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# National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)

Program Framework

Canada

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# Contents

# Overview

In 2009, there were 3,890 people who died by suicide in Canada making it the 9th leading cause of death. This rate represents an age standardized mortality rate (ASMR) of 10.7 per 100,000 or approximately 10 suicides a day[1]. It is the 2nd leading cause of death for young people aged 15 to 34, preceded only by accidents[2].

Rates of suicide for Aboriginal youth are even higher, and are considered to be among the highest in the world[3]. In fact, it is thought that as many as 25% of the accidental deaths among Aboriginal youth may actually be unreported suicides[4].

Statistics Canada has generated updated statistics that provide new rates for First Nations and Inuit youth suicide. Using a geozones method that takes into account postal code and census dissemination areas, mortality rates by cause can be deciphered in areas of Canada where there are a high proportion of First Nations and Inuit residents.

Using the geozones method, Statistics Canada identified that for the 2005-2007 time period[5], the suicide rates for male and female youth 1-19 years old living in areas with a high concentration of First Nations, were:

- 30.0 per 100,000 for males; and,
- 25.5 per 100,000 for females.

Using the same geozones methodology, similar rates were calculated for males and females 1-19 years old living in Inuit Nunangat for the 1994-2008 time periods[6]:

- 101.6 per 100,000 for males; and,
- 41.6 per 100,000 for females.

It is important to note that the above rates cannot be compared to the rates historically used by FNIHB due to significant differences in methodology.

New knowledge in First Nations and Inuit youth suicide prevention demonstrates that suicide can be prevented through coordinated initiatives carried out at various social levels[7]. There is solid evidence that suicide rates can be significantly reduced over the long term by using prevention programs. For example, research indicates that the most effective interventions include large-scale (primary)

prevention programs as well as targeted treatments (e.g. prescription drug abuse) or secondary prevention programs for young people who have attempted suicide[8].

Nonetheless, it is important to note that rates of suicide vary widely across First Nations and Inuit communities and that every community is different. Policy makers and researchers recognize that First Nations and Inuit communities know what is best for their youth and have identified the importance of community-based approaches to suicide prevention programs and other mental wellness activities in Inuit regions.

A First Nations example is the research that Dr. Michael Chandler from the University of British Columbia and Dr. Chris Lalonde from the University of Victoria have conducted. Their work indicates that in British Columbia, more than 90% of youth suicides occur in only 10-15% of the First Nations Bands. While some communities suffer rates as much as 800 times the national average, more than half of the province's 200 First Nations Bands have not experienced a single youth suicide in almost 15 years[9].

## Creation of a National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)

In September 2004, Aboriginal leaders, the Prime Minister, and First Ministers met to discuss joint actions to improve Aboriginal health outcomes, and to adopt measures to address the health disparities facing Aboriginal peoples in Canada. The meeting led to a federal announcement of $700 million in funding for a series of new federal programs. Of this commitment, $65 million over five years (2005-2010) went towards establishing a National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) for First Nations living on reserve and Inuit living in Inuit communities.

NAYSPS was developed based on a review of evidence-based suicide prevention approaches and existing prevention strategies, both nationally and internationally. It was also informed by the Advisory Group on Suicide Prevention's final report, *Acting on What We Know: Preventing Youth Suicide in First Nations*. The Strategy incorporates the best available evidence with respect to youth suicide prevention and is focused on finding ways to reduce risk factors and promote protective factors for Aboriginal youth suicide. Inuit-specific NAYSPS activities are guided by a NAYSPS Implementation Guide that was designed by Inuit Tapiriit Kanatami's (ITK), Health Canada Regional offices, and ITK's National Inuit Youth Council. First Nations-specific NAYSPS activities are guided by a First Nations-specific Implementation Guide that was designed through collaboration between Health Canada Regions, the Assembly of First Nations (AFN) and their First Nations youth council.

## Target Population

The target populations for this Strategy are between the ages of 10 and 30 and include:

- First Nations youth living on a reserve; and,
- Inuit youth living in an Inuit community.

Funding is therefore limited to:
- First Nations on-reserve or Inuit communities' health authorities or Band Councils;
- Tribal Councils;
- Provincial or territorial organizations;
- First Nations or Inuit Land Claimant Organizations;
- Other First Nations or Inuit organizations deemed eligible under the Terms and Conditions of the above-mentioned agreements;
- Territorial governments in accordance with the terms and conditions of their contribution agreement with Health Canada; and,
- Other non-profit organizations if they show support of First Nations and Inuit to deliver elements of the Strategy.

# NAYSPS Phase I

In Phase I of NAYSPS (2005-2010), funding under the Strategy flowed from Health Canada to the Health Canada Regional Offices, and then from the Regional Offices to communities or Tribal Councils based on workplans or proposals. In the Territories, funding flowed to the Government of the Northwest Territories and Nunavut, and for a brief period, the Embrace Life Council to deliver NAYSPS programming on behalf of the Government of Nunavut. Yukon's 11 Self-Governing communities received NAYSPS funding via contribution agreements as part of the Programs and Services Transfer Agreement with Aboriginal Affairs and Northern Development Canada.

Phase I resulted in annual funding for approximately 200 First Nations and Inuit suicide prevention projects that ranged from traditional on-the-land activities to the development of local plans and protocols in the event of a suicide crisis. All projects were diverse and specific to the needs of the communities they served.

Suicide prevention is a long term process. However, results collected from a NAYSPS Special Study and several NAYSPS Case Studies indicate that the Strategy has already led to some measurable success for First Nations and Inuit, such as a decrease in youth delinquency and substance abuse, an increase in youth participation in school and community, community wide commitments to training in suicide awareness and intervention and general improvements in youth leadership skills.

Furthermore, results from the First Nations Regional Health Survey (RHS) for 2008/10 indicate that a large majority of First Nations youth 12-17 years old have not considered suicide (83.5%) or attempted suicide in their lifetime (94.1%). Nonetheless, First Nations and Inuit youth still suffer from suicide rates much higher than the Canadian population and it is important that investments in youth suicide prevention programs continue[10].

# NAYSPS Phase II

Budget 2010 resulted in an additional $75 million over 5 years to renew the Strategy, allowing First Nations and Inuit communities to continue to address Aboriginal youth suicide.

Phase II continues to support First Nations and Inuit communities to design and deliver culturally relevant suicide prevention projects and activities. The renewed Strategy is focused on reaching at-risk communities and youth, and on strengthening the partnerships between Health Canada and relevant stakeholder groups. Working in collaboration with other organizations, associations and/or committees in the area of suicide prevention is critical to developing regional decision making criteria for NAYSPS at the community level.

In addition, all activities funded under this strategy should:

- Use a strength-based model that is consistent with the evidence;
- Recognize traditional and cultural knowledge;
- Build on existing structures and processes; and,
- Respect federal, provincial, and territorial mandates.

Lastly, the renewed Strategy will ensure that Land Claims Organizations are fully involved in the design, development and delivery of all program funding and activities.

# Outcomes and Timelines

**It will take many years to effectively address the rates of Aboriginal youth suicide. This is because Aboriginal youth suicide is a complex and multi-faceted issue.** The experience of many youth is steeped in cultural disintegration, the breakdown of family structures, dislocation from the land, and economic and educational disadvantages due to the intergenerational impacts of colonization, Indian Residential Schools, and assimilative policies. It is important to consider the resulting effect that increasing awareness about suicide will have on overall rates of suicide. For example, as the stigma around mental health lessens and as community members learn more about the signs and symptoms of suicide, it is not unrealistic to expect an increase in the number of youth who come forward with suicidal thoughts, and to expect an increase in referrals to mental health professionals.

| | **Indicators of the Strategy's Success** (2010-2015) |
|---|---|
| Primary Prevention | • Increased number of trained gatekeepers in communities (e.g. natural helpers, police, health care workers, social service providers, teachers, etc.) and number of youth who approach them;<br>• Increased networks/social connections by youth;<br>• Number of regional/community partnerships in place;<br>• Increased suicide prevention training of local professionals and community members;<br>• Available and accessible information, tools, and resources on suicide; and,<br>• Increased support amongst peers/development of supportive networks. |
| Secondary Prevention | • Increased number of referrals to appropriate resources; and, |

| | |
|---|---|
| | • More youth involved and engaged with the community (e.g. activities) and vice versa. |
| Tertiary Prevention | • Established plans and protocols for responding to crisis in all provinces and territories;<br>• Increased professional support for communities in crisis;<br>• Increased suicide intervention training of local professionals and community members; and,<br>• More First Nations and Inuit communities with community-wide plans for preventing suicide. |
| Knowledge Development | • Accurate suicide rates for First Nations and Inuit, and better understanding of suicide among off-reserve Aboriginal people; and,<br>• Increased evidence to develop more effective programs for preventing suicide and prevention practices. |

Providing people, families, and communities with these types of activities will improve the services and supports available to Aboriginal people. It will allow for the following:

**Anticipated Outcomes**

- More Aboriginal youth, families, and communities taking part in projects, activities, and services that prevent suicide;
- More Aboriginal people taking part in delivering projects, activities, and services for preventing suicide;
- More awareness and practice of healthy behaviours among Aboriginal youth;
- More community ownership and capacity to identify and address youth suicide and other mental health issues;
- Improved access to quality, well-coordinated programs and services for Aboriginal youth, families, and communities;
- Less stigma associated with the prevention of and thoughts/ideations of suicide; and,
- Attitudinal changes around seeking mental health counseling/support.

It is expected that NAYSPS will meaningfully contribute to the improved health status of Aboriginal youth, families, and communities; which in the long term, will lead to a reduction in the rates of suicide.

# Risk and Protective Factors[11]

Research shows that Aboriginal youth face unique risk factors, more risk factors at once, and risk factors that are more severe than that of the non-Aboriginal population. However, despite this, many Aboriginal youth are living healthy lifestyles, and demonstrating resilience and powerful leadership qualities. In an effort to improve Aboriginal health outcomes, NAYSPS aims to:

- Increase protective (preventive) factors against suicide (e.g. resiliency); and,
- Reduce risk factors associated with Aboriginal youth suicide (e.g. addictions).

**Suicide Risk Factors**

For many Aboriginal youth, suicide becomes a way to communicate distress and escape when there seem to be few other options. Some of the risk factors for Aboriginal youth suicide include:

- Addictions (abuse/misuse);
- Previous attempts, a family history or community 'legacy' of suicide[12];
- Social isolation, racism, rejection, bullying (cyber included)[13];
- Problems in school;
- Abuse (sexual, physical, child maltreatment and neglect);
- Lateral violence;
- Neglect;
- Mental illness (psychobiological factors);
- Conflict with the law;
- Poverty and unemployment;
- Breakdown and /or loss of cultural values and belief systems;
- Accumulation of trauma and inter-generational trauma (e.g. residential schools and child welfare systems);
- Extreme interpersonal conflict or the loss of a major relationship[14];
- Dislocation from land;
- Barriers to accessing health care, especially mental health and substance abuse treatment; and,
- Rapid cultural change (colonization, erosion of traditional practices).

**Suicide Protective Factors**

Protective factors help to protect people from becoming suicidal. These factors can be personal, social, cultural, or environmental. Evidence shows that multiple protective factors can increase resilience and significantly decrease the risk of suicide. Some well documented protective factors are:

- Recreation/physical activity;
- Positive cultural identity;
- Self-esteem;
- Family attention, support, and care;
- Positive parental expectations;
- Peer support;
- Caring exhibited by other adults and community leaders;
- Community self-determination;
- A high level of general problem solving skills/coping;
- Good physical and mental health;
- Access to appropriate housing;
- Culturally relevant health care services;
- Future orientation, direction, and determination;
- Positive attitudes toward school;
- Good school performance;

- Learning ability;
- Emotional stability or regulation;
- Internal locus of control;
- Sense of meaning or coherence;
- Having many reasons for living; and,
- Religion or spirituality.

# Guiding Principles and Key Activities of NAYSPS

Intervention programs that place the origins of problems in the individual or their culture are referred to as deficit-based models. More recent approaches to adolescent health build on assets or strengths-based models of positive health aiming to develop youth potential[15]. NAYSPS uses a strengths based approach to addressing Aboriginal youth suicide. Guiding principles include:

- Projects and activities must use approaches that are consistent with evidence;
- Utilize community-based approaches;
- Be community-driven;
- Be culturally relevant, appropriate and safe;
- Meaningfully involve youth (e.g. youth action teams, student council, youth committees, etc.);
- Incorporate elements of primary, secondary and tertiary prevention, and knowledge development, where appropriate;
- Consider varying levels of community-readiness;
- Respect local cultures and traditions;
- Promote the prevention of suicide as everyone's responsibility;
- Complement provincial and territorial mandates; and,
- Promote life and well-being.

These principles also serve to destigmatize talking about mental health, and often involve internal/external partnerships across sectors.

# Key Elements of NAYSPS

The Strategy is based on four elements of prevention (primary, secondary and tertiary prevention, and knowledge development) to help ensure individual, family, and community mental health.

**Primary Prevention**

Helps to increase awareness and understanding of suicide prevention through mental health promotion, strengthening protective factors (p.7), and reducing risk factors (listed on p.7). Mental health promotion activities are intended to enhance positive mental health (defined as a state of well-being) throughout the lifespan and in a range of settings, including the home, school, workplace and community.

Mental health and wellness promoting strategies are oriented towards empowerment and participation, and help to create awareness around suicide prevention and intervention.

Educational activities under NAYSPS should target:

- Youth;
- Parents;
- Elders;
- Families; and,
- Other key community members (e.g. teachers, political leaders, police, traditional knowledge-holders and healers, gatekeepers, volunteers and other professionals).

By taking a population health approach, it is recognized that the community as a whole plays a critical role in addressing suicide. Examples of Primary Prevention activities include:

- Diversion activities focused on culture, sport, art, music and recreation;
- Activities that connect youth to other youth and/or Elders;
- Activities that decrease social isolation and increase positive connections;
- Developing and delivering culturally appropriate training;
- Projects that are focused on mental health promotion;
- Activities for youth that increase their connection to community, the land, each other, Elders, their family, and that promote cultural continuity;
- Developing tools and other resources that promote suicide awareness in the community;
- Engaging youth in planning for and implementing suicide prevention awareness campaigns, workshops, community protocols, partnerships, etc.; and,
- Supporting the development of Aboriginal youth leaders.

In attempting to prevent suicide, it is important to take a comprehensive approach. Therefore, the Strategy encourages First Nations communities and Inuit regions to develop partnerships and linkages with other relevant departments, organizations, associations and/or agencies in order to have a greater impact on community-related determinants of health and mental wellness. Some examples include:

- The Royal Canadian Mounted Police (RCMP) or provincial police to support youth mentorship opportunities, improved crisis response protocols, monitoring suicide attempts and completions, and delivering training;
- Parent-teacher associations to ensure school-based interventions and gatekeeper training;
- Cadet corps, military and/or other organizations;
- Aboriginal Affairs and Northern Development Canada (AANDC) to support healthy schools in First Nations communities;
- Working with the Mental Health Commission of Canada and other organizations such as the Centre for Suicide Prevention (among others) to develop local pilot projects (e.g. pilot site for new projects);
- Sport Canada and/or other local or provincial sporting or recreational associations to support physical activity and peer networks; and,
- Provinces and territories to develop coordinated and comprehensive protocols for responding to and stabilizing crises.

Health Canada Headquarters and Land Claims Organizations can support Health Canada regions and First Nations and Inuit communities to develop federal linkages through:

- Ongoing and regular meetings of the Interdepartmental Working Group on Aboriginal Youth Suicide Prevention;

- FNIHB participation in Federal/Provincial/Territorial Advisory Networks on Mental Health and Wellness; and,
- Collaborations between provincial, FNIHB regional offices and regional and national Aboriginal organizations to facilitate contact; as well as
- Regional Inuit associations and organizations.

The Strategy also encourages communities to set up links with a variety of local resources and committees, such as:
- Local Band Office/Chief and Council;
- Local police;
- Elders;
- Youth councils;
- Schools;
- Clergy;
- Community leaders;
- Local not-for-profit organizations; and,
- Private industry.

Using and building on national, provincial, territorial, regional, and local efforts to improve mental wellness ensures that activities funded under this Strategy complement and give added value to programs and services where they exist.

**Secondary Prevention**
Secondary prevention or early intervention aims to help with potentially suicidal individuals either before they injure themselves or during a suicidal crisis. Through NAYSPS, Health Canada is committed to supporting First Nations and Inuit communities to develop community-specific suicide prevention projects and activities that address community-identified priorities. Some examples of these types of projects include:
- Suicide intervention training (e.g. Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), safe TALK, etc.);
- Activities aimed broadly at affecting the causes and consequences of self-destructive behaviour; and,
- Developing crisis teams, local suicide prevention plans and protocols.

Should a Region choose to support communities in their area to establish crisis response protocols in the event of a crisis, these protocols should serve to:
- Clarify roles and responsibilities in the event of a crisis;
- Layout the first steps of a response plan;
- Mobilize natural and professional helpers; and,
- Support and bolster community-wide efforts to respond to and stabilize crisis.

**Tertiary Prevention**
Tertiary activities aim to improve and increase crisis response efforts to intervene more effectively in preventing suicide and suicide clusters following a crisis. NAYSPS funding supports communities to develop crisis response plans and protocols with partners, including provinces and territories, Land

Claims Organizations, etc.

Examples of tertiary prevention activities include:
- Developing crisis response teams;
- Reducing the after-effects of loss due to suicide (e.g. suicide clusters);
- Engaging a network of mental health professionals, natural helpers and grief counselors, etc.;
- Preparing for and practicing stabilizing a crisis-related scenario; and,
- Post-crisis training (e.g. Grief and Loss).

Efforts should be made to improve the capacity of a community to respond to and stabilize a crisis. Communities can access training to develop skills for frontline workers and natural caregivers in the community. Communities can build on lessons learned and existing resources and best practices. Training tools and resources should be developed and shared to support communities to:
- Create local response protocols; and,
- Develop skills for responding to and stabilizing crisis.

While community capacity is being improved, the Strategy will support increased emergency response capacity in FNIHB-regional offices to coordinate and bring in additional experts, and natural care-givers from neighbouring communities. In First Nations and Inuit communities in the territories, this will include support for natural caregivers and accepting support from neighboring communities, as the territorial governments are responsible for funding health services and professionals in Nunavut and the Northwest Territories.

**Knowledge Development - Evaluation and Research**

***Evaluation***

Evaluation and monitoring is a critical part of all activities funded under the Strategy. Efforts to evaluate and measure NAYSPS projects and activities are focused on demonstrating results (e.g. an increase in community surveillance, protective factors, positive community changes, and decreases in risk factors, etc.). This serves to assess the Strategy's effectiveness, identify trends, and will help to collect data around progress and outcomes.

Policy makers and community-based project coordinators should use evaluation data to make improvements to the activities funded under this Strategy. It will also add to the growing body of knowledge around what activities are successful in preventing suicide.

***Research***

Research and evaluation activities that enhance what we know about what works in preventing Aboriginal youth suicide.

There is a clear foundation of knowledge available around Aboriginal youth suicide. However, there is a need to support First Nations and Inuit driven research and knowledge on youth suicide prevention. In developing the evidence base around this issue, NAYSPS Headquarters (HQ) supports:

- Community-based participatory action research;
- The active and equal involvement of communities in addressing research problems; and,

- Evaluation of projects funded under the Strategy (e.g. case studies and special studies).

Research initiatives will aim to contribute to promising strategies in Aboriginal youth suicide.

Research may include efforts to validate existing community-based approaches and knowledge, and improve our understanding of risk and protective factors that exist both within and outside the health arena. NAYSPS HQ commits to disseminating updates, publications, presentations, and final research reports to all Regions and stakeholders for information.

# Goals and Objectives

**Goal 1 - Increase awareness and understanding of preventing suicide among Aboriginal youth**
**Objectives:**
Increase the number of youth, community members and frontline workers who are familiar with youth suicide prevention.

Increase recognition of:
- Suicide risk factors;
- Warning signs;
- At-risk behaviours;
- Available mental health supports;
- High-risk groups; and,
- Effective interventions that target youth.

Develop educational activities and provide tools and resources to:
- Encourage parental/guardian involvement in the health and well-being of their children/youth;
- Promote mental wellness;
- Decrease the stigma around talking about mental illness, addictions or suicide, and preventing suicide in Aboriginal communities in Canada;
- Increase awareness and understanding of suicide prevention for frontline workers, volunteers, gatekeepers, etc.; and,
- Improve the recognition of suicide risk factors and referral for parents, teachers, youth and front-line workers in targeted settings (this includes educators, police, and community health/social service personnel).

**Goal 2 - Strengthen key protective factors (e.g. strong sense of identity, meaning and purpose, perceived community connectedness, etc.)**

**Objectives:**
- Support the development of First Nations and Inuit youth leaders;
- Engage youth, parents, families, and the community in developing and carrying out suicide prevention efforts; and,
- Provide communities with culturally relevant tools and resources that foster resiliency, emotional

and spiritual wellbeing, and coping skills.

**Goal 3 - Strengthen and facilitate collaborative approaches and linkages within and across government, agencies, and organizations**

**Objectives:**

- Support links, collaborative approaches and partnerships with other federal, provincial and territorial departments, governments, organizations and/or associations;
- Encourage communities to set-up appropriate links and partnerships with a variety of local resources, committees, organizations, and agencies. This may include police, schools, Elders, youth, community leaders, health centres, and local/private industry; and,
- Use and build on existing national, regional, and local efforts to improve mental wellness in First Nations and Inuit communities (e.g. NAYSPS Interdepartmental Working Group).

**Goal 4 - Develop and carry out locally-driven community plans for preventing suicide in First Nations and Inuit communities**

**Objectives:**

- Support the creation of community-based groups and youth committees to identify community-specific suicide prevention projects and activities;
- Create a local network that supports the exchange of knowledge and information and that contributes to the increased awareness and understanding of suicide;
- Develop and provide culturally appropriate tools and resources for communities to use;
- Support the development of referral methods and practical screening tools for front-line workers and local caregivers; and,
- Support skills and life training to increase the number of people who can effectively respond to those who are at-risk of suicide or who are experiencing a crisis.

**Goal 5 - Improve and increase crisis response efforts to intervene more effectively in preventing suicide and suicide clusters following a suicide-related crisis in First Nations communities south of 60[16].**

**Objectives:**

- Develop crisis response plans and protocols in partnership with provinces to ensure a more coordinated and effective response to communities in crisis;
- Support skills training for front-line workers in responding to crisis;
- Support increased emergency response capacity to support and enhance the community response to suicide;
- Reduce the after-effects of loss due to suicide, and prevent suicide clusters; and,
- Support the development of resources for those families and groups dealing with the aftermath of suicide(s).

**Goal 6 - Enhance the development of knowledge about what we know about what works in**

**preventing suicide among Aboriginal youth**

**Objectives:**
- Support community-based participatory research;
- Ensure rigorous evaluation, monitoring and surveillance systems and techniques are integrated into new and existing suicide prevention projects; and,
- Support the sharing and communication of knowledge through various working groups and committees.

# Regional Implementation

Each year NAYSPS funding will be transferred from HQ to the Regions and then distributed by the Regions to communities or Tribal Councils via contribution agreements to carry out and deliver suicide prevention activities to the target population. Each recipient is accountable to receive and manage the funds as outlined in the contribution agreement.

The allocation of NAYSPS funding at the Regional level is the responsibility of each Region and should target those communities which are at the highest risk[17]. Regions are expected to develop partnerships with representative First Nations and Inuit groups, mental health organizations, youth associations and/or other expert committees in their area to help define NAYSPS Regional funding criterion. Regionally established criteria should align with the national criteria outlined in this framework and consider demonstrated:

- Need;
- Capacity;
- Youth and broad community involvement; and,
- Links or networks.

Regions are encouraged to consider and respond to the diversity of First Nations and Inuit within their respective area. Quebec, Atlantic, and the Northern Regions should also include Inuit-specific activities that are based on engaging appropriate Inuit partners.

# Creating a NAYSPS Regional Workplan

FNIHB regions will be responsible for preparing a NAYSPS regional workplan in collaboration with First Nations and Inuit regional partners. FNIHB is divided into the following eight (8) regions:
- British Columbia First Nations Health Authority
- Alberta
- Saskatchewan
- Manitoba
- Ontario

- Quebec
- Atlantic (Newfoundland and Labrador, New Brunswick, Nova Scotia, and Prince Edward Island); and,
- Northern (Yukon, Northwest Territories, and Nunavut)

Each FNIHB region will determine, in collaboration with First Nations and Inuit stakeholders, the exact procedure to access and/or allocate regional NAYSPS funding; with the exception being self-government transfer agreements.

Depending on the Regional NAYSPS procedure established in each Region, First Nations or Inuit communities/organizations seeking to develop and carry out a NAYSPS program or activity may be requested to submit a proposal or workplan to the NAYSPS Regional office in their area. The proposal or workplan should:

- Include a detailed description of the types of suicide prevention focused activities they plan to deliver and for how long;
- Be consistent with the Strategy's objectives;
- Demonstrate that proposed projects/activity meet the needs and wants of the communities;
- Identify specific collaborations and/or partnerships that will help to further the objectives of the workplan;
- Show the participation of the Aboriginal community (especially youth) in the design, development, planning, and delivery of the activity;
- Emphasize lessons learned and progression in developing activities for continuing initiatives;
- Provide the rationale behind the proposed project/activity;
- Demonstrate how the project/activity complements the greater community workplan;
- Demonstrate youth support for the project(s) and activities;
- Include a detailed description of how the project will be monitored and evaluated;
- Demonstrate community capacity to start and deliver the project with available supports;
- Include a commitment to link with, use, and build on existing community assessments and health and wellness plans, if available;
- Illustrate how the projects and activities align with elements of the Strategy; and,
- Meet the national criteria outlined in this framework.

With the exception of Northern Region, FNIHB regions are responsible for reviewing and approving community workplans. Regions are responsible for documenting and being transparent about:

- How they are working and engaging with First Nations and Inuit to determine Regional priorities/allocations;
- What collaborative processes/criteria they are using to determine funding; and,
- Completing and submitting a final Regional workplan to FNIHB headquarters. The workplan should clearly describe how the Region plans to monitor NAYSPS activities for that fiscal year.

FNIHB-NAYSPS HQ will review and approve the regional workplans, except for those submitted by self-governing bodies[18]. There are separate NAYSPS Implementation Guides for First Nations and Inuit that:

- Outline the specific processes and delivery requirements of the prevention and promotion activities; and,

- Respond to identified considerations and perspectives of the target populations.

## Implementing the Strategy at the Community Level

There are resources available to guide the implementation of the Strategy (NAYSPS Implementation Guides for First Nations and Inuit). The implementation guides are essential tools for carrying out the activities and tailoring it to the unique needs of communities. The framework and guides are interrelated and should be used together during the planning process, delivery, and evaluation. The documents were developed in partnership with the AFN and ITK's National Inuit Youth Council.

The Strategy should be carried out in a meaningful and consistent way that focuses on achieving results for communities. It is important that the Strategy address the issue of capacity at both the regional and community level. The implementation plan for the Strategy will ensure the greatest possible impact in terms of preventing suicide among Aboriginal youth.

## Partnerships

Through NAYSPS, there is an opportunity to build on and develop partnerships. For instance, since 2005/06, partnerships have been established at the national level with the AFN, ITK and their respective youth councils to provide guidance on the NAYSPS projects and activities being delivered on-reserve and in Inuit communities. It is important to build on these partnerships and ensure that appropriate links and collaborations are made.

For example, important national linkages have also been made with organizations such as:
- The Native Mental Health Association of Canada;
- Centre for Suicide Prevention;
- Mental Health Commission of Canada;
- Canadian Association of Suicide Prevention;
- Centre for Addictions and Mental Health;
- First Nations and Inuit youth councils; and,
- Other key organizations working on preventing suicide among Aboriginal youth.

Each region should continue working with its First Nations and/or Inuit partners to determine the most appropriate approach for the Strategy in that area. This could include (are not limited to):
- Splitting funds evenly across communities/Tribal Councils/Catchment area;
- Targeted investments that use monitoring and surveillance to determine those communities at risk; and/or,
- Call for proposals.

Communities should continue to:
- Form partnerships, share resources;
- Develop cost-effective programs; and,
- Utilize linkages with other federal and provincial or territorial efforts.

In all cases, activities must be:

- Culturally relevant and safe;
- Holistic; and,
- Designed and delivered either by, or in partnership with, First Nations and Inuit.

The Strategy recognizes and addresses the unique health and social needs of Aboriginal peoples. It considers traditional practices and methods whenever possible. Further links with key stakeholders will be maintained through committees and structures already in place. Strong links will be secured at the national level with other government departments through the Interdepartmental Working Group on Aboriginal Youth Suicide Prevention set up in 2010. The working group has representatives from:

- Aboriginal Affairs and Northern Development Canada;
- Correctional Services Canada;
- Human Resources and Social Development Canada;
- Canadian Heritage and Sport Canada;
- Royal Canadian Mounted Police;
- Justice Canada;
- Public Health Agency of Canada;
- Canadian Institutes for Health Research;
- Public Safety and Emergency Preparedness Canada; and,
- Statistics Canada.

The working group continues to:

- Share information, research and new knowledge on Aboriginal youth suicide prevention;
- Collaborate where possible on joint projects to develop and provide tools, training, and improved statistics; and,
- Work towards defining a more inter-sectoral approach to preventing suicide.

# Eligible Expenditures

As per the *Terms and Conditions for Primary Health Care Authority FNIHB Program*, a list of eligible expenses that fall under the *Health Promotion and Disease Prevention* sub-activity for *Mental Wellness* includes:

- Administration of the program;
- Staff salaries and benefits;
- Contracts related to planning, delivering, and evaluating the program;
- Staff travel;
- Office supplies;
- Accommodations;
- Printing;
- Staff training;
- Office equipment; and,
- Office furniture.

Other expenditures may be considered eligible based on a workplan. Expenditures and workplan items will be reviewed and approved by FNIHB- NAYSPS HQ. The program schedule within each contribution agreement provides a list of eligible activities and includes a clause that states "*all expenditures must be for the purpose of delivering specific activities as defined in the contribution agreement"*.

# Capital

**Eligible Expenses**

Minor capital expenditures for operational requirements are permitted only if the estimate is in the workplan and has been approved by FNIHB-NAYSPS HQ. These include things such as:

- Computers;
- Software;
- Desks; and,
- Filing cabinets.

**Ineligible Expenses**

Major capital expenditures are not allowed as identified in the Treasury Board policy on capital. These include:

- Construction;
- Land;
- Buildings;
- Vehicles; and,
- Renovations.

In addition, NAYSPS will not fund activities or services that:

- Already fall under provincial or territorial jurisdictions, such as psychiatric assessments and counseling;
- Are already provided through other federal, provincial, or territorial programs (e.g. direct duplication); and,
- Are not directly related to the four components of the Strategy.

# Audit and Evaluation

All NAYSPS activities, if requested by the Minister, must participate in an audit or evaluation as outlined in the Terms and Conditions of Set and Community-Based Contribution Agreements, and in the NAYSPS Evaluation Framework(s).[19]

# Governance

FNIHB-NAYSPS HQ will continue to work with the AFN and ITK to plan, carry out, and maintain the integrity of the Strategy. FNIHB regions should continue to work collaboratively with:

- Regional First Nations and/or Inuit organizations;
- Provinces and territories where possible; and,
- First Nations Health Authorities.

# Service Providers

Regions and communities are encouraged to form informal/formal partnerships with other services and programs in the community. For example, this could include:

- Community Health Nurse;

- Psychologists;
- Mental health workers;
- Youth workers;
- Addictions workers (NNADAP);
- Social workers;
- Health director;
- Elders;
- Police;
- Non-government organizations;
- Teachers and educators; and,
- Program workers (e.g. Brighter Futures).

## Disseminating Information about NAYSPS

Regional Health Canada offices have information about the Strategy and Implementation Guides and can disseminate accordingly. When sharing information about the Strategy externally, communications about NAYSPS activities, successes, key partnerships, and other opportunities should respect community needs and language policies of the Government of Canada.

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17 It should be acknowledged that: i) not all Regions are equipped with surveillance systems; and ii) that First Nations and Inuit communities can be at different stages of readiness. Some communities who are in-crisis may not have the capacity or infrastructure needed to deliver suicide prevention programs and activities.

18 This is mainly to ensure communication between Regions and Headquarters so that there is no duplication or overlap.

19 Available online at http://www.sciencessociales.uottawa.ca/crecs/eng/documents/EvaluationFramework-NAYSPS-07-10-26.pdf