

Of the Heart
Scoping Review of Indigenous Youth Suicide and Prevention

Submitted to: Alberta Children's Services, Cultural Knowledge and Innovation Branch
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Date: 30 June 2017



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Project Sponsors

Alberta Children’s Services, Cultural Knowledge and Innovation Branch

Acknowledgements

The research team extends deep gratitude for the patience, guidance, and devotion of the Indigenous Advisors who have shared their time and heart-felt insights over the course of several months. The commitment of these individuals highlights great wisdom and dedication to the task of reducing Indigenous youth suicide among Indigenous communities in Alberta. It also highlights the hope among advisors for enhanced community relationships with policy-makers, stakeholders, and researchers, for the wellbeing of Indigenous youth. We hope that this synthesis of existing literature on the topic contributes to healing relationships for youth, their families, communities, and service providers.

Advisors have provided perspectives from their personal experiences and have not spoken as formal representatives of any of their indicated affiliations or Nations.

Elder Jo-Ann Saddleback, Cree Nations
Elder Tom Snow, Stoney Nakoda Nation
Thomas Snow, Stoney Nakoda Nation
Shalome Hope, Cree-Métis
Harley Crowshoe, Piikani Nation
Marilyn Willier, Sucker Creek Nation

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Suggested Citation

Henderson, R., Johnson, B., & Crowshoe, L. (2017). *Of the Heart: Indigenous Youth Suicide and Prevention*. PolicyWise for Children & Families. Edmonton, Alberta.

Dedication

This report is dedicated to the youth, families, and communities struggling to survive in the face of chronic and systemic adversities. It is our hope that this research will guide decision-makers and practitioners in improving supports and resources for wellbeing. Following the suggestion of advisor Marilyn Willier, this review’s title, *Of the Heart*, re-centres suicide prevention within compassion, relationships, and love.

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Executive Summary

This scoping review explores Canadian and international peer-reviewed literature and Canadian grey literature addressing Indigenous youth suicide and resilience. It asks:

- What makes Indigenous youth suicide distinct;
- What are promising practices for addressing youth suicide in Indigenous contexts; and
- What are knowledge gaps around service provision related to Indigenous suicide and prevention?

Guiding Principles

At the study's outset, six Indigenous advisors articulated core principles to guide the review process, including:

1. Indigenous and non-Indigenous suicide are distinct and must be understood contextually;
2. The spectrum of prevention reaches from upstream of suicidal ideation to bereavement support;
3. Communities are the best experts on their own needs and resources; and
4. Community and youth voices are diverse; both are essential to guide any effective strategy.

These principles oriented the research team to honour the work of Indigenous scholars and leaders in the selection of sources for analysis, as well as to exclude any sources not in harmony with the core principles.

Indigenous Advisors

The Indigenous advisors proposed that effective prevention can focus simply on love, personalized care, and social structures to support youth who endure the legacy of historical and intergenerational forms of trauma arising from colonization. Historical trauma locates the source of present problems within disruptive historical events endured by prior generations, often transmitted through maladaptive behaviour, though Indigenous communities have also referred to it more compassionately as a 'soul wound.' Continued systemic and structural issues were also seen to undermine resilience, including underfunded social services, which can lead mental health and other support staff to feel overstretched as they often serve multiple communities simultaneously on a part-time basis. Adversities resulting from historical and contemporary forces of colonization include family fragmentation, bullying, and few networks of support. The literature and advisors indicate that the strengthening of Indigenous practices such as hunting and learning Indigenous languages and the nurturing of inter-generational relationships within communities are significant protective factors and signal the need for strengthened social environments that provide opportunities to reconnect with community and place.

Key Messages

What is unique about Indigenous youth suicide? What contexts must be understood?

- Historical and intergenerational trauma and acculturative stress from the systemic and structural impacts of colonization play an important role in disrupting a sense of connectivity and belonging for Indigenous youth. Recognizing Indigenous youth today as resilient survivors of settler colonial displacement of their Peoples moves attention beyond a deficit-based lens to one of strength and resilience.

- Cultural continuity offers a cross-cultural framework for understanding how to experience one's culture and its inherent social supports as continuous in time. Furthermore, cultural continuity may be protective against suicide by allowing a young person to feel that they have a sense and purpose in the world.
- Indigenous communities face multiple adversities and as such, are subject to persistent and unresolved grief. However, there is a need to focus on strengths and resilience rather than view Indigenous youth as victims.

What are promising practices?

- Prevention efforts must work to dismantle institutional barriers for Indigenous communities in order to meaningfully care for their youth. Important barriers include drastic under-funding of social, mental health, and disabilities services on reserves, as well as high rates of Indigenous youth in child welfare placements that restrict or deny contact with family or community networks. A promising practice for overcoming such barriers is respectful relationship-building across service sectors (i.e., policing/corrections, child welfare, education, health services) between Indigenous communities and non-Indigenous government or funding entities, within families and communities, and in partnership with youth at all stages.
- Suicide prevention programs developed outside of Indigenous contexts and without fully engaging with Indigenous understandings are not the same as strategies rooted in locally specific cultural approaches. Community advisors view the latter as having the highest potential to reduce suicide incidence, though evaluation of culturally rooted approaches continues to focus on largely Western factors (e.g., self-esteem, optimism). Increasingly, evaluation is turning to more culturally resonant constructs, such as enculturation, connectedness, and identity.
- Suicide prevention policy must meaningfully involve Indigenous youth and their communities as experts on their own experience and on what they need.
- The factors surrounding Indigenous youth suicide are complex and should be addressed using upstream approaches where possible.
- Resilience is fundamentally linked to supportive structures and protective factors within Indigenous communities.

What are knowledge gaps?

- A lack of evaluation of Indigenous suicide prevention efforts is partly explained by the heavy workload of service providers and researchers in Indigenous contexts. Programs that are a part of larger strategies such as National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) or Aboriginal Youth and Communities Empowerment Strategy (AYCES) may be evaluated, but smaller programs may lack the resources for formal evaluation. To ensure sustainable and locally driven planning and evaluation, communities need to be more effectively engaged. Culturally specific evaluation measures focus on depth and quality of connection to family, community, traditional knowledge, social networks, and access to supports to foster connectivity. Evaluation should appropriately reflect relevant outcomes as determined by communities and stakeholders, rather than health metrics alone (e.g., suicide attempts, rates) that may reveal little about personal pathways to suicide within specific contexts, along which prevention initiatives may be strategically

located and assessed. This requires not only strengthened relationships between stakeholders and decision-makers at all levels, but a shared knowledge base around leading practices. It also suggests great opportunity for inter-professional and cross-sector gatherings to explore together what models may work best in the province.

- Improved supports at a system level are needed to ensure that leaders and service providers can effectively carry out evaluation and reporting; adequate infrastructure and services are readily available; and communities can learn from one another about promising practices. Structural supports, such as healthcare and social services can help to:
 - Ground interventions in community needs and priorities
 - Coordinate across funders and between stakeholders for increased prevention capacity
 - Improve the quality of prevention programming (e.g., support permanent hiring of qualified staff for meaningful face-time with youth, rather than episodic and unpredictable transfer of funding)
 - Model promising practices for allied communities), and
 - Strengthen the conceptual frameworks underpinning evaluation.
- A shift is needed to recognize Indigenous frameworks for understanding and addressing youth suicide rather than tradition biomedical perspectives.
- Further research and efforts are needed to understand leading practices for the engagement of Indigenous communities in prevention efforts.

Of the Heart

This scoping review examines Indigenous youth suicide, resilience, and mental health promotion. The results of this review can be used to inform policy and practitioner audiences, and to identify potential knowledge gaps around service provision. Specifically, this aims to explore three questions:

- What is particular about Indigenous youth suicide?
- Promising practices for addressing youth suicide in Indigenous contexts?
- Knowledge gaps around service provision related to Indigenous suicide and prevention?

Findings from all data components (that is, the academic and grey literature review, and environmental scan) were presented and discussed and further framed by Alberta-based Indigenous advisors insights, perspectives, and priorities.

Indigenous Advisors

In order to ensure that Indigenous perspectives inform the scoping review's findings, Indigenous advisors contributed perspectives and insights at different stages of the review process, drawing on their experiences from across service sectors (see Appendix A). The Indigenous advisors' perspectives are captured throughout the document.

The ten advisors come from diverse cultural, geographic, and professional backgrounds, though all are closely connected to suicide and its prevention within Indigenous contexts throughout Alberta. Members were recruited through existing research team networks, bringing forward diverse cultural perspectives on suicide (i.e., Blackfoot, Cree, Nakoda, Métis), and an even distribution of perspectives from the three Treaty territories within the province (Treaty 6 in the central parts of the province, Treaty 7 in the south, and Treaty 8 in the north). Members included adults across the age spectrum and individuals working in: education, social work/child welfare, counselling/health services, policing, correctional systems, and youth development work. Two traditional Elders were among the group, one female and one male.

Indigenous advisors emphasized that they represented only themselves in this role, speaking from their own experiences and not on behalf of any wider group. Importantly, involvement of advisors did not represent formal engagement with Indigenous leadership in the province, but rather an early collaboration to clarify perspectives and priorities in partnership with individuals from communities troubled by youth suicide.

Terminology

For the purposes of this report, several terms require contextualization.

Indigenous

This term refers to people who collectively self-identify as having historical continuity with pre-colonial societies and form non-dominant groups within wider nation-states.¹ In Canada, this refers to people of First Nations, Métis, and Inuit (FNMI) descent, including individuals and communities located in rural and urban contexts who may or may not have Indigenous “status” recognized by the Government of Canada. Synonyms to Indigenous and FNMI that are relevant for this literature review, as they appear within the international literature, include: Aboriginal, Aborigine, First Peoples, and specific ethno-cultural/geographic groups (e.g., Alaska Native & Native Hawaiian, Maori, Pacific Islander, and FNMI).

Suicide

Distinguishing between fatal self-injury and unintentional injury may be difficult in cases such as vehicular accidents. For this report, intentional self-injury resulting in death is deemed suicide, even though ending one’s own life may not have actually been the intended outcome. In Alberta, unintentional injury is 2.5 times more common among First Nations people than among non-First Nations persons (4), suggesting that in practice self-injury (intentional) and unintentional injury can be difficult to distinguish. For this review, search terms included “self-injury” and related terms (i.e., self-harm) in addition to suicide; literature that focused solely on unintentional injury was subsequently excluded.

Prevention

Efforts to intervene in suicide occur along a prevention continuum (5), including primary, secondary, and tertiary prevention. Primary prevention signals “upstream” interventions focused on supporting wellness and resilience before suicide becomes an option for someone. Secondary prevention refers to interventions that address immediate risks (e.g., crisis aversion, de-escalation), including training for community members or providers to respond to immediate risk of suicide. Tertiary intervention refers to programming in response to suicide-related behaviour, such as bereavement support for survivors to avert additional suicides; it may also be referred to as “postvention.”

Resilience

A resilience focus reflects a shift from the biomedical approach to suicide that framed previous research in this area, which focused heavily on individual level risk and protective factors. Referring to the capacity of individuals and communities to thrive in spite of adversities (6), resilience includes attention for social and cultural resources that support this capacity. It also encourages suicide prevention strategies that target wider environments structuring the lives of youth, as well as their opportunities, goals, and abilities to achieve dreams.

¹ UN Permanent Forum on Indigenous Issues. *Indigenous Peoples, Indigenous Voices: Factsheet*. Retrieved 20 Oct 2016: http://www.un.org/esa/socdev/unpfii/documents/5session_factsheet1.pdf

Methods

This scoping review is based on four sources of data: Indigenous advisors, an academic literature review by Indigenous and non-Indigenous authors, a grey literature review, and an environmental scan.

The academic and grey literature review included 79 peer-reviewed journal publications released between 2007-2016 in international literature related to Indigenous youth suicide and 25 grey literature records from across Canada (see Appendix B for Search & Extraction Strategies and Appendix C for Eligibility Screening). The literature search prioritized sources that drew on resilience over disease or deficit models for characterizing youth suicide, as a means of identifying strengths within Indigenous youth and communities.

To contextualize the literature review, an environmental scan was designed to map the extent to which experiences with program planning and delivery within the province align with national and international experiences profiled in the literature. The environmental scan consisted of two stages. A rapid survey of existing programming to address Indigenous youth suicide in Alberta was conducted based on the framework of risk and protective factors identified in the *National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)*. This list of programming is available in Appendix D.

Interviews were also conducted to better understand the practical implications of programming. A semi-structured interview guide (Appendix E) was developed and piloted with five (n=5) suicide prevention coordinators or program planners whose work focuses on preventing Indigenous youth suicide.

Environmental scan interviews aimed to elicit stakeholder perspectives on the nature of interventions, their location and leadership, funding sources and continuity, the conceptual underpinnings of evaluation efforts, whether and how resilience is considered, and support networks for community organizations to sustain and enhance their programming.

Analysis

A methodological framework outlined by Arksey and O'Malley (2) was used to assess the literature. This framework helps to:

- Identify research questions of relevant studies;
- Chart their data;
- Collate, summarize and report results; and,
- Consult stakeholders via an Indigenous Advisory Group to appraise the relevance of records

Charting was structured by the Systematic Process for Investigating and Describing Evidence-Based Research (SPIDER) review tool, to compare studies in terms of sample, phenomenon of interest, design, evaluation, and research type, a model amenable to both quantitative and qualitative sources (3). Annotated bibliographies were generated for each literature group (see Appendices E-I). For all peer-reviewed journal and grey literature records, the nature of Indigenous and youth involvement was considered, as were the purpose, study design, target group, strengths, and limitations. A thematic content analysis structured according to the interview guide's domains of focus (i.e., funding, evaluation, resilience, Indigenous involvement) was carried out in order to frame the Alberta context.

Indigenous Youth Suicide

With 220,700 Albertans self-identifying as Indigenous, Alberta is home to the third largest Indigenous population in Canada. As well, Alberta has the only recognized Métis land base in Canada: the eight Métis settlements. In Canada, suicide rates of Aboriginal young people between 15 and 19 years of age, almost tripled from the 1950s to the 1980s. The suicide rate for First Nations male youth (between 15 and 24 years of age) is 126 per 100,000—over five times higher than the rate of suicide for non-Aboriginal male youth. For First Nations females between 15 and 24 years of age, the suicide rate is 35 per 100,000—seven times higher than the rate of suicide for non-Aboriginal female youth. Within the Aboriginal youth population, suicide is one of the leading causes of death. They are five to six times more likely to be affected by suicide than the general population. Between the ages of 10 and 19, Aboriginal youth on Reserves are 5 to 6 times more likely to die by suicide than youth in the general population. Over a third of all deaths among Aboriginal youth are attributed to suicide.²

Indigenous advisors described a fragmented landscape of prevention in Alberta, in which those working in this area generally welcome greater consultation, partnership, and leadership in the allocation of resources, definition of collective priorities, and setting of common agendas with government and funding agencies. Advisors further described struggles to address youth suicide in Indigenous communities across Alberta, whether large or small, urban or remote. Concern for youth in urban areas was also expressed by Indigenous advisors and interview participants, especially for youth who were in the child welfare system, incarcerated, or otherwise separated from strong kin and community networks. While statistics have yet to fully quantify youth suicide across communities in Alberta, the burden of a suicide crisis was illustrated, for instance, in reference by advisors to the frequency of funerals. In some small communities, unpaid community graveside support persons may be preparing for more than one such burial every week.

Indigenous Advisors' Perspectives on Suicide

Indigenous communities and, consequently, Indigenous youth are exposed to and experience multiple adversities. The prevalence and prevailing nature of these events must be considered when developing supports, metrics, and program evaluation around suicide prevention.

One advisor contextualized suicide in terms of broader violence experienced by youth in her community, noting that rates of homicide, vehicular deaths, and domestic violence mean that some Indigenous youth in the province experience persistent adversity comparable to living in a war zone. This connected the phenomenon to high-risk behaviour, such as substance misuse and gang involvement, as symptoms of a deeper common cause. Another advisor indicated that all Indigenous people with whom she is in contact in her role as a social worker would score the highest rating on psychological measures for suicide, anxiety, and depression risk. She was concerned that even screening tools that have been culturally

validated for use with Indigenous people to help practitioners identify clients at heightened risk for suicide could be ineffective in communities immersed in accumulated adversities. Another advisor observed that among older community members who have been lost to suicide, it appears that methods for taking one's

² Stats taken from http://www.ocya.alberta.ca/wp-content/uploads/2014/08/InvRev_Toward-a-BetterTomorrow_2016April.pdf

own life are often modeled on those used by others in one's wider social networks. Having survived the suicide of a family member or friend, and having witnessed another's suicide, were felt to be significant contextual risk factors for Indigenous people, particularly given high prevalence in the first place. In sum, advisors emphasized that a key particularity of Indigenous suicide is persistent and unresolved grief, as some communities scarcely manage to heal from one major loss or disaster before another occurs.

Elder Perspectives

Both Nakoda Elder Tom Snow and Cree Elder Jo-Ann Saddleback approached their advisory role for this review with the request that the research team first listen to their cultural understandings of suicide. While their spiritual perspectives were framed by varied cultural backgrounds, common histories of disruption of traditional lifeways emerged. The advisors saw the arrival of Europeans to Turtle Island (what is today known as North America) as having led to historical trauma and to persistent assaults by state structures on social networks, knowledge systems, and economies that make survival in harsh northern climates possible. In their words, an important aspect of such systems is strong family bonds, and in particular the status and role of women as community leaders and healers. They argued that the centrality of family—and women especially—has been forcibly diminished through colonization, leading to further isolation and disorientation of youth. Several advisors indicated that the resurgence of female wisdom and leadership across Indigenous societies was an important macro-level support for suicide prevention in Indigenous contexts, as women are often key to making community structures and programs accountable and responsive to the needs of young people. The protective role for youth of women's resurgence were noted in the *Idle No More* and *Missing and Murdered Indigenous Women and Girls* movements that have been largely propelled by women.

For both Elders, a traditional approach to caring for young people involves marking stages of growth and development ceremonially (i.e., with song, prayer, and smudging) to honour a young person's development and the treasure that is their life. Elders remembered every first event, from a young person's first time tasting food to first menstruation or first hunt to have once been marked by the coming together of community to acknowledge the young person's role in the community, relationships to others, and to prepare them for their future. The Elders emphasized that, in turn, a young person surrounded by such honouring, acknowledgement, and commitment to their wellbeing, would know their networks of support to lean on in times of adversity. Given a wide range of religious and spiritual practices affirmed by Indigenous people in Alberta, the Elders emphasized that a traditional perspective involves compassion for meeting a person where they are on their journey and respect for the autonomy of another to define the help that they need or seek. Therefore, one commonality between the Elder advisors' distinct cultural approaches was a recommendation that suicide prevention policy meaningfully involve the target population, in this case Indigenous youth and their communities, in prioritizing programming. As one Elder put it, the shift to include Indigenous communities in decision-making around suicide prevention involves acknowledging that communities are the experts in their own healing, though respectful support in this is crucial.

Academic and Grey Literature Review Findings

The peer-reviewed literature in recent decades has focused on concepts of historical trauma (7-10) and cultural continuity (11, 12) to explain the particularity of Indigenous suicide. Both emerging from psychological scholarship, the former locates the etiology of present problems within traumatic historical events endured by earlier generations and transmitted inter-generationally; it has been referred to within Indigenous communities as having a 'soul wound' (13). The latter connects to psychological literature on



Figure 1. Pictographs of scarlet fever (1964) and smallpox (1868) epidemics depicted in Bull Plume's Winter Count.

personal persistence and self-continuity, which signal the protective ability to perceive one's connection to past and future.

Historical Context

Early fur trading, the decimation of the vast bison herds upon which many tribes in this region depended, and the onslaught of infectious disease epidemics (e.g., smallpox and whooping cough in the 19th century; tuberculosis throughout the 20th and 21st centuries) (see Figure 1) overwhelmed community capacity to thrive for well over two hundred years. These diseases were spread at an alarming rate and with high mortality for Indigenous children who were forcibly removed from their homes and communities to live in residential schools throughout the twentieth century. As such, young Indigenous people today are often seen as traumatized and carrying a 'soul wound' of historical trauma transmitted by parents, grandparents, and ancestors (13, 19). However, Indigenous advisors also drew attention to scholarship focused on youth as survivors. This emphasis cautioned the research team that a heavy focus on "at-risk" youth and overwhelmed communities (i.e., a deficit-lens) may inhibit service providers and decision-makers from moving beyond trauma and crisis alone, in order to recognize and invest in enhancing resilience (20).

Cultural Continuity

The notion of cultural continuity offers a cross-cultural framework for understanding how to experience one's culture and its inherent social supports as continuous in time (i.e., having a known past and meaningful future) might be protective against suicide by allowing a young person to feel that they have a sense and purpose in the world (14, 15). It was first used to hypothesize why suicide appears more common in certain Indigenous communities and not in others.

Cultural continuity must be contextualized within ongoing systemic barriers to wellness and in local community dynamics that vary significantly one from another (18).

Chandler and Lalonde (16) argued in the late 1990s that the presence or absence of macro-level elements in a community that might signal connectedness to a common past and future make cultural continuity measurable. For instance, a community's degree of: self-government; engagement in land claims; control over education, health, and police/fire services; and presence of cultural facilities. However, some scholars have critiqued cultural continuity as an explanation for the elevated prevalence of suicide in diverse Indigenous contexts. For example, anthropologist Ronald Niezen remains unconvinced that "adoption of formal education, health, and police services [should] be considered 'cultural continuity'" in Indigenous communities (17) and views the model by Chandler and Lalonde as lacking elements such as loss of land and traditional ways of life as contributing to the social fragmentation that may fuel suicide. Thus, within a theoretical framework of cultural continuity, there is a concern that the notion of self-government as protective could lead some to uncritically presume that communities need to be left alone to address complex challenges such as suicide, rather than being extended meaningful supports. As such, the protective element of self-government may not be in terms of tradition (as implied by the term "cultural continuity"),

but it may signal that community involvement and leadership in the planning and delivery of health promotion is itself protective. For Neizen, cultural continuity must be contextualized within ongoing systemic barriers to wellness and in local community dynamics that vary significantly one from another. Furthermore, historical trauma and cultural continuity are but one aspect of the issue. Acculturative stress, or the psychological strain of having to adapt to new cultural practices, may be a more appropriate framework for understanding the impact of colonization, as it refers to individual repercussions from the erosion of collectivist values and social supports (18).

Environmental Scan Findings

Multiple programs were identified that addressed Indigenous youth suicide via primary or secondary prevention. The Centre for Suicide Prevention (based in Calgary, AB) has developed multiple training programs that are focused on Indigenous suicide, including *Little Cub* and *River of Life*. These programs are both focused at providing training for those who work with Indigenous children and youth, respectively, who may be at risk of suicide. Other organizations throughout the province have been developed to support Indigenous youth. Although they do not focus specifically on suicide prevention, through their activities they do address the risk factors or promote protective factors for suicide (as identified by the NAYSPS strategy). These often have a cultural focus, with significant community involvement and traditional teachings. For example, the Junior Canadian Rangers program funded by the Department of National Defence provides youth (aged 12 to 18 years) living in remote northern communities the training to become capable, skilled, and active members of their communities through training in traditional skills, life skills, and ranger skills. For more examples, see Appendix D.

Few of these programs have been formally evaluated. The NAYSPS and AYCES funding strategies were formally evaluated and with them, the programs that they fund; however, the full lists of programs and their evaluation results are not publically available. Other smaller programs may face barriers to formal evaluation.

Interview participants for the environmental scan focused more on the barriers they faced in their own efforts in suicide prevention. One participant who worked in northern communities explained that in remote areas, service providers may work part-time in multiple communities simultaneously; meaning that providers (e.g., mental health, addictions, child welfare) are not consistently available and those services are often over-stretched. This was seen to undermine continuity of mental health care for youth. For these communities, receiving episodic and unpredictable transfers of funding for suicide prevention can become a burden if funding is insufficient to support the hiring of permanent qualified staff for meaningful face-time with youth in need of support. Further systemic harm was seen to occur when the lack of local resources and supports led to youth being removed from their communities for residential treatment for addictions, sometimes for extended periods of time in distant locales with no contact with members of their own community or people with shared cultural background.

Another participant from a large reserve community located near an urban centre explained that many members from their community, perhaps desiring anonymity, often choose to access services outside of their community. This participant was concerned that urban-based non-Indigenous service providers unfamiliar with the unique needs of Indigenous youth may, at best, focus on connecting youth to mental health supports, neglecting to connect them to needed community and spiritual supports for sustained wellbeing. They were also concerned about the lack of training and understanding among non-Indigenous service providers regarding the unique contexts and challenges faced by Indigenous youth. For this participant,

effective prevention must overcome geographic and social isolation. The need to overcome isolation was echoed by another participant, who described a frustrating dilemma of postvention services in their community, where a bereavement counselor originating from outside the community is usually available and on salary in the clinic, while the person or people to whom community members regularly turn for graveside support are unpaid community members sacrificing large amounts of time and energy for others. This person wondered about barriers to health and other social services, such as lack of funding and availability of support workers, within their community around hiring their own people to fill support roles.

An overview of environmental scan participant concerns and priorities (Figure 2) highlights considerations for any newly collaborating stakeholders to take into account: be these community or systems-level partners. The participants envisioned greater coordination between community-level and systems-level efforts, seen to currently operate largely in isolation of one another. Both national and provincial strategies to address Indigenous youth suicide (i.e., NAYSPS and AYCES) attempt to address this issue, with a strong focus on community-driven, collaborative projects. It is possible that these are not being translated into actual practice.



Figure 2: Environmental Scan Participant Concerns and Priorities for Future Action

Discussion: Implications for Prevention

The perspectives from the literature, Indigenous advisors, and programs offer insight for policy and practitioner audiences around the distinction between culturally-adapted (or culturally-tailored) suicide interventions from outside of a given community (21) and community-led models for prevention through resilience (1). Culturally-adapted interventions refer to suicide prevention or other mental health promotion initiatives

A community-driven approach that addresses the systemic factors contributing to Indigenous youth suicide is a necessary precursor to effective prevention.

that are not necessarily developed by or specifically for Indigenous populations, but that have been adapted for implementation with these communities. Community-led models refer to initiatives that emerge from communities themselves, rooted in specific social, cultural, and geographic contexts, even when the focus of activity is not traditional *per se*. Two Indigenous advisors for this review emphasized that even the notion of suicide prevention belonging in the domain of mental health is confusing in many Indigenous contexts, considering that counselling or anti-depressants are focused on the individual and limited in addressing systemic factors that drive suicide prevalence. While both approaches are relevant for Indigenous youth suicide prevention, the distinction was important for Indigenous advisors and environmental scan participants for assessing the merit of prevention efforts.

The distinction between culturally tailored interventions and culturally rooted models is also highlighted by scholars who observe tensions between more conventional mental health promotion approaches to suicide and Indigenous understandings of the issue. Wexler, et al. (22) describe normative assumptions in health system approaches to prevention that relate to differences in understanding around the nature of suicide, who best is suited to lead prevention efforts, and under what organizational domain prevention should fall (Table 1). They not only critique a one-strategy-fits-all model for prevention, but also a lack of shared understanding on the part of many non-Indigenous decision-makers, service providers, and researchers around the disruptive social forces that frame suicide within Indigenous contexts. The NAYSPS framework has identified guiding principles such as: strength-based, evidence-based, community-based and community driven; culturally relevant, appropriate, and safe; meaningfully involve youth; incorporate multiple levels of prevention; and respect local cultures and traditions.

Table 1: Conventional & Indigenous Approaches to Suicide & Prevention (Wexler, et al. 2012; table not in original)

<i>Standard Approaches to Suicide Prevention</i>	<i>Indigenous Understandings of Suicide Prevention</i>
Expression of underlying psychological problems	Expression of historical, cultural, community & family disruptions
A person’s expression of personal volition	An enacted consequence of social circumstances
Prevention best achieved by mental health professionals	Best achieved by non-professional community members
Best managed within mental health service delivery system	Falling within locally designed decolonization projects

Mandi Gray’s critical analysis of an inquest into the deaths of two adolescent girls from remote northern communities in the Manitoba Youth Centre in Winnipeg (23) echoes this contrast. Immediately before their deaths by suicide, both girls had been denied their requests to be put under observation for risk of self-harm. Gray was alarmed that both had been the victims of significant inter-personal violence that led to their detention far away from their communities and potential support networks. The legal inquest’s heavily psychological focus on the girls’ prior behavior and mental health state kept attention on individual pathologies, instead of holding the systems responsible for failing to meaningfully care for the girls. Gray calls this deficit model for understanding why Indigenous youth may take their lives ‘psychocentric,’ for failing “to see the historical and social conditions that contribute to youth suicide, particularly among young, Indigenous females” (Ibid, 91). One advisor highlighted that, in Alberta, similar scenarios play out when youth are removed from their communities for residential addictions treatment sometimes far from home, or when young women must travel long distances to give birth alone in distant medical facilities. This separation of

youth from their communities in moments of intense need for the support of caring kin was seen by another advisor to repeat hardships endured in earlier generations, when tuberculosis patients were sent for quarantine and treatment in southern hospitals, sometimes to never return.

Thira (1), whose work informs AHS' AYCES funding strategy, argues that Indigenous youth suicide is not uniquely a mental health crisis requiring interventions to improve safety alone. Prevention in Indigenous contexts cannot be restricted to limiting access to lethal methods (i.e., means restriction) or developing skills among peers and adults to link youth displaying warning signs to mental health professionals (i.e., gatekeeper training) (21, 24), though such initiatives may be relevant. This is because, as Thira notes, Indigenous youth suicide is a community crisis with social causes that require appropriate community and system-level responses. This does not mean that communities ask to be left alone. Many youth today are growing up surrounded by opportunities, technologies, and elements of the social world that their ancestors and even Elders to whom they look for guidance never had to navigate (12). As one interview participant emphasized, in this context, communities need more than mental health supports alone, including resources for coming together as a community and training/support for members across the generations, Elders and youth allies alike, in order to not burn out.

Spiritual Healing: Perspectives from Indigenous Advisors

This report does not focus specifically on spiritual healing practices as shared by advisors, partially because of the complexity of such teachings cannot be done justice here and partially because advisors encouraged anyone working in Indigenous youth suicide prevention to embark on their own journey to develop relationships and foster understanding with Indigenous communities. Some lessons that resonated from the diversity of Indigenous advisors' perspectives on suicide were:

- While traditional teachings are important, those who carry such messages should respect the space of each person to find and define their own path. Foster space for connecting to traditional spirituality and guidance, without imposing it or presuming that it is shared.
- Judgement and assumptions persist both in Indigenous and non-Indigenous contexts about where loved ones lost to suicide may now find themselves. Discourage presumptions and rhetoric, such as implying that lost loved ones are “in a better place” or that suicide is a sin, in order to prioritize the wisdom of survivors.
- Everyday language around suicide carries oppressive undertones, with phrases like “committing” suicide implying that at the time of their death a person lost to suicide is determined and rationale (i.e., committed) in the face of intense turmoil. Another offensive term is “successful suicides,” often used in research contexts to distinguish between attempts and completed suicides. Affirm compassionate language that centres the experience of survivors (e.g., speaking of those “lost” to suicide instead of having committed it).

Promising Practices

Traditional approaches to suicide prevention research and planning often locates interventions along a prevention continuum (5), with primary approaches signalling “upstream” activities to support wellness and resilience, secondary prevention approaches equipping “gate-keepers” (e.g., people who interface with “at-risk” populations) or service providers with interpersonal skills to de-escalate immediate risks of self-harm in others, and tertiary prevention approaches responding to suicidal behaviour once it has already arisen. Despite concerns from Indigenous Advisors about the contrived nature of the continuum, the continuum’s relevance emerges when assessing promising practices, as it offers planners and decision-makers a tool for envisioning and realizing a multi-pronged, multi-stakeholder suicide prevention strategy.

Indigenous Advisors Perspectives

One advisor with nearly thirty years’ experience in police services described an inter-agency hub model developed in Prince Albert, Saskatchewan that has since been formalized and recognized in that province as supportive of handling acutely elevated risk situations, which happen when service agencies may feel unable to deal with a situation on their own. The Community Mobilization Prince Albert (CMPA) hub model is a multi-agency integrated team that works to enhance “the delivery and responsiveness of human services for those in greatest need, and as a result, [to reduce] crime and victimization” (53). The inter-agency model, which is not explicitly suicide prevention but falls within a secondary prevention approach, achieves its mandate by mobilizing existing resources to identify and support both individuals and families with elevated risk across a range of service providers. In the advisor’s experience, great potential emerges when diverse stakeholders come together (e.g., Elders, child welfare services, schools, churches, community leadership, etc). He suggested strategies for getting to the point of integration approaches, such as community candlelight services to help service providers to acknowledge the continuous grieving and weakening of spirits that may exist for the community in a context of significant adversities. Other suggested activities include bringing Elders and youth together to socialize in an unstructured way, such as having Elders more involved in the schools, from as early as Grade 1 to Grade 12.

The advisor considered that the integration of agency approaches allows for Indigenous and non-Indigenous stakeholders to engage in a traditional way. His example was the capacity to forge healing circles or community circles that surround those in need like a blanket. When this advisor forged a similar model in First Nations communities, he discovered that many youth looked at suicide in a way that was detached from traditional teachings that could support resilience, such as perspectives on the nature of the universe, life, and one’s responsibilities to other people and living things while in this world. He felt that the involvement of caring Elders who were themselves supported in their work proved impactful for youth. He also noted that often the youth and families identified as most in need were noticed by two or three different agencies, identified as struggling in school, by the police, and by social services. This identification allowed providers to better prioritize and coordinate an assessment with the family, if willing to be part.

Academic Literature Review Findings

Primary Prevention

The salience of primary prevention approaches emerged in the literature reviewed (18 of 29 peer-reviewed intervention records; see Appendix G). These lay out a menu of gatekeeper and school-based programs (25, 26) that could be culturally adapted to increase connectivity, drawing on mindfulness (27), arts-based expression (28), extreme-sport activities, life-skills (29), and entrepreneurship education for youth (30). Several interventions show promise through pre-/post-intervention questionnaires and baseline with post-intervention follow-up. Comparison of impact is difficult, given use of varied measures, most common being changes in self-efficacy (30, 31), connectedness (i.e., to community; to culture) (32, 33), self-esteem (34), and optimism (33). While several interventions were developed in partnership with Indigenous communities, few drew on culturally significant measures for resilience. One relevant source that does not directly address Indigenous youth suicide is a literature review by Fleming and Ledogar (35) on resilience and Indigenous spirituality, where enculturation through traditional activities on the land, traditional spirituality, or cultural identification, as well as cultural spiritual orientation offer conceptual instruments for assessing outcomes. Those that prioritized community-based needs and interests were not restricted to traditional cultural activities, per se. An example is the RezRIDERS program detailed by Brave Heart and colleagues (36), developed for young Lakota men to engage in extreme sport activities that connect them to the land while appealing to the attraction of “high-risk” youth to risk-taking.

RezRIDERS (36) offers a “multilevel extreme-sport experiential education intervention that aims to reduce substance abuse and depression and encourage prosocial relationships”.

- Works to foster an environment for men and boys to speak about things they might otherwise not share.
- Land-based approach reconnects young men to natural world to counter disorientation related to loss of traditional lifeways.
- Appeals to peer clusters of “high-risk” youth through attraction to risk.
- Inclusive of youth potentially uninterested in more traditional or spiritual guidance.

Another study assessing fourteen years’ worth of capacity building and methods development in Canadian agencies working to increased Indigenous youth resilience found that community-based interventions could promote protective factors such feeling supported, parental involvement/monitoring of youth, and peer support (37). The authors also identified the need for better metrics around measuring resiliency and its relationship to culture and spirituality. Peer influence played an important role in shaping behaviour such as smoking, drinking, violence, unsafe sex, and suicidal tendencies. The study emphasized that being able to confide in another during crisis, to turn to for advice, and to feel cared for are important factors for resilience. The authors noted the importance of community supports, to provide some of these elements when family and peers are not themselves in a position to be supportive.

Secondary Prevention

In a 2016 systematic review of six gatekeeper training intervention programs targeting youth suicide in Indigenous contexts (21), no secondary prevention model measured long-term impact, and only one addressed medium term outcomes two years following training. Only two of the six involve peer training provided to youth or students, while the remainder involved training of school employees, professionals, and other adult community members. Despite limited quantitative evidence of enduring impact, qualitative observations indicate the relevance of some interventions, such as the ASIST model (38, 39), short for *Applied Suicide Intervention Skills Training*. For one, evaluators considered the intervention to strengthen community environments by enhancing the skills of community members to identify and support intention and confidence to identify risk and refer others to medical services. By building on existing resources, the model may be lower costs than others, for example, the online mini-conversation role-play game detailed in another study (40), which requires a stable internet connection. In another study evaluating six iterations of ASIST trainings carried out in a single reservation in the USA (24), significant increases in knowledge and self-efficacy were noted, though it performed poorly in terms of addressing cultural differences. Thus, despite the potential for programs like ASIST to be adapted to the realities of specific contexts, such as suicide clusters, leading authors of these studies to emphasize the importance of culturally-adapted gatekeeper approaches that use Indigenous certified trainers from the community, who are capable of responding to local and cultural nuances (21, 24).

Tertiary Prevention

Few peer-reviewed intervention records addressed postvention approaches, though testimonies in the editorial records highlight the burden that suicide poses for surviving community members (41, 42). Though not explicit, some studies offer insight into how tertiary prevention might be evaluated, for instance through youth perceptions of community readiness to ensure safety, enforce alcohol prohibitions, as well as to provide role models, support mechanisms, and opportunities for youth (43). Advisors for this report offered insights into graveside support and bereavement practices in their own communities, noting that formal resources (e.g., counselling) even in urban settings may be viewed as inaccessible due to high cost, lack of cultural safety, or simply non-existent, leading youth to seek out informal supports (e.g., peers, substance use) to cope with adversities (44). Recognition of informal networks for support highlighted both by advisors and in the literature underscore the importance of evaluating postvention approaches from the perspectives of youth themselves.

Grey Literature Review Findings

The grey literature featured useful resources for organizations and communities developing multi-pronged prevention strategies to positively impact youth in multiple facets of their lives. Among these are Health Canada's *National Aboriginal Youth Suicide Prevention Strategy* (NAYSPS) (45), which outlines a funding strategy for programs related to youth suicide prevention but does not detail specific initiatives. This literature was also richer than the peer-review literature in terms of comparative approaches to prevention, community priorities, and practical insights relevant to contexts in Canada. Several sources emphasized the role of evaluation in informing promising practices (46-48), though effectiveness of prevention strategies was widely seen to depend on community involvement and ownership of priority-setting and implementation (49, 50). This suggests a caution for decision-makers and planners, that effective prevention strategies supported by evidence may prove ineffective in the absence of meaningful community involvement.

One comprehensive review of recent approaches to Indigenous youth suicide prevention (51) was among the few sources in this entire scoping review to summarize intervention approaches that may be harmful. These were not specific to Indigenous contexts and did not appear to overlap with primary prevention approaches emphasized in the Indigenous literature, so are not summarized here. Some grey literature sources also critiqued system-level expectations that evidence of impact (i.e., “targets”) look a certain way, such as statistically fewer suicide attempts (which are difficult to measure and inconsistent across communities), instead of tracking evidence of more balanced, disciplined, and connected youth. Table 2, below, summarizes grey literature recommendations for elements of effective prevention.

In 2003, the Centre for Suicide Prevention in 2003 (Calgary, AB) prepared a valuable resource titled *Promising Strategies* (52). While dated, the 279-page manual outlines tools for providers in planning and assessing prevention models, accounting for strategies in the areas of:

1. Community renewal (e.g., cultural enhancement, traditional healing, community development, interagency coordination);
2. Community education (e.g., peer helping, gatekeeper training, public communication and reporting guidelines; means restriction);
3. Schools (e.g., gatekeeper training, policy, climate improvement); and
4. Youth/family (e.g., self-esteem building, life skills training, awareness education, family support, youth support groups).

The manual outlines 17 interventions that may be assessed according to indicators in the short-term (e.g., pre/post surveys, interviews/focus groups to assess attitudes or satisfaction with intervention), medium-term (e.g., changes in behaviour, attitudes, wellbeing, or social environments within several months following intervention), and long-term (e.g., reduction in suicide or suicidal behaviours). The manual also qualifies that not all conventional evaluation methods prepare suitable indicators for measuring success. Sample evaluation approaches are outlined for the interventions presented, as are sources of funding, advice to others interested in starting such programs, and suggested readings. Indigenous advisors and authors were involved throughout the preparation of the report, which includes a forward by Mohawk psychologist Dr. Rod McCormick and community advisors from across Canada.

Table 2: Recommended Elements for Cross-Cutting Prevention Strategy

Guiding Principles: <ol style="list-style-type: none"> 1. Honour child and youth rights to remain connected to and protective of siblings/cousins within child welfare system 2. Prioritize love and nurturing as core needs of all children and youth 3. Recognize the limits of Western mental health approaches focused on individual pathology, to fostering healing in Indigenous contexts 4. Recognize that culture is a complex healing tool that works at multiple levels 5. Focus attention on youth resilience in face of chronic adversities 6. Prioritize community self-determination 7. Acknowledge and address unique needs of each community 8. Centre Indigenous worldviews & wisdom in prevention 		
<i>Domain of Action</i>	<i>Activities—Promising Practices</i>	<i>Measurable Outcomes</i>
Inter-governmental; inter-agency partnerships (federal & provincial)	<ul style="list-style-type: none"> • Support organizations & stakeholders in developing shared vision & long-term collaborations • Empower communities to generate and control evidence base, tools & resources • Increase non-judgmental knowledge of suicide among communities, not only of prevalence but social drivers • Create opportunities for community stakeholders/experts (including Elders, youth, and leadership) to dialogue with outside experts (e.g., from other communities, researchers & service providers) • Prepare communities to prioritize and carry out own research, evaluation & surveillance • Equip communities to navigate research requests, advocate & plan • Mobilize post-secondary research and knowledge exchange resources to equip communities to manage information, assess their own needs, and identify desired supports • Embed outcome measures in Indigenous determinants of health • Recognize the limits of Western mental health approaches focused on individual pathology, to fostering healing in Indigenous contexts 	Strengthened ownership & control of prevention initiatives at local level
Community services (regional & local)	<p><i>Partnerships</i></p> <ul style="list-style-type: none"> • Reframe approaches to adversities according to community wellness lens to provide hope for responding to complex trauma • Develop communications and collaborative networks across local community service providers • Create supportive structures to fill service gaps for youth and families • Partner and work across funding structures (e.g., INAC; FNIHB; AH; other funding) • Expand the inclusion of stakeholders in collaborative networks; bring together leaders and front-line workers from: education, full range of mental health/addictions services, child welfare, policing, housing, utilities (e.g., water, electricity), traditional leadership (e.g., Elders), and all other potential community-level partners • Focus on community capacity building (e.g., funded graveside supports or bereavement services) <p><i>Models for Healing & Care</i></p> <ul style="list-style-type: none"> • Fund community structures and resources for family healing and poverty reduction in order to reduce the number of child welfare apprehensions on grounds of neglect 	Interconnected services; funding & support for Indigenous healing models

	<ul style="list-style-type: none"> • Fund services for children with special needs (e.g., disabilities, trauma), so that families have more choices than simply moving off-reserve or allowing their child to enter child welfare to access services • Connect youth in need of residential treatment to holistic care within Indigenous contexts, to nurture spiritual, physical, emotional, and intellectual healing. • Train educators, health and social services professionals in Indigenous determinants of health and trauma-informed care • Increase non-Indigenous service provider capacity to refer youth to Indigenous ways of healing • Ensure front-line mental health staff are not over-stretched and at risk of burnout • Provide opportunities for incarcerated Indigenous youth to access traditional teachings and spirituality • Advocate for and develop mechanisms to place children and youth who are in the child welfare system within kinship or community-based care and to keep them connected with siblings/cousins • Promote addictions treatment programs and connect youth to longitudinal resources for sustaining sobriety beyond incarceration • Normalize holistic therapy • Promote peer-based counselling • Prioritize love and nurturing as core needs of all children and youth <p><i>Schooling & Youth Development</i></p> <ul style="list-style-type: none"> • Within all levels of schooling, partner with and forge opportunities for community Elders of all genders to contribute to teaching, advocacy, and counselling • Build and celebrate physical spaces within schools for Indigenous spirituality (i.e., visible presence, inclusiveness, smudging) • Develop anti-racist and anti-bullying protocols for sports associations, schools, and other youth-focused organizations, including front-line policing & correctional staff 	
<p>Community capacity</p>	<p><i>Cultural Supports</i></p> <ul style="list-style-type: none"> • Restore the place of women in the community to fulfill nurturing roles (i.e., oppose domestic violence, reduce poverty & addictions, engage women’s voices) • Invest in the formal education and informal transmission of traditional languages to children and youth • Promote inter-generational land-based learning opportunities to connect youth to their place and purpose in the world <p><i>Awareness & Responsiveness</i></p> <ul style="list-style-type: none"> • De-stigmatize mental health issues and suicide by making platforms to learn directly from survivors who are mobilized as advocates (e.g., families, peers, youth) <p><i>Media</i></p> <ul style="list-style-type: none"> • In partnership and with guidance from communities, develop and implement a public broadcasting protocol or code of conduct for the ethical portrayal of Indigenous youth suicide and community crises, to balance journalistic need to stir sympathy with risk of portraying youth suicide as insurmountable and inevitable • Harness social media to provide resources for isolated youth to access appropriate care and supports 	<p>Increased human resource capacity; renewed opportunity for diversity in program leadership/coordination; strengthened land-based & language programming</p> <p>Standardization & modelling of sensitive language around suicide within public & social media, and in community venues (e.g., churches, sporting, etc.)</p>

<p>Interpersonal</p>	<ul style="list-style-type: none"> • Together with sexual education, provide ongoing mentorship to youth in healthy relationships in order to diminish crises that emerge with the breakdown of intimate partner relationships • Ensure that all children and youth have access to their traditional teachings and spirituality, not just freedom to practice but resources to engage should they desire • Provide opportunities for incarcerated Indigenous youth to access traditional teachings and spirituality • Connect youth to opportunities for physical activity in the form of land-based learning • Fund youth to access mentorship and participate in sporting & other personal development events beyond their communities • In northern contexts, consider adapting school hours or expectations of student performance to sunlight, in order to alleviate wake/sleep cycle anxieties • Reward extra-curricular skills acquisition by youth (e.g., gatekeeper training, youth leadership development, and land-based learning) 	<p>Reduced isolation; increased connectivity; increased goal-setting & achievement among youth; reduced intimate partner crises</p>
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Environmental Scan Findings

Culturally rooted approaches described by environmental scan participants highlighted multi-pronged, community-coordinated strategies that currently or have previously existed in Alberta, reaching across the prevention continuum and drawing on culturally tailored initiatives developed elsewhere, as needed. Activities for suicide prevention described in the interviews varied substantially but shared common elements, such as: a commitment to making meaningful change with limited and intermittent resources; connectivity within communities and collaboration between communities as well as with service providers in distinct sectors; and aim for measurable outcomes (e.g., increased numbers of trained youth peer-supports in more communities; lowered incidence of suicide and self-injury). However, with limited time and resources, none of the initiatives had been formally evaluated. This does not mean that evaluation and evidence-based programs were not of interest to the interview participants, as all expressed clarity about which outcomes would signal effective prevention within their context. One participant even emphasized that only an evaluation model centered on youth voices could appropriately assess their program.

The visualization of two examples of interventions within Alberta (Figure 3), one from a Treaty 7 reserve and the other a multi-First Nation undertaking across the province, highlights that promising practices on fostering youth resilience through changes to social environments rather than that of mainstream curriculum which focuses on youth capacity to thrive in the face of adversity. In one case, this occurred through streamlined service provision in a First Nation community, involving partnership with service providers both on- and off- reserve. In the other case, it occurred through opportunities for youth to be on the land together and to learn leadership skills in support of themselves and peers.

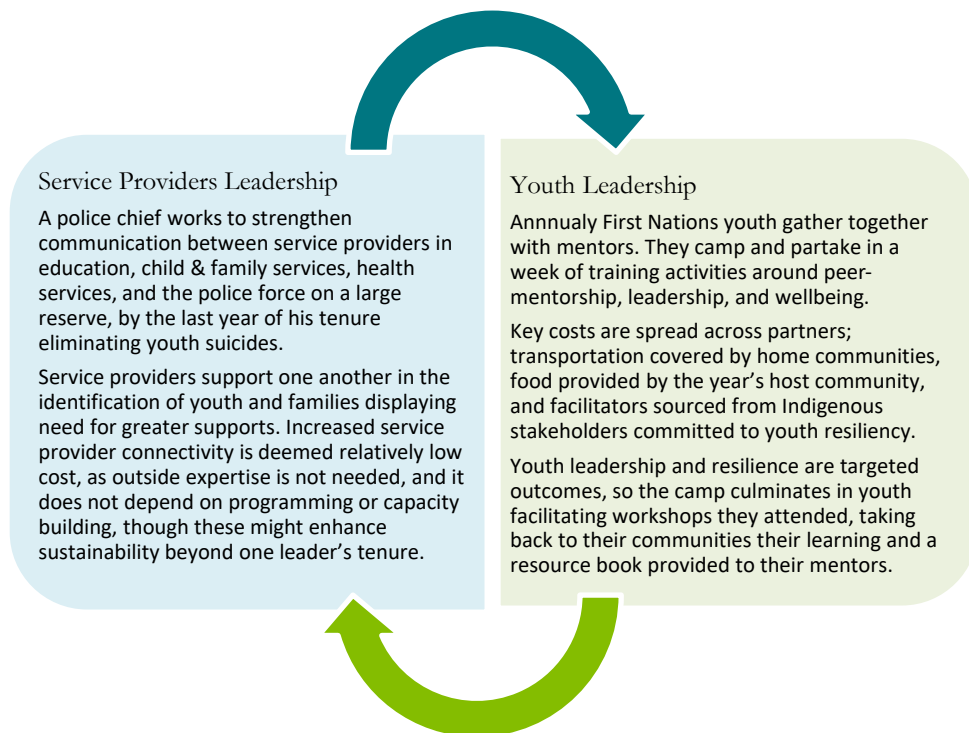


Figure 3: Working for Balance through Multi-Pronged Action: Two Examples of Interventions from Alberta

Discussion: Implications for Policy and Practice

Resilience is fundamentally linked to supportive structures and protective factors within Indigenous communities.

Interview participants and advisors noted that models that use traditional healing approaches offer a means of healing mistrust and a sense of fear in communities that service providers will act unilaterally and further devastate an individual or family by treating them punitively for their struggles (e.g., through an avoidable arrest, or a heavy-handed child welfare apprehension). By contrast, coordinated approaches were seen to prioritize keeping families and community structures in tact—

which, notably, are shown in the literature reviewed above to support resilience. Consent from families and communities are always needed. One advisor recommended that it is important for service providers from outside of communities, such as the RCMP, to ask those within what outside organizations can do better. Long-term commitment to relationship building could help to identify existing prevention activities that might not be relevant in a certain region, and to begin a process of re-scoping services to be more responsive to local needs. This early work in prevention programming was considered essential to getting to a level of commitment on the part of community members and service providers alike, to have more flexibility to work together to provide coordinated support for those in urgent need.

Other advisors provided added insight to the concept of resilience and its implications for prevention, emphasizing that resilience is not one among a range of protective factors within a biomedical model. For them, it is not a trait that can be inoculated or educated into youth by programs or services derived from outside communities, with no regard for local perspectives. Rather, advisors emphasized that Indigenous people today are resilient by grace of having survived—and in many instances thrived—in the face of colonial oppression, and as such have earned the right to be taken seriously as experts on youth resilience. The implication for policy and practice is that Indigenous youth resilience is fundamentally linked to supportive structures and protective factors within Indigenous communities. While welcoming collaborations with non-Indigenous service providers, advisors insisted on increased sensitivity and respect for the role of Indigenous communities in fostering resilience. For them, the resilience inherent to culture is embedded in extended kinship networks, protocols around life passages, linguistic particularities for making sense of the world and connecting to spirituality, and grounding in the land. Systemic barriers to youth accessing their cultural heritage (e.g., poverty, displacement due to child welfare involvement, and multi-generational trauma) were considered detrimental to resilience, as these prevent youth from being surrounded by the loving support of healthy families and communities. In sum, promising practices share an integral involvement of family and community at all levels of planning, decision-making, and service delivery.

Knowledge Gaps around Service Provision

Identified knowledge gaps around service provision suggest a needed paradigm shift to re-envision who are the accepted experts in Indigenous youth suicide prevention, how interventions may be programmed or coordinated, and what role youth may themselves fulfil for policy and decision-making. As indicated previously, the expert status should belong to the community and to the youth, as they are the experts of their own situations.

Academic and Grey Literature Review Findings

One criticism of Western approaches to suicide prevention in the qualitative/descriptive literature (Appendix F) is that Indigenous suicide is easily ‘medicalized’ (1), especially when reduced to a mental health crisis located within individual bodies, rather than as a community crisis caused by social factors (i.e., colonization) that may be ‘cured’ through the reclamation of community wellness. Mandi Gray’s use of psychocentrism to critique prevailing approaches to suicide within service organizations suggests that knowledge gaps are formed when the language of ‘mental illness’ “serve[s] to reinforce stigma, myths, and stereotypes of Indigenous bodies” (23)p. 81). Relating a contemporary Inuit suicide epidemic to a tuberculosis epidemic decades ago, Lisa Stevenson (54) is distrustful of suicide prevention hotlines and disinterested forms of healthcare that provide impersonal concern for suicidal individuals. She makes a disturbing observation, that when bureaucracies compel many professionals to seek to address the suicide epidemic, through their “anonymous forms of care, especially when they attend indifferently to the physical lives of others, and not to the texture and uniqueness of those lives...[they can] be understood as murderous” (54) (p. 597).

Psychological approaches predominant throughout the literature have played a measurable role in developing language supportive of intervention evaluation. As mentioned already, this has helped turn attention away from measuring the impact of prevention efforts through suicide outcomes (i.e., completed suicides, hospitalizations for intentional self-injury), towards evidence of resilience (i.e., optimism, self-esteem) (55, 56) and protective environments (i.e., enculturation, connectedness, identity) (18, 26, 34). While significant work has been carried out in the circumpolar region around youth resilience (12, 20, 43, 47, 57-61), a gap persists in leading practices around how to appropriately engage Indigenous communities, as well as on aspects of resilience specific to Indigenous youth in Alberta. To date, perhaps the most reliable source in filling this gap is the Centre for Suicide Prevention’s *Promising Strategies* report and Alberta Health Services’ *Honouring Life* report evaluating the AYCES program. In the fourteen years since the release of that report, important developments have no doubt changed the landscape for suicide prevention in Alberta, including the consolidation of health services to a single provincial service provider off reserves. This highlights need for a systematic environmental scan of prevention efforts in the province, to better understand how communities source and conceptualize their prevention strategies, what measures if any they turn to for evaluation, and how leading practices may be optimally shared.

Several issues in the academic literature appear only in one source, which may mean they are insignificant for suicide prevention across Indigenous contexts. However, some issues may indicate knowledge gaps for further consideration in partnership with communities. For example, one source associated sleep cycle disruptions with anxiety and depression among Indigenous youth (62), finding that schools may exacerbate suicidality when inflexible to adapt schedules and expectations of youth who struggle to sleep at night and wake early, especially in northern climates where daylight hours vary dramatically throughout the year.

Another source connected risk for suicide attempts to sexual debut for both males and females (63), and another to overcrowding and prior legal charges (64). None of these articles argued that these factors (i.e., sleep cycle disruptions, sexual debut, overcrowding, or legal charges) were drivers of Indigenous youth suicide, but they may offer areas for relevant intervention not explored in the literature.

Environmental Scan Findings

No programs were identified in the rapid survey of the environmental scan that focused specifically on suicide prevention that involved Indigenous youth in its development or that targeted Indigenous youth directly as participants. As peer support was identified as one of the ‘promising practices’, these secondary prevention efforts may be useful for preventing suicide by using trained Indigenous youth to help prevent suicide among their peers.

There was also limited evidence of leading practices being integrated into programming that focused on more upstream factors (e.g., housing, mental health, addictions). Because many of these programs were not formally evaluated, it is difficult to determine their impact on youth. As well, it is also unclear to the extent that these programs were ‘community-driven’ or accessible. Further clarification or investment into program development may be necessary.

Indigenous Advisors’ Perspectives

By and large, both Indigenous advisors and participants in the environmental scan were not confident that tools developed for suicide prevention outside of Indigenous contexts can be directly or universally applied, without intentional adaptation. Gatekeeper training programs were seen by some to cover material on Indigenous contexts too quickly, or to entirely ignore content that is related to the complexity of accumulated adversities and unresolved grief in communities. One advisor noted that checklists of risk factors tend not to grasp the subtleties of resilience among whole communities, where everyone could check off every single factor on a list of twenty questions, not just two or three as expected by tool designers. This indicated for them a gap in reliable resources for assessing risk within Indigenous contexts.

Counselling services within rural First Nations was described as an area of significant knowledge gap for non-Indigenous service providers. In some cases, mistrust in therapists is driven by anxieties around privacy, which can also be a concern when support workers come from the community. One advisor described having heard of a model used in northern British Columbia, where crisis support workers provided services to communities adjacent to their own. The model was believed to ensure that crisis services are provided by individuals familiar with local contexts, but not so familiar that they present a conflict of interest. This and similar examples shared over the course of consultation with advisors and interview participants highlight a knowledge gap among community stakeholders, whereby they learn of innovative models in a haphazard fashion, sometimes with little insight into costs or barriers to implementation. Filling knowledge gaps for those on the front lines could involve engaging stakeholders in collaborative reflection processes to increase their shared knowledge base around suicide prevention approaches to inform their own practice.

Conclusion

In conclusion, three relevant and cross-cutting themes were identified:

- Relationship building;
- Youth voices; and
- Systems-level interventions.

Relationship Building

A crosscutting theme throughout the literature and Indigenous perspectives engaged, is that relationship building, strengthening, and continuity of engagement is fundamental. Many sources reviewed here emphasize that promoting Indigenous youth resilience involves not only coordination across service sectors (i.e., policing/corrections, child welfare, education, health services), but between Indigenous communities themselves, between Indigenous and non-Indigenous funding bodies, within families and communities, and most importantly in partnership with youth at all stages of the journey. While this in itself may not be news to government stakeholders, developing strategies to assess the quality, depth, and opportunities for enhancement of relationships should follow the articulated needs and priorities of affected communities and youth. Importantly, effective relationships are not bi-lateral partnerships at the level of community leadership or service providers and funders alone, but require opportunities to interface and learn from one another, sometimes without clear agendas attached.

Youth Voices

A prevailing sentiment among advisors is that Indigenous youth should play a central role in all prevention efforts that target them. Given that consulting only a handful of youth could risk integrating their voices in a tokenistic fashion that neglects the diversity of their adversities, resources, and strengths, the research team decided that youth engagement is outside of the scope of this review. Engaging youth voices nevertheless remains a crucial process for knowledge generation and exchange, fundamental to any impactful suicide prevention policy, program, or strategy. Echoing the guidance of Indigenous advisors, it is important to note that youth struggling the most with suicide may well be the most difficult to engage, for instance having been removed from their communities by child welfare and currently living in group homes, having been incarcerated and therefore disconnected from informal community structures, or simply not likely to seek out help or show up for a life skills workshop. The meaningful engagement of these youth requires going to them, seeking their involvement by reaching out to the places—often isolated—that they occupy, and partnering with community stakeholders (e.g., schools, counsellors, health services providers, police, corrections services etc) within their spheres of interaction. Such a model for youth engagement is deeper and more long-term than gathering a youth panel for input and feedback on policy decisions, as it recognizes that those most in need of effective interventions are also those most likely to evade engagement efforts, either intentionally or unwittingly.

System-Level Interventions

More critical elements of the peer-reviewed literature challenge service providers, decision-makers, and researchers to recognize the urgent need to transform health and social services systems at structural levels. From the grey literature, the AYCES report titled *Honouring Life* offers a recent window onto promising

practices in Alberta, while strategies and frameworks from other provinces and nationally establish parallels in approaches across cultural and geographic contexts. Indigenous perspectives shared from Alberta contexts pose that one role of government agencies and post-secondary institutions could be to establish hubs or centres of excellence committed to helping equip communities throughout the province with resources to identify their own needs, priorities, and relevant intervention models, as well as to adapt, plan, implement, and evaluate strategies. To illustrate this, some advisors spoke favourably of a “Communities in Crisis” meeting convened by the First Nations and Inuit Health Branch (FNIHB) of Health Canada in the province in recent years, though the authors found no public domain information on this. The nature of the meeting was apparently to bring together several stakeholders from multiple communities, and to provide resources for each group to explore their own community needs and plan potential strategies, while also interacting with members of other communities to gain insight and drawing on resources of FNIHB coordinators present.

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Appendices

Appendix A: Indigenous Advisor Recruitment

Recruitment of Indigenous advisors began in October 2016, with six members consulting the research lead (Henderson) one-on-one, in-person and via telephone, prior to and during the database search. All of these individuals, plus a seventh continued to provide context for analysis and reporting. Stoney Nakoda Elder Tom Snow requested to initiate an advisory relationship through first presenting his perspectives on historical trauma in a 3-hour prepared seminar that he had first provided to audiences over the course of several days in the 1990s and has since adapted to diverse audiences. An additional three advisors became involved in February 2017 after the literature had been reviewed in order to discuss preliminary findings. On February 14 in the town of Nisku, these three joined two original advisors in a face-to-face meeting to share their perspectives on Indigenous youth suicide with the aim of helping research team members in attendance (Henderson, Johnson, Parker) contextualize the literature to the experiences of Alberta stakeholders.

Appendix B: Search & Extraction Strategies

Peer-Reviewed Literature Search

In November 2016, a total of 9 health and social sciences databases (Table 3) were used to gather English-language peer-reviewed material on Indigenous suicide internationally. No geographic or publication year restrictions were imposed, as the extent of the literature was yet unknown. Responding to IAG member input that the term “suicide” does not capture the breadth of issues associated with self-injury in their communities, the database search was broadened to also consider texts addressing suicidal ideation and behaviour, self-injury, self-harm, and mental health issues. A total of 3,772 hits were generated from the 9 databases, with 3,095 of these being duplicates, leaving 677 authentic hits related to Indigenous suicide to then be assessed for including a youth population. A handpick search was then carried out, at which point reference lists were reviewed of articles for which lead authors had 3 or more publications that passed the secondary screen. The intention was to identify additional eligible sources that may have escaped the database search. This garnered an additional 52 sources then submitted to primary and secondary screens, the majority of which had a resilience focus that seems to have escaped the original database search.

Table 3. Databases Searched

DATABASES SEARCHED	
Medline	629
Embase	634
PubMED	877
PsychINFO	440
CINAHL Plus	322
Social Work Abstracts	13
Social Services Abstracts	86
Family & Society Studies Worldwide	352
SocIndex	419
Total from database search	3,772
<i>Total duplicates</i>	3,095
<i>Total after duplicate removal</i>	677
Handpicked additions	52
Total screened	729

An initial screen (Table 4) carried out independently by two researchers (Henderson & Perrin) who subsequently compared their results, screened titles and abstracts for whether the sources addressed youth (under 25 years of age). Synonymous terms that were considered indicative of youth populations included: teen(s), teenager(s), adolescent(s), child(ren), school-based, after-school, student(s), and undergraduate(s) (Table 4). This screen led to the exclusion of 103 sources that addressed Indigenous suicide with no focus on a youth population.

Table 4. Peer-Reviewed Sources Search Strategy

STEP 1: OUTLINE OF SEARCH TERMS AND SEARCH STRATEGY Type of source: <i>peer-reviewed article (study, review, or commentary)</i> Population: <i>Indigenous, Aboriginal (First Nations, Métis, Inuit, Indian, ethno-cultural groups)</i> Geographic locations: <i>unrestricted</i> Issues and outcomes: <i>suicide, suicidal ideation, attempted suicide, self-injury, self-harm, mental health, prevention, resilience</i> Language: <i>English</i> Years of publication: <i>initially unrestricted</i>
STEP 2: INITIAL SCREEN (TITLE & ABSTRACT) Eligibility review for inclusion: <i>under 25 years</i> Screening terms for inclusion: <i>youth, teens, teenagers, adolescents, child, children, school-based, after-school, students, undergraduates</i>
STEP 3: ELIGIBILITY REVIEW (SECONDARY SCREEN - FULL TEXT) Eligibility review for inclusion: <i>addresses suicide, suicidal behaviour, or suicidal ideation within first 3 pages.</i> Years of publication: <i>2007-2016</i>

A secondary eligibility screen considered the full texts of the remaining 203 sources, accepting for final inclusion only those published in the past 10 years (2007-2016) that actually referred to suicide, suicidal behaviour, or suicidal ideation within the first three pages. Sources were also excluded if they addressed youth as part of a mixed-age population in which the particularity of youth experiences was not central, as well as interventions targeting multiple ethnic groups of which Indigenous youth form only part. Records likely to be denounced by Indigenous groups were also excluded, honouring core principles around self-determination and non-discrimination identified by the First Nations Child & Family Caring Society of Canada in their *Touchstones of Hope* framework for reconciliation in child welfare.³ A total of 79 records were deemed eligible following the secondary screen. Additional appraisal of peer-reviewed sources was not carried out, as the research team turned to the IAG to provide an appraisal framework for determining the quality of included studies.

Grey Literature Search

The grey literature search carried out in August 2016, focused on records addressing youth suicide from an Indigenous context that were authored in the past 10 years (2007-2016) by only Canadian sources, be it government, a civil society organization, a community body, or independent researcher(s). Youth were defined as under 25 years of age. Grey literature records were not included if they did not address Indigenous perspectives, or if they focused primarily on individuals 25 years and older; media reports were also excluded. A series of strategic Google searches was carried out, with the top 30 hits for each search then reviewed for eligibility. Each search addressed a domain anticipated by the research team to enhance insight into Indigenous youth suicide prevention. All began with a variation of “[ethnicity]+youth+suicide+Canada,” with square brackets indicating multiple terms used to identify these (e.g., Indigenous, First Nation*). This

³ <https://fncaringsociety.com/what-are-touchstones-hope>

truncation for Indigenous youth suicide in Canada was then successively paired with terms anticipated to address approaches to programming, namely: prevention, intervention, postvention, toolkit, program, strategy, framework, LGBTQ(2S), and resilience.

To cross-check the grey literature results generated by the Google search, an additional search of the Canadian Health Research Collection (CHRC) database was carried out in November 2016. The database hosted by McMaster University archives “publications from Canadian research institutes, government agencies and university centres working in the area of health and medical research” (<https://library.mcmaster.ca/articles/canadian-health-research-collection>). Records no longer available through their original publication sources may remain accessible through the CHRC; three additional sources were identified at this stage. A total of 34 grey literature records were identified for potential inclusion. The prominence of mainly national and Western Canadian sources in the included grey literature is attributed to the Google search strategy, as the search engine works on an algorithm that prioritizes sources aligned with prior searches and location. These sources, which included government and non-governmental reports, fact sheets, and presentations, were appraised directly for their relevance in addressing the review’s core objectives, of describing the particularity of Indigenous youth suicide, identifying promising practices, and recognizing knowledge gaps. Just over a third of grey literature records (n=9) outline strategies, frameworks, or policy resolutions, while others variously summarize meetings minutes, provide fact sheets, review data from community events, or review existing programming (Appendix J). Though the grey literature self-reported a relatively high rate of involving Indigenous and/or youth voices, without a peer-review structure to assess these, the nature and quality of that involvement varies widely. For instance, the involvement of First Nations politicians through the Assembly of First Nations (AFN) as co-funders could achieve a distinct representation of Indigenous perspectives than could a youth forum. Assessing the quality of involvement was outside the scope or capacity for this review.

Environmental Scan

The intention of the environmental scan component of this work was to develop a profile of programming in the province from the perspective of those coordinating Indigenous youth suicide prevention in distinct communities. This was expected to complement the scoping literature review by documenting the extent to which experiences within this province align with or differ from national and international experiences reported in the literature. The research team predicted that formal program reporting, when it exists, focuses heavily on evaluation, and less on the wider experience of implementing interventions in this province. A semi-structured interview guide (Appendix E) was developed to elicit descriptions on the nature of interventions, their location and leadership, funding sources and continuity, the conceptual underpinnings of any efforts at evaluation, whether and how resilience is considered, and support networks for community organizations to sustain and enhance their programming. In December 2016, the University of Calgary’s Conjoint Health Research Ethics Board (CHREB) approved the interview guide, with the research team anticipating to identify planners and coordinators of Indigenous youth suicide prevention for recruitment via program lists made available by funders. Two key government funders of initiatives in Alberta, namely the Aboriginal Youth and Community Empowerment Strategy (AYCES) out of Alberta Health Services and Health Canada’s First Nations and Inuit Health Branch, were unable to provide such lists within the timeline of this study.

The scan of prevention initiatives in Alberta did not gather as many perspectives as hoped, having originally aimed to engage a minimum of fifteen program planners or coordinators across Indigenous contexts. The

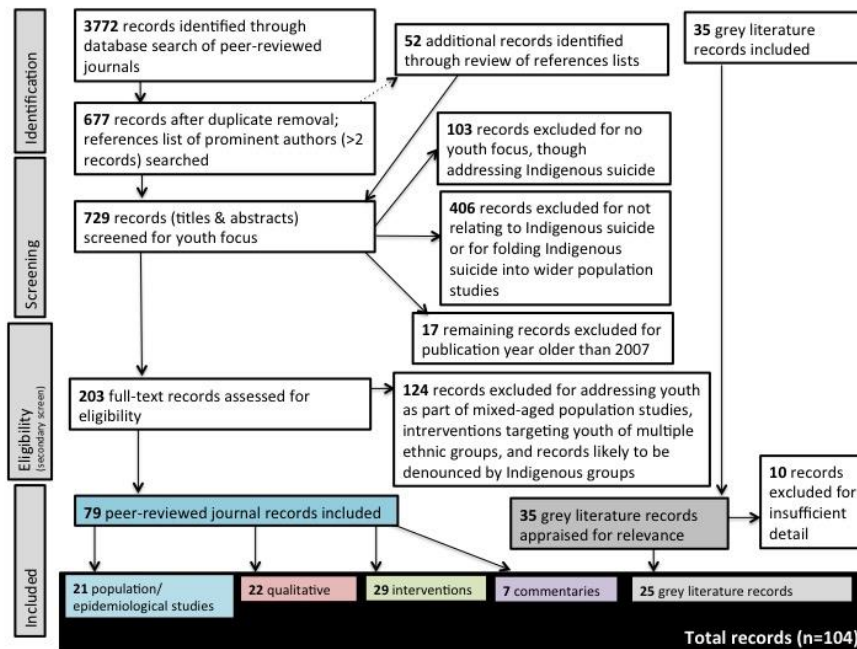
original strategy to recruit participants for a telephone or email survey based on lists of funded programs proved difficult due to privacy regulations around funding recipients. Both funders expressed interest in the findings of the proposed interviews, though recruitment remained a barrier. Both also indicated that with a longer timeline to vet and approve such a scan, more information sharing might be possible.

Appendix C: Profile of Findings

Broad profiles of the literature indicate a strong interest in Indigenous youth suicide prevention within North American and circumpolar contexts, with community, researcher, government, and non-governmental stakeholders contributing to the evidence base. Growing attention and community involvement appears to be shifting focus away from a deficit lens towards resilience.

The 79 peer-reviewed records and 25 grey literature records made for a total review of 104 records.

Literature Eligibility Screen Flow Diagram



Peer-Review Literature Profile

Over 80% of included peer-reviewed records (Table 3) addressed Indigenous youth suicide in the USA or Canada, with an additional 6% addressing it in multiple countries, particularly in the circumpolar region (i.e., Alaska, northern Canada/Quebec, Greenland, Norway, Sweden, Finland, and Russia). A preponderance of sources from North America should not necessarily imply that the phenomenon is not of concern elsewhere, especially in Australia and New Zealand, which share a similar settler colonial history. One source from New Zealand was excluded for not honouring core principles of self-determination and non-discrimination, while a closer consideration of authors and co-authors among the peer-reviewed sources indicates a strong network of colleagues, mentors, and community partners collaboratively addressing the issue in North America with a growing resilience focus.

Profile of Peer-Reviewed Records

	Number of records	% of included records (n=79)
Location		
USA	35	44.3%
Canada	27	34.2%

Australian Aborigine	5			6.3%
Norway & Sweden (Sami)	5			6.3%
Multiple (e.g., Canada & USA; circumpolar)	7			8.9%
Design				
Quantitative (e.g., big data; surveys)	21			26.6%
Qualitative (e.g., CBPR; interviews; focus groups; theoretical; reviews)	22			27.8%
Suicide prevention interventions	29			36.7%
Editorial/commentaries	7			8.9%
Community Perspectives				
Indigenous and/or youth voices included (self-reported)	29			36.7%
Prominent Authors/Co-Authors (Discipline & Affiliation)	1 st or last*	Co-	Total	
Allen, James (Psychology, U Minnesota)	7	2	9	14.9%
Barlow, Allison (Public Health, Johns Hopkins)	3	2	5	6.3%
Gone, Joseph (Psychology, U Michigan)	1	2	3	3.8%
Kirmayer, Laurence (Transcultural Psychiatry, McGill)	2	1	3	3.8%
Mohatt, Gerald (Psychology, Alaska)	2	3	5	6.3%
Rasmus, Stacy (Anthropology, U Alaska Fairbanks,)	1	3	4	5.1%
Wexler, Lisa (Comm. Health Education, UMass Amherst)	4	1	6	7.6%

**First author is usually the lead in terms of data collection, analysis & manuscript development, while in the biomedical sciences last author usually denotes the principal investigator, making these more significantly involved than other co-authors.*

I. **USA.** Among the 35 records that addressed Indigenous communities in the USA, these focused on American Indian and Alaska Native (AI/AN) persons generally or in specific regions (e.g., northern Idaho, a southwestern university, a Pacific northwest tribe, Hawaiian, Pacific Islander, White Mountain Apache, Yup'ik, Inupiak, and Lakota communities). Three drew on large data sets that included non-Indigenous youth, though were included because Indigenous factors were considered contextually and not in comparison to non-Indigenous populations. Seven studies employed surveys or suicide case reviews with sample sizes between n=41 and n=881. A majority (n=18) of the suicide prevention records addressed contexts in the USA, including in Hawai'i and Alaska.

II. **Canada.** Among the 26 peer-reviewed records addressing Canadian contexts that were ultimately included, nine used quantitative approaches, seven were primarily qualitative, and five addressed suicide prevention. None focused specifically on a context in Alberta. All but one of the peer-reviewed journal record editorials/commentaries originated from Canada, indicating strong public interest and conversation about the topic in this country.

III. **Cross-Jurisdiction.** All records addressing contexts in two or more countries were within the circumpolar region, highlighting a vibrant network of scholars and community partners committed to supporting resilience in northern communities and youth. Four review articles (21, 76, 99, 105) detail distinct aspects of Indigenous youth suicide, one from an epidemiological lens, another from an intervention lens, another focusing on culturally-adapted gatekeeper training interventions, and the last reviewing prevention in

circumpolar regions. The intervention-focused records are particularly relevant for summarizing the approach and design of initiatives, their outcomes and effects (76, 99).

Distinct aspects of Indigenous youth suicide, one from an epidemiological lens, another from an intervention lens, another focusing on culturally-adapted gatekeeper training interventions, and the last reviewing prevention in circumpolar regions. The intervention-focused records are particularly relevant for summarizing the approach and design of initiatives, their outcomes and effects (76, 99).

IV. **Significant Study Teams.** At least six teams were identified across multiple records as addressing Indigenous youth suicide in a longitudinal fashion (Table 4). One emerged out of a broader initiative for Indigenous youth in precarious living situations who use illicit drugs (41, 80, 115), while another grew out of a nearly two decade partnership that first came together to tackle substance use issues among rural communities in Alaska (31, 43, 85, 90, 91). One study provides an overview of numerous studies over 14 years of a funding structure to build capacity and develop methods for advancing Indigenous youth resilience in Canada (37). Two northern initiatives took a resilience focus, one to develop a comparative framework and shared model for understanding Indigenous youth resilience across 5 Arctic communities (20, 22, 57, 58, 74, 92, 101), the other taking an arts based approach with Dene communities in the NWT, Canada (28). Finally, a community-university partnership in the USA implemented a community surveillance system for addressing the co-occurrence of substance use issues with self-injury among White Mountain Apache youth (107, 114).

Featured Study Teams

Significant Studies	Authors Involved	Aims
CEDAR Project Partnership	Christian, Clarkson, Moniruzzaman	<i>Follow over several years young Indigenous persons (14-30 years at recruitment) in Vancouver & Prince George BC who use illicit drugs to describe prevalence of various risk factors & outcomes (e.g., child welfare involvement, HIV, drug use, suicide attempts).</i>
CIET Aboriginal Youth Resilience Studies	Andersson & Ledogar	<i>Measured personal assets among Indigenous youth in Canada over 14 years (1995-2008). http://www.ciet.org/en/project/canada-the-aboriginal-community-youth-resilience-network-acyrn/</i>
Circumpolar Indigenous Pathways to Adulthood (CIPA)	Kral, Nystad, Rasmus, Ulturgasheva, Wexler	<i>Develop comparative framework and shared model for understanding Indigenous youth resilience across 5 Arctic communities in American, Canadian, Norwegian, and Russian contexts, with youth from Yup'ik, Inupiaq, Inuit, Sámi, and Eveny societies.</i>
People Awakening Project	Mohatt & Allen	<i>Foster health equity by developing positive solutions to disparities through collaborative research on cultural strategies for prevention/community intervention.</i>
Kots'iihtla (We Light the Fire) Project	Fanian	<i>Build resilience and connections among Indigenous youth through strengths-based creative arts (in NWT, Canada).</i>
White Mountain Apache Tribal Suicide Surveillance	Barlow, Cwik, Mullany, Walkup	<i>Address self-injury and substance abuse among Apache youth through community-mandated surveillance system.</i>

System		
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Appendix D –Programs Specific to Indigenous Youth Suicide Prevention and Programs that address risk and protective factors for Indigenous youth in Alberta

Programs specific to Indigenous Youth Suicide Prevention

Program Name, Organization	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
Little Cub, Centre for Suicide Prevention	Throughout Alberta	Adults (age 18+) who work with Indigenous children who may be at risk of suicide	Training (1 day)	Examines suicide prevention in Indigenous children & communities	<ul style="list-style-type: none"> • Focus on storytelling & oral tradition • Discusses unique precipitating factors of suicide in Indigenous communities • Identifies risk & protective factors for suicide in children 12 years or younger • Empowers participant with knowledge and tools to transfer the care of a child at risk of suicide to a community-based resource person 	Yes	Website: https://www.suicideinfo.ca/
River of Life, Centre for Suicide Prevention	Online	Adults (age 18+) who work with Indigenous youth (15-24 years) who may be at risk of suicide	Training (module-based), participants have up to 3 months for completion	Discusses strategies to strengthen the protective factors and how to respond to youth at risk of suicide	<ul style="list-style-type: none"> • Understand the current context of youth suicide within Indigenous communities • Describe historical trauma and its continued impact on Indigenous youth; • Identify protective and risk factors for Indigenous youth suicide; • Recognize warning signs of suicide; • Review legal responsibilities; • Define the three levels of suicide response 	Yes	Website: https://www.suicideinfo.ca/
safeTALK, Centre for Suicide Prevention	Throughout Alberta	Adults (age 18+)	Training (Half Day)	Aims to provide basic awareness on suicide and how to address it	<ul style="list-style-type: none"> • Alerts participants to warning signs of suicide risk • Emphasizes the importance of recognizing the signs of suicide • Communicating with the person at risk and getting help or resources for the person at 	No	Website: https://www.suicideinfo.ca/

Program Name, Organization	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					risk		
Straight Talk, Centre for Suicide Prevention	Throughout Alberta	Adults (age 18+) working with youth aged 12-18 years	Training (Half Day)	Aims to provide training around the protective factors of youth at risk of suicide, recognizing the developmental, cognitive, and emotional differences found within this age group	<ul style="list-style-type: none"> Recognize the prevalence of youth suicide Identify suicidal and self-harm behavior in youth Identify protective factors, risk factors, and warning signs in youth Confidently transfer care of youth to a caregiver 	No	Website: https://www.suicideinfo.ca/
Walk with Me, Centre for Suicide Prevention	Throughout Alberta	Indigenous caregivers (age 18+) working in Indigenous communities	Training (1 day)	Focuses on the cycle of suicide grief.	<ul style="list-style-type: none"> Explores stories of Indigenous experiences Talking openly about suicide Suicide bereavement model How we heal Developing grief work strategies Self-care 	No	Website: https://www.suicideinfo.ca/
ASIST, Centre for Suicide Prevention	Throughout Alberta	Anyone aged 16+	Training (2 day)	Aims to identify individuals with suicidal thoughts and work with them to identify a safety plan	<ul style="list-style-type: none"> Presentations & guidance Review the intervention model Group discussion Skills practice & development 	No	Website: https://www.suicideinfo.ca/

Programs that address risk and protective factors for Indigenous youth in Alberta

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
Alberta First Nations Youth Gathering, 3 Eagle Wellness	A First Nations Reserve in Alberta (alternates by year)	First Nations youth aged 13 – 19 years	Event	An opportunity to engage youth in discussions about drugs and alcohol and to provide prevention training they can deliver in their own home communities	<ul style="list-style-type: none"> Peer Education Training 	Yes	Email: info@3eaglewellness.com Website: www.3eaglewellness.com/annual-youth-gathering.html
Junior Canadian Rangers, Department of National Defence	Grand Cache, AB Fort Vermilion, AB Fort Chipewyan, AB	Youth aged 12 to 18 years who are living in remote northern communities	Program	Offers youth the training required to become capable, skilled, and active members of their communities	<ul style="list-style-type: none"> Provides training in three areas: traditional skills, life skills, and ranger skills Provides safety training PHASE program (Preventing Harassment and Abuse through Successful Education) 	Yes	Website: www.jcr-rjc.ca/en/index.page

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					<ul style="list-style-type: none"> • Marksmanship Training • “On the Land” activities related to surviving in the wilderness 		
Aboriginal Shield Program, Royal Canadian Mounted Police	Aboriginal communities in Alberta	Indigenous youth in grade 5/6 and 7/8	Training	A youth-driven program that provides substance abuse prevention and healthy lifestyles coaching to Aboriginal communities	<ul style="list-style-type: none"> • Promotes a sense of cultural connection and pride • Strategies to make informed healthy lifestyle choices about drug use and related activities • Culturally relevant teachings • Involves two 12-lesson manuals 	Yes	Email: ASP-PAB@rcmp-grc.gc.ca
Youth Navigators, Native Counselling Services of Alberta	Edmonton & Area	At-risk youth (under 18 years) who would benefit from the guidance of the staff in	Program	Workers work with at-risk youth to build relationships, deal with challenges, and learn to	Navigators encourage youth to: <ul style="list-style-type: none"> • feel that they are a person of value, have a sense of 	Yes	Website: www.ncsa.ca/programs/help-with-at-risk-youth/youth-navigators/

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
		the program		take responsibility for their actions	belonging <ul style="list-style-type: none"> • have responsibilities to the world around them • make positive connections • use goodness in words and actions • feel respect, kindness, forgiveness, and compassion with themselves and others 		
WrapED, Native Counselling Services of Alberta	Edmonton & Area	Youth (ages 12-17 years) who are engaged in or at high-risk of becoming involved in gangs	Program	Collaborative gang intervention and prevention program for youth		Yes	Website: www.ncsa.ca/programs/help-with-at-risk-youth/wraped/
Alberta's Future Leaders Program	Throughout Alberta (often remote/rural communities)	Youth	Program	Community & youth development program that uses sports, recreation, arts, and leadership	<ul style="list-style-type: none"> • Intensive Mentor Training - youth mentors spend 8 days learning from Elders, 	Yes	Website: https://albertasport.ca/programs/future-leaders-program/ Email: ctfutureleaders@albertasport.ca

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
				activities to provide Indigenous youth with active, positive opportunities Partner communities host two trained Mentors to run activities for 3 consecutive years	community members, and past AFL mentors about the histories, cultures, and communities they will be working within <ul style="list-style-type: none"> • Role Modeling - Mentors build strong relationships with local youth • Programs, Camps, & Trips - during May to August, in-community mentors teach meaningful life skills through activities, special events, and out-trips, depending on needs/wants of local youth • Leadership Camp - select future leaders from each host community are 		

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					brought together to share ideas and learn new skills <ul style="list-style-type: none"> Partnerships 		
Relentless Youth Outreach Worker Project, Edmonton YouCan Youth Services	Edmonton & Area	Youth aged 14-24 years who are: at risk to high risk, not participating in school or work, often involved with the justice system, demonstrating anti-social behavior, lacking supports to make positive change in their lives	Program	Aims to reach out to youth and empower them in making positive, healthy, and life changing decisions Aim to build long-term relationships with the youth as they move through the Stages of Change model.	<ul style="list-style-type: none"> Reduce the incidents of disruption and crime by at-risk youth who gather in community hot spots Increase attendance of at-risk youth in school or day programs, as well as pre-employment or employment programs Reduce factors among at-risk youth and their families that can cause harm Increase the factors among at-risk youth 	No	Email: youcan.edmonton@youcan.ca Website: http://youcan.ca/

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					and their families which can move them toward success		
Mental Health Capacity Building in Schools Initiative, Alberta Health Services	Throughout Alberta	Children & youth (under age 19 years) and their families	Program	Aims to promote positive mental health in children, youth, families and support individuals in the community who interact with children and youth	<ul style="list-style-type: none"> Provides staffing and support required to implement an integrated, school-based community mental health promotion and prevention program, and works with community partners to facilitate access to early intervention and treatment services for those who require it Work within school settings to: deliver mental health promotion and prevention 	No	Email: serri.lasuik@ahs.ca Website: http://www.albertahealthservices.ca/amh/Page2754.aspx

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					<p>programming; build capacity in others who work with children/youth /family to deliver wellness presentations; organize and facilitate MH events/awareness</p> <ul style="list-style-type: none"> Facilitate access to students for other community partners; connect students to community MH supports/services; collaborate with service providers in the community to maximize service efficiencies and to advocate for 		

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					<p>unmet mental health needs for children and families</p> <ul style="list-style-type: none"> • Knowledge translation 		
Choices, Metis Child & Family Services	Edmonton & Area	Indigenous junior high students & their families	Program	Provides group and intensive (one-on-one) supports) to stay in school	<ul style="list-style-type: none"> • Support to ensure that Aboriginal junior high school youth do not drop out of school and attend on a regular basis; • Teach personal development & coping skills through cultural and recreational activities • Provide liaison between youth, family, and school on attendance issues as well as court attendance support • Intensive one-on-one youth 	Yes	<p>Email: reception@metischild.com Website: www.metischild.com</p>

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					support		
Metis Music Program, Metis Child & Family Services	Edmonton & Area	Children & their families who require the services	Training	Free music and dance lessons	<ul style="list-style-type: none"> Guitar and fiddle lessons are provided free of charge at multiple community locations Metis dance lessons provided, free of charge 	Yes	Email: reception@metischild.com Website: www.metischild.com
Little Thunderbird After School Program, Metis Child & Family Services	Calgary & Area	Aboriginal youth	Program	Culturally focused after-school programming for vulnerable children.	<ul style="list-style-type: none"> After-school programming including dance, drumming, and cultural teaching 	Yes	Website: http://mcfs.ca/development/
Little Dancing Buffalo Native Awareness & Teaching Program, Metis Child & Family Services	Calgary & Area	Aboriginal youth	Program	Teaching First Nations styles of dancing and drumming as a catalyst to oral teachings passed down from Elders	<ul style="list-style-type: none"> Youth are taught in a weekly program, including basic dancing skills, coordination, rhythmic knowledge, drumming skills, music development, 	Yes	Website: http://mcfs.ca/development/

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					shape creation, repetition movements, sound development, confidence, and success		
Aboriginal Students Program, Metis Child & Family Services	Calgary & Area	Metis and Aboriginal youth currently enrolled in school in grade 8 through 12	Program (10 months)	Focused on keeping youth in school	Service offers: <ul style="list-style-type: none"> • a cultural, educational and recreational 10 month stay-in-school initiative • Aboriginal youth mentors • free Homework club and tutoring • Elder cultural resource consultation, traditional teachings • Educational workshops • Anti-bullying program component • Elder and 	Yes	Email: asp@mcfs.ca Website: http://www.mcfs.ca

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					youth consultation, guidance, and traditional teachings <ul style="list-style-type: none"> • Summer youth media literacy program 		
Brighter Futures Initiative, First Nations & Inuit Health Branch	Throughout Alberta	First Nations & Inuit Communities	Community-based health promotion program	Programs typically promote health and prevent ill-health through learning-related activities that strive to increase awareness, change attitudes, build knowledge, and enhance skills	Program components include: mental health, child development, parenting, healthy babies, and injury prevention	Yes	Email: info@hc-sc.gc.ca Website: https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/health-promotion/mental-health-wellness/brighter-futures-building-healthy-communities.html
Building Healthy Communities, First Nations & Inuit Health Branch	Throughout Alberta	First Nations & Inuit Communities	Community-based health promotion program	Designed to assist First Nations & Inuit communities to develop community-based approaches to	Focus on solvent abuse (e.g., preventing abuse of solvents, interventions) and mental health crisis management/training	Yes	Email: info@hc-sc.gc.ca Website: https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/health-promotion/mental-health-wellness/brighter-futures-building-healthy-communities.html

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
				youth solvent abuse and mental health crises			
National Native Alcohol & Drug Abuse Program (NNADAP), Government of Canada	Throughout Alberta	First Nations & Inuit Communities	A network of programming that includes First Nations addiction treatment centres and NNADAP community-based prevention programs	Aims to set up and operate addictions programs to reduce and prevent alcohol, drug, and solvent abuse in Aboriginal communities with a goal of helping to fund First Nations and Inuit-run initiatives.	Key components include: <ul style="list-style-type: none"> • Prevention • Early identification and intervention • Screening, assessment, and referral • Treatment • Discharge planning and aftercare • Performance measurement, research, and knowledge exchange 	Yes	Website: https://www.canada.ca/en/health-canada/campaigns/national-anti-drug-strategy/funding-programs/national-native-alcohol-drug-abuse-program.html
Aboriginal Youth Outreach Program, Calgary John Howard Society	Calgary, AB	Multi-barriered Aboriginal youth aged 12 to 24 years who may have been involved with or are at-risk of	Program	Aims to break the trend of over-representation of Aboriginal youth in Canada’s correction system by encouraging positive	<ul style="list-style-type: none"> • One-to-one support • Family mediation • Crisis resolution • Counselling • Goal setting • Assistance 	Yes	Phone: 403.266.4566 Email: info@cjhs.ca Website: https://www.calgaryjohnhoward.org/YouthServices/AYOP.html

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
		involvement with the criminal justice system		behaviour and offering support.	with securing affordable and safe housing <ul style="list-style-type: none"> • Advocating on behalf of the youth for funding with bands • Assistance finding and maintaining employment and/or further education 		
Semi-Independent Living Program, Ben Calf Robe Society	Edmonton, AB	Aboriginal youth between the ages of 16 and 24 years who are working towards completing high school and pursuing post-secondary studies	Supported housing program	Aims to give youth the opportunity to learn and practice independent living skills and activities while residing in their own apartment, with 24/7 supervision	<ul style="list-style-type: none"> • Personalized to aid the youth in addressing current needs and goals to help them transition to adulthood • Personal Living Coach • Life Skills group • Housing • Elder supports • Supervision • Academic planning 	Yes	Phone: 780-477-6648 Email: sil@bcrsociety.ab.ca or zabrina@bcrsociety.ab.ca Website: http://bcrsociety.ab.ca/programs-services/semi-independent-living-program/

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					<ul style="list-style-type: none"> • Employment planning • Cultural resources 		
Indigenous Youth Summer Leadership Program, Norquest College	Edmonton, AB	Alberta students transitioning into grades 10, 11 or 12	Short-term training	Allows students to earn high school credits while gaining leadership qualities	<ul style="list-style-type: none"> • Earning credits towards high school diploma • Learn about indigenous culture • Connect with indigenous community leaders • Build leadership qualities 	Yes	Phone: 780-644-5918 Email: molly.garstad@norquest.ca Website: https://www.norquest.ca/media-centre/events/2017/indigenous-youth-summer-leadership-program.aspx
Aboriginal Youth Mentorship Program, Four Directions Foster Parent Association of Calgary	Calgary, AB	Aboriginal children and youth aged 9 to 18 years	Program	A mentorship program aiming to address individual and cultural needs	Service offers: <ul style="list-style-type: none"> • One-on-one and group program for children and youth’s holistic needs • Strengths-based empowerment programs and role modeling • Involvement in community resources and 	Yes	Phone: 403-273-4026

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					cultural activities for development of self-esteem, self worth, and sense of belonging		
Aboriginal Female Youth Programs, Stardale Women’s Group Inc. Foundation	Calgary, AB	Aboriginal girls 10 to 17 years	Program	After school, community-based outreach program	<ul style="list-style-type: none"> • Performance, acting and play • Cooking, baking and food security • Prevention and intervention strategies (e.g., self-esteem) • Learning of communication skills, relationships, co-dependency, anger management, boundaries • Understanding of family dynamics, residential schools, harm reduction, health and wellness, 	Yes	Phone: 403-243-6615 Email: stardalecharity@gmail.com Website: http://www.stardale.org

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					nutrition, violence, and abuse <ul style="list-style-type: none"> • Cultural arts component, bringing together diverse media techniques 		
Aboriginal Inclusion Program, Urban Society for Aboriginal Youth	Calgary, AB	Urban Aboriginal youth	Program	To assist urban Aboriginal youth to address, resist and challenge racism/ discrimination in their everyday lives	<ul style="list-style-type: none"> • Personal development through activities that promote self-esteem, self confidence and identity • Help to become advocates for anti-racism through the creation of awareness films, cultural teachings, and various workshops • Assists to develop leadership skills 	Yes	Phone: 403-233-8225 Email: Info@usay.ca Website: http://www.usay.ca

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
Aboriginal Youth Centre for Success, Red Deer Native Friendship Society	Red Deer, AB	Indigenous youth	Program	Provides wrap-around supports to Aboriginal families	<ul style="list-style-type: none"> • An academic program to help youth to graduate, attend university, gain a degree or journeyman’s certificate and develop a career • Leadership • Cultural activities • Social activities • Aboriginal Youth Leadership Circle 	Yes	Phone: 403-340-0020 Email: friendship@rdnfs.com Website: www.rdnfs.com/aycs/
Vision Seekers, YMCA	Calgary, AB	Aboriginal junior high students	Program	After-school program at select schools in Calgary that aim to teach traditional leadership and how to be a mentor	<ul style="list-style-type: none"> • Leadership and mentorship skills • Educational support • Traditional teachings • Connections with professionals from the Aboriginal community 	Yes	Phone: 403-537-1724 Email: susan.spottedbull@calgary.ymca.ca Website: https://www.ymcacalgary.org/community-ymca/aboriginal/

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					<ul style="list-style-type: none"> • Snack and recreation activities 		
YMCA 7th Generation, YMCA	Calgary, AB	Aboriginal youth	Program	Provides opportunity for Aboriginal youth to reconnect with their culture while building pride, self-esteem, and a positive self-identity	<ul style="list-style-type: none"> • Cultural teachings, storytelling, traditional activities • Leadership skills • Cultural field trips • Gain high school credits 	Yes	Phone:403-351-6680 Email: maris.vezina@calgary.ymca.ca Website: https://www.ymcacalgary.org/community-ymca/aboriginal/
Coyote Pride, Bent Arrow Traditional Healing Society	Edmonton, AB	Aboriginal pre-teens in grade 7 to 9.	Program	A mentoring program focused on participation in cultural activities with mentors	<ul style="list-style-type: none"> • Mentors encourage youth to have a healthy lifestyle through traditional teachings and positive role model behavior • Offer traditional teaching about values, beliefs, ceremonies, and an increased 	Yes	Phone: 780-481-3451 Email: reception@bentarrow.ca Website: http://bentarrow.ca/programs-and-services/cultural/coyote-pride/

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					pride in culture		
Generation Youth Program, Rocky Native Friendship Centre Society	Rocky Mountain House, AB	Aboriginal Youth	Program	A safe and secure environment that encourages and supports youth to fully develop their potential through various activities	<ul style="list-style-type: none"> • Cultural workshops • Education • Recreation • Leadership • Building positive relationships • Enhancing social skills • Building self-esteem • 	Yes	Phone: 403-845-2788 Email: rnfcs.ed@shaw.ca Website: http://www.friendshipcentre.shawbiz.ca
Youth Transitions to Adulthood, Boys & Girls Clubs of Calgary	Calgary & Area	Youth aged 16-24 years who have status with Child & Family services, who are working/in the process of attending school, and are working towards adult self-sufficiency	Program	To provide youth with Children & Family Services Status with a safe, supportive home environment where they can continue to increase their level of education, develop life skills and natural supports that will transition them into	<ul style="list-style-type: none"> • Housing program 	No	Website: http://www.boysandgirlsclubsofcalgary.ca/programs/youth-housing-and-shelters/youth-housing/

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
				adult self-sufficiency			
Haven’s Way, Boys & Girls Clubs of Calgary	Calgary & Area	Young women aged 14-24 years who are attending school and are pursuing self-sufficiency through employment	Housing program	Community-based youth residential program	<ul style="list-style-type: none"> Provides a safe, supportive home environment where young women can begin to heal, increase their level of education and develop life skills and a support system that will transition them into adult self-sufficiency Youth live with house parents or with a supportive roommate who assists them in daily living 	No	Website: http://www.boysandgirlsclubsofcalgary.ca/programs/youth-housing-and-shelters/youth-housing/
Home Fire, Boys & Girls Clubs of Calgary	Calgary & Area	Indigenous youth, ages 16-24 years, who are experiencing	Housing	Provides housing where Indigenous youth can begin to heal,	<ul style="list-style-type: none"> Housing supports using the Housing 	Yes	Website: http://www.boysandgirlsclubsofcalgary.ca/programs/youth-housing-and-shelters/youth-housing/

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
		homelessness		build community, and reconnect with culture & family	First approach		
Hope Homes for Aboriginal youth, McMan Youth, Family, & Community Services Association of Calgary	Calgary & Area	Aboriginal youth aged 15-24 who are experiencing homelessness and are in the process of completing high school and/or a training program	Housing	Provides supported accommodation and support services to youth who are currently or at risk of experiencing homelessness	Services include community-based support: <ul style="list-style-type: none"> • Housing • Education • Employment • Life/readiness skills coaching • Counselling • Family preservation and reunification 	Yes	Phone: 403-508-0808 Email: Calgary@mcman.ca
Strengthening the Next Generation, Nistawoyou Association Friendship Centre	Fort McMurray, AB	Aboriginal children (7 to 13 years) and youth (14 to 20 years)	Program	Provides support for Aboriginal children and youth to achieve their educational goals	<ul style="list-style-type: none"> • Consistent weekly and year-round activities • Cultural supports • One-on-one mentoring • Homework support • Practical experience in life skills and social leadership 	Yes	Phone: 780-743-8555 Email: executivedirector@shawcable.com

Program Name	Location	Eligibility Requirements	Program Type	Program Focus	Program Activities	Indigenous Focus	Contact Information
					skills		

Appendix E: Semi-Structured Interview Guide for Environmental Scan

Moving beyond a program evaluation approach, the survey aims to map: the reach of interventions, the extent of Indigenous leadership in planning and operations, continuity of funding sources, evaluation measures, support networks for program providers, and the role of resilience and protective factors in prevention strategies.

1) Nature of intervention (pre-, inter-, post-vention; primary, secondary, tertiary prevention)

- What kind of intervention do you offer?
- Who does it reach (i.e., in terms of service provision/training)?
- How is preventing suicide envisioned in the program?

2) Location & leadership of program (e.g., school-based; clinic; community-driven)

- Who is in charge of the program? (individuals and/or departments, agencies)
- Where and when does it happen?
- Who facilitates it? What kind of training do they have?

3) Indigenous led/operated

- What role has the affected community (formal leadership) or members of the community (informal leadership) had in leading/running the program?
- Was the program originally developed with an Indigenous focus? If not, has it been adapted to have one?

4) Funding sources & continuity

- How is the program funded? By whom?
- Is funding stable or project-based (i.e., recurrent or contingent on periodic applications)?
- How long does the program last? How long has it been active in your community?

5) Evaluation (if at all & Western/Indigenous approaches)

- Is the program evaluated?
- If so, what measures are used to evaluate program impact?
- Are these measures appropriate? How might they be improved?
- Are there areas of impact that you perceive that are not caught by the measures?

6) Whether they have a resilience focus & what protectors they plug into

- What role does resilience play in the program?
- What protective factors are promoted by the program? How?
- What risk factors are prevented? How?

7) Support networks

- Do you know of other communities employing this program?
- Are there supports or networks for learning from one another (at community level) related to this program?

Appendix F: Population Level/Epidemiological Studies (n=21)

Province, territory, state indicated when information available

§ = Meaningful Indigenous or youth voice in study design and/or data (self-reported through advisory committees, as researchers, or centering the voices of Indigenous or youth participants)

Author, Year	Location	Sample/Study Design	Protective Factors/Sources of Resilience	
1. Zamora-Kapoor et. al, 2016	USA	n=721 AI/AN and 12,107 White adolescents between 11-20 years old (Retrospective cohort study)	Community suggested.	
2. Guèvremont, et al., 2016	Canada	N=774 First Nations youth aged 15-19 living off reserve, 2012 Aboriginal Peoples Survey (APS) respondents	School factors could be both good and bad for mental health of off-reserve First Nations youth. Protective were positive school environments, school sports participation, family connections strengthened through work on homework, and positive peer relations.	
3. Gray et al., 2016	Nunavik, Canada	N=452 Inuit aged 15-30 (Survey using Rosenberg Self-Esteem Scale)	Clear cultural identity and social role; supportive relationships w/friends, family & community, particularly Elders; access to knowledge of land/Inuktitut language; reg. consumption of locally harvested food	§
4. Fraser et al., 2014	Nunavik, Canada	N=305 Inuit persons aged 15-24 (Cross-sectional Qanuippitaa survey with Nunavik Board of Health & Social Services)	Sociocultural protective factors, including cultural pride; participating in land-based activities of hunting, fishing, berry picking, and preparing animals; perceived community cohesion; having someone to talk to when needing emotional support	§
5. Clarkson et al., 2015	BC, Canada	N=605 Indigenous ages 14-30 who use illicit drugs and who had been in the child welfare system (Confirmation of drug use via saliva screens; survey)	Healthy attachments to family and communities; assistance offered to secure physical, emotional, traditional healing supports.	
6. Ballard et al., 2015	USA	93 White Mountain Apache Youth ages 13-18 (Latent class analysis, CES-D, VOIT scale)	Traditional culture, language, involvement of Elders with youth, tribal sovereignty	§
7. Ames, M. E. et al., 2015	Canada	n=283 selected from survey's cycle 4-7, from National Longitudinal Survey of Children & Youth (National Longitudinal Survey of Children & Youth dataset)	Self-esteem and optimism	

8.	Kaspar, 2014	Canada	n=7,534 adults self-identified as Métis - more than half were 25-44 (Microfile data from 2006 <i>Aboriginal Peoples Survey & Métis Supplement</i> survey)	Cultural adherence and spirituality; though these discussed as being negatively affected by foster care placement	
9.	Allen et al., 2014	Alaska, USA	n=413 youth (12-18) from rural, remote Alaskan communities - 194 from a boarding school (Secure web survey)	Self-efficacy, positive relationships with adults, internalization of social norms, cultural engagement, availability of resources, spirituality, family connectedness/social supports	§
10.	Omma et al., 2013	Sweden	n=516 Swedish Sami with n=218 geographically matched reference group (Surey, statistical analysis)	Strong family connections and cultural identity	§
11.	Kaspar, V., 2012	Canada	n=12,366 FNMI children mean age 10.1 yrs (Survey, telephone interviews & paper questionnaires in English & Indigenous languages)	Positive friend and/or parent relationships	
12.	Arnold et al., 2013	USA	n=0 Lumbee AI adolescents aged 11-18 (Community-based participatory research model for surveys)	Community connectedness	
13.	Wexler et al., 2012	Alaska, USA	n=7,965 people in a subsistence area of Alaska (Analyzed data collected via Suicide Reporting Forms from 2001-2009 by Tribal Health Org.)	Prevention must involve family members, tackle alcohol misuse, include restriction of means of suicide (e.g., guns), and culturally appropriate mental health care; learning about grief processes, anger management, healthy relationships, youth employment, graduation	
14.	Barlow, et al. 2012	USA	n=567 self-injury events from n=352 White Mountain Apache youth (Community-based participatory research model for surveillance of substance use/self-injury via surveillance system)	A community led & mandated surveillance system.	
15.	Scheel et al., 2011	USA	n=275 enrolled A/I students ages 18-55 (Survey)	Availability of counsellors for American Indian undergraduate students.	

16.	Mullany et al., 2009	USA	n=41 White Mountain Apache youths < 25 years who had committed suicide (Community-based participatory research model for surveillance of substance use/self-injury via surveillance system)	Reservation-wide surveillance system - community	§
17.	Moniruzzaman et al., 2009	BC, Canada	n=605 Indigenous people aged 14-30 (Survey)	Traditional health practices, reducing sexual violence/victimization, supporting strong/nurturing families, promotion of positive learning environments	§
18.	Kvernmo & Rosenvinge, 2009	Norway	n=487 students, aged 13-16 years old (Survey)	Strong Sámi identity	
19.	Else et al., 2009	USA	n=881 students grades 9-12 of Indigenous Hawaiian or Pacific Islander background (Survey)	None listed.	
20.	MacNeil, 2008	Canada	Indigenous persons who had committed suicide/had suicide attempts (Case report)	Self-government/community control over own affairs	
21.	Hallett et al., 2007	BC, Canada	BC Indigenous persons (Analysis of data collected from 1996 StatsCan census)	Aboriginal language - conversational knowledge, cultural continuity	

Appendix G: Qualitative Studies (n=22)

Province, territory, state indicated when information available.

§ = Meaningful Indigenous or youth voice in study design and/or data (self-reported through advisory committees, as researchers, or centering the voices of Indigenous or youth participants)

Author, Year	Location	Sample	Causes/Risk Factors & Discussion of these	§
22. Gray, 2016	MB, Canada	2 youth suicide case reviews in Manitoba Youth Centre; one Cree, one Anishnaabe (Review of 2 inquiry reports)	“Psychocentrism” among service providers & researchers strategically constructs Indigeneity as suicide risk, ignoring social realities of victims and presenting suicide as mental health risk resulting from individual failures to transcend one’s illness and circumstances, rather than rational response to conditions of imprisonment & oppression.	
23. Tighe et al., 2015	Australia	Non-systematic review.	Family relations can be both risk factors and protective factors, depending on how they play out. Outlines an example of a young person threatening suicide when needs are not met, where it can seem impulsive but be connected to substances and lack of control, leading to lashing out. Connection to intoxication a risk, as well as exposure to past attempts through normalization of suicidal behavior for youth, making it a more available option in moments of high stress.	
24. Niezen, 2015	Canada	N/A	Article compares two approaches to suicide in foundational sociological literature to understand it among Indigenous youth today. According to Emile Durkheim, risk factors are: living alone, number of close friends, changes in residence, interactions between family members. According to Gabriel Tarde: need also to pay attention to ‘routes of exposure’, “channels by which <i>ideas</i> associated with suicide become normalized and more readily acted upon” (p. 98), making it generally more acceptable among some communities.	
25. Walls et al., 2014	ON, Canada	Aboriginal FN adults in focus groups on their reserves	Only rarely were individualized risks identified in the focus groups, for example as feelings of hopelessness, though these were always explicitly linked to broader social causes as opposed to individual dysfunction. Environmental risks like alcohol and drug use were	§

				viewed as learned intergenerational behaviour. Other factors identified were: 1) lacking someone to talk to, mistrust in one another within community as a barrier to communication, which is amplified by geographic isolation and high levels of acquaintedness; 2) romantic relationships and coping with loss of these were considered highly stressful, especially in cases of teen parenting, potentially leading to suicide, 3) unemployment and not providing for kids in the family; 4) long-term alcohol abuse; and 5) gambling normalization and its impacts on families by diverting needed resources away from children.	
26.	Ulturgasheva et al., 2014	Circumpolar	Circumpolar Indigenous Communities (overview of multi-sited study)	Youth identified several factors as both resources and challenges depending on how supportive they were: schooling, subsistence activities (e.g., hunting, being on land), kin, friends, parents.	§
27.	Rasmus et al., 2014	USA	n=25 youth ages 11-18 (For girls; gossip & other girls going against one For both genders: parents drinking; lacking resources for traditional life stages (e.g., hunting with uncles to pass life ceremonies); lack of opportunities to get out on land is a stressor and fosters boredom. Romantic relationships, dealing with feelings, going to school.	§
28.	Nystad et al., 2014	Norway	n=22 youth, ages 13-19 years	Urbanization reduces contacts with extended kin networks, reducing social supports that can be accessed in moments of crisis/need	§
29.	Kral et al., 2014	Nunavut, Canada	n=23 youth ages 12-15	Lack of time with parents; bullying. Friends can be both risk and protective: can listen to one's problems, but can also have problems of their own, can be connected to one's networks, but can rupture one from networks when there is a romantic relationship breakup; can also engage in gossip). Staying up late at night, too much thinking and boredom. Dealing with bullying usually involved trying to ignore it or speak with support workers (more of an issue for females). Attending school could be difficult when hard to wake up on time. Substance abuse; domestic violence; romantic discord.	§
30.	Wexler et al., 2013	Alaska, USA	20 Inupiaq youth, ages 11-18	Loss of close relationships	§
31.	Stevenson, 2012	Northern Canada	Inuit	Anonymous care, forms of care that are not personalized and invested in the individual's survival.	

32.	Nicolai, Saus, 2012	USA & Norway	n=17 Sami and Native American children	Historical trauma, symptoms including somatic, psychological, physical, and spiritual problems relating to unresolved grief caused by colonization.	
33.	Harder, et a., 2012	Multiple	N=23 articles included	Culture emphasized by at least 6 articles as key protective factor, though operational definitions of what culture constitutes and how to measure its influence were lacking. Broadly culture was assessed through variables including cultural activities, spiritual beliefs, self-governance, and knowledge of traditional language. Protective effect of culture was more pronounced when measured as a group process rather than at individual level.	
34.	Strickland & Cooper, 2011	Pacific Northwest Tribe, USA	'at-risk' Indian youth, n=30, 14-19 years	Prejudice in school, trouble with police, challenges finding good friends.	§
35.	Mohatt et al., 2011	Alaska, USA	n=284 Alaska Native youth	Cultural dislocation, acculturative stress, alienation.	§
36.	Lehti et al., 2009	Circumpolar	Unspecified	Historical trauma, cultural loss and ongoing oppression; cultural discontinuity	
37.	Bals et al., 2011	Norway	n=450 Sami aged 15–16 years	Colonisation, violations of human rights, assimilation policies and the exploitation of natural resources - individual and collective traumas; urbanization, changes in authority structures, and drastic structural transition from reliance on traditional modes of livelihood to modern industrial life; diminished sense of cultural continuity, generational gap.	
38.	Laliberte et al, 2009	Quebec, Canada	n=30 First Nations from four FN communities	Alcohol intoxication, drug use; previous suicide attempts; over-crowded living arrangements; no job; clustering of suicide; incarceration.	§
39.	Evans-Campbell, 2008	USA	Unspecified A/I	Colonialism; must consider individual and community level factors. Historical trauma important to consider, as well as current forms of ongoing oppression.	
40.	Denham, 2008	Northern Idaho, USA	Four-generation American Indian family	Colonialism; inequality, injustice and poverty.	§
41.	Walls, 2007	North America	9 Midwestern and Canadian reservations and reserves	Stressors through discrimination and negative life events.	

42.	Law, 2007	Iqaluit, Nunavut	n=110 Inuit	Interpersonal and socio-environmental stressors; negative health determinants such as unemployment, overcrowding, domestic violence, substance abuse, and legal charges.
43.	Else, 2007	Hawai'i, USA	Unspecified Pacific Islanders	For all youth in the sample, risks for attempted suicide were being sexually active, sex with both males and females, having experienced family conflict, witnessed or heard family violence, and low family support

Appendix H Intervention Studies (n=29)

Province, territory, state indicated when information available.

§ = Meaningful Indigenous or youth voice in study design and/or data (self-reported through advisory committees, as researchers, or centering the voices of Indigenous or youth participants)

Note: *Following a continuum approach to suicide prevention, for types of intervention or protective factors: P indicates “primary” or upstream prevention, S indicates “secondary” or crisis-response/safety-focused*

Author, Year	Location	Sample	Interventions that Work	Type (P, S, T)	§
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prevention, and T indicates “tertiary” prevention (aka postvention).

44. Tingey et al., 2016	USA	n=600 White Mountain Apache youth ages 13-26	Entrepreneurship education - a positive youth development approach with promise to promote protective factors identified as meaningful to AI youth, focusing on substance abuse and suicide prevention at individual, peer, and community levels. Arrowhead Business Group Youth Entrepreneurship Program (ABG) is a 16-lesson curriculum taught via discussion, games, hands on learning and multimedia. 60 hours of training taught over 8 months focus on entrepreneurship and business development, life skills and self-efficacy, and finance. Program delivered by two facilitators	P
45. Robinson et al., 2016	Australia	Indigenous youth, n=51; mixed gender	Curriculum based " preventative life skills " program. Lessons based on themes: 1) strengths in community; 2) character strengths; 3) emotional literacy; 4) positive thinking and problem solving; 5) communication; 6) dealing with grief and loss; 7) saying no to alcohol; 8) help-seeking and working together with friends.	P
46. Philip et al., 2016	Alaska, USA	n=50 Rural Yup'ik youth aged 12-19	Connections to adults and connections to elders , but not peer connections	P
47. Nasir et al., 2016	International	Indigenous youth	Systematic review of gatekeeper prevention training programs. Gatekeeper training may be a promising suicide intervention in Indigenous communities, as it teaches people to identify others at a high risk for suicide and refers them for treatment, but needs to be culturally tailored to the target population.	S
48. Cwik et al., 2016	USA	n= 84 adults aged 18+; AI and non-AI	ASIST training (form of gatekeeper training): Rooted in participatory learning principles; training is combination of lecture, discussion, group simulations and role-play. Participants receive training in suicide first-aid skills: 1) recognizing that the behaviours of gatekeepers and those at risk are affected by their attitudes towards suicide; 2) discussing suicide directly with those at risk; 3) identifying those at risk; 4) intervention; 5) listing available resources; 6) committing to improving community resources; and 7) recognizing that suicide prevention is broader than gatekeeper training.	S

49.	Burrage et al., 2016	Mid-western USA (urban)	n=15 American Indian (AI) persons	There are formal resources, informal resources, and community values/beliefs. Formal resources viewed as largely inaccessible or non-existent by participants. Informal resources are more likely to be sought by youth for support. Community values/mutual support seen to reinforce available informal supports.	P	§
50.	Bartgis & Albright, 2016	USA	n=9000; n=983 self identified as AI/AN	Gatekeeper training - specifically Kognito Gatekeeper Simulations (KGSs) which are built around a series of mini-conversation games in where users interact with emotionally responsive student avatars.	S	
51.	Le & Gobert, 2015	USA	n=8 ages 15 to 20 youth: Bitterroot Salish, the Pend d'Oreille and Kootenai	Mindfulness intervention adapted for cultural relevancy with Native American traditions and spiritual practices. Original curriculum from the Mind Body Awareness Project - Mindfulness based stress reduction. 3 additional modules added based in Native American values: Mindful listening; mindfulness in nature and aligning with vision	P	§
52.	Fanian et al., 2015	NWT, Canada	n=9; mixed gender; + Five Indigenous artist facilitators	Using art to promote dialogue and awareness. This was not centered on suicide, but art workshop was used to intervene for increasing protective factors	P	§
53.	Thira, 2014	Canada	Theoretical	Culture is the “cure” , rooted in reclaiming of wellness through contemporary expression of traditional values, where suicide not a mental health crisis but a community crisis with social cause from colonization. “Through Pain to Wellness” program in Indigenous communities over past 20 years: blends post-colonial consciousness raising (empowerment), mental health promotion (awareness), intervention skills training (capacity), and community development (wellness) to mobilize together “to develop & implement a strengths-based prevention strategy”	P	§
54.	Potvin-Boucher & Malone, 2014	Canada	First Nations youth	Mental health literacy programs (proposed, not studied here)	S	

55. Mohatt et al., 2014	Alaska, USA	n=61 Yup'ik 12–17 year olds; n=53 12–17-year olds from the other community	There is something called the People Awakening program of research, which aims for multi-level, culturally situated intervention. Culture is both a central focus of the intervention activities, and in addition, the underlying theory guiding intervention is also indigenous to the culture.	P	§
56. Chung-do, 2014	Hawai'i, USA	N/A	Using a youth leadership model to prevent youth suicides	P	
57. Allen, 2014	Alaska, USA	Alaska Native youth	Protective factors model - People Awakening project (see above).	P	
58. Shand, 2013	Australia	Australian youths	A self-help mobile application	S	
59. Sareen, 2013	MB, Canada	FN Youth	Compared two gatekeeper training programs for suicide prevention, one being ASIST, and found no significant impact on those who had participated in suicide awareness training.	S	
60. Clifford et al., 2013	Multiple (review)	9 evaluations of Indigenous youth suicide interventions in Australia, Canada, USA, NZ	Few published evaluations of Indigenous-specific suicide interventions have been identified, in part because Indigenous communities in researchers may have too many competing priorities. Gatekeeper training models generated short-term increases in participant knowledge and confidence in identifying risk of suicide in others; education interventions involving culturally-adapted programs for students led to less suicidal ideation and feelings of hopelessness, while a multi-media intervention improved participant knowledge of risk behaviours. Overall authors determine insufficient evidence from published evaluations to determine which strategies are most effective. Recommendations offered: 1) effective partnerships between government, research agencies, healthcare providers, and Indigenous service providers are necessary for increasing methodological rigour of evaluations; 2) tailoring evidence base to preferences of Indigenous communities likely needed to increase evaluation; 3) community-wide interventions to coordinate strategies required Indigenous community involvement	P, S, T	

61. Wexler, 2012	USA	AI/AN	Four normative assumptions underpin standard suicide prevention interventions vs. Indigenous understandings common in North America: (1) suicide expresses underlying psychological problems vs. suicide expresses historical, cultural, community, and family disruptions; (2) suicide is primarily a person’s expression of personal volition vs. suicide is primarily an enacted consequence of social obligation; (3) suicide prevention is best achieved by mental health professionals vs. <u>suicide prevention is best achieved by nonprofessional community members</u> ; and (4) suicide prevention most properly falls within the purview of formal mental health service delivery systems vs. suicide prevention most properly falls within the <u>purview of locally designed decolonization projects</u> .	P	§
62. Stathis, 2012	Australia	n=180 Indigenous; 137 men and 43 women	Indigenous youth admitted into custody should be referred for mental health assessment .	S, T	
63. Henry, 2012	Alaska, USA	n=195, mixed AN youth	Qungasvik, a Yup’ik word meaning “toolbox,” for prevention activities. There are 12 protective factors in it: Individual protective factors - Self-Efficacy; Communal Mastery ; Ellangneq (Awareness); Wanting to Be a Role Model; Giving. Family protective factors - Affection/Praise; Being Treated as Special; Clear Expectations; Family Models of Sobriety; Community protective factors - Safe Places; Role Models; Limits on Alcohol Use. Set of activities not explained in further depth, only provided tools for measuring them via protective factors	P, S	§
64. Brave Heart, 2012	USA	Lakota men and Southwestern American Indian boys	To foster optimism, trust building, <u>connectedness with their community and environment</u> , youth engaged in RezRIDERS program, an extreme-sport experiential education intervention	P	§
65. Strickland, 2011	USA	n=30 Pacific Northwest youth	No specific intervention detailed, protective factors outlined as: (a) <u>a friend or adult with whom to discuss concerns</u> , (b) <u>strong cultural beliefs</u> , (c) <u>supportive adults</u> , (d) friends who do well in	P	§

			school, and (e) neighbors who care.		
66. Mohatt, 2011	Alaska, USA	n=284 AN youth; 120 males 164 females	No specific intervention detailed, but <u>relationships between Native American cultural identification and positive behavior health outcomes emphasized</u> , as is connectedness of individuals to their family, community and the natural environment.	P	§
67. Goodkin d, 2011	Alaska, USA	AN youth	No specific intervention detailed, but <u>cultural identity and enculturation emphasized as protective.</u>	P	
68. Allen, 2009	Alaska, USA	n=43 adult caregivers or sponsors; 54 youth; 5 informants	Testing methodology for analyzing circumpolar suicide prevention programs at community level, evaluates community readiness factors post-intervention , and whether programs increase amount of protective behaviours performed by adults and in the perceptions of youth.	P, S	§
69. Lafromboise, 2008	USA	Zuni	Life Skills Development Program works and had positive impacts, but it requires further work, monitoring, assessments, and further collaboration between all stakeholders; as well as work on the causes. Intervention had positive impact on hopelessness; suicidal ideation; and students' ability to intervene.	P	§
70. Golston, 2008	USA	African American, AI/AN, Asian American, Pacific Islander, and Latino adolescents	Suicide prevention programs that are culturally appropriate and incorporate culturally specific knowledge and traditions; to incorporate positive messages regarding cultural heritage that increase self-esteem and sense of mastery among AI/AN adolescents and focus on protective factors in a culturally appropriate context.	P	
71. Caldwell, 2008	Atlantic Canada	First Nations	Capacity building aimed at individuals, service delivery institutions, and community governance processes.	S	
72. Andersson, 2008	Canada	Indigenous youth	Early efforts to link resilience with specific features of culture or spirituality did not meet with success — largely reflecting failure to ask the right questions. Parental care and support, parental monitoring, parental attitudes, and parental example clearly supported the resilient Aboriginal youth in most settings. But peers are an even stronger influence, critical in relation to	P	

different types of behaviour from smoking to drinking to substance abuse to violence, unsafe sex, and suicidal tendencies.

Appendix I: Editorials/Commentaries (n=7)

§ = Meaningful Indigenous or youth

Paper	Location	Type	Group Addressed	§
73. Anon, 2013	Australia	Editorial on App	Aboriginal & Torres Strait Islander communities	
74. Orkin, 2013	Canada	Response to Swanson & Coleman	FNMI	
75. Swanson et al., 2013	Canada	Response to Orkin	Aboriginal communities	
76. Eggertson, 2013	Canada	Story of ASIST and its effectiveness	Ontario Inuit	§
77. Kondro, 2012	Canada	Information on Two-Spirit oppression	Two-Spirit Indigenous youth	
78. Imrie, 2008	Nunavut, Canada	Letter to the Editor	Dauids Inlet Innu Community	
79. Christian, 2008	Canada	Summary of findings	Splats'in/Secwepemc Nation	§

Appendix J: Organizations with Indigenous Youth Suicide Prevention Policy and/or Strategy

Note: these represent only a portion of the grey literature reviewed

Organizations	Location	Strategy, Framework, Policy, Action Plan, or Toolkit
National Aboriginal Health Organization (NAHO)	National	<i>Nunavut Suicide Prevention Strategy</i>
Centre for Research on Education and Community Services	Ontario	<i>Multiple Case Study of Community Initiatives. National Aboriginal Youth Suicide Prevention Strategy</i>
Alberta Health Services	Alberta	<i>Aboriginal Youth and Communities Empowerment Strategy (AYCES)</i>
Health Canada	National	<i>National Aboriginal Youth Suicide Prevention Strategy (NAYSPS): Program Framework.</i>
Manitoba Health, Manitoba Healthy Living.	Manitoba	<i>Reclaiming Hope: Manitoba's Youth Prevention Strategy</i>
Fraser Region Aboriginal Youth Suicide Prevention Collaborative	British Columbia	<i>Suicide Prevention, Intervention and Postvention Initiative</i>
Embrace Life Council.	Nunavut	<i>Inuusiqatsiarniq Youth Suicide Prevention Strategy</i>
Health Canada & Assembly of First Nations	National	<i>First Nations Mental Wellness Continuum Framework</i>
Together to Live, Ontario Centre of Excellence for Child & Youth Mental Health	Ontario	<i>A toolkit for addressing youth suicide in your community.</i>