

Hope, Health & Healing: a First Nations Approach to Suicide Prevention, Intervention & Postvention

Dr. Shannon McDonald
Senior Medical Officer – Vancouver Island
Office of the Chief Medical Officer, FNHA
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Our Vision:

**“Healthy, self-determining and vibrant
First Nations children, families and
communities.”**



Transformative Change Accord:
First Nations Health Plan
November 2006



February 2007
First Nations Health Council



Tripartite First Nations Health Plan
June 2007



April 2009
First Nations Health Society



April 2010
First Nations Health Directors Association



Regionally appointed
First Nations Health Council
2010-2012



January 2012
First Nations Health Society becomes
Interim First Nations Health Authority



December 2012
Health Partnership Accord



July 2014
Supreme Court of Canada affirms
First Nations/ Aboriginal title
in the Tsilhqot'in Williams vs. Canada decision



March 2016
FNHC and BC Memorandum of Understanding on Social Determinants Strategy



TRANSFORMATIVE CHANGE ACCORD FIRST NATIONS HEALTH PLAN - Implement 29 Action Items

2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016

TRIPARTITE FIRST NATIONS HEALTH PLAN

Health Governance

Develop New Administrative Arrangement



First Nations Leadership Accord
March 2005



MOU on First Nations Health
November 2006



February 2008
First Nations Interim Health Governance Committee



Regional Caucuses formed



Basis for a Framework Agreement on First Nations Health Governance
July 2010



Innovation and Change Agenda



Tripartite Framework Agreement on First Nation Health Governance
October 2011



First Nations Health Authority
Health through wellness



August 2012
Interim First Nations Health Authority becomes First Nations Health Authority



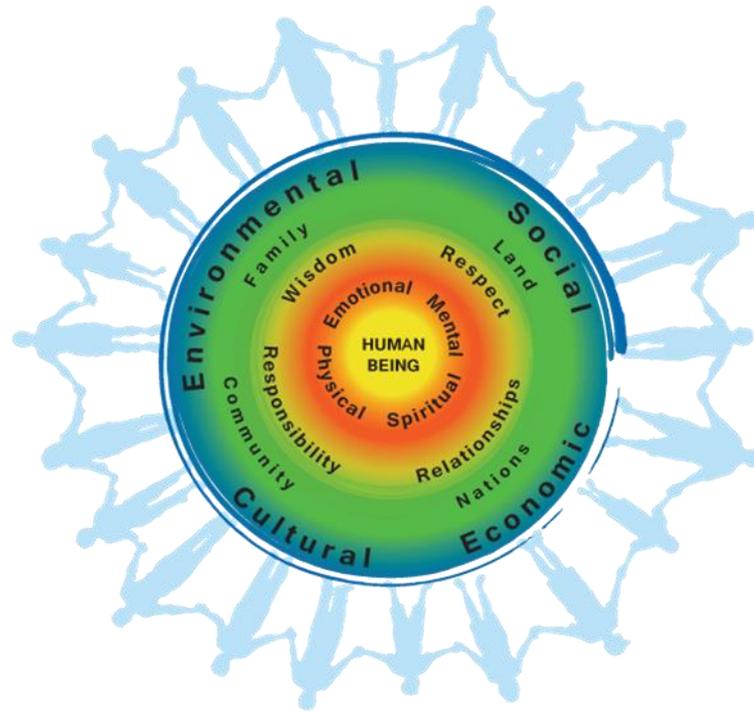
July 2, 2013
Phase 1 Transfer of Health Services



Oct 1, 2013
Phase 2 Transfer of Health Services



July 2015
Provincial Health Authority Declaration of Commitment: Cultural Safety and Humility in Health Services for First Nations and Aboriginal People in BC



This is a visual expression of the **First Nations Perspective on Wellness** – the way it has always been.

This perspective has been passed down from our Elders & Traditional Healers. Wellness belongs to every human being, and their reflection of this perspective will be unique.



Disruption of
Wellness
Circle Through
Colonization

High Incidence
of Suicide

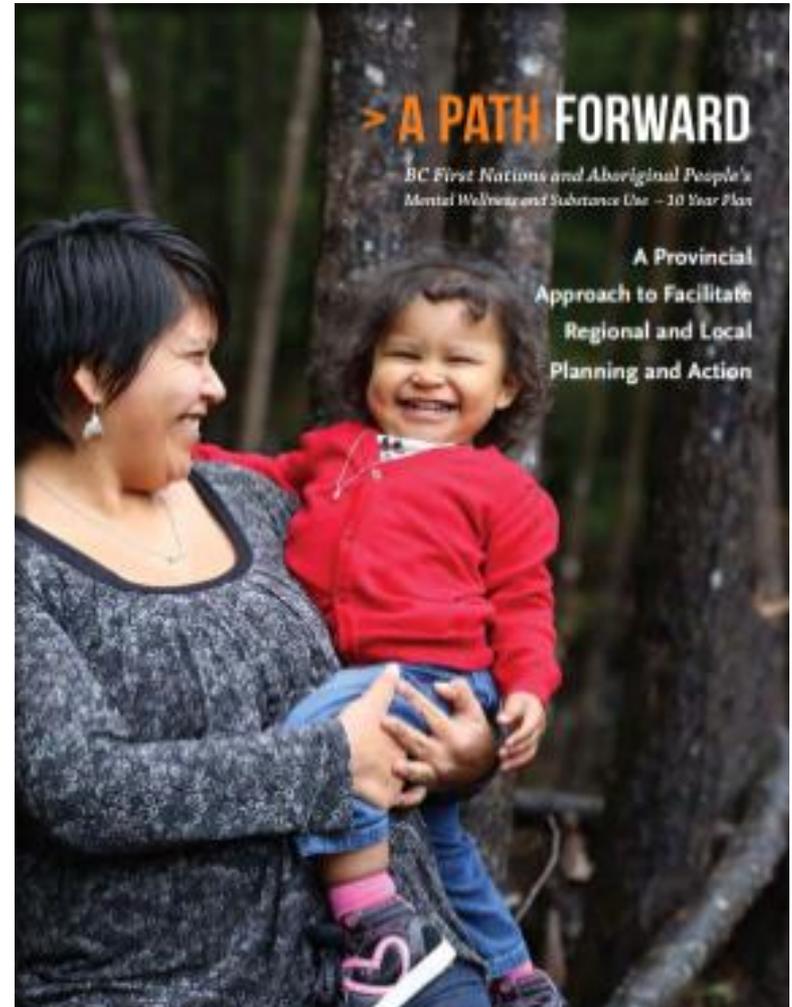
TCA:FNHP
Health Action
to Address
Suicide

Tripartite
Working
Group on
Suicide PIP



A Path Forward

A Path Forward: BC's First Nations and Aboriginal People's Mental Wellness and Substance Use 10-Year Plan: A Provincial Approach to Facilitate Regional and Local Planning and Action, was released on March 22, 2013.





 **Hope, Help, and Healing**
 A Planning Toolkit for First Nations and Aboriginal Communities to Prevent and Respond to Suicide

First Nations Health Authority
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wellness
I feel the physical support with my body

"Seeing a therapist"

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Toolkit development process

Literature
Review &
Draft
Document

Peer Review
Process

Community
Reviews and
Feedback

Revised,
Restructured
Resource

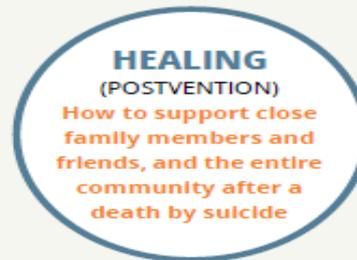
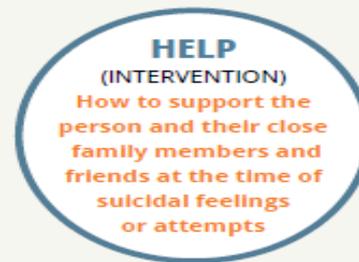
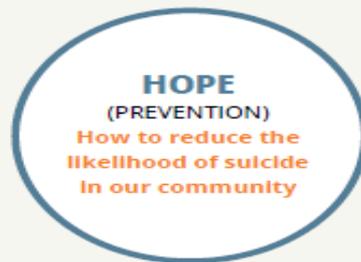
Further
Refinements
and Practical
Tools Added

Suicide PIP
Toolkit



Training Sessions





Hope, Help, and Healing Model:

The circular model shows that prevention, intervention, and postvention are connected in a cycle. Communities can start work at any point.



HHH sections: Preparing for the Journey

Section 1 - Begin preparing for the journey: Preparing a self-care approach and seeking support.

Learning Checklist

- Become familiar with the First Nations Perspective on Wellness.
- Learn about your role in the planning journey.
- Learn about ways you can help yourself and the team in the planning journey.

Resources (Tools)

- First Nations Perspective on Wellness.
- Tool 1.1: Comprehensive Self-Care Reminders (pg. 20).





HHH sections: Learning

Section 2 - Learning important facts about suicide: Gaining the knowledge you'll need to help in your planning journey

Learning Checklist

- Learn about suicide in BC and why we need to address suicide.
- Learn about First Nations history and what contributed to suicide taking hold in some communities.
- Learn about culture and how it can strengthen First Nations communities.
- Learn about risk and protective factors.
- Learn about best practice examples for PIP programs and strategies.

Resources (Tools)

- Links to additional resources found throughout this document (each topic).

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HHH sections: Gathering

Section 3: Gathering

Tools and processes to bring a committee together, determine your community's needs and gather local data.



Learning Checklist

- Learn about a common planning process (steps).
- Review tools to help you organize a planning committee and other meetings.
- Become familiar with planning tools and resources.
- Collect data about suicide in your community.
- Identify existing suicide-related programs and resources in your community.

Resources (Tools)

- Multiple planning templates with examples that will be helpful to your PIP planning process.
- Internet reference links to provide more information to communities on one of the steps.



HHH sections: Sharing

Section 4 – Sharing

Tools and processes for bringing your community together and writing, implementing, and evaluating your plan and the results.

Learning Checklist

- Share the information you have gathered with the broader community and ask for their input/feedback
- Write up your plan and get it endorsed
- Implement your plan
- Evaluate the results

Resources (Tools)

- Workplan Tasks and Actions
- Monitoring and Reporting on the PIP Plan Implementation

Now that you have compiled all of the valuable information you need, it's time to engage the broader community to verify you're heading in a good direction and start to write up your plan.

Preparing for Community Engagement

Engaging the community means informing them about the planning process you and your Committee are carrying out. It also means seeking information, input, knowledge and ideas from them to contribute to the plan.

Successful community sessions require preparation. It is crucial that coordinators familiarize themselves with the material they designed or are expected to deliver and discuss with the community. There are four main steps you need to go through in the stage of preparation:

Have a Clear purpose – Make sure you know the purpose, need for and outcomes for the session (what you want to get clear direction on from the community?). Based on your requirements, make sure YOU are ready through creating your own self-care plan for the engagement process. Do you have mental health support in place for yourself and for people attending the training if the issues are sensitive? Do you think that the topic could cause emotional and traumatic responses for some people? Are you prepared for this with Elders and support workers in attendance?



Hope: Identifying Strengths & Areas for Growth



Peer Counselling



School Curriculum



Support Groups



Family Life Education



Life Skills and Education



Sports and Recreation





Help: Identifying Strengths and Areas for Growth



Training Primary Care Providers



Crisis Line

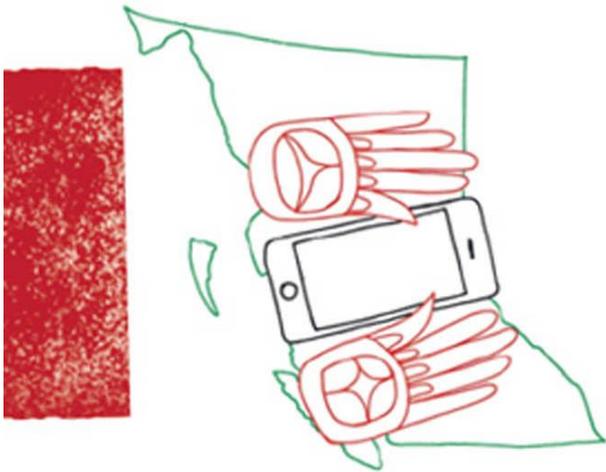


Crisis Center

KUU-US CRISIS RESPONSE SERVICES

1-800-KUU-US17 | 1-800-588-8717

- CULTURALLY SAFE HELP AVAILABLE
- 24 HOURS A DAY | 7 DAYS A WEEK
- FIRST NATIONS HELPING FIRST NATIONS



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KUU-US Crisis Line Society

Crisis Intervention



BC Aboriginal Suicide Critical Incident Response Teams (ASCIRT)

**Nisga'a Valley
Crisis Response
Team (Serving 4
communities)**

**Inter-Tribal
Health
Authority
ASCIRT
(Serving 29
communities)**

**Nuu'chah'nult
h Tribal
Council Huu-
pee-stalth
(Serving 14
Communities)**

**Cowichan
Tribes ASCIRT
(Serving 6
communities)**



**Gitksan Health
Society FAST
(Serving 11
communities)**

**Okanagan Nation
Alliance Youth
Response Team
(Serving 7
communities)**

**Sto:lo Nation
ASCIRT
(Serving 11
communities)**

Assessment and Intervention Services





Healing: Identifying Strengths and Areas for Growth



Healing / Postvention Tools:

- Managing the response, including training and developing a crisis response team.
- Providing grief programs, including counselling and support groups for those grieving.
- Providing care for the workers, including ensuring rest and debriefing to support front line workers.
- Providing care for grieving families, including short-term treatment and community response teams.
- Observing postvention protocols, including stabilizing the crisis, and providing aftercare for survivors.

Media Reporting Guidelines





Additional Tools

Creating a Safety Plan

Whether it is you or someone you care about who is struggling with suicide, having a safety plan helps.

1. What three things can I do to have fun and relax?
2. What friends can I call when I am starting to feel sad or worried?
3. What are my reasons for living? (Include cultural teachings that promote life)
4. Who are my trusted resources I can call if I don't feel better after talking with friends? (Like an Elder or spiritual leader, Community Health Representative, youth worker) Include their phone numbers.
5. Where I can go that I feel safe from suicide? (Maybe a friend's home, a local basketball court, a grandparent's home.)
6. What local professional can I call or go see? (Someone similar to a counsellor, NNADAP worker, school staff, doctor.)
7. What are my local crisis lines & suicide safe websites that I would use? Include 1-800-SUICIDE/1-800-784-2433, and one or two of the following:
 - 1-877-209-1266 (Native Youth Crisis Hotline)
 - 310-6789 (Mental Health Support Line)
 - Honouring Life (www.honouringlife.ca/) (youth friendly)
 - Youth In BC (www.youthinbc.com) (youth friendly)
 - Here to Help (www.heretohelp.bc.ca/) (provides information on a number of mental health issues, including suicide)
8. What are my local emergency services and how do I contact them?

Carry your Safety Plan with you. Having a Safety Plan lets you know what you are going to do when you feel unsafe.

Community Suicide Crisis Response Coordination Template

While this tool focuses on suicide crises, this tool can be adapted to a number of crisis situations. A crisis may result from a series of violent acts, a number of losses within a short period of time, or a variety of other scenarios where the community's capacity to cope is overwhelmed or exceeded, requiring a coordinated approach to stabilize the community.

The purpose of a coordinated suicide crisis response is to provide clarity among community, regional, and provincial partners about their roles and responsibilities to support organized, efficient, and effective suicide crisis response.

When a crisis takes place in a community, the immediate response will differ depending on the resources available within the community, the network the community has established with its partners (partner communities and/or regional/provincial partners), the circumstances of the crisis, local traditional protocols, and existing crisis response protocols.

The FNHA responds to a crisis in community when notified by the community (e.g. Chief, Community Health Lead, Band Manager, or equivalent). Some communities may choose to address the suicide crisis internally or with identified partners - not involving the FNHA. In other cases, the FNHA may be notified and become involved in supporting the community, drawing in partners, and activating crisis response funds.

Hope

SECTION TWO: LEARNING

Promising Practices for HOPE (Prevention)^{31/32/33}

In prevention and healing, we look at increasing individual, family and community supports (protective factors) to reduce the risk of suicide. The more individuals and communities learn about these factors, the better able they will be to develop and start a suicide prevention and healing plan. Promising practices for suicide PIP can also occur at the individual, situational, socio-economic and cultural levels, although there is significant cross-over between these categories. Promising practices for suicide prevention may include:

PREVENTION: Enhancing Knowledge and Skills

Individual

- Building personal skills to learn about ways to promote positive mental, emotional and spiritual health; for example health literacy, nutrition, physical activity, healthy coping skills, positive relationship and parenting skills, budgeting and financial management training, among others
- Utilizing cultural practices and teachings as a source of healthy ways of coping and building on strengths
- Learning how to recognize the signs of mental distress or suicidal behaviour

Cultural

- Providing educational and training opportunities to increase personal skills, knowledge and awareness of mental wellness issues
- Family life education and parenting skills workshops for new parents and adults based on culturally sensitive models of roles and responsibilities
- Encouraging the development of recreation/sports programs to promote a sense of belonging and social support as well as physical and mental health
- Implementing school, workplace and community peer-helping programs, that include training regarding when and where to refer peers for additional support
- Implementing school-based health education curriculum to enhance students' ability to cope with stress or distressing emotions (especially anger and depression), problem solving, interpersonal communication, healthy relationships and conflict resolution - all measures that help to build self-esteem and deal with emotional conflict and crisis
- Promoting community and school-based anti-bullying programs; including cyber-bullying prevention

Volunteer Suicide Response Team - Terms of Reference

DEVELOPED BY THE NUXALK NATION - USED WITH PERMISSION

1. Title

The name of the committee shall be _____ Volunteer Suicide Response Team (VSRT)

2. Purpose

The Volunteer Suicide Response Team shall provide the following to all people in the _____ (identify area).

- counseling support to persons
- operation of a suicide intervention telephone line
- intervention for people who are contemplating suicide
- support for persons who have attempted suicide
- support for families dealing with death from suicide
- raised awareness and education about suicide
- regular meetings for the purpose of the VSRT

3. Structure and Accountability

The VSRT will be under the support of the _____ (e.g. Health & Wellness Department), and is ultimately responsible to the elected _____ Chief & Council.

4. Governance

The VSRT has the authority to provide supports for prevention, intervention and postvention of suicide to persons through the _____ (area).

Further to this, the VSRT has the authority to establish networking relationships with service providers throughout _____ for the purposes of prevention, intervention and postvention of suicide.

5. Reporting

The VSRT will provide ongoing reports to update supporting parties on the activities of the committee. These reports will include regular and special reports. These reports will be provided in form template format.

Supporting Implementation



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Questions & Discussion

