



A CALL TO ACTION ON SUICIDE

February 7, 2018



FRASER SALISH REGION
First Nations Health Authority



fraserhealth



A CALL TO ACTION ON SUICIDE



WELCOME AND INTRODUCTION



TSLEIL-WAUTUTH
PEOPLE OF THE INLET



**Musqueam
First Nation**



**Squamish
First Nation**

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HISTORY OF OUR WORK

A CALL TO ACTION ON SUICIDE



FIRST NATIONS HEALTH COUNCIL - Fraser Region

Healthy, vibrant and self-determining First Nations children, families and communities

1205-100 Park Royal South
West Vancouver, BC
V7T 1A2
Toll-free: 1-866-913-0033
Tel: (604) 913-2080
Fax: (604) 913-2081
www.fnhc.ca

March 6, 2015

Re: Fraser Salish Regional Representatives Issues Urgent Call to Action to Address Suicide

The Fraser Salish Regional Representatives have been called on by community to form a broad coalition in response to a rate spike in suicide, suicide attempts and suicidal behaviour amongst Fraser Salish youth and adults.

The shock of recent losses in our territory this year and over the past few years, require us to call our communities, our service providers and our partners to form a broad coalition, create a plan and begin the next steps to address this crisis.

A gathering has been set for April 1, 2015. We invite community leadership, health, safety, social, educational and youth organizations, to work with us to solve this specific social problem together using a common agenda and aligning efforts. (Location: TBD; Please contact Jodie Millward if you would like to attend). We acknowledge and honor the work of the Youth Suicide Prevention Collaborative which was established in 2012 and emerging First Nations Health Authority services and investments in the region. Through coming together at one table in April we can align these investments and others for maximum benefit.

We will host a Cultural Ceremony for prayer, to honour those who have brought us here to do this work and to continue to use our culture and spiritual connections for healing. It will take all of us in dignity, honour and respect to protect our families. Our children are our future - they are our future leaders and we need them.

It is with kindness we ask this work, created in a good way, to be offered to our children, families and communities everywhere who are in need. I encourage all community members to continue supporting one another in the same spirit as our ancestors.

The Next Steps

1. Having communities, service providers and partners sit at one table
2. Concrete plan of action developed and implemented
3. After 30, 60, and 90 days the State of Emergency will be reassessed.

In collaboration and partnership,

Grand Chief Doug Kelly
Fraser Region

Willie Charlie
Fraser Region

Chief Maureen Chapman
Fraser Region

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MENTAL WELLNESS FORUM III

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Participants

- 203 people participated in the forum
- Representation from many organizations:
 - FNHA
 - First Nations Community Representatives
 - FHA
 - Aboriginal Child and Youth Mental Health
 - Youth Forensic Services and Corrections
 - Community Living BC
 - BC Housing
 - IMPACT Youth & Family Services
 - KUU-US Crisis Line Society
 - and many more!

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Youth Suicide: Call to Action Goals

1. Develop youth leadership capacity
 - I. Establish a peer led support youth leadership team
 - II. Create a youth indigenous wellness home and substance use treatment services (Foundry-like) for the urban population
2. Advance collaborative committees
 - I. Strengthen partnership between ministries
 - II. Establish a shared measurement and accountability strategy

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Youth Suicide: Call to Action Goals

3. Develop & support trauma specific services
 - I. Increase access to trauma specific counsellors
 - II. Increase community capacity for crisis response

4. Establish Traditional Wellness Teams
 - I. Establish Regional Tradition Wellness Team model
 - II. Increase access to traditional healers

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Systemic Barriers

- Lack of lived experience voices engaged in system transformation and service delivery
- Recruitment and retention of qualified, safe staff
- Stigma and racism
- Educate hard to reach populations about drug use/harm reduction
- Not enough resources, long waitlists, lack of appropriate resources
- Barriers to access resources (ex. Age/gender restrictions, co-morbid conditions, etc.)
- Lack of indigenous specific resources
- Lack of services for the urban population

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YOUTH LEADING YOUTH

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Suicide Prevention/Life Promotion Collaborative – October 2017 Ottawa

- Canadian Foundation of Health Care Improvement (CFHI) recently formed the Suicide Prevention/Life Promotion collaborative, which brings together multi-disciplinary teams from across northern, rural and remote parts of Canada looking to address suicide prevention/life promotion using a shared learning approach.
- FNHA and FHA have submitted a joint proposal and secured funding from CFHI to participate in this collaborative work.

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Suicide Prevention/Life Promotion Collaborative – October 2017 Ottawa

- We are forming a “Youth Leading Youth” Advisory Council to guide and direct this project.
- Youth representation will include:
 - Youth from all 5 Health Regions and 8 Urban Centres in BC
 - Youth leadership representation from the AFN
 - Youth with lived experience
- This Youth Council will lead and develop a project plan as the first phase of a multi-phased suicide prevention project.

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First Nations Health Authority
Health through wellness

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Coast Salish Territory
West Vancouver, BC
Canada V7T 1A2
T 604.693.6500
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CALLING ALL YOUTH CHANGEMAKERS!

BC YOUTH LEADING YOUTH ADVISORY COMMITTEE FOR LIFE PROMOTION

APPLICATION FORM FOR MEMBERSHIP

Please tell us a little bit about yourself and why you think you would make a great member of the *Youth Leading Youth Advisory Committee for Life Promotion!*

NAME:	
GENDER: (if applicable)	
DATE OF BIRTH: (day/month/year)	

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Suicide Prevention/Life Promotion Collaborative – Ottawa

WHO SHOULD APPLY?

Indigenous Youth ages 16-25 who:

- Live in British Columbia
- Have demonstrated leadership skills in their school or community
- Are motivated to be agents of positive change in their community and amongst their peers
- Have "lived experience" with suicide

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Suicide Prevention/Life Promotion Collaborative – Ottawa

Both the completed application form and the reference letter must be received by 4:00pm on **Friday, February 16th, 2018**. Accepted applicants will be notified by phone or email on or before Wednesday, February 23rd, 2018

2 youth per region will be selected!

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URBAN ABORIGINAL POPULATION

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World Suicide Prevention Day – September 10, 2017



FIRST URBAN WORLD SUICIDE PREVENTION DAY

LIVE GRAPHIC RECORDING | Drawing Change
Michelle Buchholz

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WHAT DID WE LEARN?

A CALL TO ACTION ON SUICIDE



What did we learn?

FRASER SALISH REGION: CALL TO ACTION ON SUICIDE



FRASER SALISH REGION
First Nations Health Authority

First Nations in the Fraser Salish region are facing increasingly complex challenges with suicide and suicide ideation and are looking to lead collaboratively and restore community resiliency and capacity to care for one another.

The First Nations Health Council (FNHC) Fraser Salish Regional Representatives prompted a "Call to Action on Suicide" and engaged Fraser Salish Chiefs and Health Directors to develop this action plan. A series of community and regional governance engagements informed this Call to Action guiding framework below. It sets out a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed-upon actions.

OVERALL WISDOM

- Recognize that all things are connected (i.e., physical, emotional, mental and spiritual well-being)
- Emphasize cultural teachings, wellness and practices
- Reduce stigma/stereotyping
- Provide safe supports/education/resources for families
- Improve access and continuity of care
- Establish sustainable funding and resources
- Build self-esteem, a sense of belonging and connection
- Learn about grief, how to live through it and how it is part of our strength
- Address peer pressure and bullying
- Learn our history and read the TRC recommendations

What Can I Do as Leadership:

- a. Be role models and mentors to youth, families and community.
- b. Engage youth and Elders on community issues and solutions.
- c. Establish a restorative justice approach to reach youth who have broken the law.
- d. Establish and/or promote existing justice committees to address criminal behaviours such as drug dealing and acts of violence occurring in community. This could include the creation of a regional or sub-regional committee with representation from communities.
- e. Create compassionate, safe spaces in community that are free of judgment, violence and politics that people can attend for their healing.
- f. Be an example of lateral kindness and promote team wellness and individual wellness.
- g. Develop Care Committees to respond to youth needs, and support family and community responses to traumatic incidents, including acts of violence and sexual assaults. This could include using the National Care Committee program.

What Can I Do as a Health Director or Community Staff Member:

- a. Develop protocols and policies to ensure that people working with youth are safe and to appropriately address issues such as abuse or violence.
- b. Address lateral violence and bullying, build on the lateral kindness initiative of the First Nations Health Directors Association (FNHDA).
- c. Develop a strategy to ensure youth members living off reserve have their voices heard and are being informed of programs and services available in community and in the region.
- d. Find sustainable long-term funding for youth wellness workers.
- e. Build safety and confidentiality into services and programs being offered in Band offices or health buildings through practices such as:
 - having more than one reason why someone would be waiting in the office, so nobody knows why they are there,
 - holding programs in alternative buildings, or
 - providing a separate entrance in buildings where programs are held
- f. Develop a crisis-response structure in community and/or between neighbouring communities to support each other in times of need.
- g. Strengthen community members' capacity to recognize and support those with suicidal thoughts through training and education. Build on the Hope, Help, Healing (HHH) work happening in the region to develop community resources (e.g., suicide response guides) to support those with suicidal ideation.
- h. Learn about Harm Reduction practices and how they can be implemented in your community to support those who need them
- i. Implement community practices to address violence and substance misuse in communities, such as

- j. Share successes and use challenging times as opportunities to build strengths and address service gaps.
 - k. Create a variety of programs and services that will engage a wide range of community members, including all age groups and genders. Remember to think outside the box and to engage at different times of the day for different life schedules.
 - l. Make and distribute a public community wellness calendar that outlines programs and services being offered. Distribute widely, including to those living out of the community, and in a public place if possible.
 - m. Engage with the Youth Elder Program (YEP) developed by Impact to build the Elder and youth relationships in your community and in surrounding communities.
 - n. Foster a safe environment to promote open discussion about sensitive topics that are impacting individuals, families and extended community members. This would include stigmatized issues such as incest, sexual abuse, sexual assault and domestic violence.
 - o. Post and share the KUU-US 24-hour crisis response information in Band offices, public spaces and social media sites, so that people know who to call in times of crisis.
 - p. Work with KUU-US crisis response line to establish a Crisis Response Lead to ensure calls coming from your community members receive the necessary and ongoing follow-up.
- What Can I Do as a Community Champion:**
- a. Encourage mentoring relationships (e.g., Big Brother/Sister, Aunty and Uncle Programs) to form.
 - b. Build culture and tradition into community work and gatherings.

- c. Connect and engage youth through recreational and cultural activities.
 - d. Empower youth to be confident and become leaders for other youth through involving them in community issues, supporting opportunities for cultural and traditional teachings and providing topic-specific educational trainings.
 - e. Support youth learning about healthy relationships and coping skills.
 - f. Develop campaigns and/or materials in partnership with youth to promote local role models; destigmatize mental health issues; and talk about where to go for help/support.
- What Can I Do as a Health Care Provider or Partner:**
- a. Provide services to all First Nations/Aboriginal people regardless of where they live.
 - b. Engage all age groups and genders when developing and implementing programming.
 - c. Support youth and communities to address grief through learning and respecting their direction and process.
 - d. Invest in innovative, adaptable solutions to meet community members' basic needs (food, water, shelter) and address the communities needs as they define them.
 - e. Recognize that all things are connected and that ignoring physical, emotional or spiritual concerns affects the overall well-being of people.
 - f. Listen to and include the voices of communities when developing programs and services.
 - g. Align resources to establish Mental Health and Wellness teams (e.g., mobile response units).
 - h. Develop youth-specific services and places, which will in turn encourage youth to reach out.
 - i. Create healing places that draw on the best of traditional and western teachings to support youth who are struggling and to work with the whole family.

FNHA/FRASER HEALTH ACTION PLAN

1. Advance the "Fraser Region Aboriginal Youth Suicide Prevention Collaborative" and coordinate participating organizations and agencies (which may include RCMP, MCFD, delegated agencies, schools, FNA, etc.)
 - a. Develop a partnership action plan.
 - b. Establish a shared measurement to measure results.
 - c. Keep consistent and open communications.
2. Host annual Youth, Men's and Women's Wellness Assemblies to promote cultural and traditional knowledge exchange.
3. Continue to support communities with their "Hope, Help, Healing" community response planning.

KUU-US
CRISIS RESPONSE SERVICES
1-800-KUU-US17 | 1-800-588-8717
CHILD/YOUTH: 250.723.2040 ADULT/ELDER: 250.723.4050



CULTURALLY SAFE HELP
AVAILABLE

24 HOURS A DAY 7 DAYS A WEEK
FIRST NATIONS AND ABORIGINAL
PEOPLES HELPING FIRST NATIONS
AND ABORIGINAL PEOPLES

WHAT DID WE LEARN?

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Break out into your regions!

- Can you make a commitment to an action plan?
- Template to follow – placemat is not a “how to” but some will work for you and others won’t
 - What can I do as a Health Director or Community Staff Members?
 - What can I do as a Health Care Provider or Partner?
 - What can I do as Leadership?
 - What can I do as a Community Champion?
 - What can I do as a Knowledge Keeper/Elder/Healer?
 - Who are my partners in this work?
- No one does it alone! We need to work together!