Understanding and Preventing Suicide among First Nations, Inuit and Métis Peoples

Alison Benedict, Program Consultant: Aboriginal Community Engagement Provincial System Support Program
Hosted by the CAMH Health Promotion Resource Centre

February 6th, 2014 1:00 – 2:30 EST
Provide system support, capacity building, content expertise and access to information and research for Ontario health promotion and public health audiences related to:

- Mental health promotion
- Substance misuse
- Tobacco

Housed in the CAMH’s Provincial System Support Program

Consult with CAMH colleagues from across the organization (PSSP, Aboriginal Community Engagement, clinical, research, etc.)

Funding provided by the Health Promotion Division of MOHLTC
Welcome and Introduction

Chair: Renee Linklater, PhD
Manager of Aboriginal Community Engagement for the Provincial System Support Program
Centre for Addiction and Mental Health
To begin our journey...

- **Presenter:** Alison Benedict
  Program Consultant, Aboriginal Community Engagement, Provincial System Support Program, Centre for Addiction and Mental Health
- **Coming to a place of understanding**
Original Ways of Being

Prior to contact, First Nations and Inuit people had a way of life connected to the land and each other.

Different ways of life, different languages
Culture Clash

- Terra Nullius and the myth of discovery
- Disease
- Changing relationship –
  - 1867 British North America Act – Wards and lands
  - 1869 Act to Encourage Gradual Civilization – Abolished traditional governments, way of life
  - 1876 Indian Act – Federal responsibility, responsibility for education

Milloy, 2008
Getting Rid of the Indian Problem

- Residential School Era
- 60’s Scoop
- Millennium Scoop

“It is readily acknowledged that Indian children lose their natural resistance to illness by habituating so closely in the residential schools and that they die at a much higher rate than in their villages.

But this does not justify a change in the policy of this department which is geared toward a final solution of our Indian problem.”

Duncan Campbell Scott
Deputy Superintendent Aboriginal Affairs 1913-1932
Impact and Outcome

  - Over 17,337 participants
  - Accumulation of experiences impacted physical and emotional health

  - Exposure to abuse and violence, led to increases in mental illness, addictions and suicide

- **Social Toxicity** (Garbarino, 2008)
  - Exposure to a negative social environment; violence, unsafe, cynicism, foul language, rejection, terror, corruption leads to “terminal thinking” and “diminished humanity”.
Social Rejection – A Snapshot in Education

- **Educational Achievement off-reserve** (Silver, Mallet, Green & Simard, 2002)
  - 75% did not believe that teachers expected Aboriginal students to succeed in school
  - 70% of Aboriginal students did not feel welcome at school
  - 100% believed that racism was a factor for Aboriginal students in school.

- **Schools on-reserve** (First Nations Education Council, 2009)
  - 1/3 less funding per student than schools off reserve
  - Funding has been capped since 1996.

- Native mascots in schools
Social Rejection: A Snapshot of Justice

- 500 Missing and murdered Aboriginal women. “Over policed and under protected” (Native Women’s Association of Canada, 2008)
- Aboriginal women 5-7 times more likely to be victims of violent crime
- Aboriginal women are the fastest growing group in the Federal prison system
  - 45% of women inmates are Aboriginal, over 90% in some jails (Elizabeth Fry Society, 2008)
- Aboriginal people 9 times more likely to end up in the justice system
- Aboriginal people more likely to be questioned by police and charged for crimes
- Aboriginal people more than 6 times more likely to incarcerated and once incarcerated, more likely to be denied parole (Ontario Human Rights Commission, n.d.)
If there is something that is even more shocking than the violence itself, it is the silence within which this violence is allowed to continue. It is that silence which is perhaps the greatest shame of all. It is the silence of those of us in the majority who chose to turn a blind eye to this violence—cases of missing Aboriginal daughters and mothers which never make the headlines; epidemics of suicide which don’t elicit an outpouring of concern and outrage from the non-Aboriginal community. It is this silence which is complicit in allowing the situation to continue. It is this silence which sends the message that we don’t care, that we don’t want to care, that we won’t pull all the stops to say “enough”.
Intersecting Oppressions, Increased Risk

A national study of American Indian and Alaska Native transgendered people (National Center for Transgender Equality, 2010).

- 86% experienced harassment and bullying at school with 56% experiencing physical assault and 21% experiencing sexual assault.
- 65% harassed at work
- 39% reported that they were refused housing
- 34% refused medical care
- 56% of the respondents had attempted suicide
“In the 100 years since Louis Riel was executed while fighting for native self-determination and native self-respect, Canada has come a long way. We don't hang native men anymore. Now 11-year-old native boys hang themselves.”

- Gordon Sinclair
Suicide Rates

- First Nations 2-3 times higher than the national rate
  - Suicide and self-inflicted injuries are the leading cause of death among First Nations people under age 44.

- Inuit 6-11 times higher than the national rate

- Métis 2 times higher than the national rate

(Health Canada, 2013)
Prevention Strategies

- Society
- Community
- Individual
Prevention Strategies – Individual

- Addressing adverse childhood experiences by breaking the cycle and strengthening the spirit
  - Blueprint for Life
  - Strengthening Families
  - The Fourth R
  - Natural Helpers
  - Traditional Parenting Programs
  - Therapeutic Interventions
    - EMDR, EFT, Trauma Informed Practice, Schema Therapy, DBT, Mindfulness, Solution Focused Therapy and others
Prevention Strategies – Community

- Investing in people and programs which support a healthy community, healthy relationships and healthy government

  - Communities can create a strategic community wellness plan based on all aspects of wellbeing
    - Kahnawake Diabetes Initiative addressed health and wellbeing throughout the entire community
    - Hollow Water First Nation addressed sexual abuse through restorative justice
    - Communities that have low to no suicides have 8 factors (Chandler & Lalonde, 2008)

- Having healthy and well educated workers in a healthy working environment
Prevention Strategies – Society

- Addressing Social Toxicity, Social Rejection through eliminating stereotypes, racism, sexism, homophobia
  - Changes to systems to address inequities
  - Education about First Nations, Inuit and Métis people

- Equitable funding

- You and me
Where we begin to learn from one another:
Sharing and questions
Niawen ko:wa, Chi Miigwetch, Thank You

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SPIRIT TO SPIRIT: SHARING KNOWLEDGE FOR MENTAL HEALTH PROMOTION AND SUBSTANCE MISUSE PREVENTION WITH FIRST NATIONS, INUIT, MÉTIS PEOPLES  Webinar #2: Learning from Practice
Friday, February 28th, 2013  10:00 AM – 11:30 AM EST

Host:
- Renee Linklater, Manager, Aboriginal Community Engagement, CAMH Provincial System Support Program (PSSP)

Panelists:
- Laura Calmwind, Youth Coordinator, Chiefs of Ontario
- Lisa Beedie, Tobacco Wise Lead, Prevention & Cancer Control, Cancer Care Ontario
- Dr. Claire Crooks, Associate Director of the CAMH Centre for Prevention Science; National Coordinator of Aboriginal Projects for the Fourth R

Registration  https://spirit2spiritparttwo.eventbrite.com