnecting to culture and spirituality was what helped their family heal, and learning not to blame themselves was key in moving forward as well. Another parent stressed not

to blame yourself as well, and explained the importance of perseverance in finding resources or someone to talk to for your child and yourself:

Do not to give up. Find as many resources as you possibly can. Talk to somebody. It could be anybody. A family member even, if you want. Medical help. Counselors, psychiatrists, psychologist. Just having that out where you're not alone and holding everything in, thinking you can handle it. "Don't worry, I'll handle it. I can get through this." Not in reality, we can't. You're not failing as a parent. And there are a lot of us who are going through the same thing. And I feel that we can come together as ... Let's help end this. Let's help end this why our children are feeling this way. (P3)

Two other parents wanted to emphasize to parents who are dealing with suicidal ideation in their children to listen and try to communicate with your children. The first parent explained:

I would just say listen to them and hear what they have to say, or if they can't talk to their parent then try find another way to hear and get to know what it is that they're wanting and needing. And if you can't ... as long as you're there, and you can just tell them you support them, all the time and no matter what, and I'm not there to judge you on anything. Just love your kids, because, I don't know ... it is hard but, it's all you got to do, is just love your kids, and anything that they want. (P4)

The second participant added to this by explaining not to push your children away, even when they are being difficult:

My advice for parents that have been through suicide with kids is watch out, pay more attention. Keep them close. Don't push them away. They want something, if they can do it, they can do it, but make sure that you're there for them all the time. (P5)

The final participant who had lost two children to suicide wanted to also provide insight to those with children still fighting suicidal ideation. They explained the importance of gaining perspective and not holding on to the negative things that have happened:

...what I explained to some people is, "You know what? Look at it as you're driving in a car, and you have a rear-view mirror and you have two mirrors on the side, and then your front window. You look in your rear-view mirror. Well look at your mirrors, how small they are. There's a reason for that. Your front window is huge. Well, there's a reason why those mirrors are so small. You can relate to that by those mirrors being your past. Those mirrors are small for a reason. Those mirrors are your past. They're important because you need those mirrors to see forward, right? You have to check your blind spot. You have to check those mirrors in order to see where you're going forward, and that's why your window is so big, because that's your future, right?... That's how I explain things to people when they don't understand about their past, because somebody said to me one time, "You hear people saying all the time, 'Don't look in your past.'" I say to people, "Well, sometimes you can view it. You can review it and look in your rear-view mirrors once in a while, but that window's big. You got to look ahead...(P6)

Focusing on healing, not giving up, allowing yourself to grieve, and communication were common themes of parental advice for others going through suicide deaths and attempts with their children. It is with hope that this advice can help other parents who are feeling alone to know that there are others who can relate and together, can help Indigenous parents and families move forward.

Conclusion

The participants of this study shared their experiences of their child's suicide or suicide attempt in hopes that their stories could help others. All of the Indigenous parents of this study have experienced factors stemming from colonization that are known to increase risk of suicide in youth and families. The question of 'why' when parents have experienced a death or survival of a child to suicide can keep them stuck and unsure how to move forward, while those who have a child die feel the ultimate grief. Attempting to move on when there is no more 'normal' after these events is difficult for parents and families, and grief and healing looks different for each person and family. Finding resources after suicide events has been described by participants as difficult, with very little availability; those that are available do not factor in their Indigeneity and often are not culturally relevant. Loss of children to suicide effects not only the family, but entire communities, as well. Multiple parents shared how difficult it is dealing with suicide in reserve communities due to the lack of resources and the stigma and myths that still surrounds suicide. Participants then shared what their processes were moving through loss and grief and what they have felt has been beneficial to them for healing: connection to spirituality, prayer, having non-judgemental social supports, culture, ceremony and traditional healing. Moving forward, these parents wanted to share what they believe is needed to make change and decrease Indigenous youth suicide in the future. The implications of these findings and the recommendations for moving forward will be the focus of the next chapter.

Chapter V

Recommendations for Social Work Policy, Practice and Research

This chapter aims to address the proposed recommendations for change in policies, practice, and research that could influence decreases in Indigenous youth suicide in Manitoba. These proposed changes come from the interpretation of data collected from participants, supporting literature, and the direct voices of the parents involved in this study.

Recommendations for Policy

Changing Colonial Policies to Address Factors Leading to Suicide

Colonization has continued to impact Indigenous people through exclusion, marginalization and appropriation since the first contact with Europeans; affecting the physical, mental, environmental and spiritual wellbeing of families and communities (Hart, 2009). Unfortunately, the current policies in Canada that influence the lives of Indigenous people are still based on a Western, Eurocentric framework, and the negative factors that are a result are what contribute to mental health issues and suicide among young Indigenous people. While Manitoba organizations are slowly transitioning to a mental health framework from a medical model, these initiatives do not often address the factors that Indigenous youth are living with every day or take into account youth's Indigeneity. Instead, focus of changes to policy needs to be shifted to address the colonial factors that the literature has shown leads to youth suicide: trauma, loss and grief, socio-economic issues and poverty, substance abuse, and family disconnection (Mota et al., 2012; MacNeil, 2008; Gosek, 2002; Lemstra et al., 2013; Centre for Suicide Prevention, 2013). If policies are put into place that support the creation of additional and culturally relevant resources for these areas, they will in turn impact the rates of suicide attempts and completions in First Nation communities. Parents in this study have voiced their

concerns of how important it is to them to have culturally relevant and available resources. These resources need to be backed by policies that can help encourage Indigenous self-governance, cultural resurgence, and language revitalization. In turn, these policies and programs resulting from policy change could greatly impact youth suicide rates within communities, because these factors are shown to be protective factors from suicide (Chandler & Lalonde, 1998; Mota et al., 2012; Lemstra et al., 2013). In order to enforce these policy changes, we need to hold our policy makers to a higher level of accountability,

Increasing Accountability of Policy Makers

To begin, Canada is one of the only G8 countries without a national suicide strategy directly informing suicide prevention, postvention and research. While the Government of Canada released a National Suicide Prevention Framework in 2016, it is very important to note that this framework is not a strategy, and is there to help make connections between the provinces on suicide prevention efforts in response to the *An Act respecting a Federal Framework for Suicide Prevention* that was enacted in 2012. The guiding principles of this *Act* are to: a) reduce stigma and raise public awareness, b) connect Canadians to resources, and c) accelerate the research in suicide prevention (Government of Canada, 2016). By creating this framework, the federal government is leaving suicide strategies up to the provinces to fund and implement; the connections they are presumed to be facilitating is unknown.

When looking for suicide policies, strategies, and programs that are in place in Manitoba, some confusion was felt as to which of these Manitoba is directly using to prevent suicide among Indigenous populations. First, while some organizations have their own policies that are supposed to be adhered to, Manitoba structurally has only a suicide prevention framework and a provincial suicide strategy. Reclaiming Hope, Manitoba's suicide prevention strategy (Manitoba

Healthy Living, 2008) was created off the structure of the Manitoba Suicide Prevention Framework and its focus is on: a) assessment and planning, b) mental health promotion, c) awareness and understanding, d) prevention, intervention, postvention and e) data collection and research (Government of Manitoba, 2006).

Within the Reclaiming Hope strategy, the guiding principles included remaining culturally relevant and consulting with First Nation communities and organization to partner together to provide prevention and postvention services. Within this strategy was the plan to create The Northern and Rural Youth Mental Health Treatment Enhancement Plan to increase services for Indigenous youth in northern Manitoba, to decrease the need for travel away from home communities, and to provide training to community mental health workers to be able to provide better care (Manitoba Healthy Living, 2008). One drawback with this strategy is that it is very difficult to see how it is being implemented and enforced, if it is being implemented at all, and if it is helping Indigenous youth and families in the ways they need it the most. While looking hopeful in planning, a web search did not reveal reports with follow up data since this four-year strategy was implemented in 2008, and no information to explain if these proposed changes are still being used now. It is possible this strategy is being used within communities in different ways, however no tracking mechanism was able to be located so the effects of the strategy being used are difficult to determine.

Regardless if this strategy and framework is being used, the bottom line is that parents who participated in this study and who live/lived in reserve communities do not feel like there are any resources available to them for support; specifically, when it comes to having a child attempt or die by suicide. Of those parents who are Indigenous living in cities, resources are

easier to come by but still not culturally relevant or supportive. One parent shared the following message to policy makers regarding what she feels needs to change:

It's not us that need help, it's our children. We need to save them. [Parents] are not supposed to bury their children, not to this, not that. Our kids should have already had resources. My [child] was in school. If I couldn't see it, did the teachers see it? Did anyone? ...I don't know. As [parents], I think we need more support, really need more support. Not only that, but this could have been prevented. It could have been. Honestly, suicide can be prevented. That's how I see it. It's just that there's nothing, especially in the reserves there's nothing, nowhere to go. And I know, because I fought suicide too as a young ... when I was younger, and even as an adult. That's really changed my way of thinking about suicide, really. Like, I was depressed before. Like, I really wanted to do it too... It's just that we need more support. We need something, somebody to talk to...Just to know we're not alone. (P2)

While this message also speaks to practice, which will be discussed later on, it is important to realize that all access to resources in Manitoba comes from provincial and federal funding (depending on location) and policy is what guides these strategies and frameworks in being created and implemented. As this parent shared, while the government is saying through these strategies that they are working on helping fight the suicide issue among Indigenous youth, there is little evidence to show how this actually looks for the people that need the services while dealing with suicide. Parents are not feeling that there is anywhere to turn or have any help when it comes to prevention and postvention, which shows us that our policies are not doing enough and there is not enough accountability put on the policy makers and those who implement them.

Until policies are created that support funding of youth suicide prevention and intervention strategies that promote Indigenous protective factors and address colonial factors, we cannot expect mental health policies to have a positive impact on Indigenous youth suicide rates in Manitoba. In addition, these policies need to be created by the people and for the people who are directly impacted by the deaths of Indigenous youth suicide. Policy is the backbone of all intervention strategies and change needs to happen to move away from the colonial Western lens, move towards an Indigenous focus guided by the people, and have policy makers be held accountable in their implementation of their planned strategies if we want to see resources be made available and able to make change in a culturally relevant way.

Recommendations for Practice

Due to Indigenous youth suicide being such a prevalent and complex issue with many interwoven factors from structural down to individual levels, there were many recommendations for practice changes that were the result of this study. Only the recommendations that could create the most widespread change for a broad population of people will be discussed below.

Changes Needed for Social Work Education and Training

To begin to create changes in practice we need to start at the beginning and decolonize social work training and education that is still modeled on the beliefs of the dominant Western, Eurocentric academic structure (Hart, 2010). While social workers in Manitoba do need to take an Indigenous focus course, it is not enough to truly change the way that practitioners see Indigenous issues. Training needs to occur for every social worker on colonization and anti-colonial practice, so that practitioners (specifically white individuals) can be made aware of their privilege and power and keep this centred in their knowledge while working with Indigenous people. Also, Indigenous knowledge needs to be centred and taught by Indigenous professors

and Knowledge Keepers/Elders (such as we have experienced in the MSW-IK program) to ensure it is taught in the right way by those who hold the knowledge and by doing so, we can create a circle of Indigenous scholars and allies to go forward and help fight for change in oppressive systems.

In addition to changes made in education at the university level for social workers, we also need to provide more in-depth specialized training for all practitioners who work with Indigenous people in a counselling setting. Some of the issues that arose when speaking to participants in this study were directly due to not having clinicians properly trained in Indigenous knowledge, loss and grief, or how to speak about suicide or death. For the participants that did speak with counsellors or social workers following a death to suicide or attempt, they did not feel that their Indigeneity was addressed. Participants also found that while the system is moving towards mental health-based approaches, those who were able to find help were disappointed to find that they were prescribed medication as a first measure and were not offered traditional healing methods, and often not even counselling. This shows us however ‘holistic’ practitioners are attempting to be, as discussed in the literature, we still are working in a system that is based off a medical model and are not meeting the needs of the parents who have had a child die or attempt suicide (MacNeil, 2008).

In order to decrease Indigenous youth suicide, we need to start with properly training social workers who work on the front line of Indigenous mental health and suicide responses. A focus on how to encourage Indigenous mental wellbeing and away from solely focusing on mental health without addressing the colonial factors that lead to mental health problems to begin with. In addition, we need to train social workers to be able to provide mental health services, loss and grief interventions and suicide preventions from a culturally relevant and respectful

way. While proper training is key for those providing resources, having those resources available is the most important recommendation that parents brought forth in this study.

Increased Access to Resources

The common theme when going through the literature on Indigenous youth suicide and when discussing directly with parents is the need for more resources. When in discussion with the participants of this study, it was learnt early that each parent had been touched by suicide in one way or another, before their child attempted or died by suicide. As explained in the literature, having experiences with suicide and loss and grief drastically increases familial suicide risk, specifically among youth (MacNeil, 2008; Mota et al., 2012). This stresses the importance of having prevention and mental health services accessible and available to address loss and grief when it happens and help future suicides from occurring. Unfortunately, this is not often the case, with very little services available to help parents and families after experiencing a suicide loss and the immense grief that follows.

Parents who are watching their child live with suicidal ideation or have had a child die by suicide have very few options available in Manitoba to receive assistance. While there is the Manitoba Suicide Prevention and Support Line, from my practice experience, parents find that talking on the phone is often impersonal, and sometimes difficult to when they do not have regular access to telephones. For those who have had a child die by suicide, in-person suicide bereavement groups are hosted in the cities of Brandon, Winnipeg or Dauphin (Klinic Community Health Program, 2020); not an easy option for parents who live on northern or rural reserve communities. In addition, these groups are not specifically focused on the death of a child or Indigenous-centred, sometimes leaving parents who have chosen to attend uncomfortable, even if they are living in those geographical areas. There are also very limited

options for support and intervention available for parents who are experiencing suicidal ideation in their children other than community mental health programs, Northern Telehealth services and hospital trips; The parents in this study have explained that these programs do not provide the what their child and families need for healing due to the lack of cultural knowledge and spirituality, as well as not being accessible or available when needed. When living in a reserve community, the options for help become even more limited. Explained further by a parent below who has experienced seeking resources for her suicidal child in both a city and reserve setting:

[We need] a support group on how we can come together and just ask, “What are your methods? How did you solve this issue? How are you taking care of this issue? Do you have any things that we can help with?” And make us feel that we’re not alone...They [previous community] had a suicide prevention team, or an emergency team. But they weren’t there when I needed them. See, here [current city], easier. I can call Mobile Crisis and they’re there. I can take [child] to [hospital], and let them know, “This is what’s going on,” and they would help. Even asking for any kind of Elder services, or ... It’s there... Out there, it seemed like we were just left in the dust...Until the next business day, when the business hours are open... it’s an everyday thing...in [reserve] communities, there’s at least ten kids every month or every two months who are committing suicide, you know? And we’re thinking about suicide. It’s like a new one pops up all the time. That’s what needs to be discussed a lot more. Especially in the big communities, and the little communities that are secluded, and they don’t have anything.

(P3)

While there is the possibility of grassroots and community led suicide prevention and loss and grief groups, a search for these groups turned up very little in terms of available supports. Efforts

to support community-based practitioners in developing these programs is essential for meeting the needs of these parents and youth. Another participant when asked what they hope for change among current resources found in their community explained the following:

[We need] counselling individually. One at a time. Go and sit with that person and let it all out... they got the resources and money for it, but they don't. Like I said, it's everybody for themselves, you know? It shouldn't be like that. It should be for everyone. But it's not like that. It's very hard... It's hard to find that help that you need. There's always somebody turning their back on you. "Oh, we can't help you." Especially if you're Aboriginal. They'll say, because we're labeled as drunks, druggies, gang members, and stuff like that. So we're all labeled as that, and meanwhile, they don't realize we're all making a difference in life, trying to make the right choices now, but they don't acknowledge it... I want to be a counselor. I'd be a counselor for suicide for kids. Help the kids. Broken homes. No matter where they're from. Even if I have to fly out there to talk to them. I would. Just have a group session. I don't care about how much it's going to cost, as long as I can get through. That's what we need out there, more things like that. People that are willing to go out there to help these kids. But it's always the resource. No money, no funding, that's what makes it hard. A lot of traveling, but it can be done. I just got to find ways how to do it. (P5)

This participant's experiences struggling to find adequate supports that are rarely available is not a unique experience, and one that reflects how much change needs to happen when it comes to structural and community responses to youth suicide. The magnitude of continued suicide losses among Indigenous families shows the need for more resources, and a revamping of the current service resources to better fit what families need. Indigenous parents who are experiencing loss

and grief after the death of a child, as well as parents working through suicidal ideation with their child need formal support spaces available to process and heal.

These formal supports and spaces need to be free of judgement and stigma, be properly staffed with individuals trained in the methods recommended above, be accessible to those who need them when they need them (including hard to access communities). Most importantly, they need to be centred in Indigenous knowledge. In addition, postvention loss and grief counselling needs to be provided at no cost for an extended period of time following the death of a child to suicide. To help fight suicide before it happens, more resources need to be created that support Indigenous wellbeing and address the factors of suicide before they get to the point of no return.

Creation of Indigenous Centered Resources

One of the recommendations that was brought up by all parents was that resources take into consideration their community knowledge and culture. Of the aspects that were mentioned, spirituality for healing was something that none of the participants felt they were offered by Western systems. One participant who had used a mobile crisis team, talked about how much they wished that the intervention system would create spiritual responses for parents who choose this route of healing:

Having a spiritual group of this team, who goes and helps people in a different way than Western methods ... Like you're taking a smudge bowl, you're...almost like bringing Sundance to your home, or to a place where you're comfortable. I've only ever been to one Sundance, but you really feel like there's people there helping you. I think if you feel like there's people there helping you, the ancestors and the grandmothers helping you, I think you can actually be more healed by that... I always feel like there's somebody with me... I know that there's spirit with me all the time. I think if you did something along

those lines, I really actually think it would help. Other than ... I think it's great to send out a mobile crisis unit and having those resources. Don't get me wrong. I think for people who need to connect to spirit, that would be way more meaningful. (P1)

Spirituality is an aspect of healing that is not addressed by our current resources, and regardless of a person's spiritual background (traditional, Christian, etc.), those who have had a child die by suicide or attempt a suicide wished they would have had more access and connection to spiritual helpers. By creating programs that link people managing all of the dynamics related to suicide to spiritual helpers and/or traditional healers, we could decrease the amount of backlog in the current medical/mental health system; as well as possibly provide these parents and families with an alternative intervention that could work better in meeting their needs. The need for connection to spirituality by parents dealing with suicide in their children was shared by another participant:

Unless you've got professors and people that are in government and that have lost somebody to suicide, or lost a child, in fact, they're not going to get anywhere because they don't know. They don't know about the healing process; they're only suggesting, they're only guessing at what possibly could be done...The only thing that possibly could be done for our people is healing, ceremony, and getting back to this way of life. That's the only way a person is going to come out of this... Like I said, in this world, as long as you heal, as long as you pray, and you go somewhere to pray or you do whatever you need to do to follow that way, do it then...because that's the only way that you're going to get the help you need, and that's the only thing I can say. (P6)

Spirituality was one of the most important discussions by parents in this study. Practitioners interacting with parents and youth experiencing suicide in their families should be competently addressing loss and grief and inquiring about spiritual connections. In addition to focusing on

spirituality interventions and postvention services, as this parent shared, programs need to be created with the involvement of those directly impacted by Indigenous youth suicide: the parents, the families and communities.

In order to create programs that can make meaningful change in Indigenous communities, those programs need to be designed and implemented from the knowledge of those directly impacted and the communities that Indigenous youth suicide affects. By putting the planning of resources into the hands of Indigenous communities, we would be increasing self-governance of communities and providing opportunity for cultural knowledge to be shared through service planning and implementation; both of which are related to protective factors of Indigenous youth suicide (Chandler & Lalonde, 1998). If Indigenous communities are given increased funding and control to create their own suicide intervention and prevention programs, they can plan them based on the specific needs of their community, instead of having a ‘one size fits all’ organizational structure which does not work for Indigenous parents or youth fighting suicidal ideation. More focus could also be put towards hearing directly from the youth of communities.

Hearing directly from Indigenous youth is another recommendation in resource planning for communities, because no one knows their needs better than the youth themselves. In another study by Big Canoe and Richmond (2013), Indigenous youth were interviewed on their perspectives of community health and related poor mental health. This study shows that youth want to be listened to and they see how communities are struggling with mental wellness. The results of this study explained that Indigenous youth see the need for increased transmission of Indigenous knowledge within their communities, as well as creation of programs that share this knowledge, returns people to cultural and land-based activities, and in turn increases mental wellness (Big-Canoe & Richmond, 2013). One participant who works with youth in a First

Nation community and has dealt with suicide attempts among their own children, echoed the ideas in this article with their views on how youth knowledge needs to be centred by leaders, government and resource developers:

Focus on mental wellbeing of Indigenous communities, families and youth

They should listen to the youth. Let them talk. Let them voice their opinions or let them voice what they are going through. Share their personal experience. What they're going through...and what their needs are. And try to build a program or build some kind of... organization or networking to help these kids. Maybe the leaders need to start looking at the youth. Because they are the center of the community... Make the connection with these kids and let them know that they care...Because right now...That's the attitude that our kids have. No one cares about us...being isolated, it's tough. Because you just feel that you are trapped. You have no place to go...Find more programs for their youth to be involved in. Sports, music, arts. These kids all have talents, you know?

Spirituality...There's kids that want to go to sweat lodges and get their spiritual name.

Why are they being stopped? Have the teachings back. It should be the elders, the leaders going to these kids and asking them...They should be in the center, and everyone else should be around them in the community. And the community leaders should look at our kids and not say, "Well, we're doing this and that." Let's not say no more. Let's just put an action. Put those plans in action for these kids. And whether it comes down to money or not, find a way. Find a way.... let the kids take ownership of these programs that they want to build in the community for them...Let them find their purpose, find out who they are. Give them an opportunity and support now in working through their issues...let them know that we can be resilient and get through this together. That there is hope. (P7)

By centring Indigenous youth, families, and parents who have dealt with suicide or suicide loss, we can create culturally relevant resources that: bring resurgence of traditional knowledge, increase access to spiritual help for healing, meet the needs of those that require them, and increase mental wellness in youth and communities. In addition, creating resources that are available and that youth and families want to access, we are providing hope and empowering communities to create positive change against the colonial factors that continue to affect Indigenous people and lead to decreased mental wellness and suicide.

Recommendations for Research

The recommendations for research that are a result of the knowledge that this study provided are simple: we need more research on Indigenous youth suicide. Finding literature to support this study was difficult, with much of the data derived from government organizations. Many of the articles used for this study are not recent, however due to the small area of literature available they proved to be invaluable to providing understanding of Indigenous suicide. Knowing the magnitude of an issue Indigenous youth suicide is we need to encourage and support more research in this field, as well as related fields that impact Indigenous youth suicide, such as: effects of colonization on Indigenous mental health and wellbeing, substance abuse and youth suicide, Child and Family Services involvement in relation to Indigenous suicide, and the list goes on. In addition to needing more research, it is important that while encouraging more research it is being done from an Indigenous lens, with support of those with Indigenous knowledge. Any scholar can research Indigenous youth suicide, but if it is not done in a respectful way in partnership with those who are directly impacted, the data that is collected will not be helpful in creating positive change for Indigenous youth and families.

Specifically, it is recommended that more research is done on how traditional healing, cultural activities, and spirituality can aid in suicide loss and grief. This is important due to the data provided by the participants in this study. All of the parents spoke on spirituality, connection to culture, or traditional healing (or lack thereof) in sharing their stories and perspectives. Some of the parents have seen progress using these strategies in their healing journey, others had expressed how they wish they had better access or understanding of these three methods of healing. In contrast, few parents who did have access to Western resources felt they were successful in helping them, and if they did see some success there were aspects that they wished they could change. By increasing research in this area, we would have more data that could in turn help create culturally relevant change in policy and resource development.

Conclusion

While Indigenous youth are resilient, focusing solely on that resilience and moving forward without addressing the direct issues children are struggling with does not help them move forward. Eventually, resilience runs out. This being said, it is important that we move forward and make change in the colonial aspects of policies that lead to Indigenous youth suicide factors and increase accountability on government implementation and enforcement of suicide strategies and frameworks. In addition to changes at the policy level, we need to change social work practice in relation to this issue by providing anti-colonial, loss and grief, and suicide training to practitioners who provide counselling to those affected by suicide. Having properly trained practitioners is only a part of the change that needs to be made, with drastic increases needed in resource availability in relation to mental wellness, suicide prevention and intervention, and postvention loss and grief services. These resources need to be culturally relevant, and new funding needs to be given to provide communities the opportunity to create

resources with the perspectives of their youth and community knowledge. This study showed that Indigenous parents who have had a child die by suicide, or have a child with suicidal ideation, want increased access to spiritual helpers, traditional and cultural knowledge, and people to talk to in a non-judgemental way. Parents do not want to bury their children. We need to provide the opportunities for more resources that are centred on the need of youth, parents, and communities and increase research in the area of Indigenous youth suicide so that we can influence positive changes for these families.

Chapter VI

Conclusion

In this final chapter, I will briefly summarize the findings that have resulted from my interviews with the parents in this study, as well as discuss the recommendations suggested for future social work policy, practice and research. When starting this research, I had many ideas regarding Indigenous youth suicide, the factors that lead to youths ending their lives in this way, and resource availability. Many of my thoughts were confirmed: historical trauma still continues to impact Indigenous families; the factors resulting from colonization that lead to mental health issues need to be addressed and not ignored; and there are not nearly enough culturally relevant prevention, intervention, and postvention services for Indigenous families experiencing suicide in Manitoba.

Throughout this study, I have also come to understand aspects of Indigenous youth suicide that were not initially in my plan for examination. As happens frequently, this study took a turn through the narrative that was so graciously shared by the parents who volunteered to share their stories. While my original plan was to focus on gaining insight from parents on creating culturally relevant resources, this study also provided a perspective of walking in the shoes of a parent who has had a child die or attempt suicide. Through their perspectives, I was able to observe how parents are impacted by loss, grief, and confusion after these events, and what they think is most important for them moving forward: healing through spirituality and culture, increased resources for intervention and response, and non-judgmental practitioners.

This research demonstrated the need for gathering information and perspectives from those who are directly impacted by Indigenous youth suicide; actually experiencing the death or attempt by suicide of a child provides a very different outlook that they feel others cannot

understand. While some of the issues parents experienced are well known (lack of resources, stigma, historical trauma, etc.), there is not a lot of research or resources available to help parents through the feelings of loss and grief that come after a child dies. Additionally, the Western resources that are available do not offer the parents adequate support when they are trying to heal: connection to Indigenous spiritual helpers, connection to culture, someone to talk to without judgement, and resources that are available when they need them as well as long-term after a loss.

Recommendations

First, it is imperative that to make a difference in suicide rates among Indigenous youth that we address the historical trauma and the ongoing colonial factors that lead to mental health issues in this population. This needs to be done in both changes to policies that still perpetuate colonial values (assimilation, discrimination, etc.), as well as with the creation of new policies that support Indigenous self-governance and community created resources that are relevant and can address the needs of those directly impacted by suicide. Some suggestions include but are not limited to: policies that support Indigenous centered family enhancement programs, return of child welfare programs into the hands of Indigenous communities, funding for mental health programs and policies that center around Indigenous knowledge, funding to support access to traditional healing and Elders/Knowledge Keeper support, giving the power of governance back over to individual Indigenous communities, language revitalization, etc.

Secondly, changes need to be made to the way that practitioners (and social workers specifically) are trained, which could inform their practice with Indigenous youth and families. All practitioners who work in Indigenous communities or with Indigenous people in cities need to be trained in colonization, loss and grief, and various methods of addressing trauma. In

addition to this, when working with a population who has significant experiences with suicide, practitioners need to be comfortable and knowledgeable when speaking with those who have experienced a death by suicide. Parents expressed while there is always a shortage of resources, often the few existing are not available when they need, are not culturally relevant, or the practitioners do not know how to speak to clients in this situation. The last two concerns are aspects that with adequate training, can easily be fixed so that parents and families can feel comfortable accessing the resources available.

Third, we need drastic increases to resources for Indigenous youth and families experiencing suicidal ideation and loss. These resources need to be culturally relevant, provide connections to spiritual helpers (in different ways depending on beliefs) and be available at all times. Many participants who lived on reserve at the time of their child's death or attempt by suicide explained how there were no services available to them after 4 pm or on weekends. Other participants in cities explained how the hospital would just assess and send the child home with the parents responsible for their wellbeing. This study has shown that there needs to be a drastic change in the prevention, intervention, and postvention services available for Indigenous parents and their children who have attempted or died by suicide. What this looks like for the future I am not sure, however I do know that they need more frequent and available resources, and these resources must be created through community collaboration, center the knowledge of the people from the community, and address factors remaining from colonization.

Fourth, these research initiatives and resources that need to be created must take into account the voices of the Indigenous youth who have experienced suicidal ideation or been impacted by suicide. It is through the youth and families that the answers for preventing this huge issue could be found. The resources recommended for creation should be designed based

on the needs of each community and include collective community knowledge. In addition, it is pertinent that resources are created that promote Indigenous wellbeing through reconnection to culture, land-based activities, language, and include the transmission of traditional knowledge; these are protective factors from suicide and can help create positive change.

Lastly, there needs to be an increase of funding for research in the areas of Indigenous youth suicide, historical trauma, and the protective factors that lead to increased mental wellbeing within Indigenous families and communities. Future research needs to turn away from Western methodologies and be viewed and conducted through an Indigenous perspective. Most importantly, future research needs to include the voices of those who are directly impacted by Indigenous youth suicide: survivors, parents, relatives, communities, and Elders/Knowledge Keepers.

Conclusion

Indigenous youth suicide is a multi-faceted issue that will never have a single clear-cut solution. However, in order to try to make change, we need to address the colonial factors that are still impacting Indigenous youth's mental wellbeing; leading to mental health issues, family disconnection, substance abuse, and suicide. At the completion of this study, what has been demonstrated is the importance of viewing this issue through an Indigenous lens, guided by the direct experiences of those who are most impacted by a suicide attempt or death of a child: their parents. I need to express my sincere gratitude to the eight participants who allowed me to share their experiences. Without your honesty, openness, and willingness to share, this study would not have been successful. It is my intention that through this partnership together, we are able to influence future changes in policy, resource adaptation and creation, and research.

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Appendix A – Recruitment Script

Study Title: Raising the Voices and Experiences of Indigenous Parents to Create Culturally Relevant Responses to Youth Suicide

First Contact Script for Interview (Telephone or In-Person)

Researcher: Marni Still

Hello, my name is Marni Still. I am a Master of Social Work based in Indigenous Knowledges student working on a research study for my thesis at the University of Manitoba. I am conducting a study on the perspectives of Indigenous parents who have lost a child to suicide, or have had a child survive suicidal behavior. This study aims to give a voice to parent's stories and perspectives in Indigenous youth suicide, and to influence culturally relevant responses to youth suicide in Indigenous communities.

I am hoping to meet with you to discuss the possibility of participating in this research study. I would like to provide you with information about the study, questions I will be asking and consent forms for participation in the study. If you have any questions, I can answer any questions you might have.

Participation in the study includes an interview that will take from 60-90 minutes, which will be audio recorded and transcribed. You have the opportunity to help the community better understand Indigenous parent's experiences with youth suicide, which is not often heard. Your knowledge could help influence positive change in interventions and resources. I would also like to share with you it is a possibility that you may feel triggered about some of the things you will discuss during the interview sessions due to the sensitive nature of the questions. If you are uncomfortable by the interview, we could stop at any time and a list of available resources or cultural supports will be provided if you desire.

Can we arrange a date, time, and location to discuss the possibility of participating in this research study?

If Yes:

When is a convenient time to meet?

Offer the forms and research study information by hand or alternative option (ex. email or case worker).

If No:

Thank you for your time and consideration of this research study.

Researcher Supervisor:
Mary Kate Dennis
Faculty of Social Work

University of Manitoba
William Norrie Centre



Appendix B – Consent Form

Study Title: Raising the Voices and Experiences of Indigenous Parents to Create Culturally Relevant Responses to Youth Suicide

Researcher: Marni Still, thesis research (Principal Investigator)
Master of Social Work based in Indigenous Knowledges Program
University of Manitoba
William Norrie Centre
[REDACTED]

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose

The purpose of my research is to create a better understand of how the perspectives and experiences of Indigenous parents who have experienced suicide loss or survival in their child, could help inform culturally relevant suicide prevention for Indigenous youth.

Indigenous youth are at much higher risk of suicide due to the lasting affects colonization has had on the social, psychological, biological, environmental, economic, and structural factors that influence Indigenous youth and their mental health. Research shows that current models of suicide prevention are not often culturally relevant, easily accessible, or highly affective for Indigenous youth. In addition, research often misses the perspectives of parents, families, and communities that are directly impacted by Indigenous youth suicide. This research is focused in shedding light on your lived experiences and personal beliefs of what supports you would like to see for yourself and other Indigenous families who have been through suicide loss or survival of a child.

Once you have shown interest in participating, I will ensure you meet the criteria for participation before we proceed. Once participant selections are made, interviews will be scheduled and will last approximately 60 to 90 minutes. The length depends on what you decide to share. If needed, we will come back to continue the conversation at a time and place of your choice. The entire interview will be digitally recorded. You can stop the recording at any time. The recording of the interviews is required for participation in this research study; if you choose to stop recording you will be withdrawn from the study. At any point during the research, you can stop participating.

Benefits

This study gives participants the chance to share their knowledge and experiences in a safe, and meaningful way that can be shared with others to help influence positive change and provide insight to future suicide prevention and interventions.

Honorarium

Participants will receive an honorarium of fifty dollars for their participation in the interview. Participants who choose to opt out of the research prior to completion, will be provided the full honorarium in the same manner as if they continued participating. The fifty-dollar honorarium will be given to each participant at the beginning of their interview. Additionally, tobacco will be offered to each participant at the beginning of each interview. Participants can choose if they want to accept the tobacco. At the end of the study, if participants choose to attend the feast gathering there will be food provided for each participant.

Risks

The risks associated with your participation in this study are minimal. Nevertheless, given how Indigenous communities are connected, there is a chance that you may be identified through information you share in the interview as well as by the individual who recruited you. To minimize this, I will take measures to ensure anonymity and confidentiality.

It is a possibility that you feel triggered about some of the things you will discuss during the interview sessions. In the event that you are uncomfortable by the interview, we encourage you to use available resources for support or counseling. I will provide a list of resources and cultural supports, and help you connect to them if you wish. You can choose not to answer any question and you can stop the interview at any time if you feel upset or inconvenienced.

Confidentiality

Your responses during the study in the one-on-one interviews will be confidential by the researcher and research committee. These interviews will be digitally recorded and no one will be able to identify you by name; your identity will be replaced by alphanumeric label. All interviews will be kept in a password protected computer that only the researcher will have access. The information recorded is confidential and only Marni Still will have access to the recording files. A professional transcriptionist will be hired to transcribe the recordings. The files will be directly uploaded to their secured web site and upon completion of the transcriptions, a written request for the transcriptions to be deleted securely will be sent immediately to the transcription company. Due to the transcription service being based out of the United States, their privacy laws may not be up to the same standard as Canadian privacy laws.

Transcriptionists have signed non-disclosure agreements with the transcription company. Upon receipt of the request to delete the data from the researcher, the transcription company will delete all data within 24-48 hours. Transcriptions will be labeled alphanumerically and will not contain any identifying information and only Marni Still and her thesis council will have access to the transcripts. The transcript, consent forms and identifying information will be stored securely in locked cabinets, in my home office. The recordings and the transcripts, and study materials that

are written, stored on the computer as digital material, will be held for up to five years at which point they will be destroyed.

Duty to Report

If maltreatment of a child is disclosed during the interview, the researcher has a duty by law to report to the proper authorities.

Sharing the Results

Results of this study will be disseminated through the thesis, presentations at scholarly conferences, workshops and through publication in academic journals. You will have the opportunity to read the publications prior and provide feedback, if you wish. A brief summary of the results will be provided to each participant at the conclusion of the data analysis by mail or email. Participants will be invited to take part in a non-mandatory feast at the end of this study, in which the results of this study will be shared, and where they can have the opportunity to provide feedback. It is important to note, that if you choose to attend the feast at the end of this study with the other participants and researcher, you will be waiving the right to anonymity.

Rights to Refuse or Withdraw

At any point in the interview, you may refuse to answer questions that you do not wish to answer. You may also withdraw from the study at any time. In the case of the withdrawal, please contact the researcher by phone, email or verbally to inform her of your decision. The data that was obtained will be destroyed and not used in the study. You have the right to request that any of your information to be removed from the study up until the end of the analysis period and that the data can either be destroyed by the researcher or given to you at your request.

After the Interview

Participants may review the transcript once it has been typed up and change and/or remove anything that has been said and wishes to correct the information.

Providing Consent

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and or refrain from answering any questions you prefer to omit, without consequences. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by Dr. Mary Kate Dennis; Cree Knowledge Keeper, Ed Azure; and Dr. Maureen Flaherty. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at [REDACTED] or [REDACTED]. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature _____ Date _____

Researcher and/or Delegate's Signature _____ Date _____

If you would like a copy of your transcript and/or summary of the results from this study, please share your email, mailing address, or alternative option.

Email/Address/Alternative
option _____

I would like to receive a copy of my transcript: ☐ Yes ☐ No

I would like to receive a summary of the results: ☐ Yes ☐ No

I would be interested in a feast gathering at the end of this study and am aware this gathering of participants will waive my anonymity: ☐ Yes ☐ No

Researcher Supervisor:
Mary Kate Dennis
Faculty of Social Work
University of Manitoba
[REDACTED]

Appendix C – Interview Guide

Introduction Questions

Where are you from?

Can you tell me about you and your family?

Before the Loss or Suicide Attempt

1. How did you discover or learn that your child was considering suicide?
2. Could you talk about how you felt/what it was like for you when you realized what your child was experiencing?
3. Can you talk about what was going on for your child, your family, your community at the time that this was happening?
4. What kinds of supports were available for you and your child during this time?

If Yes:

- 4.1. How did they provide support (what did that support look like)?

If No:

- 4.2. What was it like for you during this time not being able to find support?

5. Was there any person or resource you were able to use as a source of support for yourself as a parent?

If Yes:

- 5.1. Who were they and what was that experience like for you?
- 5.2. Is there anything that you can think of that would have made this support better for you?

If No:

- 5.3. In a perfect world, what do you think would have helped your family during this time?
(family support, counselling, programs support, etc.)

After the suicide survival (Questions for parents who have had a child survive suicide):

1. What was it like for you as a parent when your child attempted suicide?
2. What do you feel your child's experience was after they attempted suicide?
3. This must have been a very difficult time for your family. What were their feelings?
4. What has your child's healing journey looked like in the time since the suicide attempt?
5. Has spirituality been a part of your process moving through this situation?
6. What kinds of supports (if any) have been available to you and your family since the attempt?
Has your family continued or started receiving supports from your community since the attempt?

If Yes:

- 6.1. What do those supports look like?
- 6.2. What, if anything, might make the support you receive better?

If No:

- 6.3. If you could receive any supports you wished, is there any in particular you would like to have for yourself, your child and/or your family?

7. If you could share anything with other parents experiencing suicidal behavior in their child(ren) what would your advice be?
8. As a parent, what recommendations do you have for other families, for community leaders, etc? to help end youth suicides?
9. How are you feeling now that that you have shared your story?
10. Do you have any supports in place if you feel you would like to talk to someone?

After the suicide loss (Questions for parents who have had a child die by suicide):

1. What was it like for you as a parent after the death of your child?
2. What was the experience of your family during this difficult time in your life?
3. What has your healing journey looked like since you lost your child?
4. Has spirituality been a part of your healing journey?
5. What do you feel has been most helpful in surviving this difficult time in your life?
6. Who, if anyone has provided support to you in the time since the suicide?

If Yes:

- 6.1. What has receiving this support been like for you?
- 6.2. Is there anything that you feel could make the support you receive better?

If No:

- 6.3. If you could receive any supports you wished, is there any in particular you would like to have for yourself and your family?
7. If you could share anything with other parents who are concerned that their child is suicidal, or has had a child attempt or die by suicide, what would your advice be?
8. Suicide among Indigenous youth is such a huge issue. What do you think needs to change to support Indigenous youth so that suicide is not an option that they consider. What recommendations do you have for responses to youth in crisis?
9. How are you feeling now that that you have shared your story?
10. Do you have any supports in place if you feel you would like to talk to someone?
11. Would you like me to help connect you with supports?

Appendix D – Recruitment Poster

RAISING THE VOICES AND EXPERIENCES OF INDIGENOUS PARENTS TO CREATE CULTURALLY RELEVANT RESPONSES TO YOUTH SUICIDE

RESEARCH WITH INDIGENOUS PARENTS WHO HAVE A CHILD THAT ATTEMPTED OR DIED BY SUICIDE

DO YOU...

- Have a child who attempted or died by suicide?
- Self-identify as being Indigenous (First Nations, Inuit, or Metis)

ARE YOU INTERESTED in sharing your perspectives and stories to help inform future suicide interventions and prevention for Indigenous youth?

Master of Social Work based in Indigenous Knowledges student Marni Still is seeking up to 15 Indigenous parents to VOLUNTARILY participate in a 60-90 minute, one-on-one interview where participants would answer questions and share their experiences, stories, and knowledge. Participant withdrawal is allowed at any time if you change your mind.



Interested parents should:

- Have lost a child to suicide, or have a child that has survived a suicide attempt in the past
- Be interested in sharing their stories and perspectives
- Be adults (18+ years of age)
- Be the biological parent(s) of the child
- Not have a child that is currently suicidal

If you are interested in participating in this research project, please
contact the principal investigator **MARNI STILL** at [REDACTED] or by email at
[REDACTED]

Researcher Supervisor:
Mary Kate Dennis
Faculty of Social Work
University of Manitoba
William Norrie Centre
[REDACTED]



UNIVERSITY
OF MANITOBA

This research study has
been approved by the
University of Manitoba
Psychology/Sociology
Research Ethics Board
(PSREB).

APPENDIX E – List of Available Support Resources**Province-Wide Crisis Lines****Klinic Crisis Line**

204-786-8686 or 1-888-322-3019

TTY 204-784-4097

Manitoba Suicide Line "Reason to Live"

1-877-435-7170 (1-877-HELP170)

Manitoba Farm, Rural & Northern Support Services

supportline.ca - online counselling

1-866-367-3276 (hours Mon-Fri 10 am to 9 pm)

First Nations and Inuit Hope for Wellness Help Line

1-855-242-3310

Counselling available in English and French - upon request, in Cree, Ojibway, and Inuktitut

Area Specific Mental Health Supports**Selkirk/Interlake-Eastern Region****24 Hour Crisis Line**

Toll Free: 1 (866) 427-8628 or (204) 482-5419

Crisis Stabilization Unit

Toll Free: 1 (888) 482-5361 or (204) 482-5361

Mobile Crisis Services (Youth and Adult)

Toll Free: 1 (877) 499-8770 or (204) 482-5376

Intake – 7 days a week – 8:30am to 12:00 am

Mobile Adult – 7 days a week – 2:00pm to 2:00am

Mobile Youth – Monday to Friday – 1:30pm to 9:30pm.

For Thompson**Hope North Crisis Response**

1-204-778-9977, Mon-Fri 8:30-4:30

Thompson Youth (17 and under) Mobile Crisis Team

1-204-778-1472 or toll-free 1-866-242-1571

Mobile Team hours 12:00 noon – 12:00 midnight, 7 days/week

Thompson Community Mental Health Intake

1-204-677-5358 (Hours: M-F 8:30 am -4:30 pm)

For Winnipeg

Crisis Response Centre

817 Bannatyne, Winnipeg; attend in person

Adult Mobile Crisis Service

1-204-940-1781

Crisis Stabilization Unit

1-204-940-3633

Youth Mobile Crisis Team

1-204-949-4777

WHRA Community Mental Health Services

Intake line - (204) 788-8330

Other Counselling Supports

For Winnipeg

Klinik Community Health

870 Portage Avenue Winnipeg

Community Drop-In Counselling hours

Monday, Friday, Saturday Noon-4PM

Tuesday and Thursday Noon-7PM

Aboriginal Health and Wellness/Clinic 215-181 Higgins Avenue

Winnipeg, MB

R3B 3G1

Telephone: 204-925-3700

e-mail: reception@ahwc.ca

Appendix F – Confidentiality of Oath

Study Title: Raising the Voices and Experiences of Indigenous Parents to Create Culturally Relevant Responses to Youth Suicide

I, _____ affirm that I will not disclose
of make known any matter or thing related to the participants that comes to my knowledge during
this research study.

Name

Date

Signature of Witness

Date

Appendix G – Presentation Script

Study Title: Raising the Voices and Experiences of Indigenous Parents to Create Culturally Relevant Responses to Youth Suicide

Presentation Script for Organization Presentations

Researcher: Marni Still

Hello, my name is Marni Still. I am a Master of Social Work based in Indigenous Knowledges student working on a research study for my thesis at the University of Manitoba.

I am here today to tell you about my upcoming research, in hopes that you can help me spread the word to possible participants.

Indigenous youth suicide is very complex due to the lasting affects colonization has on the social, psychological, biological, environmental, economic, familial and structural factors that influence Indigenous youth and their mental health. In Canada, our Western ways of interventions and prevention are not easily accessible, culturally relevant, or highly affective for Indigenous children and youth. As a result, more than 20% of deaths among Indigenous youth are from suicide and Indigenous youth are also four to six times more likely to die by suicide than non-Indigenous youth.

There is a lack of current research when it comes to the voices of parents, families, and communities directly affected by Indigenous youth suicide. My research focuses on gathering the experiences, stories, and knowledge of 15 Indigenous parents living in Manitoba who have lost a child to suicide or have had a child survive suicidal behavior.

For this study, I will conduct interviews lasting between 60 and 90 minutes, using questions to guide the parents and I in our discussion. I will then analyze their stories and narrative for themes, with the intention of influencing future suicide preventions and interventions. The focus of these interviews will not be the death or attempt of suicide by their child, but rather the parent's experiences before and after the event.

This study aims to provide both a new lens for research on Indigenous youth suicide, centering Indigenous voices which can inform the tools to parents to advocate for what they need to create positive change within their communities. Additionally, participants will have the opportunity to help the community better understand Indigenous parent's experiences with youth suicide, which is not often heard. Their knowledge could help influence positive change in interventions and resources in the future.

Thank you for your time. I would love to answer any questions you may have, and have recruitment posters for you to take with you if you choose.

Researcher Supervisor:
Mary Kate Dennis
Faculty of Social Work
University of Manitoba
William Norrie Centre