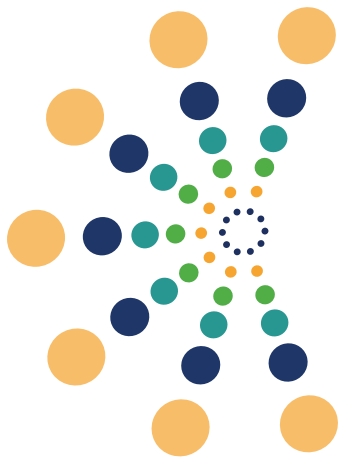


# Indigenous Experiences in Wellness and Suicide Prevention

«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

## TABLE of contents

- 3 Preface
  - 4 A Geographical Snapshot of Participants
  - 5 Introduction and Objectives
  - 6 Key Takeaways: Wellness
  - 9 Key Takeaways: Suicide Prevention
  - 11 Ways Forward
  - 12 Quantitative Outcomes
  - 13 Memorable Moments Captured
  - 14 Conference Program
  - 16 List of Participants
-



*Dévora Kestel  
Unit Chief, Mental Health  
and Substance Use  
Pan American Health  
Organization*

## Preface

**This meeting marks  
a key intervention  
of PAHO's Canada  
Biennial Work Plan  
for 2016-2017**

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***

# A Geographical Snapshot of Participants

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



# Introduction and Objectives



## 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

# Key takeaways:

## Wellness

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.<sup>1</sup>”*

### **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.<sup>2</sup>”*

---

1 <http://www.who.int/about/mission/en/>

2 [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/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.



**Mapuche community of Chile's concept of 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.



**First Nations Mental Wellness Continuum**

“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 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.



***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***



# Key takeaways:

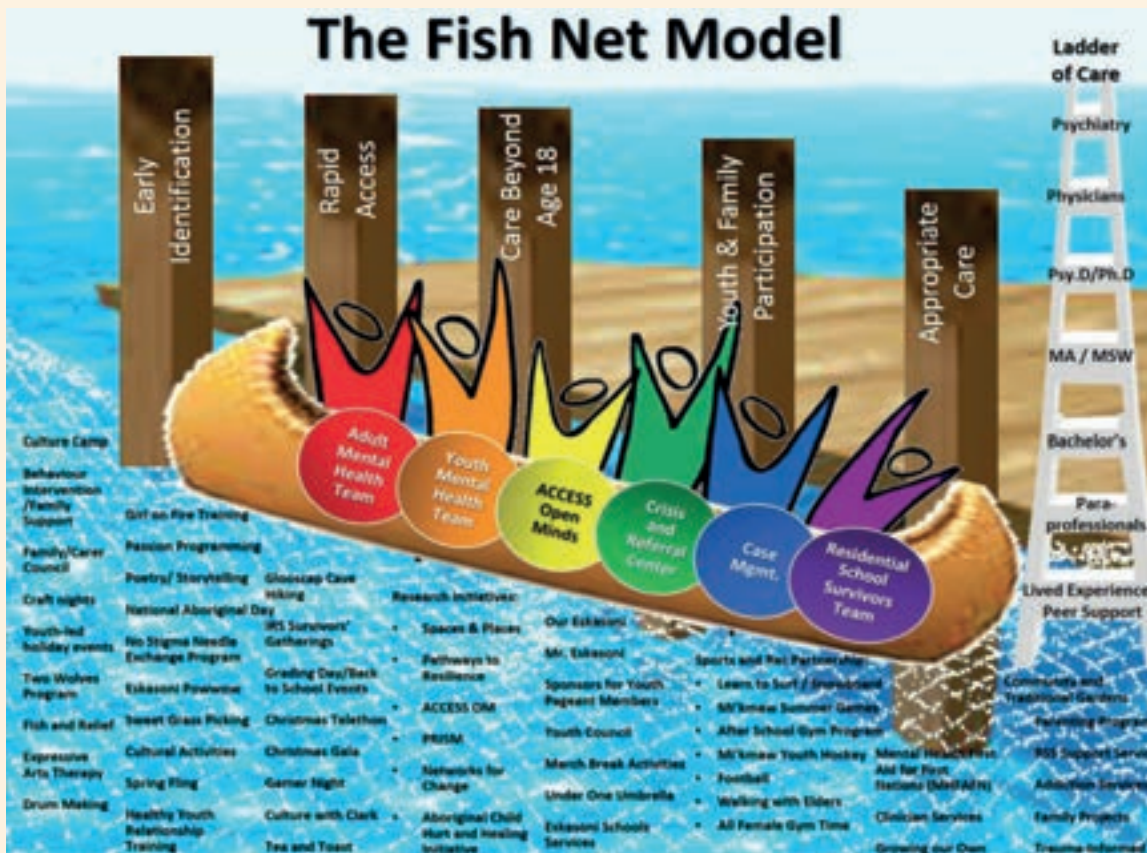
## Suicide Prevention

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.

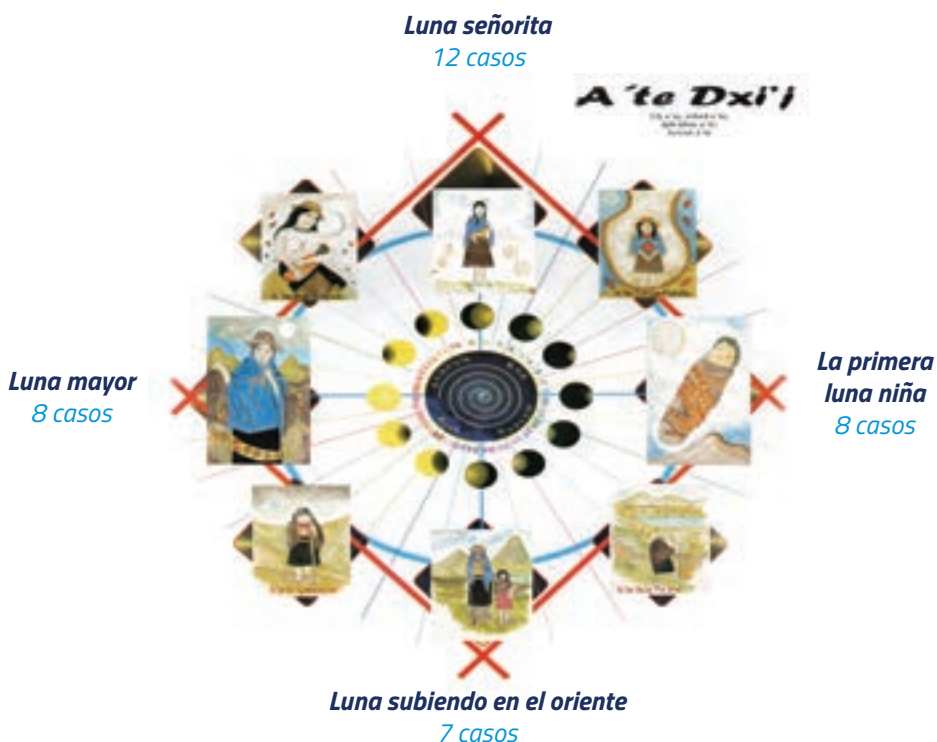


Communities also stressed the need for suicide prevention strategies to be multi-disciplinary and involve different levels of care, from public awareness campaigns to individual psychological attention. The Eskasoni's Fish Net Model reflects this through a ladder of participation and interventions that span prevention to treatment.



*The Eskasoni Fish Net Model for 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.



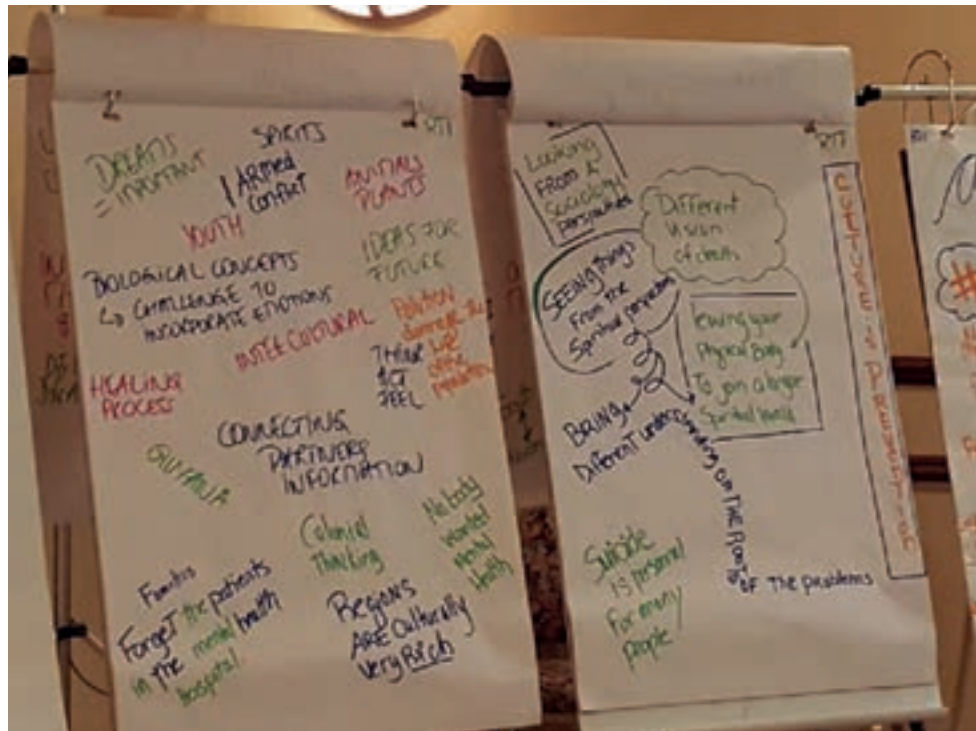
*Suicide surveillance in Colombia using the Nasa Indigenous calendar*

# Ways Forward

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:

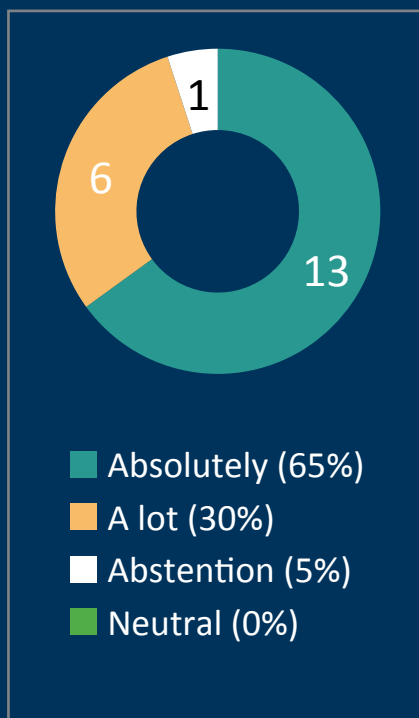
The purpose of this two-day conference was to consider the following three (3) elements. For each one of them, do you think we achieved our objective?

- 1 - To better understand indigenous perspectives on wellness
- 2 - To better understand indigenous perspectives on suicide prevention
- 3 - To create possibilities for new collaborations

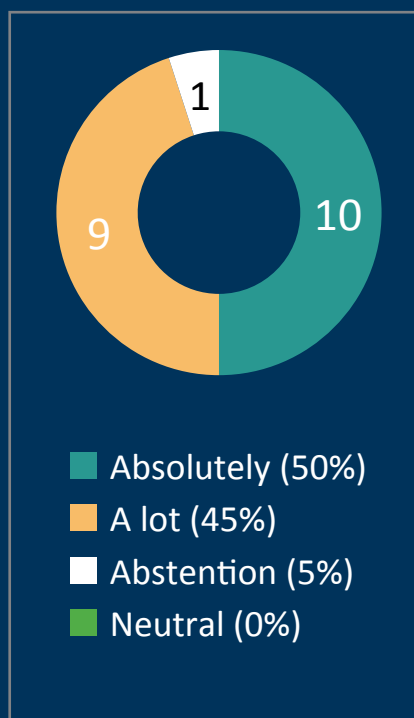
## Exit Questionnaire Responses:

Of 26 participants (excluding PAHO and Montreal Collaborating Centre staff and Canadian government officials), 20 responded to the survey. See results below.

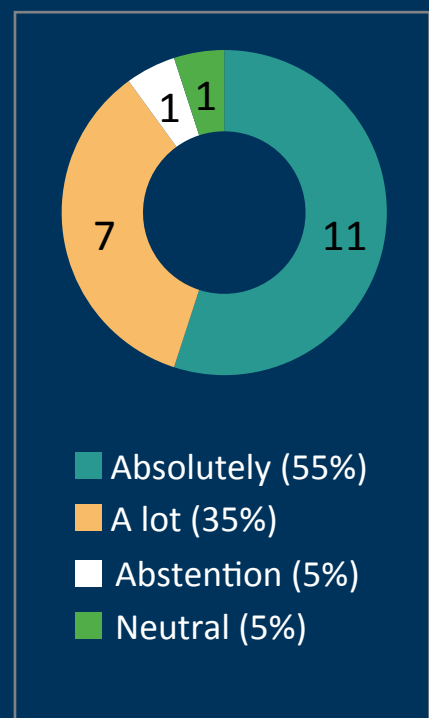
### Objective 1



### Objective 2



### Objective 3





# Memorable moments captured
















# CONFERENCE PROGRAM

## Day 1 | Día 1

### Wellness | Bienestar

7:00 - 8:30 am		<b>Registration and buffet breakfast</b> Inscripción y desayuno buffet
8:30 - 9:30 am		<b>Welcome   Remarks by Canadian and Quebec Health Authorities</b> Bienvenida   Comentarios de las autoridades sanitarias de Canadá y de Quebec
9:30 - 10:00 am		<b>Introduction to the Meeting and to Day 1</b> Introducción de la reunión y del día 1
10:00 - 10:30 am		<b>Break</b> Café
10:30 - 12:00 am		<b>Roundtable: <i>Coming Together: Sharing our Stories, Hopes and Aspirations for our Communities' Wellness</i></b> <b>Mesa redonda: <i>Unirnos: compartir nuestras historias, esperanzas y aspiraciones para el bienestar de nuestras comunidades</i></b>
12:00 - 1:00 pm		<b>Lunch</b> Almuerzo
1:00 - 2:00 pm		<b>Panel: Indigenous Perspectives on Health and Wellness</b> Panel: Perspectivas indígenas sobre la salud y el bienestar <b>Carol Hopkins - Canadá</b> <b>Catalina Hernández Girón - México</b> <b>Donald Warne - Estados Unidos</b>
2:00 - 3:00 pm		<b>Work groups: <i>Focusing on the Links Between Health and Wellness</i></b> <b>Grupos de trabajo: <i>Enfocándose en los vínculos entre la salud y el bienestar</i></b>
3:00 - 3:30 pm		<b>Break</b> Café
3:30 - 4:30 pm		<b>Panel: <i>Indigenous Responses to Wellness: Initiatives from the Field</i></b> Panel: <i>Respuestas de los indígenas en relación al bienestar: iniciativas desde el terreno</i> <b>Jami Bartgis - Estados Unidos</b> <b>Daphne Hutt-McLeod and Sharon Paul Rudderham- Canadá</b> <b>Clara Morin Dal Col - Canadá</b> <b>Horracio Aruda- Canadá</b>
4:30 - 5:00 pm		<b>Conclusion Day 1</b> Conclusión Día 1

# CONFERENCE PROGRAM

## Day 2 | Día 2

### Suicide Prevention | Prevención del suicidio

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

# List of Participants

## Brazil

### *Lucio Flores*

Indígena de la Etnia Terena  
Ministerio de la Salud  
Representante de la Coordinación de Control Social de la  
Secretaría Especial de Salud Indígena de Brasil

### *Fernando Pessoa de Albuquerque*

Secretaría Especial de Salud Indígena de Brasil  
Ministerio de la Salud

## Canada

### *Indigenous Community Representatives*

#### *Clara Morin Dal Col*

President of Métis Nation British Columbia  
Métis National Minister of Health

#### *Carol Hopkins*

Executive Director  
Thunderbird Partnership Foundation

#### *Daphne Hutt-MacLeod*

Registered Psychologist  
Mental Health Services  
Eskasoni Mental Health and Social Work Service

#### *Sharon Rudderham*

Health Director  
Eskasoni First Nation

#### *Eduardo Vides*

Senior Health Policy Advisor  
Métis National Council

### *Quebec Ministry of Health Representatives*

#### *Horacio Arruda*

Director of Public Health  
Assistant Deputy Minister  
Ministry of Health and Social Services  
Quebec

#### *Geneviève Poirier*

Ministry of Health  
Affaires Internationales

#### *Johanne Rhainds*

Ministry of Health  
Aboriginal Affairs Branch

#### *Stéphane Ruel*

Ministry of Health  
Direction gén de santé publique  
Suicide Prévention

#### *Valérie Vennes*

Suicide, Violence and Social Crisis Prevention Advisor  
The First Nations of Quebec and Labrador Health and  
Social Services Commission (FNQLHSSC)

### *Public Health Agency of Canada*

#### *Stephanie Priest*

Executive Director  
Centre for Health Promotion,  
Public Health Agency of Canada

### *Government of Canada*

#### *Sophie Graveline*

Policy Analyst  
Multilateral Relations Division,  
Office of International Affairs for the Health Portfolio,  
Government of Canada

*Douglas Mental Health University Institute*  
*CIUSSS-ODIM,*

***Geneviève Côté-Leblanc***

Chief of Knowledge Transfer and Innovation  
Academic Affairs, Teaching and Research Directorate,  
CIUSSS-ODIM Direction Affaires,  
CIUSSS-ODIM

***Najja Hashimi-Idrissi***

Director  
Mental Health and Addiction Programs,  
CIUSSS-ODIM

***Yvonne Hindle***

Chief Integrated Services for the Aboriginal Communities  
Institut universitaire en santé mentale Douglas, CIUSSS-  
ODIM

***Annabelle Martin***

Planning, Programming and Research Officer  
Academic Affairs, Teaching and Research Directorate  
CIUSSS-ODIM

***Lynne McVey***

Associate President-Director General  
CIUSSS-ODIM

***Renée Proulx***

Associate Director of Academic Affairs, Teaching and  
Research  
CIUSSS-ODIM

## **Chile**

***Cristian Ruiz Ríos***

Asesor Cultural  
Programa Salud e Pueblos Indígenas,  
Centro de Salud Mapuche “Lawen Kimün”

## **Colombia**

***Diana Patricia Gonzalías Pavi***

Cabildo Indígena del Resguardo de Toribio  
Departamento del Cauca

## **Costa Rica**

***Jennifer Jonas Villiers***

Directora del Área Rectora de Salud Talamanca  
Miembro de la Comisión de Prevención del Suicidio de  
Talamanca

## **Guatemala**

***Enma Pérez***

Responsable de la Unidad de Atención de la Salud de los  
Pueblos Indígenas e Interculturalidad

***Rosenda Camey***

Programa Conjunto Ixil

## **Guyana**

***Lolitta Rebeiro***

Chief Medex  
Ministry of Public Health

## **México**

***Ivania Verenise García Morales***

Coordinadora Estatal de Salud Mental  
Instituto De Salud del Estado De Chiapas

***Catalina Hernández Girón***

Licenciada  
Gestión y desarrollo para pueblos indígenas

## **Panama**

***Itzel López***

Enfermera especialista en salud mental  
Ministerio de Salud de Panamá

## **Perú**

***Fernando Meléndez Celis***

Representante de Comunidad Indígena

**Ismael Perez Petsa**

Representante de Comunidad Indígena

## United States

**Jami Bartgis**

President and CEO  
One Fire Associates, LLC

**Alejandro Bermúdez-del-Villar**

Director  
Development and Applied Social Technology,  
National Council of Urban Indian Health (NCUIH)

**Gabriel de Erasquin**

Founding Chair  
Department of Neurology and Psychiatry, University of  
Texas Rio Grande Valley School of Medicine.

**Kimberly Fowler**

Director  
Technical Assistance and Research Center,  
National Council of Urban Indian Health (NCUIH)

**Andrea Horvath-Marques**

Chief, Mental Health Disparities Research, Office on  
Research on Disparities & Global Mental Health,  
National Institute of Mental Health

**Joe McElhane**

Behavioral Health Clinician  
Oklahoma City Indian Health Clinic

**Lauren Lockhart**

Sacred Bundle Project Program Manager  
American Indian Health & Family Services of SE Michigan,  
Inc.

**Donald Warne**

Professor and Chair  
Department of Public Health,  
College of Health Professions,  
North Dakota State University

**PAHO/WHO Staff**

**Dévora Kestel**

Unit Chief  
Mental Health and Substance Use

**Martha Koev**

Administrative Assistant  
Mental Health and Substance Use

**Amy Tausch**

Consultant  
Mental Health

**Montreal WHO-PAHO Collaborating Centre**

**Marc Laporta**

Director, Montreal WHO/PAHO Collaborating Centre for  
Research and Training in Mental Health,  
Douglas Institute

**Eduardo Chachamovich**

Researcher and co-director  
Integrated Services for Aboriginal Communities

**Larry Karass**

President  
Stratik International

**Gabriel Audet**

Administrative Agent, Classe 1  
Centre collaborateur OMS  
Centre intégré universitaire de santé et de services sociaux  
de l'Ouest-de-l'Île-de-Montréal





Participants

# 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*



**Indigenous Experiences in Wellness and Suicide Prevention.** Event Report (Montreal, October 25th & 26th 2017).

Document Number: PAHO/NMH/17-037

© Pan American Health Organization 2018

All rights reserved. Publications of the Pan American Health Organization are available on the PAHO website ([www.paho.org](http://www.paho.org)). Requests for permission to reproduce or translate PAHO Publications should be addressed to the Communications Department through the PAHO website ([www.paho.org/permissions](http://www.paho.org/permissions)).

All reasonable precautions have been taken by the Pan American Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the Pan American Health Organization be liable for damages arising from its use.