Indigenous Experiences in Wellness and Suicide Prevention

«It’s not because we are shy or afraid that we don’t talk. It’s because we listen. »
Rosenda Camey, Maya community, Guatemala

October 25th & 26th 2017
Montreal, Quebec, Canada
EVENT REPORT
# Indigenous Experiences in Wellness and Suicide Prevention

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I am happy to present a brief report on the meeting entitled “Indigenous Experiences in Wellness and Suicide Prevention,” which was held in Montreal on October 25th and 26th, 2017.

This meeting marks a key intervention of the Pan American Health Organization (PAHO)’s Canada Biennial Work Plan for 2016-2017, which guides the technical cooperation between PAHO and Health Canada. The meeting was organized by the Mental Health and Substance Use Unit of PAHO, in collaboration with the Montreal WHO/PAHO Collaborating Centre for Research and Training in Mental Health, several programs within PAHO and partners from participating countries.

The aim of the conference was to bring together members of Indigenous communities from across the Americas to exchange experiences, perspectives and tools on wellness and suicide prevention.

The meeting is an important step in developing our knowledge and understanding about Indigenous health, wellness and suicide prevention. PAHO’s Mental Health team started work in this area several years ago. For this meeting, we wanted to listen to and learn from Indigenous community members across the Region on their approaches to wellness and suicide prevention. I believe this goal was attained.

I wish to warmly thank Dr Marc Laporta, from the Montreal WHO-PAHO Collaborating Centre for Research and Training in Mental Health and the Douglas Mental Health University Institute Directorate of Academic Affairs, Teaching and Research Directorate (DAUER). I also wish to thank our colleagues at the Office of International Affairs for the Health Portfolio, Health Canada.

Dévora Kestel

Unit Chief, Mental Health and Substance Use
Pan American Health Organization
A Geographical Snapshot of Participants

Thirty-nine participants from eleven countries took part in this meeting.
Introduction

Indigenous groups worldwide frequently suffer poorer mental health outcomes than non-Indigenous groups. Suicide rates in many Indigenous communities are significantly higher than in the general population, and suicide is the second leading cause of death among Indigenous youth. Indigenous communities experience numerous risk factors for suicide, including discrimination, conflict, trauma, the stresses of acculturation and dislocation, harmful use of alcohol, and barriers to accessing health care.

The meeting in Montreal entitled “Indigenous Experiences in Wellness and Suicide Prevention” held on 25-26 October, 2017 was meant to foster an exchange of such experiences from within specific communities, in order to yield knowledge and understanding of local practices and perceptions, and to provide direction for future collaborations on the topic in the Region.

Objectives

1. To exchange experiences of mental health and suicide prevention at the community level
2. To develop and/or revise adaptation processes and methodologies for mental health tools for Indigenous peoples
3. To establish future collaborations between participating Indigenous groups and PAHO/WHO
4. To identify potential financial support of collaborative work around the meeting’s themes
The meeting was structured with an emphasis on “wellness” on the first day, and “suicide prevention” on the second, recognizing that these concepts cannot easily be separated.

We learned that through the notion of wellness, many Indigenous communities are able to express their world views, cultural values, and “cosmovision.” Wellness also captures what communities see as optimal living, fulfilling their potential, and a sense of meaning and satisfaction – all of which are compatible with the World Health Organization’s positive definitions of health and mental health:

**Health:**
“a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

**Mental health:**
“a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

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1  [http://www.who.int/about/mission/en/](http://www.who.int/about/mission/en/)
For Indigenous communities, wellness represents a holistic state of being which incorporates not only physical health, but mental wellbeing, spirituality, and a person’s connections to nature and his ancestors. The interplay of these components plays a large role in determining overall health. The role of “Culture” in health was addressed by most Indigenous representatives, who see a sense of belonging to one’s community, a common understanding, and a strong cultural identity as central to attaining wellness.

We also came to understand the communities’ frameworks for wellness, including the First Nations Mental Wellness Continuum Model, a powerfully integrative framework of wellness developed by Canadian First Nations communities, with which many other Indigenous communities throughout the Region could identify.
A key issue examined was the deep-rooted interplay between shared historical experiences of exclusion, cultural dissolution, and trauma, and the buildup of socially disadvantageous determinants of health. These mutually reinforcing realities have had destructive effects on indigenous health and wellbeing that cannot be underestimated. The role of autonomy and strengthening cultural knowledge and identity were portrayed as powerful ways to counter the reinforcing spiral. Many examples of local practices to achieve this were described.

One example of how this challenge is being addressed on an academic level is a public health course at North Dakota State University which centers on cultural knowledge and practices, serving as a foundation for designing and implementing health programs and services.

“Two-eyed seeing” was another Wellness framework presented by the Thunderbird Partnership Foundation for understanding Indigenous and non-indigenous world-views and their complementarity in health research.

This framework incorporates both a traditional outlook and knowledge with Western knowledge. Such a two-eyed seeing framework has the potential to reshape the nature of the questions we ask in the realm of Indigenous health research and implementation.

A traditional view of public health from the Oglala Lakota people

Three sisters are walking along a river and see a baby drowning.
- The first sister says: we have to help him!
- The second sister says: we have to teach him how to swim so he won’t drown again.
- The third sister says: we have to find out who is throwing babies into the river so it will never happen again.

Shared by participant Donald Warne
Day 2 of the meeting provided an opportunity to learn more about the specifics of suicide prevention implementation. Indigenous responses to suicide prevention presented at the meeting showcased the centrality of wellness and cultural practices as indications of health and keys to suicide prevention. We had the privilege of hearing of tremendous local efforts being made to strengthen cultural identity and belonging, as a way to prevent suicide. There are indications that this has been effective in several communities.

Many Indigenous communities utilized similar strategies to prevent suicide. These included the training of “gatekeepers” and health personnel in suicide prevention and detection, focusing on youth and adolescent empowerment, and strengthening community and cultural identity through the revival of traditional ceremonies, language and dress.

Key takeaways:
Suicide Prevention
Indigenous representatives faced shared challenges in preventing suicide in their communities. Some of the most significant barriers included a lack of steady funding, stigma, a lack of mental health and suicide policy and a scarcity of community data on suicide. Indigenous communities, such as the Nasa in Colombia, are using traditional knowledge of lunar and solar cycles to collect local suicide data. They are working with community elders and healers to tailor specific suicide prevention strategies.

Suicide surveillance in Colombia using the Nasa Indigenous calendar
Participants noted the necessity of going beyond the absence of disease to measure health and instead focusing on wellness and resilience. There was recognition by many of the need for Indigenous communities to develop their own indicators by which to measure health and assess project outcomes.

Indigenous community members also expressed confidence in the fact that effective and sustainable solutions to prevent suicide could be found within their own communities. They noted the importance of collaborating with outside actors who could play an important role in scaling up grassroots solutions to suicide in Indigenous communities.

Indigenous representatives from across the Americas seemed surprised to learn that despite being separated by distinct histories, languages and geography, their communities shared much in common when it came to wellness and suicide prevention; they observed common risk factors for suicide such as historical trauma and loss of cultural identity, similar ideas behind local suicide prevention efforts, and shared obstacles in achieving their interventions. In light of their commonalities, communities emphasized the importance of making Indigenous evidence-based practices accessible and easily available so that they could be shared across communities and countries.
Quantitative Outcomes

Following the meeting, participants were asked to complete a survey to determine whether in their opinion, the meeting had achieved its objectives.

Exit Question:

The purpose of this two-day conference was to consider the following three (3) elements. For each one of them, do you think we achieved our objective?
1 - To better understand indigenous perspectives on wellness
2 - To better understand indigenous perspectives on suicide prevention
3 - To create possibilities for new collaborations

Exit Questionnaire Responses:

Of 26 participants (excluding PAHO and Montreal Collaborating Centre staff and Canadian government officials), 20 responded to the survey. See results below.
Memorable moments captured
<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>7:00 - 8:30 am</td>
<td>Registration and buffet breakfast</td>
</tr>
<tr>
<td>8:30 - 9:30 am</td>
<td>Welcome</td>
</tr>
<tr>
<td>9:30 - 10:00 am</td>
<td>Introduction to the Meeting and to Day 1</td>
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<tr>
<td>10:00 - 10:30 am</td>
<td>Break</td>
</tr>
<tr>
<td>10:30 - 12:00 am</td>
<td>Roundtable: Coming Together: Sharing our Stories, Hopes and Aspirations for our Communities' Wellness</td>
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<tr>
<td>12:00 - 1:00 pm</td>
<td>Lunch</td>
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<tr>
<td>1:00 - 2:00 pm</td>
<td>Panel: Indigenous Perspectives on Health and Wellness</td>
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<tr>
<td>2:00 - 3:00 pm</td>
<td>Work groups: Focusing on the Links Between Health and Wellness</td>
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<tr>
<td>3:00 - 3:30 pm</td>
<td>Break</td>
</tr>
<tr>
<td>3:30 - 4:30 pm</td>
<td>Panel: Indigenous Responses to Wellness: Initiatives from the Field</td>
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<tr>
<td>4:30 - 5:00 pm</td>
<td>Conclusion Day 1</td>
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## CONFERENCE PROGRAM

### Day 2 | Día 2

**Suicide Prevention | Prevención del suicidio**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Notes</th>
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<tbody>
<tr>
<td>7:30 - 9:00 am</td>
<td><strong>Buffet breakfast</strong> Desayuno buffet</td>
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<tr>
<td>9:00 - 9:15 am</td>
<td>**Introduction to Day 2</td>
<td>Brief summary of Day 1** Introducción al día 2</td>
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| 9:15 - 10:15 am | **Panel:** *Indigenous Responses to Suicide Prevention: Initiatives from the Field*  
**Panel:** *Respuestas de los indígenas en relación a la prevención del suicidio: iniciativas desde el terreno*  
Cristian Ruiz Ríos - Chile  
Diana P. Gonzalías Pavi - Colombia  
Lauren Lockhart - Estados Unidos  
Iztel M. Lopez P. - Panamá  
Rosenda Camey - Guatemala  |
| 10:15 - 10:45 am| **Break** Café                                                             |                                            |
| 10:45 - 11:45 am| **Work groups:** *Indigenous Responses: Can They Be Evaluated?*  
Grupos de trabajo: Respuestas indígenas: ¿se pueden evaluar?  |
| 11:45 - 1:00 pm | **Lunch** Almuerzo                                                        |                                            |
| 1:00 - 2:00 pm  | **Panel:** *Paradigm Shifts: Healthcare System Initiatives in Suicide Prevention and Wellness in Indigenous Contexts*  
**Panel:** *Cambios de paradigma: iniciativas del sistema de salud en relación a la prevención del suicidio y el bienestar en contextos indígenas*  
Jennifer Jones Villiers - Costa Rica  
Kimberly Fowler and Alejandro Bermudez-del-Villar - Estados Unidos  
Gabriel de Erausquin - Estados Unidos  
Andrea Horvath Marques - Estados Unidos  
Fernando Pessoa de Albuquerque - Brasil  |
| 2:00 - 3:00 pm  | **Work groups:** *Adapting healthcare system responses*  
Grupos de trabajo: Adaptación de las respuestas del sistema de salud  |
| 3:00 - 3:30 pm  | **Break** Café                                                             |                                            |
| 3:30 - 4:30 pm  | **Roundtable:** *Ways forward*  
Mesa redonda: Caminos a seguir  |
| 4:30 - 5:00 pm  | **Closing remarks** Palabras finales                                       |                                            |
List of Participants

Brazil

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Indígena de la Etnia Terena
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Instituto De Salud del Estado De Chiapas

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Itzel López
Enfermera especialista en salud mental
Ministerio de Salud de Panamá

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«It’s not because we are shy or afraid that we don’t talk. It’s because we listen. »
Rosenda Camey, Maya community, Guatemala