

# Supporting Indigenous Youth to Live with Continued Resilience, Meaning and Hope

Hanna Sutherland<sup>1</sup>, Samantha Sutherland<sup>2</sup>, George Minde<sup>3</sup>, Raeanne Rondeau<sup>4</sup>, Ingrid Nielssen<sup>5</sup>, and Kristin Flemons<sup>6</sup>

<sup>1</sup>Métis Nation of Alberta, PaCER Program Graduate

<sup>2</sup>Mount Royal University, Department of Social Work, PaCER Program Graduate

<sup>3</sup>University of Calgary, International Indigenous Studies, PaCER Program Graduate

<sup>4</sup>PaCER Program Graduate

<sup>5</sup>Patient Engagement Coordinator, AbSPORU

<sup>6</sup>Indigenous Wellness Core, Alberta Health Services

Corresponding author email: [Kristin.flemons@albertahealthservices.ca](mailto:Kristin.flemons@albertahealthservices.ca)

## ABSTRACT

Indigenous Life Promotion and strengths-based approaches to mental wellness and suicide prevention are important strategies that promote sovereignty, holistic wellness, and healing at the individual, family, and community levels. As part of the Patient and Community Engagement Research (PaCER) program, our team facilitated three focus groups with Indigenous young people in Alberta to better understand how they wish to be supported to live life with continued resilience, meaning and hope. Our team conducted a thematic analysis on the focus group transcripts and derived five key themes from their contents: 1. Accessible, meaningful, and ongoing supports; 2. Indigenous-centered, culturally meaningful and safe supports; 3. Fostering meaningful connections and relationships; 4. Surviving/ 'Existing'; and 5. Thriving; living with purpose and meaning beyond surviving. Based on these themes, six recommendations for better supporting the wellbeing of Indigenous youth were developed: 1. Indigenous-centred resources; 2. Accountability; 3. Person-centred support; 4. Enhancing empowerment in children & youth; 5. Holistic health liaison/navigators; 6. Increased funding. Attending to the voices of Indigenous youth in planning and enhancing supports will continue to bolster their inherent resilience and contribute to the process of reconciliation in Alberta and Canada.

## Background

Indigenous Life Promotion and strengths-based approaches to mental wellness and suicide prevention are increasingly recognized as important strategies that promote sovereignty, holistic wellness, and healing at the individual, family, and community levels.

Mental health issues continue to be a priority concern for many Indigenous communities in Canada.<sup>1</sup> Indigenous people in Canada experience overall poorer mental health outcomes when compared to non-Indigenous Canadians, specifically related to anxiety, depression, and suicide. Suicide rates are about three

times higher within Indigenous communities in Canada across all groups (First Nations, Métis, and Inuit) when compared to non-Indigenous groups<sup>2</sup>, a number that is even higher amongst Indigenous youth.<sup>3</sup> These disparities in outcomes and wellbeing can be directly linked to the ongoing histories of Colonialism in Canada, including Indian Residential Schools, the 60s Scoop, intergenerational trauma, and widespread institutional racism, which exacerbate structural inequities and determinants of health (poverty, education rates, personal safety, access to health services) in many Indigenous communities.<sup>4</sup> In response, Indigenous

leaders have called for a mental health and suicide prevention strategy that is community led and focuses on community healing, reconciliation, self-determination, and a holistic model of health.<sup>5</sup>

Western models of suicide prevention have historically been individualistic, medicalized, deficit-based, and focused on the acute timescale of the mental health emergency. Research has shown that these deficit-based models of mental health, which emphasize deficiency and failure, can lead to greater harm.<sup>6</sup> Scholars and Indigenous leaders concur that the disproportionate rates of suicide in many Indigenous communities are a direct inheritance from the violence of Colonialism in Canada, which made explicit efforts to separate Indigenous people from their languages, break kinship ties and supports, destroy cultural practices, eliminate any positive sense of identity, and indeed worked to instill shame and internalized prejudice within Indigenous communities as a tool of genocide and assimilation.<sup>7</sup> In combination with the theft of land and resources, discriminatory and abusive government practices and institutions, and the legacy of Residential Schools, mental health disparities come into focus as a result of Colonial practice in Canada that disproportionately impacts Indigenous people.

Yet when Western models of suicide prevention focus only on the individual, they can create the sense that there is something “wrong” with the person, rather than something wrong with the historical and social context in which they find themselves. If they are unable to “fix” themselves through Western therapeutic and pharmaceutical interventions, this may become evidence of a further “weakness” on their part.<sup>8</sup> This is in addition to the racist practices and prejudices embedded in Western medical institutions, including psychiatry and psychology, for which the American Psychological Association recently issued a formal apology.<sup>9</sup>

However, if Colonialism—and its attempted destruction of Indigenous social structures, communities, culture, language, kinship, and identity—is understood as the root of mental health disparity, it likewise becomes visible that drawing on and augmenting the strengths of these cultural protective factors is a path towards wellness not only for individuals, but more broadly for families and communities as well. Indigenous communities and leadership are thus calling for a shift in mental health and wellness responses that move away from a deficit-based focus to one that is strengths-based, foregrounding the protective factors inherent in culture, language, and connection to Elders, family, community, and spiritual ways. These strengths-based approaches are becoming known as “Life Promotion.”<sup>10</sup> In light of the above, these Life

Promotion efforts can also be understood as a practice of decolonization.

Indigenous Life Promotion aims to identify proactive efforts that can be implemented to provide culturally and individually-relevant strategies such as connection to community, identity, land, language, access to helpful supports, and validation of realities of Indigenous lived experience.<sup>11</sup> These strategies aim to promote self-determination in health, wellness, and quality of life, which consider the diversity of Indigenous people, including Indigenous wellness indicators that are promising for reducing harmful stigmas.<sup>12</sup> To understand the discrepancies around mental health within Indigenous communities, researchers have developed methods for understanding the effects of Colonialism.<sup>13</sup> When dealing with Indigenous health, looking into the cultural influence on health and well-being is a potential strategy to produce knowledge that is relevant and more likely to be engaged with by Indigenous people and communities.<sup>14</sup>

Indigenous realities and experiences continue to be identified by Indigenous people, along with recommendations and strategies to help support individuals and communities in meaningful ways. Yet, the majority of supports available from public or community sources are Western in approach and deficit-focused, and continue to generalize, stigmatize, and ignore Indigenous knowledge and needs. Therefore, Indigenous-led Life Promotion aims to highlight Indigenous voices to create tangible, proactive, Life Promotion changes.

The diversity of Indigenous people within Canada is staggering. There are 634 First Nations<sup>15</sup>, 8 Métis settlements (comprising multiple communities)<sup>16</sup>, and 4 major Inuit regions<sup>17</sup> (comprising multiple communities) in Canada, indicating high diversity and varying needs amongst and within each group. Migration of Indigenous people across Canada is difficult to capture, but heavily affects the regional needs.<sup>18</sup> In Alberta, the diversity of Indigenous people in Canada is reflected, and an important factor that affects regional needs.

Suicide prevention research in Canada has resulted in certain Indigenous populations underrepresented or misrepresented in national health data systems,<sup>19</sup> and the health of individuals within North American Indigenous communities is disproportionately affected when compared to the overall populations.<sup>20</sup> Approaching the problem has been done using a deficit-lens,<sup>21</sup> quantifying the illness, absence of health, or presence of disease. For Indigenous populations, deficit-based health research can contribute to a stigma that is more harmful than helpful. As such, Life Promotion is a strategy that parallels suicide prevention efforts.<sup>22</sup> Previous studies have shown that culturally-

based prevention programs, such as the practice of cooking traditional food, have been successfully utilized within Indigenous communities, leading to positive health outcomes.<sup>23</sup> Thus, the fundamental identity of our team's research is to highlight and emphasize the continual systemic, institutional, and reactive understanding of Indigenous suicide rates and lived experience while emphasizing the ongoing strength, resilience, and hope of Indigenous people.

Our team observed that the literature contains an important gap, namely an Indigenous-led analysis into the ways knowledge is transmitted between generations and how that can promote Indigenous life through reconnection to culture. Hence, when trying to understand Life Promotion from an Indigenous perspective, the difference between "living" versus only "staying alive" or surviving is important for identifying proactive strategies to provide meaningful supports to meet the diverse needs of Indigenous individuals and communities. Moreover, our research project identified the barriers and gaps within the design, delivery, and effectiveness of "supports" and basic needs being met.

A gap was also identified in a collective understanding of shared successes and adversities faced, what "living well" means to young Indigenous persons in Alberta, and how young Indigenous persons in Alberta want to be supported in living a life with continued resilience, meaning and hope. Our qualitative peer-to-peer study aims to highlight the voices of young Indigenous persons in Alberta, and to understand what supports are important to them in living a life with continued resilience, meaning and hope.

Additionally, our research is based on the principles of Patient and Community Engagement Research (PaCER). The goals of the PaCER program are to enhance health-related research through the active inclusion of patient and community experiences and perspectives in the health research evidence that impacts them.<sup>24</sup> In search for sustainable and effective care, the PaCER program works to transform health system research, planning, and policy. As students in the PaCER program, we are individuals with lived experience within communities, trained in community-engaged health research, and seeking a new collective voice *by community, with community, and for community*.

## Methods

The Patient and Community Engagement Research (PaCER) program is a three-course certificate program delivered by University of Calgary Continuing Education with support and academic oversight provided by the Alberta SPOR SUPPORT Unit Patient En-

gagement Team. PaCER aims to make an impact by training patient and community members to bring patient-informed health research evidence into healthcare planning, policy and practice. Throughout the 12-month experience-based program, patient and community members learn how to develop, design and conduct qualitative health research projects about topics that matter to them.

This project was reviewed and approved by the Conjoint Health Research Ethics Board (CHREB) at the University of Calgary (REB21-1290\_MOD2).

The PaCER process utilizes three separate phases known as SET, COLLECT, and REFLECT (Figure 1). By taking this iterative approach, we were able to encompass diverse Indigenous voices across our research process and uncover more holistic methods of cultural reconnection within a changing health system. After an iterative process to develop our research question and identify our participant population, we engaged individuals from community and Alberta Health Services in a SET discussion group to further develop the focus, scope and design our research study. In addition to confirming the age range of our participants (18-30) and suggestions about participant recruitment and location of the focus groups, we learned about the impact of humanizing the experience of research and focus groups. This meant prioritizing individuals' time, providing food, having conversations, and forming a base of respect and comfort before the focus group started. The focus group was also held in a circle setting, which helped with connection and dismantled potential power dynamics of researcher and participant. In addition, having an Elder attend provided key insight into the significance of intention, respect, and sharing of knowledge in safe cultural setting. The Elder provided safe cultural space filled with comfort, welcome, acceptance, understanding, and connection for both researchers and participants to share and be heard in a way that was helpful and respectful to each person.

The team then held a hybrid online/in-person meeting at the downtown Calgary library to connect, discuss and plan the in-person and online focus groups. Recognizing the diversity within and across Indigenous persons in Alberta, it was decided to offer focus groups online, in an urban location, and in-community. Because of the welcoming and accessible features of the Indigenous floor of the downtown Calgary library, we chose this location for the in-person urban focus group. The in-community location of Bonnyville was chosen because our research team and the AHS Indigenous Wellness Core had strong community ties to the in-person location. As well, interviews were offered both online or in-person for those unable or uncomfortable to attend a focus group. For the COL-

# PaCER Process

**Patient and Community Engagement Research (PaCER)** guides patient and community members to bring patient and community-informed health research evidence into healthcare planning, practice, and policy.

**BY, WITH, & FOR PATIENT & COMMUNITY MEMBERS**

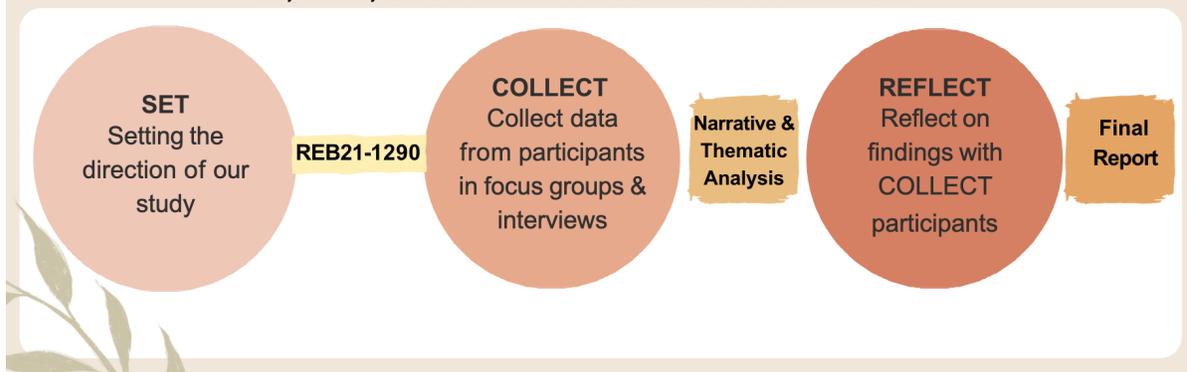


Figure 1. PaCER Process diagram.

LECT phase, the team held two in-person and one online focus group and one online interview (see Supplementary Material 1 for interview guide).

For the in-person focus groups an Indigenous Elder was invited to open and do a smudge, and invited to be available for the duration of the focus group should participants feel the need to seek counsel or support during the focus group. The Elder attending the Calgary library focus group also offered traditional Blackfoot face painting and prayers for interested participants and team members following the focus group. Food was offered for the in-person focus groups, which lasted two hours each. All participants were offered an appreciation gift card for their time and the essential knowledge they contributed. Written consent to participate was obtained at the in-person focus groups, and electronic or oral consent was obtained for the online focus group and interview. Participants also gave permission to record for notetaking and transcription purposes only at the beginning of the focus groups and interviews.

A link to an anonymous demographic survey (See Supplementary Material 2), to help understand participant background and positionality, was shared at the beginning of the focus groups and interviews.

### Participants

Participant inclusion criteria were Indigenous youth, age 18-30 and who live in Alberta, Canada. The design of the focus groups was intentional in trying to cap-

ture the diverse experiences of Indigenous youth from various areas and backgrounds, including those living in urban areas (Calgary focus group), and rural areas/in community (virtual & Bonnyville focus group). Recruitment materials for the virtual focus group were distributed broadly across the province by circulating the recruitment poster (Supplementary Material 3) through Alberta Health Services' Honouring Life community partners in Bonnyville and Calgary, and more broadly through team members own social media and other connections.

### Data Analysis

The focus group and interview data were transcribed verbatim, at which point the team iteratively and collectively analyzed the data using thematic analysis.<sup>25</sup> Transcripts were collated into an Excel sheet and reviewed by each team member. The first focus group was collectively coded, and a codebook created that included the list of codes and short descriptions for each. This codebook was then applied to remaining focus group and interview data, adding new codes as they emerged.

To support a more inclusive, arts-based approach to knowledge translation and dissemination approaches, a graphic illustrator from AbSPORU Learning Health Systems supported the co-creation of a visual graphic representation of the findings, key learnings and recommendations. Through a workshop in Course 1 and through a series of working group meetings in Course 3, the team learned basic principles of stylistic ap-

proaches, methodologies, and design heuristics (color, layout, text, visual harmony, etc.), which then assisted the team to co-create a graphic illustration of the findings.

The REFLECT stage allows participants to further discuss the findings of the study and suggest other avenues of research that should also be explored based on the data collected. Another aspect of the REFLECT stage is to reach a common understanding among participants of conclusions drawn from the research conducted, and how and with whom this transformative knowledge should be shared. Typically, REFLECT is achieved through focus groups and interviews with COLLECT participants; however, due to time constraints, the graphic representation was shared via email with five COLLECT participants and feedback about accuracy and representation was requested. The turnaround time was short for this, three days; however, we did receive one very positive response:

I LOVE IT SO MUCH! It's so beautiful!!! Amazing! Y'all did such amazing work! Y'all are wonderful! This fully encapsulates what is needed! Thank you!

If there's anything else you need from me don't hesitate to ask! Many blessings!

## Results

### Demographics

Overall there were 13 participants across the three focus groups and one interview. Of these participants, 11 completed our demographic survey (84.6%). Demographic characteristics are displayed in Table 1. The demographic questionnaire can be viewed in Supplementary Material 2.

### Thematic Analysis

The team was able to identify five main themes and 25 subthemes in the transcripts from the focus groups and interview. The five main themes and five most analytically salient subthemes are presented in Table 2. Based on these themes, and participant suggestions, six key recommendations for going forward were also developed (Table 3). The whole of the results are represented graphically in Figure 2.

Overall, the results point to the difference of experience for participants between a state of only survival vs. one of truly living and thriving. When participants move to living and thriving, that's when they can imagine a future for themselves. Our findings identified clear understandings of what participants consider to be surviving versus thriving, and the supports that are needed to move from surviving to living a life of con-

tinued resiliency, meaning and hope.

Supports that were most helpful or change-making were those that were Indigenous-centred and those that supported meaningful connections and relationships to culture, community, and family. Participants also identified barriers they experienced accessing, receiving, and using supports that could be addressed going forward, as well as supports that were positive and supports they wished they'd had.

### *Theme 1: Accessible, meaningful, and ongoing supports*

The first theme identified in the data was *Accessible, meaningful, and ongoing supports*. This theme describes participants' experiences accessing the supports they needed for healthy day-to-day living as well as supports for moving beyond surviving or 'existing' - to being able to live a life with purpose and meaning. Participants described barriers to accessing more tangible supports; challenges with when and how supports were offered; and whether the supports were indeed supportive or helpful to the participants' circumstances.

Subthemes identified under this main theme were *Barriers to supports*, defining *Authentic help*, the importance of *How and when supports are delivered*; the *need for Individualized supports*; and finally, the *Need for a health liaison role*.

### *Barriers to supports*

Barriers to accessing supports included confusing processes, paperwork, language barriers and narrow or exclusionary eligibility criteria; (in)accessibility of locations (i.e. transportation barriers to access); differences between what was offered on reserve/off reserve; continuity of supports as participants aged, as they moved from one place to another and a lack of follow-up; challenges with receiving referrals or with having to re-apply for services; stigma and discrimination when trying to access supports; and system navigation challenges.

One participant shared their difficulty finding resources that aligned with both their Nation membership and current living situation:

"I feel like it's a little bit of both. I find that, the resources, they are hard to come by. And when there are resources, like say, for example, like for me, personally, my nation is [Nation Name]. They have a lot of resources for community members, but I'm not a community member. And even being around here, they have a lot of resources for community members, but I'm not a part of that.

Table 1. Demographic characteristics of participants (total participants = 13; 11 or 85% completed demographic questionnaire).

Characteristics	Participants (n=11)	
	n	%
Gender		
Man	3	27%
Woman	8	73%
Age, years		
18-21	2	18%
22-25	4	36%
26-30	5	45%
AHS Zone		
Northern Zone	4	36%
Edmonton Zone	3	27%
Central Zone	1	9%
Calgary Zone	3	27%
South Zone	0	0%
Education Experience		
K-12	1	8%
College/Trades	6	46%
University	4	31%
Graduate	0	0%
Post-Graduate	0	0%
Place based/cultural learning	2	15%
Indigenous Identity		
Status First Nation	6	55%
Non-Status First Nation	0	0%
Métis	4	36%
Inuk/Inuit	1	9%
Do you identify as part of the 2SLGBTQI+ Community?		
Yes	5	45%
No	6	55%
Do you or have you live(d) on reserve or on a Métis settlement?		
Yes, currently	1	9%
Yes, in the past	2	18%
No	8	73%

So just trying to find the different resources for that, that are open to everyone, to make everyone feel welcome instead of just the nation.”

Another participant shared the following story about unexpected barriers to accessing a local food bank:

“I noticed even though students knew there was a food bank there, nobody ever wanted

to access it because they were just so scared to walk in alone. So, when I started just being like, “Oh well, I’ll go walk in with you, like I’ll do your form with you and then we’ll like take the groceries to your car together.” Simple things like that in supports makes such a big difference in people’s willingness to access them. And having to tell your story over and over and over again, right. So, thinking of ways to mitigate that, so



Figure 2. Graphic illustration of study experience and findings

Table 2. Themes and subthemes.

Theme	Description
<b>Theme 1: Accessible, meaningful, and ongoing supports</b>  Subthemes: Barriers to supports Authentic help How and when supports are delivered Individualized supports Need for a health liaison role	Participants' experiences accessing the supports they needed for healthy day-to-day living as well as supports for moving beyond surviving or 'existing' - to being able to live a life with purpose and meaning. Participants described barriers to accessing more tangible supports; challenges with when and how supports were offered; and whether the supports were indeed supportive or helpful to the participants' circumstances.
<b>Theme 2: Indigenous-centered, culturally-meaningful and safe supports</b>	Supports should be Indigenous-centered, culturally meaningful and safe; Indigenous representation is needed in design, delivery, and evaluation.
<b>Theme 3: Fostering meaningful connections and relationships</b>	Supports are most helpful if they foster meaningful connections and relationships (ways culture and community connection can help youth recognize their identity); support connection to a larger community and support humanized, personalized, individualized, authentic care.
<b>Theme 4: Surviving/ 'Existing'</b>	Participant definitions of surviving or 'existing'; experiences of basic needs not being there or barely there.
<b>Theme 5: Thriving; living with purpose and meaning beyond surviving</b>	Specific supports that moved people to this space and the ways these were helpful, including consistent, coordinated, and continual supports.

whether it's, you know, centralising intakes for programs or whatever so that you then have a support worker who can help to reiterate that story, when it's such a burden and exhausting for you to tell it over and over again."

#### *Authentic help*

*Authentic help* involved helpful and not harmful supports. In cases of unhelpful supports, participants were often asked to do unnecessary and sometimes meaningless work (invisible labour) to identify and apply for supports that were often never obtained. In the instance that unhelpful supports were obtained, participants found it challenging to say if something wasn't right because of mistrust and concerns that, if they expressed those shortcomings, it would impact their current or future care. In contrast, helpful supports that offered authentic help were usually delivered by people and in environments without power imbalances or authoritative approaches. These were

often, though not always, community-based and informal in nature.

For example, one participant shared the following about trying to navigate supports during a period of being unhoused:

"I think, especially when you're trying to get the help you need to – financially most of the time it is. For me, when I first moved into the city, I had to stay at a shelter. So, they told me I would have to go out and look for a job even though I had like résumés, I dropped them off, no one called me. So, I had to take things into my own hands and talk to people tell them that like, "I really need help getting into my own place so that I can start providing for my children and get them into school and everything." So, then finally somebody there helped me get into this place called [organization name], and that's a pretty good place to live. But I think it's just people that are racist make it harder and harder for you

to find support, especially people of other race, even though they go through the same things that we go through people judge them for things that they aren't, or I think that's just one of the barriers for people of colour."

#### *How and when supports are delivered*

How and when supports are delivered matters for recipients. There is a need for continuity and coordination of supports, which should be offered early (essential to developing healthy children) and throughout life cycle, and not only reactively/in response to crisis. As one participant put it, "We should work to support children to become adults who don't have to spend their lives recovering from their childhood." Additionally, information about supports should be available to all. Supports also need to include follow-up and evaluation of program effectiveness.

#### *Individualized supports*

Supports shouldn't be generalized and need to recognize the uniqueness of each individual and the unique circumstances of the person asking for them (judgements shouldn't be made about a person because of who they are, or who people think the person is based on their own background, biases, discrimination). People receiving supports are the experts in their own lives and should have input in to their design, and also be given the opportunity to provide feedback to ensure supports are useful, delivered the way they were intended, meaningful, and the best use of funding.

#### *Need for a health liaison role*

A health liaison would help overcome many of the barriers described by participants. Often there is an actual or functional language barrier; whether English is a participant's first language or not, medical language/jargon is often inaccessible. This perpetuates inequities because of different knowledge of health and medical systems, which subsequently lead to inequities in having information about one's own health care and care options. A navigator could also help participants connect to more culturally appropriate and relevant care, and lessen the invisible labour people have to do to get appropriate and kind care.

#### *Theme 2: Indigenous-centered, culturally meaningful and safe supports*

This theme describes the need for holistic, Indigenous-centred supports with Indigenous representation in design, development, delivery and follow-up evaluation of supports. Participants expressed the im-

portance of being able to see people like themselves in the identification, access, and delivery of supports. For instance, one participant expressed their vision for a holistic support centre that would integrate multiple needs within an Indigenous framework:

"And yeah, I guess I do have another idea for the Indigenous community, for the future generation to have – just to feel welcoming, right, when we go into these centers and stuff like that, or to have that big community of new developments. Like you go across the road and go to like a – and this whole thing is going to be based on an Indigenous platform. We can go across road there's Indigenous therapy here and, you know, careers here, trades over here, you know."

Participants also emphasized the importance of "truth telling," or the need to offer culturally based support to children that can address the honest and hard issues they face early. Participants expressed it was important to start with and include children; several participants said they wished they had learned how to have hard conversations and productive ways to navigate challenges in life instead of avoiding or ignoring them. As one participant put it, "The truth does not disappear when it is ignored or forgotten." The confidence to navigate bad places would have been helpful to move on beyond surviving to thriving.

Finally, there is a profound need identified by participants for culturally safe, trauma-informed support. They noted that there is no "end point" for providers' education about trauma and cultural competence, and that these should be ongoing learnings as opposed to a one-time certification. As one participant shared, the history of trauma shapes an individual's unique needs for support, and what approaches will feel safe to that person:

"The trauma that we have been through. And some non-Indigenous are like, "Urgh not that again, you know, crying, this trauma and that." But it's real. It's real. A lot of people don't understand that our people suffered, more so than anything not just with racism but the stigma of being treated and the fear of walking through doors that are unknown, and the safety that they may not feel sleeping in a bed that's unfamiliar to them. And so, I think that we need people that can voice these and bridge that gap and these barriers that we have, like I said, just to bury them."

Participants described several specific supports they would have benefited from to support their cultural connection. These included transportation to commu-

nity to be able to learn and practice their culture; supports being delivered in Indigenous ways; traditional teachings and sharing of traditional knowledge; finding identity through cultural experiences (i.e., ceremony and given traditional names); and mentorship by Elders. Participants also emphasized how it is important that they not feel forced to “split” their identity but instead be able and supported in integrating their Indigeneity into all facets of their lives:

“Just to kind of add to that we live and work in a lot of systems and structures that are meritocracies, right, so they’re only ever placing that validation on the things that you do that are successful or that you’re doing well. And it doesn’t leave a lot of space for humanising and being a vulnerable person in those settings. And so, it’s, I think, rethinking how we look at things like professionalism, like, what does that look like? What are those expectations of how we support one another in a workplace or professional context, and breaking down those like siloing, those like siloing standards that, I guess, yeah, make us compartmentalise ourselves when we go into different contexts, and we go into different environments, right? There needs to be a humanising aspect and all the spaces.”

### *Theme 3: Fostering meaningful connections and relationships*

Participants identified that supports are most helpful if they foster meaningful connections and relationships, and noted that culture and community connection can help youth recognize their identity. Supports that foster connection to a larger community and support humanized, personalized, individualized, authentic care are the most impactful and effective.

Participants also stressed the need to empower youth and help them realize their intrinsic value and essential worth. One method for achieving this was mentorship, where older youth, community members, or Elders can give back for future generations. The principle of the seventh generation was discussed, wherein the decisions we make today should result in a sustainable world seven generations into the future.

As one participant stated, “Culture was the basis of me starting to live.” The importance of connections to culture, community, family and Elders, was multifaceted. Their potential supportive roles included as teachers and mentors; as support for those wanting to be able to connect to larger Indigenous community and learn and practice culture; and as helping youth feel understood and accepted for who they are. These broader community connections, including guidance and support from friends, family and peers, was also

noted as essential as these can potentially stand in for family members or positive relationships that youth may not have. As another participant emphasized, “Supports that would be more beneficial are more cultural supports. Growing up, being of the residential schools, I was always told that cultural things were bad. I’m still learning. But there’s not a lot out there.”

Participants also noted the value of cultural connection and knowledge to help youth reclaim their identity. Supports that allowed participants to be who they were and realized each person’s individuality and identity, that moved away from imposed narratives/tropes, were most meaningful and successful. As one participant shared, “It is freeing to know who you are and what you can accomplish.” Participants also noted that they found that spirituality, whether traditional (Indigenous) or Christian, helped them in recognizing diversity and each unique individual’s value.

Participants reiterated that supports not grounded in hierarchical authority structures and that do not reproduce Colonial power balances are most effective and supporting of these kinds of healing connections. Informal or community-based supports may be the most effective in this respect.

### *Theme 4: Surviving/ ‘Existing’*

Participants gave their definitions of what simply surviving or ‘existing’ meant to them, including when basic needs are not or are barely met. These needs can include the physical (food, shelter, healthcare), financial, emotional, and spiritual. In this state of being, participants expressed that there is a need for availability, accessibility, and continuity of supports to help someone survive, and to avoid the additional invisible and demanding labor of trying to learn about and access supports for situations that are already challenging and may be new or unfamiliar. Participants expressed that exiting a state of survival is deeply challenging, with one participant sharing that “when in survival it’s like quicksand or glue.” As another participant explained,

“I would say when you’re in a state of survival versus in a state of living, and I often think thriving, the big difference has to do with, I think your ability to cope with stresses and the additive nature of stresses, like it’s an accumulation of stress that takes away from that mental and emotional capacity to cope with day-to-day life but also to find that enjoyment in day-to-day life, and the things that kind of fill your cup and allow you to take care of yourself.”

In these situations, participants wanted to be able to seek and secure safe spaces to be who they are, and not having to endure the additional challenge of changing to fit in their environment. Having resources that include cultural safety and Indigenous representation are critical in this regard.

Participants also experienced challenges because of the fragmentation of public and private support networks. As they noted, while their needs are all connected, the supports are delivered separately, and each often requires an arduous process to identify, access, and maintain their resources.

Transitions between surviving and thriving were also identified as challenging moments in an individual's journey:

“And I think it's really hard because when you're surviving, it's hard to think about a future whatsoever. And then when you start to be in a mindset where you can start to live is like, well, you're not prepared and you feel behind. And then you're like, but I still don't have all these things to do, what I'd like to do and support you in living.”

*Theme 5: Thriving; living with purpose and meaning beyond surviving*

This theme describes the supports and conditions that moved people from a state of survival to one of thriving, and what ‘thriving’ meant to them. For example, as one participant shared,

“I would say that the difference between surviving and living and the quality and depth of our experiences surviving is simply existing, going through the motions to meet our basic needs and overcome challenges. It's about enduring hardships and maintaining a basic level of functionality. On the other hand, living is about embracing life with passion and purpose. It's about pursuing our dreams, engaging in meaningful relationships, and finding joy in everyday moments.”

Specific supports that moved people to this space and the ways these were helpful in the delivery of them included consistent, coordinated, and continual supports. For instance, another participant emphasized the following:

“When it comes to thriving it's important to have strong support systems of people who can offer emotional support, encouragement and guidance. This can include friends, fami-

lies, mentors, or even a therapist. Additionally, having access to resources such as education, healthcare, and natural stability can help you achieve your goals and pursue your passions.”

The importance of these comprehensive and Indigenous-centric supports was emphasized by one of the Elders at the focus groups:

“I'm just so grateful and thankful now that there's all kinds of supports for young people to go to. They don't have to be alone. And I was alone so many times. It's a hard place to be when you're a young person and you have no hope. And just having someone say something kind, it makes all the difference in the world. That makes me want to live and just live my best life. And that sounds cliché, but that's what I'm doing. I'm just living for my God and my community.”

## Recommendations

The team identified six key recommendations based on the thematic analysis and participant suggestions (Table 3).

These recommendations can and should be considered in a variety of public, private, and non-governmental service-provision contexts.

Across all sectors, Indigenous-serving organizations and programs should be asking themselves whether the resources they are providing are **Indigenous-centred**: have Indigenous communities and Elders been empowered partners in their co-creation? Are their Indigenous clients experiencing equivalent outcomes to their non-Indigenous peers? Are Indigenous people employed by the organization, including in leadership positions? Are employees sufficiently and regularly trained in Colonial histories and cultural competence? Is culture integrated in respectful and accessible ways?

Pairing with these questions, processes of **accountability** and evaluation must be integrated at all levels so that there are pathways to identify points of weakness and address them. These tools should also integrate and centre the voices of Indigenous communities, clients, etc., and provide an opportunity for equal and honest feedback and exchange.

**Person-centred** care is synergistic with the preceding recommendations, and asks service providers to structure programs around the needs of whole persons rather than aggregate metrics and performance

Table 3. Recommendations

Recommendations	Description
1. <b>Indigenous-centred resources</b>	<p>Interventions and programs need to be <b>informed by the people who will be receiving them</b>, Indigenous centred, and ideally delivered by Indigenous people for Indigenous people.</p> <p>Likewise, the <b>evaluation of resources</b> must incorporate the voices of those receiving services to ensure they are accessible, timely, appropriate, and helpful. Contributions of this kind from program participants should be adequately compensated and recognized for the value of their lived-experience expertise.</p> <p>There needs to be a <b>greater number and accessibility</b> of Indigenous spaces, places, and opportunities for cultural (re)connection. This includes both physical and virtual locations to connect. This is especially important for those no longer living in their home community.</p>
2. <b>Accountability</b>	<p>Accountability includes evaluation (using an Indigenous lens/framework/approach) of how services are made available and delivered.</p> <p>Resource providers must be accountable for the cultural safety of their services, education, and training.</p> <p>Service providers need to be accountable to provide continuity of services.</p>
3. <b>Person-centred support</b>	<p>Person-centred support involves offering <b>continuous</b> and ongoing resources that are proactive and <b>responsive</b> as opposed to reactive; creating simple and clear processes for accessing supports; offering <b>humanizing</b> care that does not reproduce power imbalances or traumas; <b>and are trauma-informed and culturally safe</b>.</p> <p>Person-centred support would not, for instance, ever involve police in mental health responses or care.</p>
4. <b>Enhancing empowerment in children &amp; youth</b>	<p>Closing the mental health gap for Indigenous youth and children requires a commitment of resources to learning &amp; educational opportunities that are culturally relevant and safe; fostering life skills, self-esteem, and courage through connection to family, community, culture, and ancestry. Programming that addresses this need could include family-centered resources; sports and physical activity opportunities; life skills training (cooking, parenthood, financial literacy, etc.); awareness sessions on substance use, grief, and other mental health topics; and Indigenous history and ways of knowing and doing.</p>
5. <b>Holistic health liaison/navigators</b>	<p>Health liaisons or navigators can help reduce barriers such as language, complex system navigation, unclear or convoluted eligibility criteria for programs; help clients find the best modality for accessing treatment or services; reduce the burden of paperwork, accessing referrals, transportation, cost, etc.</p>
6. <b>Increased funding</b>	<p>Greater financial commitments are required to support the other recommendations, including improving existing Indigenous-Centred resources and creating new ones; improving the accountability and evaluation of supports; and establishing Indigenous health liaisons and navigators throughout the province.</p>

indicators. The importance of person-centred approaches is becoming an important focal point in many health and community care settings, and should be of equal or greater importance when serving Indigenous populations.

**Enhancing empowerment in children and youth** involves taking the above recommendations and tailoring them to the needs of young Indigenous persons in the province, providing opportunities for young people to grow up with a robust array of protective factors surrounding them and facilitating (re)connection to culture, language and identity. An example of such programming is the Honouring Life program, which supports community-designed and delivered Life Promotion programming for youth. However, once again, resources are a limiting factor and must be increased in order to expand access to all Indigenous youth who could benefit.

**Indigenous health navigators/liaisons** are gaining traction in Alberta, but require further support. For example, Alberta Health Services is currently expanding the availability of Indigenous health liaisons in hospital settings, and a trial of a health navigator program is underway in the South Zone.<sup>26</sup> However, these programs require dedicated, continued funding to ensure that enough personnel can be hired and trained so that their services are available to all who could benefit from them, without risking burnout from the staff. Similar positions could and should be prioritised provincially to assist individuals and families navigating the complex webs of social services available across the province, identifying gaps, and decreasing the load on individuals who are experiencing crisis.

Finally, sustainable **funding** remains a limiting factor for all of our recommendations. Greater federal and provincial funding commitments are needed to enact the programs and practices requested by our participants and required by Indigenous youth in Alberta.

## Discussion

Indigenous-led research offers a unique understanding of the vast diversity of Indigenous people, and creates space for identifying individual Indigenous lived experiences. Hence, we learned we are not all painted with the same brush, and the needs and recommendations from this study would require further in-depth understanding of individual, authentic, and meaningful support and evaluation. Participants shared what living and thriving, beyond just surviving meant to them and identified supports that were helpful, those that were unhelpful and even sometimes harmful, and supports they wished they had had. Our

findings showed that supports that are holistic, Indigenous-centred, and which foster meaningful relationships, connections to culture, community, and family, and that are appropriate, timely and coordinated over the continuum of life, especially in children and youth, can best support young persons to thrive. It is also important that these supports are informed and co-developed with those they are intended to benefit, and that that this same inclusive approach is used in evaluation and follow-up.

Participants shared similar motivations for contributing their insights and stories to the study. Many wanted and tried to access help during challenging times in their lives; however, appropriate and meaningful supports were unavailable. Foremost was the desire to make things better for those coming after them. They were hoping sharing their stories and experiences would mean others don't have to re-live what they experienced, and that others, especially younger generations, could instead focus on moving forward with meaningful, healthier lives. All participants stressed the need to ensure children were supported early to be made aware of their essential worth and intrinsic value. Indigenous-centred supports that foster meaningful relationships need to be offered at the very beginnings of children's journeys, and offered over continuum of life in wraparound ways and with continuity. Supports must be responsive not reactive.

Participants shared some of the barriers and difficulties of not living in community, not being able to return to community, wanting to connect with community, and how connection with community fostered their sense of identity. Participants also felt it was important to acknowledge the missing voices, those who weren't able to share their stories. There was gratitude to the Elders, ancestors and family, and community members who had been important to the positive changes they experienced in their lives.

Participants described the need for "authentic help," sharing the impact that workers who seemed annoyed or uninterested in helping them, and how that impacted their willingness to continue to reach out. Evaluation and follow-up are imperative for both assuring supports are helpful and not harmful, and that funds are being appropriately and responsibly spent. Meaningful relationships were key elements of successful supports and living a good life. Some participants shared they really missed mentorship and examples of how to have hard conversations about important topics such as intergenerational trauma, substance use, addiction, unhealthy relationships and distancing from community. Again, all participants were grateful for available resources despite the barriers and access to care, they agreed that positive improvements, including Indigenous evaluation, authentic workers,

guidance to reduce the barrier to care, and continuity of care, would improve accessing supports.

## Connection to Literature

The results of this study reinforce previous findings that for resources to be effective, they must be Indigenous-centered,<sup>27</sup> holistic, and community-driven.<sup>28</sup> Relational resources that support connection are particularly important.<sup>29</sup> Likewise, it is clear from our results and the growing body of literature on Life Promotion for Indigenous youth that cultural connection and support fosters protective factors against ideation and suicide.<sup>30</sup>

There is real potential to cause or further harm if resources are exclusionary, overly burdensome, deficit-focused, or not culturally safe for Indigenous youth.<sup>31</sup>

Ultimately our results support the growing body of literature that call for strengths-based approaches that are grounded in traditional Indigenous knowledge and practices.<sup>32</sup> These will be different in each community, as reflects the diversity of Indigenous people and histories.<sup>33</sup>

Various Indigenous-led organizations are developing toolkits for Life Promotion amongst Indigenous youth. Valuable resources are offered by the Thunderbird Partnership<sup>34</sup> and WisePractices.ca.<sup>35</sup>

## Limitations and Strengths of this Study

Focus groups are by necessity limited in size, and thus our results are not necessarily representative nor transferable. Our sample, while distributed across the province and across urban and rural Indigenous communities, still does not represent the rich diversity of Indigenous youth within Alberta. Additional work needs to be done to ensure that the diversity of Indigenous youth in Alberta is reflected, including those living on reserve, in remote communities, from different cultural and language groups, etc., to ensure that their experiences and needs are also represented in research and policy decisions. However, as our demographic survey showed, this project reflects a truly diverse group, including impressive 2SLGBTQ+ representation, and youth from most of Alberta's health zones and across multiple Indigenous identities (First Nations, Métis, and Inuit).

Research with Indigenous communities is challenging to complete in a good way on short timelines, like those dictated by the course-based format of this research. This led to leveraging the existing relationships of the Sponsors for recruitment; however, re-

cruitment posed some challenges, especially in locations the class was not physically present.

Strengths of this study were the integrity, commitment, and tenacity of the Honoring Life team, as well as the insights, stories, and perspectives the participants shared. Limitations included attrition from the original team; however, we were able to recruit two new team members after Course 1 who were able to support the project in extremely positive ways. The resultant size of the team (four members) for carrying out the project made it challenging to conduct more than the one interview. As the in-person focus groups took considerable time and planning, we were not able to host REFLECT focus groups and interviews, which would have added validity to the team's data analysis, as well as additional perspective and recommendations. However, the graphic was shared with COLLECT participants for member-checking and the team received significant positive feedback.

## Conclusion

Our team asked young Indigenous Albertans to share their lived experiences of surviving and thriving, and about the supports and relationships that supported them in moving towards a life of purpose, meaning and hope. The participants in our study graciously shared valuable insights about the specific supports that can sustain individuals, and the characteristics that make supports successful. Based on their responses, our team developed six key recommendations to strengthen supports for Life Promotion for Indigenous youth in Alberta.

Currently, Indigenous youth in Alberta and Canada face many challenges and disparities that continue the legacy of Colonialism in this country. Indigenous people and youth are incredibly resilient, however, and by identifying and actively supporting the inherent strengths and protective factors of culture, language, and identity, we can move the needle towards a future where all Indigenous youth in Alberta experience life with hope, meaning, belonging and purpose, and where Indigenous communities have the knowledge, vision and capacity to support continued joyful, vibrant and purposeful youth.

## Acknowledgements

We gratefully acknowledge the contributions and support of Skylin Calliou, who served as a mentor to our team throughout this project. We also gratefully acknowledge the contributions of class participants who did not complete course three but whose input and experience were vital in designing and carrying out the research project. We would also like to recognize Candace Ramjohn and the assistance she provid-

ed the team in developing the graphic illustration. We extend our thanks to the team at Honouring Life and the Indigenous Wellness Core who helped make our research possible, and to the communities who graciously hosted and welcomed us. Thank you to the Elders who attended the focus groups and helped us to conduct this research in a good way. Finally, our deep thanks to our participants, who shared their stories with such generosity and grace. We hope we have represented your voices faithfully.

## Notes

<sup>1</sup>Levin, "Hope Thrives in the Youth of the Okanagan Nation"; "Healing Path Forward: 2021 Federal Priorities for Strengthening and Rebuilding First Nations."

<sup>2</sup>Kumar and Tjepkema, "Suicide among First Nations People, Métis and Inuit (2011-2016): Findings from the Canadian Census Health and Environment Cohort (CanCHEC)."

<sup>3</sup>Giroux et al., "Mental Health and Suicide in Indigenous Communities in Canada."

<sup>4</sup>Barker, Goodman, and DeBeck, "Reclaiming Indigenous Identities"; Hackett, Feeny, and Tompa, "Canada's Residential School System"; Tuck, "Suspending Damage"; Wexler, "Identifying Colonial Discourses in Inupiat Young People's Narratives as a Way to Understand the No Future of Inupiat Youth Suicide."

<sup>5</sup>Chandler and Lalonde, "Cultural Continuity as a Hedge against Suicide in Canada's First Nations"; Kirmayer et al., "Community Resilience"; Isbister-Bear, Hatala, and Sjoblom, "Strengthening Âhkamêyimo among Indigenous Youth: The Social Determinants of Health, Justice, and Resilience in Canada's North."

<sup>6</sup>Tuck, "Suspending Damage."

<sup>7</sup>Ansloos, "Rethinking Indigenous Suicide"; Ansloos and Peltier, "A Question of Justice."

<sup>8</sup>White, "What Can Critical Suicidology Do?"

<sup>9</sup>APA Indigenous Apology Work Group, "Report on an Offer of Apology, on Behalf of the American Psychological Association, to First Peoples in the United States."

<sup>10</sup>Isbister-Bear, Hatala, and Sjoblom, "Strengthening Âhkamêyimo among Indigenous Youth: The Social Determinants of Health, Justice, and Resilience in Canada's North"; Sjoblom et al., "Centering Indigenous Knowledge in Suicide Prevention"; Alcántara and Gone, "Reviewing Suicide in Native American Communities"; Hackett, Feeny, and Tompa, "Canada's Residential School System."

<sup>11</sup>First Nations Information Governance Centre, "Strengths-Based Approaches to Indigenous Research and the Development of Well-Being Indicators."

<sup>12</sup>First Nations Information Governance Centre.

<sup>13</sup>Czyzewski, "Colonialism as a Broader Social Determinant of Health."

<sup>14</sup>National Collaborating Centre for Aboriginal Health (2016). Culture and Language as Social Determinants for First Nations, Inuit and Métis Health. Prince George, BC: National Collaborating Centre for Aboriginal Health, "Culture and Language as Social Determinants of First Nations, Inuit, and Métis Health."

<sup>15</sup>About Us - Assembly of First Nations."

<sup>16</sup>"Metis Settlements of Alberta."

<sup>17</sup>"About Canadian Inuit."

<sup>18</sup>Cooke and Penney, "Indigenous Migration in Canada, 2006–2011."

<sup>19</sup>Pollock et al., "Tracking Progress in Suicide Prevention in Indigenous Communities"; McBride, "Data Resources and Challenges for First Nations Communities."

<sup>20</sup>Czyzewski, "Colonialism as a Broader Social Determinant of Health."

<sup>21</sup>Hyett et al., "Deficit-Based Indigenous Health Research and the Stereotyping of Indigenous Peoples."

<sup>22</sup>White and Mushquash, "We Belong: Life Promotion to Address Indigenous Suicide Discussion Paper."

<sup>23</sup>Murdoch-Flowers et al., "Understanding How Indigenous Culturally-Based Interventions Can Improve Participants' Health in Canada"; "Wise Practices."

<sup>24</sup>"Patient and Community Engagement Research (PaCER) | Home."

<sup>25</sup>Braun and Clarke, "Using Thematic Analysis in Psychology."

<sup>26</sup>"Four Winds Initiative | Together 4 Health."

<sup>27</sup>Chino and DeBruyn, "Building True Capacity"; Sasakamoose et al., "Miyo-Pimatisiwin Developing Indigenous

Cultural Responsiveness Theory (ICRT)”; Battiste, “Indigenous Knowledge”; Simpson, “Land as Pedagogy.”

<sup>28</sup>Barker, Goodman, and DeBeck, “Reclaiming Indigenous Identities”; Kirmayer et al., “Community Resilience”; Isbister-Bear, Hatala, and Sjoblom, “Strengthening Âhkamêyimo among Indigenous Youth: The Social Determinants of Health, Justice, and Resilience in Canada’s North”; Crooks et al., “Two Years of Relationship-Focused Mentoring for First Nations, Métis, and Inuit Adolescents.”

<sup>29</sup>Kirmayer et al., “Community Resilience”; Philip et al., “Relationship of Social Network to Protective Factors in Suicide and Alcohol Use Disorder Intervention for Rural Yup’ik Alaska Native Youth.”

<sup>30</sup>Chandler and Lalonde, “Cultural Continuity as a Hedge against Suicide in Canada’s First Nations”; Suthers, “Communities Work to Reduce Suicide Rates”; Wexler, “Looking across Three Generations of Alaska Natives to Explore How Culture Fosters Indigenous Resilience”; Yellow Horse Brave Heart et al., “Historical Trauma among Indigenous Peoples of the Americas”; Gone, “Redressing First Nations Historical Trauma.”

<sup>31</sup>Tuck, “Suspending Damage.”

<sup>32</sup>Hackett, Feeny, and Tompa, “Canada’s Residential School System”; Tuck, “Suspending Damage”; Isbister-Bear, Hatala, and Sjoblom, “Strengthening Âhkamêyimo among Indigenous Youth: The Social Determinants of Health, Justice, and Resilience in Canada’s North”; Clark, “Shock and Awe”; Finney, “Indigenous Girls’ Resilience in Settler States”; McCarty, Romero, and Zepeda, “Reclaiming the Gift”; Alcántara and Gone, “Reviewing Suicide in Native American Communities.”

<sup>33</sup>Clark, “Shock and Awe”; Leenaars et al., “SUICIDE AMONG INDIGENOUS PEOPLES: WHAT DOES THE INTERNATIONAL KNOWLEDGE TELL US?”

<sup>34</sup>“A Life Promotion Toolkit by Indigenous Youth.”

<sup>35</sup>“Wise Practices.”

## References

- <https://thunderbirdpf.org/>. "A Life Promotion Toolkit by Indigenous Youth." Accessed September 22, 2023. <https://thunderbirdpf.org/>.
- Inuit Tapiriit Kanatami. "About Canadian Inuit." Accessed September 22, 2023. <https://www.itk.ca/about-canadian-inuit/>.
- "About Us - Assembly of First Nations," June 2, 2022. <https://afn.ca/about-us/>.
- Alcántara, Carmela, and Joseph P. Gone. "Reviewing Suicide in Native American Communities: Situating Risk and Protective Factors within a Transactional-Ecological Framework." *Death Studies* 31, no. 5 (2007): 457–77. <https://doi.org/10.1080/07481180701244587>.
- Ansloos, Jeffrey. "Rethinking Indigenous Suicide." *International Journal of Indigenous Health* 13, no. 2 (December 19, 2018): 8–28. <https://doi.org/10.32799/ijih.v13i2.32061>.
- Ansloos, Jeffrey, and Shanna Peltier. "A Question of Justice: Critically Researching Suicide with Indigenous Studies of Affect, Biosociality, and Land-Based Relations." *Health* 26, no. 1 (January 1, 2022): 100–119. <https://doi.org/10.1177/136345932111046845>.
- APA Indigenous Apology Work Group. "Report on an Offer of Apology, on Behalf of the American Psychological Association, to First Peoples in the United States." American Psychological Association, February 2023. <https://www.apa.org/pubs/reports/indigenous-apology.pdf>.
- Barker, Brittany, Ashley Goodman, and Kora DeBeck. "Reclaiming Indigenous Identities: Culture as Strength against Suicide among Indigenous Youth in Canada." *Canadian Journal of Public Health = Revue Canadienne De Sante Publique* 108, no. 2 (June 16, 2017): e208–10. <https://doi.org/10.17269/cjph.108.5754>.
- Battiste, Marie. "Indigenous Knowledge: Foundations for First Nations." *WINHEC: International Journal of Indigenous Education Scholarship*, no. 1 (January 1, 2005): 1–17.
- Braun, Virginia, and Victoria Clarke. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3, no. 2 (January 1, 2006): 77–101. <https://doi.org/10.1191/1478088706qp063oa>.
- Chandler, Michael J., and Christopher Lalonde. "Cultural Continuity as a Hedge against Suicide in Canada's First Nations." *Transcultural Psychiatry*, June 1, 1998. <https://doi.org/10.1177/136346159803500202>.
- Chino, Michelle, and Lemyra DeBruyn. "Building True Capacity: Indigenous Models for Indigenous Communities." *American Journal of Public Health* 96, no. 4 (April 2006): 596–99. <https://doi.org/10.2105/AJPH.2004.053801>.
- Clark, Natalie. "Shock and Awe: Trauma as the New Colonial Frontier." *Humanities* 5, no. 1 (March 2016): 14. <https://doi.org/10.3390/h5010014>.
- Cooke, Martin, and Christopher Penney. "Indigenous Migration in Canada, 2006–2011." *Canadian Studies in Population* 46 (October 1, 2019). <https://doi.org/10.1007/s42650-019-00011-w>.
- Crooks, Claire V., Deinera Exner-Cortens, Sarah Burm, Alicia Lapointe, and Debbie Chiodo. "Two Years of Relationship-Focused Mentoring for First Nations, Métis, and Inuit Adolescents: Promoting Positive Mental Health." *The Journal of Primary Prevention* 38, no. 1–2 (April 2017): 87–104. <https://doi.org/10.1007/s10935-016-0457-0>.
- Czyzewski, Karina. "Colonialism as a Broader Social Determinant of Health." *The International Indigenous Policy Journal* 2, no. 1 (May 16, 2011). <https://doi.org/10.18584/iipj.2011.2.1.5>.
- Finney, Sandrina de. "Indigenous Girls' Resilience in Settler States: Honouring Body and Land Sovereignty." *Agenda* 31, no. 2 (April 3, 2017): 10–21. <https://doi.org/10.1080/10130950.2017.1366179>.
- First Nations Information Governance Centre. "Strengths-Based Approaches to Indigenous Research and the Development of Well-Being Indicators." First Nations Information Governance Centre, 2020. [https://fnigc.ca/wp-content/uploads/2021/05/FNIGC-Research-Series-SBA\\_v04.pdf](https://fnigc.ca/wp-content/uploads/2021/05/FNIGC-Research-Series-SBA_v04.pdf).

- "Four Winds Initiative | Together 4 Health." Accessed April 26, 2024. <https://together4health.albertahealthservices.ca/four-winds>.
- Giroux, Ryan, Kai Homer, Shez Kassam, Tamara Pokrupa, Jennifer Robinson, Amanda Sauvé, and Alison Sumner. "Mental Health and Suicide in Indigenous Communities in Canada." Canadian Federation of Medical Students, 2018. [https://www.suicideinfo.ca/wp-content/uploads/gravity\\_forms/6-191a85f36ce9e20de2e2fa3869197735/2018/07/Mental-Health-and-Suicide-in-Indigenous-Communities-in-Canada\\_oa.pdf](https://www.suicideinfo.ca/wp-content/uploads/gravity_forms/6-191a85f36ce9e20de2e2fa3869197735/2018/07/Mental-Health-and-Suicide-in-Indigenous-Communities-in-Canada_oa.pdf).
- Gone, Joseph P. "Redressing First Nations Historical Trauma: Theorizing Mechanisms for Indigenous Culture as Mental Health Treatment." *Transcultural Psychiatry* 50, no. 5 (October 2013): 683–706. <https://doi.org/10.1177/1363461513487669>.
- Hackett, Christina, David Feeny, and Emile Tompa. "Canada's Residential School System: Measuring the Intergenerational Impact of Familial Attendance on Health and Mental Health Outcomes." *Journal of Epidemiology and Community Health* 70, no. 11 (November 2016): 1096–1105. <https://doi.org/10.1136/jech-2016-207380>.
- "Healing Path Forward: 2021 Federal Priorities for Strengthening and Rebuilding First Nations." The Assembly of First Nations, 2021. [https://www.afn.ca/wp-content/uploads/2021/08/FINAL\\_FederalElection-2021\\_Platform-Report\\_ENG\\_3.pdf](https://www.afn.ca/wp-content/uploads/2021/08/FINAL_FederalElection-2021_Platform-Report_ENG_3.pdf).
- Hyett, Sarah Louise, Chelsea Gabel, Stacey Marjerrison, and Lisa Schwartz. "Deficit-Based Indigenous Health Research and the Stereotyping of Indigenous Peoples." *Canadian Journal of Bioethics* 2, no. 2 (March 20, 2019): 102–9. <https://doi.org/10.7202/1065690ar>.
- Isbister-Bear, Osemis, Andrew R. Hatala, and Erynne Sjoblom. "Strengthening Âhkamêyimo among Indigenous Youth: The Social Determinants of Health, Justice, and Resilience in Canada's North." *Journal of Indigenous Wellbeing* 2, no. 3 (2017): 76–89.
- Kirmayer, Laurence J., Megha Sehdev, Rob Whitley, Stéphane F. Dandeneau, and Colette Isaac. "Community Resilience: Models, Metaphors and Measures." *International Journal of Indigenous Health* 5, no. 1 (2009): 62–117.
- Kumar, Mohan B, and Michael Tjepkema. "Suicide among First Nations People, Métis and Inuit (2011-2016): Findings from the Canadian Census Health and Environment Cohort (CanCHEC)," no. 99 (2019): 23.
- Leenaars, Antoon A, Marlene EchoHawk, David Lester, Lindsey Leenaars, and Ouellette Avenue. "SUICIDE AMONG INDIGENOUS PEOPLES: WHAT DOES THE INTERNATIONAL KNOWLEDGE TELL US?" *The Canadian Journal of Native Studies* 27, no. 2 (2007): 479–501.
- Levin, Karen. "Hope Thrives in the Youth of the Okanagan Nation." *Raven's Eye*. 2010, 0 edition. <https://ammsa.com/node/29970>.
- McBride, Kate. "Data Resources and Challenges for First Nations Communities." Alberta First Nations Information Governance Centre, 2018. [https://www.afnigc.ca/main/includes/media/pdf/digital%20reports/Data\\_Resources\\_Report.pdf](https://www.afnigc.ca/main/includes/media/pdf/digital%20reports/Data_Resources_Report.pdf).
- McCarty, Teresa L., Mary Eunice Romero, and Ofelia Zepeda. "Reclaiming the Gift: Indigenous Youth Counter-Narratives on Native Language Loss and Revitalization." *American Indian Quarterly* 30, no. 1/2 (2006): 28–48.
- "Metis Settlements of Alberta." Accessed September 22, 2023. <https://msgc.ca/>.
- Murdoch-Flowers, Jayne, Marie-Claude Tremblay, Richard Hovey, Treena Delormier, Katherine Gray-Donald, Elaine Delaronde, and Ann C. Macaulay. "Understanding How Indigenous Culturally-Based Interventions Can Improve Participants' Health in Canada." *Health Promotion International* 34, no. 1 (February 1, 2019): 154–65. <https://doi.org/10.1093/heapro/dax059>.
- National Collaborating Centre for Aboriginal Health (2016). Culture and Language as Social Determinants for First Nations, Inuit and Métis Health. Prince George, BC: National Collaborating Centre for Aboriginal Health. "Culture and Language as Social Determinants of First Nations, Inuit, and Métis Health." Prince

- George, BC: National Collaborating Centre for Aboriginal Health, 2016.
- University of Calgary. "Patient and Community Engagement Research (PaCER) | Home." Accessed September 22, 2023. <https://www.ucalgary.ca/patient-community-engagement-research>.
- Philip, Jacques, Tara Ford, David Henry, Stacy Rasmus, and James Allen. "Relationship of Social Network to Protective Factors in Suicide and Alcohol Use Disorder Intervention for Rural Yup'ik Alaska Native Youth." *Psychosocial Intervention* 25, no. 1 (2016): 45–54. <https://doi.org/10.1016/j.psi.2015.08.002>.
- Pollock, Nathaniel J., Gwen K. Healey, Michael Jong, James E. Valcour, and Shree Mulay. "Tracking Progress in Suicide Prevention in Indigenous Communities: A Challenge for Public Health Surveillance in Canada." *BMC Public Health* 18, no. 1 (November 27, 2018): 1320. <https://doi.org/10.1186/s12889-018-6224-9>.
- Sasakamoose, JoLee, Terrina Bellegarde, Wilson Sutherland, Shauneen Pete, and Kim McKay-McNabb. "Miyo-Pimatisiwin Developing Indigenous Cultural Responsiveness Theory (ICRT): Improving Indigenous Health and Well-Being." *The International Indigenous Policy Journal* 8, no. 4 (October 11, 2017). <https://doi.org/10.18584/iipj.2017.8.4.1>.
- Simpson, Leanne Betasamosake. "Land as Pedagogy: Nishnaabeg Intelligence and Rebellious Transformation." *Decolonization: Indigeneity, Education & Society* 3, no. 3 (November 21, 2014). <https://jps.library.utoronto.ca/index.php/des/article/view/22170>.
- Sjoblom, Erynne, Winta Ghidei, Marya Leslie, Ashton James, Reagan Bartel, Sandra Campbell, and Stephanie Montesanti. "Centering Indigenous Knowledge in Suicide Prevention: A Critical Scoping Review." *BMC Public Health* 22, no. 1 (December 19, 2022): 2377. <https://doi.org/10.1186/s12889-022-14580-0>.
- Suthers, Laura. "Communities Work to Reduce Suicide Rates." *Windspeaker Publication*, 2007. <https://www.ammsa.com/publications/windspeaker/communities-work-reduce-suicide-rates>.
- Tuck, Eve. "Suspending Damage: A Letter to Communities." *Harvard Educational Review* 79, no. 3 (September 1, 2009): 409–28. <https://doi.org/10.17763/haer.79.3.n0016675661t3n15>.
- Wexler, Lisa. "Identifying Colonial Discourses in Inupiat Young People's Narratives as a Way to Understand the No Future of Inupiat Youth Suicide." *American Indian and Alaska Native Mental Health Research (Online)* 16, no. 1 (2009): 1–24. <https://doi.org/10.5820/aian.1601.2009.1>.
- . "Looking across Three Generations of Alaska Natives to Explore How Culture Fosters Indigenous Resilience." *Transcultural Psychiatry* 51, no. 1 (February 2014): 73–92. <https://doi.org/10.1177/1363461513497417>.
- White, Jennifer. "What Can Critical Suicidology Do?" *Death Studies* 41, no. 8 (September 2017): 472–80. <https://doi.org/10.1080/07481187.2017.1332901>.
- White, Jennifer, and Christopher Mushquash. "We Belong: Life Promotion to Address Indigenous Suicide Discussion Paper," 2016, 19.
- Wise Practices. "Wise Practices." Accessed September 22, 2023. <https://wisepractices.ca/>.
- Yellow Horse Brave Heart, Maria, Josephine Chase, Jennifer Elkins, and Deborah B. Altschul. "Historical Trauma among Indigenous Peoples of the Americas: Concepts, Research, and Clinical Considerations." *Journal of Psychoactive Drugs* 43, no. 4 (2011): 282–90. <https://doi.org/10.1080/02791072.2011.628913>.