

Recommendations on Supporting Mental Wellness
for First Nations, Inuit, and Métis Communities
During the COVID-19 Pandemic

Life Promotion Suicide Prevention

2022

Task Group on Mental Wellness

Glossary of Terms

Community

First Nations, Inuit, Métis refer to community in a number of ways: the whole population of their nation of people, the community that is defined by the land of the people or a number of parcels of land that all together make up a community. Community is essentially about relationships of people, the relationship of people to land and environment.

Determinants of health for First Nations, Inuit, and Métis

“At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment, and individual behaviour.... They do not exist in isolation from each other; rather, their combined influence determines health status”

(First Nations Mental Wellness Continuum framework, 2015: p.29).

For First Nations, there are critical differences in what is typically identified as determinants of health, such as:

- Indigenous Knowledge and culture,
- colonization (past and present), and community-based infrastructure including digital capacity, safe drinking water and housing.

Inuit have defined determinants of health as quality of early childhood development, food security, availability of health, culture and language, livelihoods, safety and security, income distribution, mental wellness. Métis people have defined determinants of health as self-determination, colonization, spirituality, land, and culture and tradition.

Life Promotion

Life promotion provides an Indigenous perspective on how individuals can live a long and healthy life. It is a wholistic approach that addresses spiritual, emotional, mental, and physical wellness by attending to the Indigenous determinants of health (see the First Nations Mental Wellness Continuum framework).

It should be noted that Inuit define wellness with a focus on the important connection to land and language and have a strong focus on preventative factors that prevent the risk of suicide.

Premature unnatural death

Often used as a replacement to the word suicide to highlight a life that ends in advance of its fullest potential and that the death is attributed to the individual's behaviour (Connors et al., 2017). This concept allows us to understand deaths that are the result of behaviours that fail to protect and promote optimum health or life-promoting conditions (e.g., addictions) (Connors et al., 2017).

Suicide Prevention

Suicide prevention focuses on addressing risk factors and triggers that can lead to death by suicide. Approaches to suicide prevention are typically disease-oriented and focus on individual deficits. Thus, suicide prevention includes intervention strategies based on Western bio-medical practices. First Nations, Inuit, and Métis people have identified suicide prevention as facilitating connection to culture and mental wellness, addressing unresolved trauma of individuals, families, and communities, and attending to the determinants of health. Suicide prevention must also be understood within inequity and capacity to respond to the endemic nature of suicide among First Nation, Inuit and Métis.

Wise practice

Wise practice or wise practices is a term used to highlight specific examples of effective community life promotion, approaches and initiatives. This concept replaces the term *best practice* since it recognizes that there is no hierarchy or *best* method to respond to premature unnatural death. Instead, each initiative should reflect the specific needs, culture, and conditions of the community.

Worldview

First Nations, Inuit, and Métis worldviews are different. At the same time, there are also consistent elements, such as all are relational, encompassing the spirit reality and physical reality to inform the way that one makes meaning of self, all of creation and the Great Spirit or Creator.

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Introduction

The Task Group on Mental Wellness (Task Group) was assembled to provide insight and recommendations on wise practices for suicide prevention and life promotion to support the wellbeing of First Nations, Inuit, and Métis people during the COVID-19 pandemic and beyond. COVID-19 has exacerbated many of the social, health, and economic disparities First Nations, Métis, and Inuit communities have experienced for years. Life promotion draws on the strengths and assets of First Nations, Métis, and Inuit communities to facilitate an attitude towards living long and healthy lives, particularly during unsettling times. The recommendations laid out in this report are important for supporting needs highlighted during the pandemic. Our goal is to set the foundation to support long-term resilience and wellbeing among First Nations, Inuit, and Métis people across the nation.

Suicide prevention and life promotion are interconnected. Everything that promotes life can also prevent suicide. Suicide prevention focuses on addressing risk factors that go beyond individual circumstances and triggers that can lead to death by suicide, to understand the presence of intergenerational trauma within determinants of health as defined by First Nations, Inuit, and Métis people. Although helpful, suicide prevention alone neglects these unique circumstances of First Nations, Inuit, and Métis people, their histories, and the continued impact of colonization on their wellbeing. In short, suicide prevention on its own fails to incorporate the worldviews of First Nations, Inuit, and Métis people that focuses on preventing premature unnatural death. Life promotion, on the other hand, provides a First Nations, Inuit, and Métis perspective or worldview that focuses on how to live life to its fullest. These worldviews offer a holistic perspective that attends to the balance across spiritual, emotional, mental, and physical wellness (see the First Nations Mental Wellness Continuum framework). This strength-based approach draws on First Nations, Inuit, Métis culture, community resources and assets to improve the determinants of health of First Nations, Inuit, and Métis people to lower suicide rates.

Changing the Narrative to Life Promotion

A critical first step in suicide prevention is changing the narrative to life promotion. Standard suicide prevention and intervention based on Western models alone can have adverse effects on First Nations, Inuit, and Métis people as it focuses on death and dying alone and attends to individual risk, harm, and trauma. For example, suicide risk assessment or gatekeep training is not culturally appropriate, may not be effective, and could even elevate the risk of harm (i.e., suicide ideation) (Sareen et al., 2013; Wei, Kutcher, and LeBlanc, 2015).

What changing the narrative to life promotion MEANS:

First Nations, Inuit, and Métis worldviews and ways of being are incorporated into practice as this is integral to living long and healthy lives as intended by the Creator. It enables strength-based ways of thinking by grounding programs in First Nations, Inuit, and Métis culture-based Knowledge, which are adaptable to the needs of each community to foster resilience during the pandemic. These initiatives focus attention on the need to address unresolved inter-generational trauma as well as the determinants of health that impact on living life well.

What changing the narrative to life promotion DOES NOT MEAN:

Life promotion does not ignore suicide prevention. It attends to individual risk and trauma while also cultivating an attitude towards living life, setting a foundation for mental wellness for the next seven generations through Hope, Belonging, Meaning, and Purpose (see First Nations Mental Wellness Continuum framework).

The Task Group members (listed in appendix A) have laid out recommendations with the intended purpose of supporting a shift in paradigm to life promotion. It is the Task Group's vision that these recommendations be used by First Nations, Inuit, Métis and Federal, Provincial and Territorial governments, and the Public Health Working group members to support life promotion initiatives in First Nation, Inuit, and Métis communities. Community organizations and voices that presented to the task group are identified in Appendix B.



Wise Practices website

wisepractices.ca

- The Wise Practices website puts life promotion into action by describing and articulating the paradigm shift that is happening in First Nations, Inuit, and Métis communities across the country, a shift in language and thinking to prevent premature unnatural death.
- It achieves this aim by addressing the First Nations, Inuit, and Métis determinants of health and outlining life promotion initiatives that can help shield communities against the impact of collective challenges and hardships, such as the pandemic. For example, Wise Practices outlines a food security program in New Brunswick that provides access to healthier traditional foods.
- Food security programs such as this are necessary to prevent negative health outcomes, such as suicide, as well as reduce comorbidities that may place individuals at risk for other forms of early death (i.e., COVID-19-related infection and death due to diabetes and obesity).

Methodology

The Task Group met weekly for four months to discuss Life Promotion/Suicide Prevention, from late spring to fall of 2021 to accommodate full participation of members. Meetings were initially scheduled for an hour and a half but later expanded to two hours to allow for more discussion. A virtual conferencing tool was used to connect participants across the nation. Task Group Secretariat prepared summaries of each of the meetings, supported the development of a forward agenda, and facilitated invitations to speakers. The Task Group members were responsible for individually reviewing documents and briefs before meetings and for discussing the presentations to inform recommendations.

Agendas for the meetings generally followed a similar pattern, with an administrative opening to capture Task Group members' participation, presentations from selected stakeholders with an opportunity for Task Group members to ask questions. This was followed by a discussion of the information and perspectives provided, the implications for recommendations, identification of resources and examples of wise practices. Presenters were invited to join future meetings on Suicide Prevention/Life Promotion to support continuous learning through other presentations and overall to inform recommendations and the final report.

The Impact of the Pandemic on Indigenous Communities

Suicide Among First Nations, Inuit, and Métis Populations

The impact of the pandemic on First Nations, Inuit, and Métis suicide rates is not fully known. However, prior to the pandemic, it is well understood that First Nations, Inuit, and Métis people were disproportionately impacted by suicide. The pandemic likely exacerbates the many challenges Indigenous communities face, elevating the risk for a premature unnatural death. Of the few pandemic-era studies, Indigenous people are more likely to report suicidal thoughts and ideation during the pandemic (Jenkins et al., 2021). Further, suicide ideation has more than doubled during the pandemic compared to the year prior (Canadian Mental Health Association, 2020 in Crawford, 2021).

- Prior to the pandemic, suicide and self-inflicted injuries were the leading cause of death for First Nations youth and adults (Richmond and Cook, 2016).
- According to the First Nations Opioid and Methamphetamine survey, 70% of adult participants and 61% of youth participants have a family member or friend who has attempted suicide. Additionally, 70% of adults have lost a friend or family member to suicide, while 25% of youth participants have indicated they lost a friend or family member to premature unnatural death (Thunderbird, 2021).
- Rates of suicide vary among Indigenous groups with Inuit communities having nine times higher rates of suicide than the general population (Kumar and Tjepkema, 2019).
- Additionally, First Nations people who live on reserve, have had a family member(s) attend a residential school, experienced challenges with addictions, or identify as 2SLGBTQ+ are disproportionately impacted by premature and unnatural death (Kumar and Tjepkema, 2016; Bombay, Matheson and, Anisman, 2014; Hackett, Feeny and Tompa, 2016; Assembly of First Nations (AFN)/First Nations Information Governance Committee, 2007).



The Impact of the Pandemic on First Nations, Inuit, and Métis Determinants of Health

It is important to avoid a pan-Indigenous approach to understanding the social determinants of health for First Nations, Inuit, and Métis people. A distinctions-based approach recognizes the unique and separate determinants of health for First Nations, Métis, and Inuit populations. This approach is integral to supporting wellness for First Nations, Inuit, and Métis people during the pandemic through life promotion initiatives that meet the specific needs of each group. However, it is also important to note that there is no definitive list of determinants (First Nations Centre, 2007). Determinants vary at the group, community, family, and individual level.

Determinants of Health for First Nations, Inuit, and Métis People

<i>First Nations</i>	<i>Inuit</i>	<i>Métis</i>
<p>First Nations determinants of health centre on environmental health, social and cultural health, community health, and individual health (First Nations Centre, 2007). Key indicators include food security, access to clean water, housing and community infrastructure, mental and physical wellness, income distribution and employment, justice/social justice, connection to land, access to language and culture, community governance, and self-determination.</p>	<p>Inuit determinants of health are understood in relation to the conditions or circumstances Inuit people are born, grow, live, work and age (Inuit Tapiriit Kanatami, 2014). Indicators include quality of early childhood development, culture and language, livelihoods, income distribution, housing, personal safety and security, education, food security, availability of health services, mental wellness, and the environment (Inuit Tapiriit Kanatami, 2014).</p>	<p>Métis determinants of health are understood on a continuum of past, present, and future and primarily focuses on the political and historical factors that contribute to health. The impact of a shared history for Métis communities has resulted in a present and future where self-determination, resiliency, healing, resurgence, and education are critical to the determinants of Metis Health (culture, Métis Knowledge, language, and spirituality) (Byck, 2009).</p>

The link between the First Nations, Inuit, and Métis determinants of health and suicide is well understood. Initial findings suggest that the pandemic has had the following impacts:

- Mental wellness for First Nations, Inuit, and Métis people, a key determinant of health, is impacted by isolation and lockdowns as it triggers memories of colonial experiences that restricted the movement of people to be able to enter and leave their communities freely (Bratina, 2021).
- Education has also been negatively impacted through the closure of schools and move to remote learning. This is predicted to cause higher dropout rates, restricted opportunities for youth to remain physically and mentally active and resulted in challenges with online learning due to poor connectivity (Bratina, 2021; Aboriginal Education Research Centre, 2021).

- The pandemic has also disrupted income and employment as nearly 90% of First Nations, Inuit, and Métis owned businesses have reported being negatively impacted by the pandemic (Canadian Council of Aboriginal Business Survey, 2021). Further, research shows that unemployment and financial strain contributes to higher levels of psychological distress among Métis, Inuit, First Nations people than those that are employed and/or have job stability (Hajizadeh, Hu, Asada, and Bombay, 2021).
- Among other First Nations, Inuit, and Métis determinants of health, First Nations, Inuit, and Métis communities have experienced higher rates of food insecurity, stress, physical and mental distress, substance use, and family violence during the pandemic (Jenkins et al., 2021; Bratina, 2021).

Impact on Life Promotion/Suicide Prevention Services and Programs

Life promotion and suicide prevention initiatives have experienced challenges that predate the pandemic. COVID-19 has magnified some of these barriers.

- The shift to virtual platforms has increased during the pandemic for programs such as We Matter, which heightened the gap in access to those digital resources in some communities. For those who do not have access, it can be a detriment.
- Ceremony, being out on the land, and other connections to community, cultural and spiritual practices, integral to life promotion, have been restricted due to limits on social gatherings and other public health measures (Aboriginal Education Research Centre, 2021).
- The pandemic has contributed to challenges community organizations have experienced, including highlighting the siloed nature of work done by organizations, difficulty getting key groups (i.e., youth) to the table, gaps in knowledge and information sharing between organizations and communities, access to suicide data, and lack of follow-up and aftercare supports for suicide survivors and/or bereaved loved ones.

Hope and Resilience During the Pandemic

While COVID-19 has further highlighted the challenges First Nations, Inuit, and Métis communities face, one study interviewed people in one First Nations community who pointed to some positive impacts of the pandemic (Lee et al., 2021):

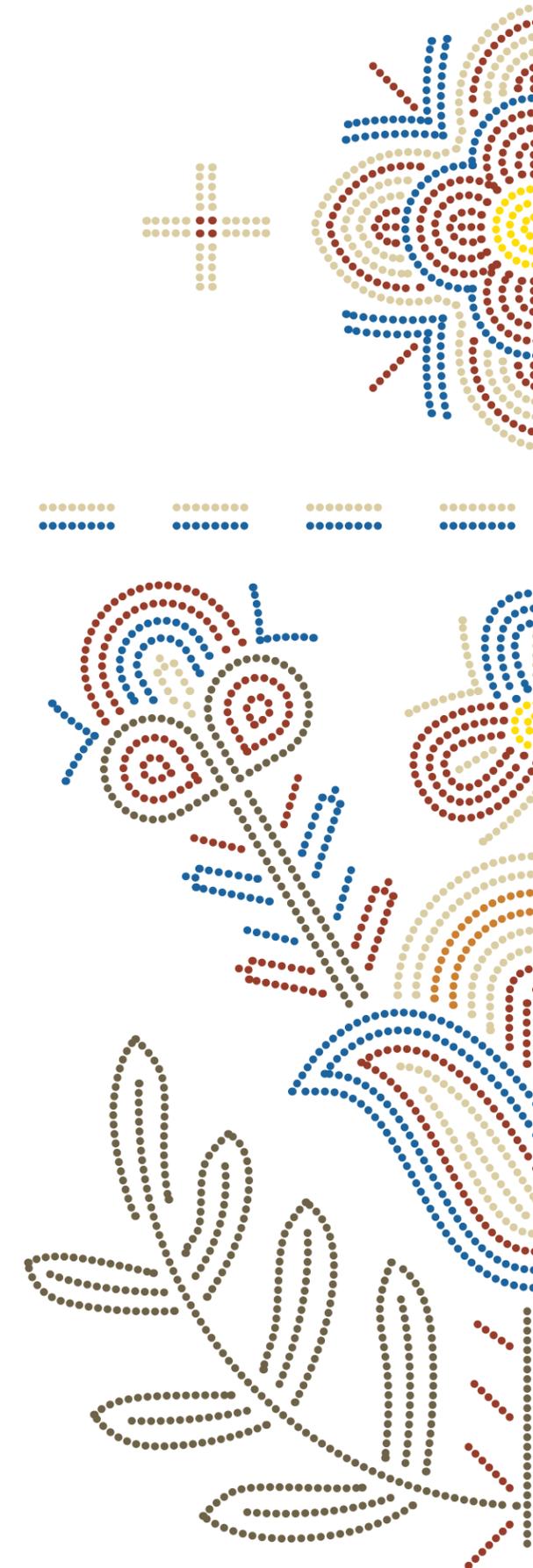
- Being able to reassess priorities.
- Have more leisure time to pursue activities including prayer, beading, household and/or community projects, quality time with family, and other activities that are central to life promotion and suicide prevention.
- Strengthened relationships.
- Members drawing on their inherent strengths and values, such as compassion and kindness, through things like care packages, drive by parades, and showing care and concern to foster a sense of community.

These values and ways of being are embedded in life promotion as exemplified by the hampers delivered by the Manitoba Métis Federation or We Matter's COVID Support Fund for youth (see community-led examples on page 9) Life promotion initiatives such as these draw on the inherent strengths and values of First Nations, Inuit, and Métis communities nationwide.

A Continuum of Care for Life Promotion

Suicide prevention can be offered with important intervention tools and strategies that benefit communities and families, and also address individual harm and intergenerational trauma. Thus, life promotion should be envisioned along a continuum that draws from First Nations, Inuit, and Métis strengths, from prevention to maintenance/postvention. Some findings to support a continuum of care suggest:

- Indigenous youth have suicide rates 6.3 times higher than non-Indigenous youth (Kumar and Tjepkema, 2019), underscoring the need to include youth at the table when addressing suicide.
- Prevention and intervention, through things such as crisis lines, help reduce stress and risks-taking behaviours among people who have access to these services (Crawford, 2021).
- Indigenous people discharged from a hospital to a treatment centre or back to their community do not often receive necessary follow-up, causing challenges to their family or people outside their circle of care (i.e., community leadership) (Mihychuk, 2017).
- Accessing services during the pandemic has been especially difficult for remote, isolated communities, requiring specific attention to coordination and delivery of services. For example, many communities have only one nurse attending to all the mental and physical needs, which places constraints on time and capacity.
- There are limited post-intervention and aftercare programs tailored to meet the needs of Indigenous people who have attempted suicide, which increases the chances of additional attempts (Mihychuk, 2017).
- Research points to the contagion effect of suicide for those who have lost a loved one to suicide (Kirmayer et al., 2007). Suicide impacts the whole community, especially families and friends who are grieving loss, placing them at a heightened risk for distress, mental wellness challenges, and suicide ideation (Kirmayer et al., 1999).



Key Principles

A continuum of care for life promotion recognizes that an effective response to suicide does not just involve reaching people who are in an immediate crisis but also focuses on supporting communities, families, and individuals at any stage of need. The life promotion continuum involves:

Health promotion

- Raise awareness of wellness and **build capacity** among community-based programs and health professionals through opportunities for dialogue, consultation, training, use of technology to communicate key messaging, and support research and non-profit work.
- The best health outcomes are achieved when First Nations, Inuit, and Métis communities have **ownership and control** on ways to heal from trauma, reflected in their own cultural practices and community-level needs. **Collaboration** between communities and mental health providers, who offer suicide prevention approaches, are effective when communities invite and accept their support.

Prevention

- Adopting a **wholistic approach to reduce risk and harm, while enhancing protective factors** so people choose life. Consequently, prevention strategies support individuals, families, and communities and includes **addressing the disparities** of determinants of health among the First Nations, Inuit, and Métis people, which are amplified during the pandemic.

Treatment

- Treatment involves an intervention that supports people who express suicide ideation, or have attempted suicide, to ensure their wellbeing and address individual harms and trauma. Culture is not only beneficial in prevention programs but should be embedded in treatment and postvention/maintenance.

Maintenance/postvention

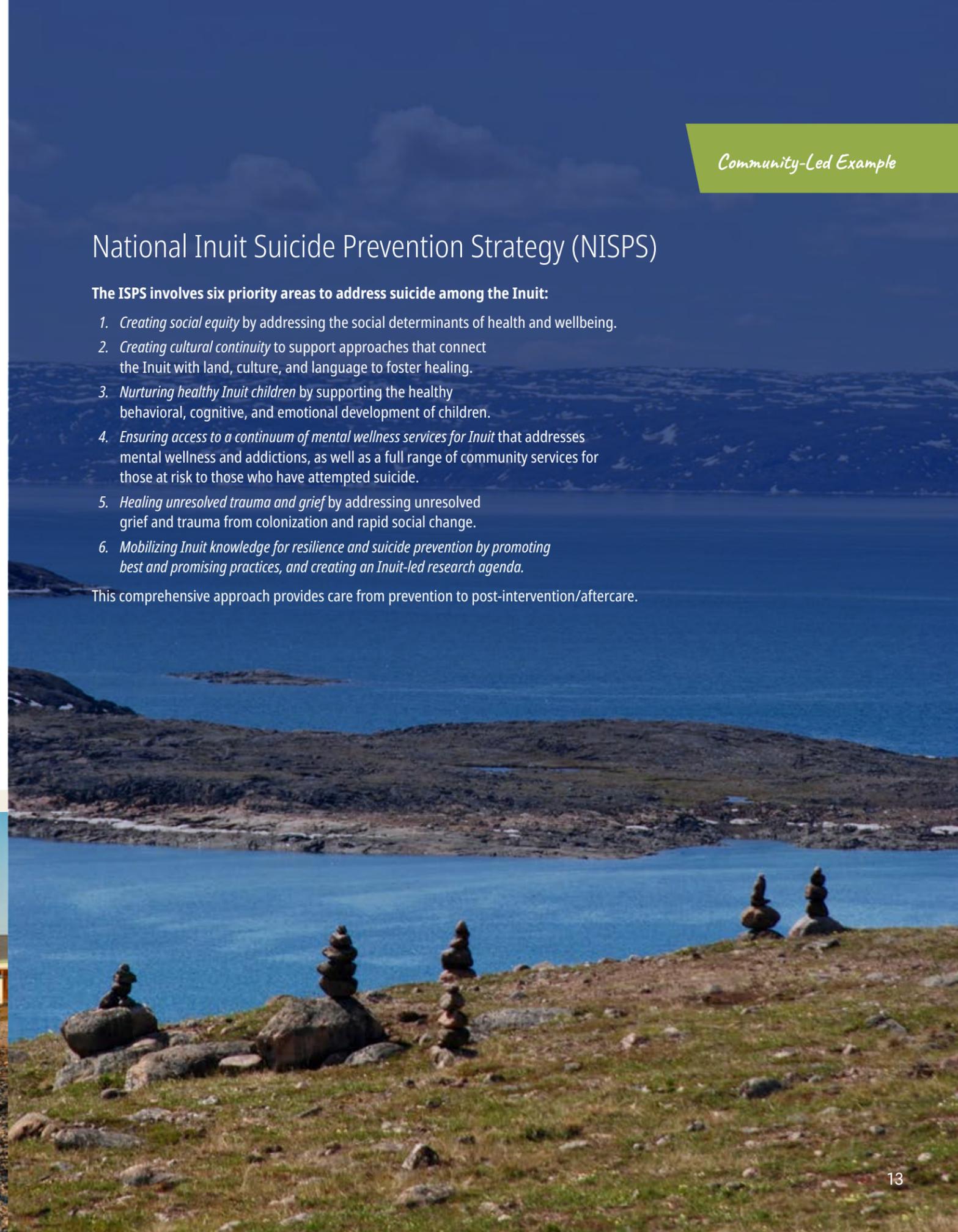
- Finally, maintenance/postvention works to reinforce the positive effects of treatment and in the event of a suicide to reduce the risk of others also choosing to end their lives. This includes supporting individuals from experiencing vicarious trauma due to the loss of a loved one.

National Inuit Suicide Prevention Strategy (NISPS)

The ISPS involves six priority areas to address suicide among the Inuit:

1. *Creating social equity* by addressing the social determinants of health and wellbeing.
2. *Creating cultural continuity* to support approaches that connect the Inuit with land, culture, and language to foster healing.
3. *Nurturing healthy Inuit children* by supporting the healthy behavioral, cognitive, and emotional development of children.
4. *Ensuring access to a continuum of mental wellness services for Inuit* that addresses mental wellness and addictions, as well as a full range of community services for those at risk to those who have attempted suicide.
5. *Healing unresolved trauma and grief* by addressing unresolved grief and trauma from colonization and rapid social change.
6. *Mobilizing Inuit knowledge for resilience and suicide prevention by promoting best and promising practices, and creating an Inuit-led research agenda.*

This comprehensive approach provides care from prevention to post-intervention/aftercare.



Isaksimagit Inuusirmi Katujjiqatigiit Embrace Life Council, Nunavut

- Embrace Life Council is a non-profit suicide prevention organization based in Iqaluit, Nunavut and has a board comprised of 11 agencies including the RCMP, local helpline, the teachers' association, youth members, government, Elders and more.
- Their mission is to support and encourage Nunavummiut to embrace life by providing education, research, statistics, and a clearing house.
- Much of their work involves recruiting, coordinating, and providing training to volunteers to do suicide prevention and wellness activities in their communities.
- Trainings and workshops offered include ASIST; Reach Out; Our Children, Our Responsibility (sexual abuse); Trauma-informed practice; Healing Support Group Facilitator Training; Youth Self-Injury Training; Life Matters.
- The Embrace Life Council is a response to shifts in suicide numbers and rates. Attention is placed on attending to the First Nations, Inuit, and Métis determinants of health, having culturally safe and competent services available, training around unique factors like trauma, protocol, and understanding suicide from an Inuit lens.



Recommendations on Developing a Continuum of Care for Life Promotion

Community Support in Life Promotion

Communities need support in the language, culture, and knowledge of life promotion, as life promotion is foundational for the continuum of care.

- It is important to involve First Nations, Inuit, and Métis leaders in the development of language that supports the shift to life promotion.
- It is critical to develop and deliver programs in First Nations, Inuit, and Métis languages to allow for deeper and richer transmission of wholistic Indigenous Knowledge.
- Develop tools (mixed media, video, photos, social media) that will resonate with individuals, highlighting intergenerational strengths (as opposed to risk and trauma) by tapping First Nations, Inuit, and Métis culture and wholistic ways of knowing and learning.
- Trauma experiences related to unaddressed loss over generations are heightened during the pandemic due to isolation. It is important to normalize conversations about grief and loss and revitalize culture and knowledge to support communities that may not be connected to culture.
- Encourage a proactive response rather than being reactive. This includes investing upstream in the Métis, Inuit, First Nations determinants of health, promoting protective factors, ensuring measures are culturally safe and appropriate. It includes working with First Nations, Inuit, and Métis communities, developing methods to review program effectiveness and supporting continuous growth and quality improvement, and supporting sustainability and expansion of programs.



Feather Carriers: Leadership for Life Promotion

- Feather Carriers was born from the need to reframe our understandings of premature unnatural death and suicide prevention with an approach that is centred in Indigenous teachings on life promotion. *Gatekeeper trainings* or suicide risk assessments, common suicide prevention strategies, are not culturally appropriate, do not provide sufficient follow-up, and may cause unintended harms.
- Feather Carriers training speaks to the hearts and minds of people who work with individuals and families at risk of premature unnatural death, as well as survivors who have lost loved ones.
- “Gathered from all directions, the Feather Carriers training brings the knowledge and experience of the whole community into practice. It builds on the values and belief that in this present time, life is worth living. As such this training is meant to develop community leaders who will help promote life and prevent premature unnatural death. From this place of strength and resiliency the voice of the life spirit is heard in the stories of the attempt and loss survivors who continue to walk the path of *mino bimaadiziwin* (Anishinaabe meaning for living a good and long life)”
(Feather Carriers: Leadership for Life Promotion – Training Workbook, 2020: pg. 5).
- Feather Carriers training begins with teachings on a life promotion paradigm to build capacity among communities, workforce, and service providers, so individuals feel supported in their work and the language needed to navigate life promotion.

Nunavut Suicide Prevention Strategy Action Plan

- This strategy highlights the upstream approach to suicide prevention, which includes ongoing support, resources, and education to expectant or new parents, access to early childhood education, and ensuring access to social supports such as shelters. This approach is foundational for lifelong health and wellness by addressing the social determinants of health for Inuit communities.

Training and Development

- Training for crisis line staff on clinical triage, assessment of risk of suicide, practice of active engagement and collaboration, and use of least invasive intervention is needed and must be offered through a trauma-informed lens.
- Expand medical and clinical guidelines and strengthen training and core competencies of professionals with a focus to create capacity across the community workforce to develop more indigenous Knowledge, culture, and life promotion.
- Support remote isolated communities and reduce high turnover of medical and mental health professionals. Support training of medical and mental wellness professionals so they are better equipped with needed rural skills so they will be effective helpers in these communities (Strasser, 2010). This will require partnerships between post-secondary institutions and rural communities based on healthy communication, mutual understanding, and respect.
- Culturally competent care is needed to ensure that healthcare professionals, frontline workers, and others, First Nations, Inuit, and Métis or not, can communicate competently with a client in their social, political, linguistic, economic, and spiritual realms (National Aboriginal Health Organization, 2008). Professionals must recognize the client's personal worldview and provide care that is consistent and respectful of that worldview (Connors et al., 2017).
- Increase the availability of virtual training, especially among youth, to develop leadership skills to participate in or launch life promotion initiatives in their communities.



Community-Led Example

Life Promotion for All My Relations

- The Life Promotion for All My Relations group connects Indigenous youth with local Elders and Knowledge Keepers to go on medicine walks to learn about traditional plant medicines, learn how to weave cedar bracelets, make medicine bags and drums, and participate in pipe ceremonies, sweats, and other culture-based practices.
- As one participant states:
"Everything we did and learned outside of our training sessions revolved around culture. We even hosted our own mini cultural exchange with our group members during one of our gatherings where we all shared teachings, stories, and art from our respective nations".
- The program was adapted due to the pandemic through periodic online check-in meetings. Additionally, online events were held, and a COVID-19 campaign was launched, which centred around different methods of self-care through the pandemic.

Organizations should learn effective ways to engage people online so that people feel the interactions are helpful. Foster different approaches to learning so that counselors and other service providers do not experience *zoom fatigue* and burn out.



Enabling Partnerships and Collaboration

- Promote an open-door approach and provide opportunities for as many voices to be heard as possible at the table. This allows frontline providers to discuss mutually concerning cases and arrive at a consensus on action plans
- Establishing a community-based committee, with leadership and regular meetings, can help with the creation and sustainability of life promotion initiatives. First responders, school staff, health and mental wellness professionals, community leaders, youth and Elders and traditional Knowledge Holders can work together to address smaller community-level issues (like establishing a foodbank or community garden) that affect a larger concern (the relationship between food insecurity, suicide and ideation).
- Develop communities of practice to facilitate knowledge sharing and collective learning between agencies, frontline workers, communities, and other partners that will improve access to care in remote communities and ensure information is rapidly shared.

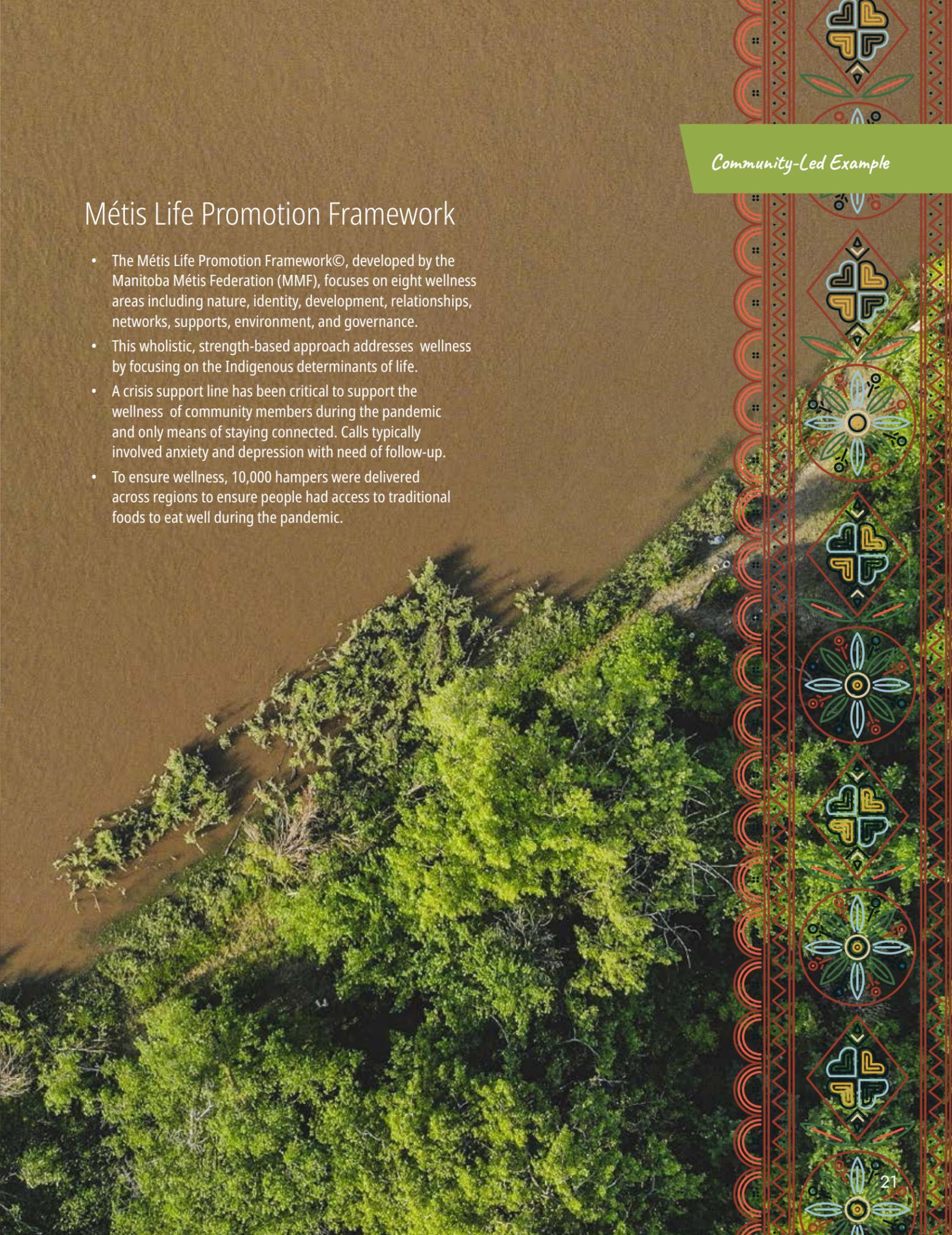
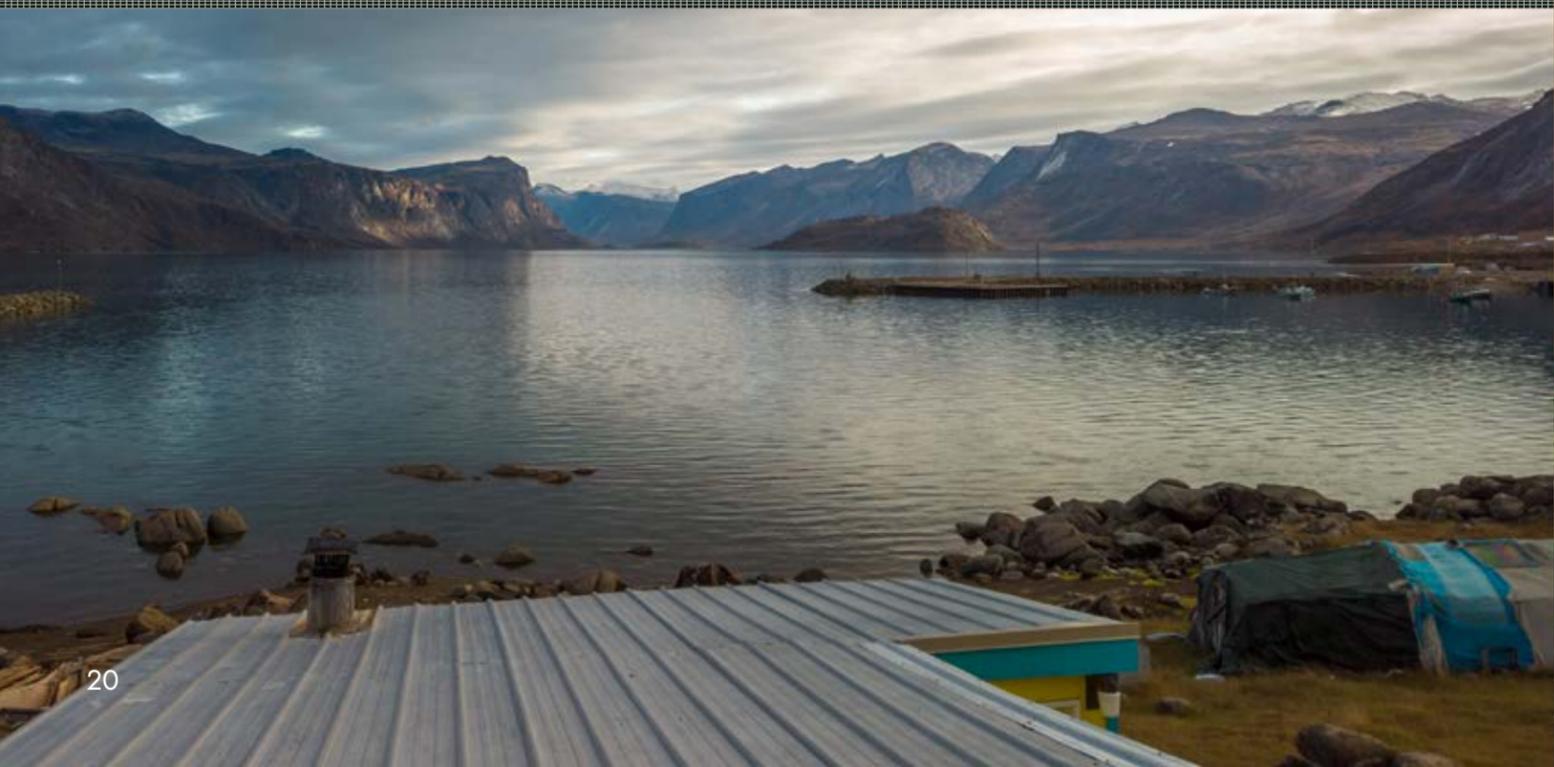
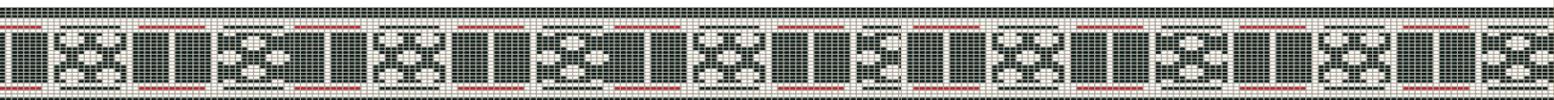
Prevention Through Addressing Some of the Determinants of Health of First Nations, Inuit, and Métis Populations

- More support is needed for frontline workers such as improvements to community infrastructure. For example, houses needing street numbers as first responders have noted difficulties reaching people in distress (i.e., attempting suicide).
- There is a need for reliable electricity and access to back-up power generators in communities with frequent power outages due to weather/climate change, especially if people spend much time isolating at home during the pandemic.
- Resources are needed for those transitioning or moving back to or from rural or First Nations, Inuit, and Métis communities to urban centres to meet their income, shelter/housing, and other needs.

Community-Led Example

Métis Life Promotion Framework

- The Métis Life Promotion Framework©, developed by the Manitoba Métis Federation (MMF), focuses on eight wellness areas including nature, identity, development, relationships, networks, supports, environment, and governance.
- This holistic, strength-based approach addresses wellness by focusing on the Indigenous determinants of life.
- A crisis support line has been critical to support the wellness of community members during the pandemic and only means of staying connected. Calls typically involved anxiety and depression with need of follow-up.
- To ensure wellness, 10,000 hampers were delivered across regions to ensure people had access to traditional foods to eat well during the pandemic.



We Matter's Mini-Grants Program

- We Matter is a youth-led organization that provides support, hope and life promotion to youth. This includes a national campaign of positive messages sent to youth by people from across the country.
- We Matter shifted their **mini-grants program** to online during the pandemic, which led to many arts-based workshops that youth wanted to run.
- The COVID-19 Support Fund provides up to \$1,500 to youth 13 to 30 to promote community wellness through virtual platforms.
- Funds went towards stand-alone workshops (e.g., beading, drumming, poetry), and saw an increase in activities that would provide access to cultural art-based programming and projects to cope with mental health and have an outlet.
- Youth could look forward to online talent shows, concerts and educational webinars involving intergenerational partnerships.
- Some held language classes where Indigenous youth shared their perspectives of mental health. Some youth produced podcasts or created care packages.

4,151 People Across the country have taken the #HopePact so far!

wemattercampaign.org

Implementing a No-Wrong Door Approach

Show an openness to adopt innovative ways to address mental wellness during the pandemic through:

- Mobile services, such as mobile crisis services and telehealth, which benefits remote First Nations, Inuit, and Métis communities where services and resources are outside the community or closed because of the pandemic.
- Kitchen table counselling that involves more causal interactions and conversations in more comfortable and non-clinical locations, including virtual platforms.
- Community-driven programs that go beyond the standard 9-5 work hours with 24-hour services. This form of care promotes an open-door policy that is not appointment-based and provides drop-in and/or home visits, which can be done virtually during the pandemic.
- The adoption of a *Housing First* approach is needed that provides people with concurrent disorders shelter and housing services with limited restrictions.

Access To and Ownership of Suicide Data

- Assists communities in tracking suicide or suicidal attempts through inter-agency coordination from the coroner, hospitals, and health and crisis centres.
- Implement a system for real-time suicide notifications to allow stakeholders (i.e., public health authorities, community leaders and government, frontline workers) to review information about a suspected suicide and be able to rapidly access resources and make quick decisions (i.e., help coordinate bereavement).
- This information can also be used to funnel resources to communities with a rapid succession or clusters of suicides over a short period of time to provide immediate intervention to those in need.
- Increase and support research that examines the impact of the pandemic on suicide incidences and ideation among First Nations, Inuit, and Métis communities. This data can be used by communities to support funding proposals and enhance life promotion initiatives.



Information Sharing and Expanding the Circle of Care

- Life promotion strategies should include interagency sharing protocols when someone is at risk for suicide or in imminent risk. This provides clear intervention guidelines on how information is shared so that all stakeholders are working from a common understanding.
- The protocol includes expectations, roles, and obligations among partners, which must be understood when obtaining consent. A process must also be established if consent is denied, ensuring people still have timely and appropriate services in and out of their community if they are at risk of harm.
- Address challenges some communities might experience in the wake of a suicide attempt. This includes providing innovative means, such as the Nunavut Interagency Information Sharing Protocol, to supply information to people who do not fit the access to information profile, such as mental health teams, outreach, and unregulated workers. This ensures that additional people are included in the circle of care as some have found it difficult to locate individuals who may end up in treatment.
- Make it easier for people outside the circle of care to be able to track an intake client once released from the hospital to provide a plan once they are back in the community. This is especially important during the pandemic as many community resources and services may be shut down or are experiencing reductions in service delivery capacity.
- It is ideal to follow the principle of what is in the best interest of the client. This includes sharing some information with community mental health teams of outreach workers and other unregulated workers that work in care with clients.

Nunavut Interagency Information Sharing Protocol (NIISP)

- The IISP was developed from the suicide prevention action plan and enhance collaboration to promote overall mental wellness and address suicide among the Inuit in Nunavut.
- It is guided by Inuit values including respecting others, relationships, caring for others, being open and inclusive in decision making and working together for a common cause.
- The protocol provides guidance when warning signs for risk of suicide emerge, including threatening to harm, seeking to access means, evidence of expression with intent, expressing ideation and hopelessness.
- When Individuals express these signs, the ISSP can intervene by obtaining consent. Here the individual or guardians sign a specific document to provide informed consent. This is used by the community partners and stakeholders so they can provide care to clients with available services in the community.
- If consent is denied, communication between stakeholders may continue but no identifying information is collected unless the person is at imminent risk.
- The protocol encourages interagency collaboration, including the Department of Health, Justice, Family Services, RCMP, etc. Each are signatories to the protocol and support communicating an individual plan for each person or their family.
- Governing principles of IISP: respecting personal information, culturally sensitive, mutual respect, family strengthening, and meaningful involvement.
- The protocol has made it easier to make decisions when there are changes in suicide numbers/rates, including attending to the social determinants of health, ensuring cultural safe and competent services, training around things such as trauma, and knowledge generation.

Ongoing Engagement and Aftercare

- A community-based approach that is premised on continuous contact, engagement, and support, particularly for acute aftercare for individuals and families is recommended. This requires collaboration between communities with hospitals, health centres and other agencies to create effective follow-up treatment plans.
- It is essential to put the client first as they know what is best for their healing journeys. For example, it is important to be aware when a young person does not want family involved as this can be 'triggering' depending on the family dynamics.
- Aftercare for individuals who attempted suicide should address the motivations behind why someone may choose to end their life and provide care accordingly. Effective aftercare usually includes helping people to change their thoughts to those that support choosing life. These thoughts are usually formed as individuals are provided tools to make meaning of life through cultural teachings, they are assisted to recognize the meaningful relationships that support their lives, they are helped to discover their gifts that give purpose to their lives, and they are finally enabled to vision a hopeful future. This also involves helping them to develop life enhancing alternative lifestyles, prosocial methods of dealing with challenges, and engaging Elders and cultural supports for ongoing guidance.
- Peer support networks that connect survivors with peer workers, which typically occurred face to face prior to the pandemic, can move to virtual care to ensure ongoing engagement and improve the continuity of care.
- Some programs include people with lived/living experience as peer specialists, but attention should be given to avoid them being triggered by vicarious trauma.

Preventing the Contagion Effect of Suicide

- Targeted funding is needed to provide post intervention and bereavement to prevent the contagion effect of suicide.
- Development of support groups, one-on-one and family counselling, training to monitor bereaved individuals for signs of suicidal behaviour and improved coordination between community and health care partners is needed.
- Grief counselling and school-based prevention and education programs can help students cope with suicides that have occurred amongst their school mates.
- Support to frontline workers and first responders is also important as they may be called to multiple suicides over a short period of time. Attention to mental wellness concerns, such as post-traumatic stress disorder, major depressive disorder, generalized anxiety disorder, social anxiety and panic disorders, and substance use may be required for crisis response workers (Carleton et al., 2020).

Appendix A

Members of the Task Group on Mental Wellness

CO-CHAIRS

Dr. Brenda Restoule	First Peoples Wellness Circle
Dr. Carol Hopkins	Thunderbird Partnership Foundation

Appendix B

Contributions to the development of this document:

ITK National Inuit Suicide Prevention Strategy

Inuuivut Anninaqtuq Action Plan 2017-2022

Isaksimagit Inuusirmi Katujjiqatigiit Embrace Life Council, Iqaluit, Nunavut

Nunavut Information Sharing Protocol

We Matter

Life Promotion Framework, Manitoba Métis Council

Feather Carriers Leadership for Life

Wise Practices Website, Thunderbird Partnership Foundation

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