LINKING COMMUNITIES AND RESEARCH:
FIRST NATIONS AND INUIT SUICIDE PREVENTION

Report from a Gathering on Improving Collaboration

Montreal, Quebec • March 21-23, 2005
ACKNOWLEDGEMENTS

Health Canada wishes to extend thanks to the delegates who contributed to the success of this event and to our partners in planning and hosting the event: the Institute of Aboriginal Peoples’ Health and the Institute of Neuroscience, Mental Health and Addictions of the Canadian Institutes of Health Research.

Elder, Billy Two-Rivers of Kahnawake welcomed delegates to his homeland and provided opening and closing prayers.

The First Nations and Inuit Suicide Prevention Association of Quebec organized this important gathering. Hunter-Courchene Consulting Group Inc. provided assistance in coordinating the event and in efforts to record the proceedings.

We also wish to acknowledge the Assembly of First Nations and Inuit Tapiriit Kanatami, who helped plan this event.

Ms. Janice Rose and Ms. Mary May Simon provided valuable facilitation. Health Canada and CIHR staff facilitated the small group dialogue sessions.

Most importantly, the delegates who accepted the invitation and participated in this dialogue shared their knowledge and expertise. Several of these delegates provided excellent plenary presentations that set the stage for small group dialogue.

Health Canada provided the funding for this event.
Dear Prospective Delegate:

RE: Linking Communities and Research: First Nations and Inuit Suicide Prevention, March 21-23, 2005 – Montreal, QC

The Linking Communities and Research: First Nations and Inuit Suicide Prevention gathering will provide a forum for dialogue between suicide prevention researchers and First Nations and Inuit community-based representatives. As you well know, suicide is an urgent issue in many communities. That is why the First Nations and Inuit Health Branch is eager to support a gathering that will lead to improved cooperation among the research community and those community members and professionals on the front-line.

Evidence suggests that strategies most likely to be successful in Aboriginal youth suicide prevention are community-based. Supporting community efforts to develop, implement, and evaluate locally-designed strategies is a critical aspect of suicide prevention. Equally critical is increasing knowledge and evidence regarding what works to prevent Aboriginal youth suicide through research.

This workshop has been organized to support the ongoing dialogue between community-based representatives and researchers in their search for innovative ways to address suicide prevention. A number of very interesting plenary and panel presentations are planned to set the stage for solution-focused dialogue. I sincerely hope that this event will contribute to improved working relationships and stronger networks, practical recommendations on how to support one another’s work, and the identification of opportunities for new partnerships.

Your participation in this dialogue is important in building and maintaining a strong foundation for community-researcher collaboration, and I encourage you to attend.

Sincerely,

Ian Potter

Canada
Monday, February 21, 2005

Dear prospective delegate,

The Institute of Aboriginal People’s Health (IAPH) and the Institute for Neurosciences, Mental Health and Addiction (INMHA) of the Canadian Institutes of Health Research (CIHR) are proud to support “Linking Communities and Research: First Nations and Inuit Suicide Prevention” – a forum taking place in Montreal on March 21-23, 2005, that will bring together researchers and community members with a focus on suicide prevention in aboriginal communities. We recognize the urgent need for solutions to the suicide problem, a strategic research priority for both our Institutes.

CIHR must fund innovative research in this area – but it is not sufficient to have researchers working in isolation. The involvement of affected communities as full and equal partners in the research is crucial in order to identify the real problems and to find practical solutions that communities are able and willing to apply. This meeting is about bringing researchers and communities together to start building the relationships that will be necessary to undertake effective research.

Partnership is a fundamental principle underlying the work of all the CIHR Institutes. We recognize that researchers and partners in affected communities, governments, and many other organizations and agencies have much to learn from each other and must work together from the beginning to achieve optimal results. We are very pleased that the community partnership approach is now being applied to suicide prevention.

We are optimistic that the dialogue over the course of this meeting will be productive and will lead to new ways of working together to build effective collaborations for the prevention of suicide in our aboriginal communities. We hope that you will agree to be part of this important process.

Sincerely,

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PLAIN LANGUAGE SUMMARY

Aboriginal youth suicide rates in Canada are a cause for concern. It is true that some Aboriginal communities are not really affected by suicide. Others are losing large numbers of youth to suicide and are forced to deal with the impact it has on the community, and to search for ways to prevent any more deaths.

Suicide prevention is not the job of one group or one organization. It will take many people, groups, and organizations working together to solve the problem. Preventing suicide is complex because there are many factors that make some Aboriginal youth more at risk of suicide and suicide attempts. To learn more about the best ways to prevent suicide, it will be important for community-based workers, youth and Elders, and those expert in research to work together and share their ideas and knowledge.

Community-based representatives and researchers were invited together to talk about how to build better partnerships. This was based on the idea that researchers have a lot to gain by working together with communities, and communities have a lot to gain by working together with researchers. It has been shown that when positive partnerships are created to do research, the benefits to the community can be seen right away.

There are many Aboriginal people who believe their communities have been “researched to death” and who are suspicious of research. This fact is a result of the way research used to be done. In fact, there can be several barriers to communities and researchers working hand in hand to do research in Aboriginal communities. There are many past examples of research where the community felt used and thought that nothing was given in return for what they gave to the research project.

It is not as common to hear about exciting opportunities and examples of positive research that benefits the community, but they do exist. In a recent meeting to plan the elements of a new strategy to prevent Aboriginal youth suicide, an Inuk youth used the phrase “researched to life”. He knew that many questions still need to be answered, that community members and front-line workers, along with traditional knowledge keepers and researchers, all hold pieces to the puzzle and that they will need to work together to solve this problem. He knew that a shift in thinking needs to take place, and he chose to look at the problem with hope and positive energy.
Ethical space is the place where two different worldviews meet and overlap. For example, if you consider the places where water and dry land meet, because of the overlap, one is not sure where the water ends and the dry land begins. In the same way, if you consider the place where a western society or system and an Aboriginal society or system meet and overlap, one is not sure where one ends and the other begins. There is a gap in our understanding of this place, where two worldviews meet. Ethical space is that place where the two different societies with two different knowledge systems meet to talk and agree on how to treat each other and how to work together. Knowing more about ethical space can help us to understand how and why there are barriers to partnerships, and what we need to do to improve the way both groups work together. Attention needs to be paid to building good relationships. This will involve helping Aboriginal communities to understand research better, and helping researchers to understand Aboriginal communities better.

It seemed well accepted at this gathering that communities should play a part in the production of knowledge that is about them and affects them. There are ways to do research in communities that support communities, and they provide good examples of what really good collaboration is all about. A community-based participatory approach and a strengths-based approach are two examples. These are examples of ways to do suicide prevention research that we should be thinking about because they can produce some immediate benefit for the community involved.

Sometimes, the actual process of becoming engaged in a research project is healing and can help to guide community activity and build new skills to take on the issue. This was called “process as product.” This means, that in the process of doing research, there can be important things or outcomes that happen that lead to positive change in the community.

Community-based representatives and researchers need more chances to share information about ways to work together, learn from one another. They need to continue to discuss how they can help and support each other to address Aboriginal suicide prevention. This meeting provided an initial opportunity for one such group to begin to discuss all of these things. It was highly recommended that there should be more chances to talk about this.
A “FORWARD” TO LINKING COMMUNITIES AND RESEARCH: FIRST NATIONS AND INUIT SUICIDE PREVENTION
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LINKING COMMUNITIES AND RESEARCH: FIRST NATIONS
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Dr. Michael Chandler
The University of British Columbia

Prompted by the felt need to respond to the growing epidemic of Aboriginal suicides across Canada (Kirmayer, 1994), and by the obligation to prepare for an upcoming international meeting concerned with “Indigenous Suicide Prevention,” Health Canada (in partnership with the First Nations and Inuit Suicide Prevention Association of Quebec, and the Canadian Institutes of Health Research), organized a multi-stakeholder meeting held in Montreal on March 21, 22, and 23 of 2005. On the heels of an earlier National Aboriginal Youth Suicide Prevention Strategy meeting that also took place in March of this year, the aim of this three-day gathering was to “promote dialogue and collaboration” between researchers, relevant government officials, and community representatives, all of whom share some common commitment to better ensuring that Aboriginal lives prove to be lives worth living.

As is made evident by the official “Summary” of this meeting that immediately follows, the coming together of the diverse groups that made up this gathering was widely seen, at least by those in attendance, as both long overdue, and as a necessary inaugural step toward broaching important issues that have historically divided the research and Indigenous communities. This quick consensus apparently arose, not because anyone present mistakenly imagined suicide to be the only pressing matter about Indigenous communities worthy of discussion, but, rather, because, having all been touched by the fact that so many Aboriginal persons feel compelled to choose death over the life afforded them, everyone present seemingly agreed that changing the subject would be, at best, unseemly. Suicide among Aboriginal peoples was, in short, generally acknowledged to be not only a problem of epidemic proportions, but also some kind of cultural “coalminer’s canary” — a drop-dead signal that, unless corrective steps are immediately taken, things will necessarily go from bad to worse.

While no one failed, then, to acknowledge the enormity of the problem of Aboriginal suicide, there was, nevertheless, little initial consensus about exactly what should be counted as the right “corrective steps” to be taken. The problem, as everyone was quick to see, is this: successfully
preventing bad things (including suicide) from happening standardly requires some serviceable understanding of what caused such tragic things to happen in the first place – an understanding that, in the case of runaway rates of Aboriginal suicide, continues to be largely missing.

Perhaps, then, because, when confronted with such unknowns, people are inclined to huddle together against the dark, the official conference agenda of “building productive relationships between researchers and community representatives” struck many as just the right next step to be taking. As a result, a lot of huddling and a lot of thoughtful discussion took place.

The official reporting-out of all of the details of all of these efforts (i.e., the formal report that makes up the body of the summary document to follow) was written with the primary aim of providing a primarily chronological account of all the various key points emphasized by the meeting’s several plenary speakers, and that arose out of the various “break out” sessions that filled each day’s agenda. Having already succeeded in distilling almost 30 hours of dialogue down to something less than 30 pages of text, the existence of this already skeletal official summary effectively ruled out the reasonableness of attempting to write still another even more abbreviated account of what was said. Another summary of a summary would almost certainly have proven too telegraphic for words. What, by default, is offered here instead is something closer to a “prequel,” or memoir, meant to alert the interested reader to certain issues and background considerations that appear to have especially occupied and shaped the thoughts of many of those who participated in the meeting.

**Six Easy Pieces**

Despite a room evidently full of reasonably cooperative and collaborative intentions, the mixed cast of characters present at this meeting all but guaranteed that the assembled group would necessarily confront obstacles that might have easily blocked its path toward achieving a common accord. Some examination of these potential sticking points, and some brief account of how detours around these impending problems were successfully negotiated, will hopefully prove useful in both: a) understanding the ebb and flow of this particular meeting; and b) envisioning how similar successes might be achieved in future contexts. What follows, then, is a short-list of a half dozen of these looming obstacles, along with a running commentary about how, at least in the context of this meeting, these difficulties appear to have been largely overcome.
I. Power Gradients

One common obstacle that, in other times and other places, has seriously interfered with achieving anything like a productive dialogue between research scientists and Aboriginal community-representatives has been all of those longstanding “power gradients” that ordinarily work to set the lettered head researcher scientists higher than those of their differently knowledgeable community counterparts. While the negative consequences of such institutionalized status differentials are, of course, extremely wide ranging, their potential negative impact on “discursive processes” of the sort inaugurated at the Montreal meeting ordinarily works by introducing what Habermas (1987) calls an “asymmetrical distribution of chances to initiate and sustain discussion – to choose what is said and emphasized next (p. 26).” In short, your standard-issue research scientists – bristling, as he or she often is, with higher degrees, institutionalized authority, and direct conduits to critical research funds – are standardly accorded more of the available “floor space” than are your usual counterpart community representatives – representatives whose institutional authority is often less credentialed and more diffuse, and who typically lack direct access to the financial resources required to get publicly sanctioned research off the ground.

Given such commonly ingrained status differentials, it is not surprising that (in multi-sectoral meetings such as the one before us) considerable energy is ordinarily expended in attempting to fashion some more level playing field – one in which academic credentials and “Principal Investigator” status does not automatically trump a community constituency, access to indigenous knowledge, or, even, the power of the better argument. Although by no means immune to problems owed to such institutionalized status differentials, several considerations appear to have conspired, in this instance, to blunt the automatic imbalance of power that commonly haunts such gatherings.

What would appear to be the most weighty of these ground levelling factors is the building of recognition on the part of Aboriginal communities that, by choosing to give or withhold consent, they can promote themselves to the rank of “gate keepers” – as the final arbitrators of who should and should not be allowed access to the research-bearing particulars of their own Aboriginal lives. That is, to the degree that those, and only those, researchers that secure community authorization are entitled to proceed, then, to that same degree, official lines of institutional authority no longer automatically trump every competing consideration, and the necessary conditions for prompting genuine bids for cooperation begin to have some real currency.
Although it would be premature to imagine that the Montreal meeting successfully escaped history by unfolding on a truly level playing field, the lay of the local land seemed to be propitiously inclining in that direction. None of the research groups present, or so it would seem, mistakenly imagined that automatic access to the cultural resources of Indigenous communities was some sort of inalienable right. By the same token, none of the community representatives present appeared to wrongly suppose that the possibility of blindly exercising their recently coined option of disapproving any and all research undertakings was (while a real choice) actually a choice likely to ultimately serve anyone’s best interests. In short, some important part of the meeting’s success would appear to be owed to the fact that the researchers and the community representatives present had roughly equal power and equal opportunity to access the floor. Of course, being equivalently armed, the two groups might have simply glared at one another across the table. This is not what happened. Rather, there appeared instead to be a building consensus, on the part of both communities, that research (properly incarnated) amounts to more of a shared necessity than either a duty or luxury.

Whatever the part played by recent shifts in the plate tectonics of traditional power gradients, and the hard-won right of Aboriginal groups to gate access to information about their own communities, not all of the apparent success of the Montreal meeting can, or should be, laid at the door of the fact that, almost by coincidence, it happened to occur at a particularly propitious moment in the course of such shifting political fashions. Rather, an important part of the good outcome of this 3-day effort would appear to be owed to the fact that considerable care and concern went into working out exactly who was invited, and how their time was to be orchestrated. Additionally, many of the Aboriginal persons in attendance were themselves researchers, a fact that served to confound any easy access to the too-standard “them” versus “us” rhetoric. Similarly, the carefully crafted meeting agenda, with its judicious mix of plenary presentations and “breakout groups,” further contributed to ensuring that no heads were permanently placed above the heads of others. Finally, the not entirely free choice of suicide prevention as the intended focus of the meeting also worked to effectively ensure that, whatever else might be debated, everyone would naturally insist on being counted on the same “pro-prevention” side. All of these strategic organizational considerations, when taken together, would seem to have gone some important distance toward neutralizing any residual power gradients, and creating something approaching a level playing field.
II. SHIPS PASSING IN THE NIGHT

Certain quarters within the contemporary social science literature (e.g., Gupta & Ferguson, 1997; Nisbett, Peng, Choi, & Norenzayan, 2001), and certain sectors of Aboriginal scholarship (e.g., Battiste & Youngblood, 2000; Bierwert, 1999; Little Bear, 2002) are both rife with talk about how it is that distinctive cultural groups-inhabiting, as they are seen to do, unique (some would say “incommensurably” different) epistemic and metaphysical worlds-regularly find themselves so insulated from the possibility of mutual understanding that all hopes for real dialogue are imagined lost from the start. Even assuming that such insurmountable barriers to mutual understanding do sometimes exist, it remains an open question as to whether the very real differences that sometimes do divide the Aboriginal and non-Aboriginal worlds (and, more particularly, that separate research and Indigenous communities) actually amount to differences of the indefeasible asible sort often predicted (Teucher & Chandler, in press). That is, given all of the classical misunderstandings that can and have arisen in the past, one would not need too rich an imagination to suppose that research scientists and the Aboriginal communities they target actually do already constitute two such irrevocable solitudes, leaving each group present in Montreal permanently walled up on opposite sides of an allegedly unbridgeable cultural gap.

While common enough, such separatist sentiments were not, as it turns out, among the dominant themes afoot in Montreal. Rather, there seemed to be present instead an appreciation of what one participant felicitously referred to as the existence of a “liminal ethical space” that, like the tidal reach between sea and shore, actually allows for the meeting of these two worlds. An important ingredient contributing to his common accord would appear to be the fact that the problem of suicide is itself seen to be a “common plight” – one that naturally cuts across what might otherwise prove to be insurmountable cultural barriers.

III. WHOSE KNOWLEDGE, WHOSE BEST PRACTICES

As it turns out, provisionally concluding that Aboriginal and research communities actually inhabit, if not identical, then at least mutually interpretable epistemic worlds, and so, at least in theory, might engage in a mutually beneficial exchange of knowledge or best practices about matters of suicide, amounts to only half a solution to a very longstanding problem. The residual half of this difficulty is owed to the less than even-handed way that Indigenous knowledge has historically been valued, or, rather, devalued. As has been well documented by a long train of “post-colonial” scholars and colonial discourse analysts (e.g., Berkhoffer, 1978;
Duran & Duran, 1995; Gandhi, 1998), invading cultures routinely rationalize their domination of Indigenous peoples by discounting their traditional beliefs as somehow primitive or childlike. On the strength of one or another version of such self-serving claims, Aboriginal peoples across the Americas have suffered seeing their science, their linguistic and civil practices, and their spiritual beliefs turned into a laughingstock, missionized out of existence, and otherwise legislated against. Given this long history of epistemic violence (Spivack, 1985, p. 126), how surprised should we pretend it to be if the current complement of community representatives present in Montreal had turned out to view this latest in a long series of “opportunities” to discuss their Indigenous beliefs with an especially jaundiced eye?

All such warranted skepticism aside, the Montreal meeting proved to be surprisingly free of such usual recriminations. An important part of the responsibility for this better than deserved state of affairs would appear to be owed to a mounting body of recent evidence (e.g., Chandler, Lalonde, Sokol, & Hallett, 2003; Chandler & Lalonde, 2004) demonstrating that, however stricken with social problems (including epidemic rates of suicide) some Aboriginal communities have proven to be, there also exist, in equal or greater number, many other bands that are largely problem free, and that show lower rates of, for example, suicide than does the general non-Aboriginal population.

Two things are made blindingly clear by these new lines of evidence. The first is that at least some (likely all) of the social problems facing Indigenous communities – including disproportionately high rates of suicide – are not “Aboriginal problems” at all, but, rather, amount to difficulties that characterize only some Aboriginal groups, but not others. In the particular case of suicide, for example, more than half of British Columbia’s bands and band councils have been shown to have suffered no known youth suicides for what is now a period of almost fifteen years. Such evidence serves to effectively remove the “race card” from the deck, and to re-direct the search for solutions to this inherently “spotty” problem away from all simplistic “them versus us” blaming strategies, and toward a search for whatever social conditions are responsible for the fact that some Aboriginal communities are devastated by suicide while others are not.

The second fact put in evidence by such data is that some Aboriginal communities (e.g., those with low to absent youth suicide rates) obviously have, sedimented within their cultural practices, real Indigenous knowledge about how to create a rearing environment in which living is preferable to dying. Such evidence not only runs counter to the widespread view that Aboriginal communities somehow need to
be saved from themselves, but also invites a radical re-examination of currently sanctified notions of so-called “knowledge transfer,” and the “exchange of best practices.”

IV. Knowledge Transfer & the Exchange of Best Practices

Given the conventional framework of understanding standardly employed in dealing with the so-called “Indian problem” – a framework that reflexively judges all Indigenous beliefs to be mere superstition and so constitutionally inferior to the more top-lofty products of Western science – the only recognized form of bona fide knowledge is culturally mainstream knowledge. For exactly the same set of reasons, the only legitimate form of “knowledge transfer” turns out to be some top-down, trickle-down version of the truth in which no idea hatched outside of Ottawa or Washington D.C. is deemed worthy of dissemination. The problem, of course, with efforts to rudely transplant such non-Indigenous solution strategies into the back yard of any or all Aboriginal communities, is that the membership of such communities has increasingly come to see such root-and-branch imports as just another technological weapon (Foucault, 1980) wielded by those who have power against those who must suffer it.

Alternatively, if, as has been clearly shown to be the case, some important number of Aboriginal communities actually meet with better success in preventing suicide or dealing with other social problems than do their non-Aboriginal counterparts, then the shoe would appear to shift decidedly to the other foot. Without automatically assuming that such communities have explicit or “declarative” knowledge of what they are doing right, the fact that they can and do make effective use of such Indigenous knowledge forms is no longer in serious doubt (Chandler & Lalonde, in press).

Given these shifting circumstances, what was widely seen to be required by the participants of this conference was not some further barrage of one-off, made-in-Ottawa suicide prevention schemes lobbed in from a safe distance by the Academy, but, rather, real collaborative efforts to pin-point and ultimately “transfer” those forms of Indigenous knowledge, and those cultural practices, that can be demonstrated to be associated with already existing low to absent Aboriginal suicide rates, whenever and wherever they occur. Such “lateral” or community-to-community (as opposed to “top-down”) forms of knowledge transfer were broadly seen to hold out the promise of both: a) circumventing resistances already built up as a result of previous failed attempts to solve the problem of Aboriginal suicide from the outside; and b) generating more “home-grown” solution strategies capable of trading on the fact that Indigenous communities already evidently own many of the knowledge resources necessary to solve their own problems.
V. On Being “Researched to Death”

Because they voted with their feet, it seems fair to conclude that all of those in attendance at the Montreal meeting were at least open to the possibility that additional dialogue and more collaboration between researchers and Aboriginal community representatives might be a good thing. All such optimism notwithstanding, it is also probably fair to say that, as tokens of their types, the particular individuals present not only stood in for themselves, but also for whole armies of ghosts of earlier researchers and previous community representatives already known or otherwise rumoured about. It is not only in the Old Testament, of course, that the sins of the fathers are visited upon the sons, even unto the seventh generation, and, for such grudging reasons, both groups needed to somehow get past visions of themselves that they failed to recognize.

In particular, ghosts of two distinctly different sorts appeared to trail after, and be mistaken for, the real researchers present. One of these was the shade of some generic, curiosity-driven, anthropologist-sociologist-linguist-psychologist who, drawn by a penchant for the exotic and the lure of “otherness,” had earlier: a) parachuted into this or that Aboriginal community; b) milked the locals for potentially embarrassing details about their cultural lives; and c) “helicoptered” out to become famous on the backs of a once trusting Indigenous community—a community that got nothing for its goodwill save having their private lives “outed” and turned into a side-show for the amusement of others.

Alternatively, real flesh-and-blood researchers (e.g., those involved in helping to trace out the causes of suicide, or other health and social problems facing Aboriginal communities) are, on other occasions, equally mistaken for some “revenuer,” or civic actuary, whose soulful task it is to enumerate and record all of those bad things that can and do go wrong in Aboriginal communities. Because there is, under-foot, always a surfeit of such enumerators, and because, when they are finished tallying up all of the misery, everyone involved usually feels poorer for the experience, there should be no surprise in the fact that anyone wearing this particular stripe has long ago worn out their welcome.

Clearly, if something like one or the other of the unwholesome prototypes is who Aboriginal communities expect to meet when still more so-called researchers are ushered into their midst, then, little wonder that the welcome-mat is often withdrawn, and the unhappy sense of having already been “researched to death” is as widespread as it is.
Although such specters were not entirely absent from the Montreal meeting, the real, flesh-and-blood participants in attendance were, as it turned out, generally found to look remarkably unlike tokens of the types for whom they are most commonly mistaken. Instead, the broad complement of researchers actually in attendance generally appeared, and were taken to be, rather like their community counterparts—that is, evidently committed to respectfully collaborating in finding solutions to what are broadly acknowledged to be pressing health and social problems.

**VI. How Pointed Should a Suicide Prevention Program Be?**

A final matter that echoed through the Montreal meeting, and on which the future direction of suicide prevention efforts in Aboriginal communities is likely to turn, concerns the degree to which such interventions should, or should not, be specifically aimed at the matter of suicide as such. That is, when attempting to build toward some future program of suicide prevention, should our best efforts be keenly focussed on the details of suicide per se, or, alternatively, would it be altogether better to direct one’s efforts toward some wider set of incendiary social problems that, if left unattended, would likely result in a further cheapening of Aboriginal life, and an attendant escalation in suicide rates?

Of the various suicide prevention strategies debated during the Montreal meeting, some were more narrowly problem focussed, while others took suicide to be only the surface structure of a whole iceberg’s worth of typically more submerged causal forces, all of which were seen to manifest as some general lack of appropriate care and concern for one’s own future well-being.

Fortunately, of course, one is not obligated to finally choose between such extravagant alternatives, and refusing to do so is apparently at least part of what fuels usual talk about so-called “primary,” “secondary,” and “tertiary” modes of prevention. Still, it is rarely possible to do everything at once, and sorting out how best to get started was evidently much on the minds of those in Montreal.

Some in attendance – one might venture, those most directly touched by the death of one’s fellows – seemed impatient with proposed strategies that appeared too many inferential steps removed from the problem of suicide as such. Others, perhaps no less moved, expressed the opposite concern, fearing that, in the often zero-sum game of public health funding initiatives, devoting too much in the way of limited resources to the always rare tragedy of suicide could easily have the negative consequence of siphoning resources urgently needed in combatting
broader, if less salutary, manifestations of the same generic social problem.

Although these tensions were never entirely resolved, what did appear to develop across the three days of these scheduled meetings was a growing appreciation of the possibility that the best remedies for both the current epidemic of suicide in Aboriginal communities, and for the broader social problems envisioned as their root cause, might well prove to be the same.

One such example of killing two birds with the same stone is provided in my own program of research (e.g., Chandler, et al., 2003; Chandler & Lalonde, 2004). In British Columbia, my colleagues and I have repeatedly found that suicide rates were dramatically lower in those Aboriginal communities that have achieved a measure of self-government, that were quick off the mark to litigate for Aboriginal title to traditional lands, that promote new women in positions of leadership, that have supported the construction of facilities for the preservation of culture, and that have worked to gain control over their own civic lives (i.e., control over health, education, policing, and child-welfare services). Although there is every reason to believe that the considerable efforts that went into accomplishing these favourable outcomes were undertaken on the clear belief that bringing about such advancements would broadly improve the quality of Aboriginal life, there is no good evidence to suggest that those who worked to bring about these accomplishments actually did so with the particular or pointed aim of directly reducing runaway suicide rates. Rather, although no one alerted to the strong relations observed between suicide rates and various markers of "cultural continuity" has failed to see that suicide reduction might reasonably follow on the heels of actions aimed at better connecting Aboriginal communities to their traditional past and to their cultural future, essentially no one has claimed that producing this particular result was clearly envisioned in advance, or a principal reason for endorsing such efforts.

What all of this would seem to suggest is that those most committed to keeping the specifics of suicide in sharp focus, and those convinced that the same energies are better spent working on suicide's root social causes, are not necessarily obliged to go riding off in opposite directions in search of some evidence-based suicide prevention strategy.
Process AS Product

Taken all together, the several potential obstacles lying in the path of the success of the Montreal meeting could have made for a rough and counterproductive ride. This is not what happened. Rather, the general sentiment expressed, both during and after the meeting, was that everyone’s time had been well spent, that useful linkages had been forged, and that the future prospect for productive new research collaborations had brightened considerably. None of these good outcomes are, of course, the same thing as having come to a clear consensus about how best to prevent suicides. Not only did this not happen, no one imagined that it would. Instead, what the inaugural steps set in motion in Montreal appeared to achieve was the beginning of a collaborative process – a process without which the discovery and implementation of any sort of “best practices” would be impossible.
REFERENCES


EXECUTIVE SUMMARY

The Linking of Communities and Research: First Nations and Inuit Suicide Prevention dialogue provided a forum for discussion and the exchange of ideas. The central question before this group was how to improve the way that Aboriginal communities and researchers collaborate to achieve results in Aboriginal suicide prevention. To achieve progress in this area, a diverse group was assembled for two days to listen, examine, think, exchange ideas and recommend ways to advance positive change.

This event was based on the notion that several questions about how to prevent Aboriginal suicide remain unanswered. Answers to those questions lie within communities, community members, front-line workers, traditional knowledge keepers, as well as those expert in research. The more effectively these groups can join forces and work collaboratively with one another, the more likely that the problem will unfold and solutions will emerge. If the actual process of collaborating is done in a way that demonstrates caring and respect for Aboriginal peoples and cultures, communities may well experience direct and immediate benefits beyond the formal outcomes of the research studies. The actual process of a community engaging in research can be healing and can precipitate positive change in the community. When people feel ownership over the pursuit or quest for knowledge and the discovery or rediscovery of solutions, it can lead to the production of knowledge that empowers, motivates and activates change.

Those expert in research (researchers) and those expert in local Aboriginal community and culture (community-based representatives) hold vital knowledge that must be utilized in preventing suicide among Aboriginal people. In order to place equal value on the expertise of Aboriginal front-line workers and community-based representatives,
and on the expertise of those with academic affiliations who conduct research, representatives from both spheres of activity were invited. The agenda was designed to elicit dialogue across these spheres. Some delegates would associate themselves as both an Aboriginal community-based representative and a researcher, while others were unquestionably distinct. Delegates included: front-line workers, mental health therapists, youth, hereditary chiefs, and prominent researchers to name some.

Although collaboration and engagement of community-based representatives in research (and vice versa) are not new concepts, significant effort is essential to create greater synergy between the two. Making progress in this area is particularly relevant in the field of suicide prevention because it can lead to communities becoming deeply engaged in suicide prevention, experiencing immediate relief and feeling compelled or supported to identify or uncover local community-based solutions to the problem. A developing body of evidence suggests that those programs most likely to be successful in preventing Aboriginal youth suicide are community-based (locally-driven, designed and implemented). Supporting community efforts to create and sustain local solutions is critical.

The outcomes of this gathering can be directly applied to other fields beyond Aboriginal suicide prevention. In other words, the process of engaging communities on other particular issues that are meaningful to those communities can also benefit aspects of community health and wellness.

Ultimately, this forum gave delegates an initial opportunity to begin talking openly about challenges and opportunities that both prevent and support meaningful partnerships. This began with sharing information and evolved into dialogue and recommendations on what could be done in the future.

The planned objectives for this gathering focussed on: initiating dialogue and bridging the gap between researchers and community-based representatives; strengthening relationships and networks; showcasing collaborative efforts; and, promoting the importance of community engagement and community development.

Plenary presentations stimulated small group discussions throughout the agenda. Plenary topics included:

- Creating Ethical Space
- Community-Research Collaboration
A plenary session on Creating Ethical Space illuminated the complexity of bringing two sets of knowledge and world-views together. It helped to spell out why some Aboriginal people have such adverse perceptions of research and researchers in their communities. It points to the need to first negotiate and agree on ways of dealing with one another before entering into collaborative research partnerships.

Plenary sessions that followed concentrated on research from a community-based perspective and from a research perspective. Three promising collaborative approaches were presented, proving that these kinds of mutually beneficial partnerships between community and research institution do exist, that serve as examples from which to learn and grow. Plenary speakers were asked to emphasize the approach/process of their work over the actual content or subject matter.

Following plenary presentations, delegates were assigned to small discussion groups. Solution-focussed dialogue was guided by the following pre-selected questions:

- How can research be useful for community planning?
- How can research inform and further community development?
- What are the benefits of collaborative approaches?
- What does ideal collaboration look like?
- Are there topics that still need to be discussed?
- What are the solutions and recommendations for working together in the future?
- What do communities have to gain from research? What is the added value?

This report presents the main discussion points and key messages coming from each of the small dialogue groups. There were several points of convergence and common themes identified across groups, as well as unique and innovative recommended action coming from single groups. All of the ideas generated and put forward to the large group during the reporting back sessions, represent the views and recommendations of the delegates who attended this event.
Broadly speaking, delegates seemed to agree that more attention needs to be paid to:

- building stronger relationships;
- finding more effective ways of transmitting knowledge;
- overall well-being as opposed to suicide prevention alone;
- communities learning from other communities—the fact is that very meaningful things are happening in some Aboriginal communities, that, if better understood, could assist other and more vulnerable communities;
- how well systems really support meaningful collaboration between community and researcher;
- the fact that research can be a catalyst for change and informed action;
- how to involve youth and Elders in research;
- Aboriginal communities have their own knowledge systems, values, processes and protocols.

A number of recommendations were put forward and discussed including:

- developing ways to demystify research for communities, and ways to ensure researchers working in Aboriginal communities learn about Aboriginal ways of life and knowing;
- development of a set of principles on conducting research in Aboriginal communities;
- introducing a step system to support new research (introduction, consultation, negotiation, agreement, through to implementation and reporting back);
- providing adequate time for researchers and communities to build relationships through planning grants, rather than typical, highly competitive Requests for Applications with tight time-lines;
- Aboriginal organizations providing educational workshops on research;
- integrating research into mainstream workshops and conferences rather than separating this out for an elite crowd only;
- more opportunities to dialogue on this issue;
- new systems to directly support research-community collaboration.

Overall this meeting achieved its objectives. It also put the concept of process as product into action by producing some unintended outcomes such as new partnerships being initiated and the extension of a recent CIHR Request for Proposals.
What delegates walked away with was as individual as the many delegates themselves. In general, this group turned a spotlight on key issues yet to be addressed in the context of Aboriginal community-research collaboration. Together, they provided some initial thinking on how to move toward the ideal. It will be the job of all the delegates to carry these messages forward. It will be the responsibility of administrators and program planners to continue exploring and finding means to support greater collaboration and opportunities for ongoing dialogue.
INTRODUCTION
INTRODUCTION

BACKGROUND

Linking Communities and Research: First Nations and Inuit Suicide Prevention was held in Montreal, Quebec, in March 2005. Approximately 60 invited delegates convened to have solution-focused dialogue on how community-based representatives and researchers could work together to improve First Nations and Inuit suicide prevention efforts in Canada.

The two-day gathering included:

- Many community-based representatives with expertise in suicide prevention and community development who had a wide range of backgrounds, such as: youth, front-line workers, hereditary chiefs, mental health therapists.

- Many prominent researchers with academic affiliations in the field of Aboriginal Suicide prevention and collaborative research methods.

It is recognized that the division between community-based representative and researcher is not always straightforward, and that one person can fit both categories. It is also recognized that there are some community-based representatives and researchers who are already practicing the type of collaboration discussed at this gathering. It is hoped that this process will support and expand these kinds of activities.

The underlying premise for the gathering was that both researchers and community-based representatives have equal and important expertise that must be brought to bear on suicide prevention. The main objectives of the gathering were to:

- initiate dialogue on bridging the gap between researchers and community-based representatives toward addressing suicide prevention;

- strengthen relationships and networks;

- showcase collaborative efforts of researchers and communities engaged in research together;

- promote the importance of community engagement, community development and working together to address suicide prevention.
This underlying rationale for this event was based on four key points:

- Evidence suggests that those programs most likely to be successful in preventing Aboriginal youth suicide are community-based (locally-driven, designed and implemented). Supporting community efforts to create and sustain local solutions is critical.

- An important part of this support includes new research that will help to improve the knowledge base regarding what works to prevent Aboriginal suicide and to improve existing suicide prevention efforts. Collaborative research methods can add to the growing body of ‘generalizable’ knowledge in suicide prevention while providing immediate and long term benefits to communities.

- Many communities in Canada are successful in preventing suicide as demonstrated by those communities who do not have suicide(s) or who have significantly decreased suicide rates over a period of time. The wisdom, knowledge and expertise that lies in these communities could be incredibly important in assisting communities who remain much more vulnerable to suicide and its impact.

- Collaboration between community-based representatives and researchers could be greatly improved which could have a positive effect on suicide prevention efforts. There may be issues that need to be resolved in order for greater collaboration to occur, and open dialogue is the best place to begin.

The First Nations and Inuit Health Branch (FNIHB) of Health Canada has activities underway that this process will inform:

- The development of a National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) is underway that will include primary, secondary and tertiary prevention, as well as a knowledge development component.

- FNIHB is working collaboratively with the Indian Health Service of the United States to plan a suicide prevention gathering in February, 2006. The process and outcome of this event will inform the content of Canada’s contribution to the bi-national event. A key message which we hope to deliver is of the importance of meaningful community-research collaboration to address suicide prevention.
MEETING OUTCOMES - “PROCESS AS PRODUCT”

Process as product refers to the actual process of the meeting being among the planned outcomes of the meeting. It refers to the knowledge exchanged, new partnerships developed, and engagement in the issue through important dialogue. For example, in suicide prevention research, the actual process or act of engaging a community in conducting research can have a positive impact on suicide prevention efforts beyond the research results or planned outcomes of the research. Process as product represents the type of community-researcher collaboration being promoted. Other planned outcomes include this Report, intended to inform future action and dialogue on this topic in Canada, as well as direction and advice for the upcoming Canada-USA suicide prevention meeting planned for February, 2006.

It is anticipated that this Report will be a useful resource for communities and for researchers who are keen to improve the way they work together. It may be a helpful resource to those planning related or similar events and gatherings.

The ideas and recommendations summarized and presented belong to the meeting delegates and were generated during large and small group discussion.

THE AGENDA

The agenda for this event was carefully planned and flexible to allow for changes to meet the needs of the group. It evolved slightly throughout the gathering.

The agenda included several brief plenary presentations intended to set the context for small dialogue groups. The breakout sessions provided a facilitated forum for dialogue on assigned topics and on the plenary presentations.

Following each breakout session, groups reported back to the large group to share a synopsis of their discussion. Groups were asked to provide approximately three key messages that resulted from their discussion. Concluding remarks and an open microphone session ended the meeting. The intent of the gathering was to provide a forum for dialogue and to stimulate new partnerships, ideas and momentum.

The overall process was successful in generating ideas and recommendations, and was met with praise, some criticism, and acknowledgment that this dialogue must continue.
AGENDA

OBJECTIVES:

- Initiate solution-focused dialogue on bridging the gap between experts in research and community-based representatives with community development expertise related to Aboriginal suicide prevention;
- Strengthen relationships and networks;
- Promote the importance of community engagement, community development, and working together to address Aboriginal suicide prevention; and
- Showcase best practices in Canada of researchers and community-based representatives collaborating around Aboriginal suicide prevention

OUTCOMES/DELIVERABLES:

- Includes ‘process as product’
- Strategic approach to Canada’s role in upcoming NIH/IHS conference in February 2006
- Report from this gathering on improving collaboration

DAY 1 — MONDAY, MARCH 21, 2005

12:30 pm Welcome
Location: Bellefleur Room
Janice Rose and Mary Simon, Facilitators

Opening Prayer
Elder Billy Two-Rivers

Expectations, Agenda - Facilitators

1:00 pm Plenary Presentation
Presenter: Willie Ermine
Topic: Creating Ethical Space

1:30 pm Plenary Presentation
Presenter: Rod McCormick

Welcome
Topic: Community-Research Collaboration from a Community Perspective

2:00 pm Networking Break
Location: 7th Floor Foyer

2:30 pm Plenary Presentation
Presenter: Lawrence Kirmayer
Topic: Aboriginal Suicide Prevention Research

3:00 pm Panel Presentation
Presenters: Lori Idlout and Michael Kral
Topic: Katujiqatigiit: Process as Product

3:30 Wrap-up - Introduction of the Group
Janice Rose and Mary Simon, Facilitators

4:30 pm Adjournment for the Day

DAY 2 – TUESDAY, MARCH 22, 2005

8:15 am Networking Breakfast
Location: Fortin Room

9:00 am Call to Order
Location: Bellefleur Room
Janice Rose and Mary Simon, Facilitators
Review of the Agenda for the Day
Dialogue Goals (Breakout Sessions)

9:30 am Plenary Presentation
Presenters: Gayle Broad and Patrick Derocher
Topic: A Strengths-Based Approach

10:15 am Networking Break
Location: Fortin Room

10:30 am Breakout Sessions – 4 Groups
Location: Bellefleur Room
Colville Room
Matisse Room
Chagall Room

Topics:
1. How can research be useful for community planning?
2. How can community members’ expertise help inform research?
3. What are the benefits of collaborative approaches?
4. What does ideal collaboration look like?

12:00 pm  **Networking Lunch**
Location: Impressions Restaurant

1:30 pm  **Plenary Presentation**
Location: Bellefleur Room
Presenter: Nancy Gibson
Topic: Community-Based Participatory Research

2:00 pm  **Breakout Sessions - 4 Groups**
Location: Bellefleur Room
          Colville Room
          Matisse Room
          Chagall Room

  **Topics**:
  1. What might be the strengths and challenges in using community based participatory research?
  2. How do we bring together various sets of expertise to create more synergy?
  3. How do we build trust and understanding between communities and researchers?

3:00 pm  **Networking Break**
Location: Fortin Room

3:15 pm  **Breakout Session** (continued)

4:15 pm  **Identifying Opportunities for Collaboration and Wrap-up**
Location: Bellefleur Room
Janice Rose and Mary Simon, Facilitators

6:30 pm  **Banquet**
Location: Gagnon-Lemieux
Hosted by Canadian Institutes for Health Research
Key Note Address: Remi Quirion
Topic: Collaboration in suicide prevention research
Kontirennotatie: Traditional Mohawk Women’s singing group
DAY 3 – Wednesday, March 23, 2005

8:15 am Networking Breakfast
Location: 7th Floor Foyer

9:00 am Call to order
Location: Bellefleur Room
Review of Day 3 Agenda
Janice Rose and Mary Simon, Facilitators

9:15 am Breakout Session - 4 Groups
Location: Bellefleur Room
(time to wrap-up, prepare report)
Colville Room
Matisse Room
Fortin Room

Topics:
1. Are there key topics that still need to be discussed?
2. Identifying Solutions: What recommendations can we make for working together in the future?
3. Prepare presentation for report back to all participants

10:30 am Networking Break
Location: 7th Floor Foyer

10:45 am Breakout Session (continued)

11:45 am Lunch
Location: Impressions Restaurant

1:00 - 2:30 Reporting on Breakout Sessions (15 minutes each)
  Group 1
  Group 2
  Group 3
  Group 4

2:30 pm Networking Break
Location: 7th Floor Foyer

2:30 pm Open Microphone - Identifying Opportunities
Location: Bellefleur Room

3:00 pm Closing Remarks
Identifying Opportunities and Next Steps
Janice Rose and Mary Simon, Facilitators

3:30 pm Closing Prayer - Elder Billy Two-Rivers
INTRODUCTION

PLENARY PRESENTATION SUMMARIES

Plenary presentations were intended to set the context for respectful and solution-focussed dialogue in small group sessions. Six, half hour plenary sessions were planned. These intentionally short plenary presentations only introduced meeting delegates to selected topics in an effort to plant seeds for further discussion. The majority of the plenary sessions occurred on Day 1, and took place in the order that they are presented here.

As much as possible, researchers and community-based representatives were paired in order to present both perspectives, and to showcase promising collaborative efforts.

CREATING ETHICAL SPACE

Mr. Willie Ermine

Mr. Ermine is from the Sturgeon Lake First Nation in Saskatchewan.

The concept of ethical space is similar or related to the concept of ‘process as product’.

Prior to 1492, there were two worlds: that of Europeans living overseas and Indigenous people in North America. They represented two different societies and world views or mind sets. After Europeans came to North America and during the fur trade, both societies worked together and Aboriginal people were ‘engaged’. With the decline of the fur trade, Aboriginal people were pushed aside. This led to ‘disengagement’. However, with the onset of treaty negotiations, both parties were again ‘engaged’; that is, two different but equal parties came to the table and discussed how they would interact with each other. The process of engagement ended post-treaty and Aboriginal people were once again ‘disengaged’.

Today, both societies are engaged. However, there is ‘entanglement’ with regards to how we understand each other. Mr. Ermine suggests that Aboriginal people may have reached a point where they should consider stepping back, voluntarily disengaging in order to re-examine what needs to be put in place before they can re-engage in an ethical manner.

For Indigenous people, engagement and their participation in the mainstream resembles a vortex or black hole. Aboriginal people lost everything in order to participate and be engaged. There was loss of language, history, and Indigenous knowledge to name some.
There have been attempts to repair bridges. This has included having an Aboriginal voice within various institutions and developing Indigenous curriculum. However, Mr. Ermine suggests that these efforts are out of context because Aboriginal participation generally means that Aboriginal people must enter western institutions and utilize western ideas. If Aboriginal people can and do fit into this fold, they will be accepted. Attempts to build bridges have been washed away by an undercurrent. The undercurrent in this case is the western mind, that is, the history, thought, and values which seek universality or a monoculture in which only one culture is valued. Western society is presented as the model society in Canada. It is the norm. Canada was formed under colonialism, and the question that is asked by many communities is - how much of the colonial framework still exists within departments such as Health Canada?

Also contributing to the undercurrent is that fact that the federal government and the western institutions control funding. Whatever the state wants to do, it will do, as it has state apparatus that can carry it through. However, when the communities want to do something, there is no funding to do it. In the case of Health Canada for example, they have the funding and means to undertake various activities and programs. This is an unearned advantage and does not create a level playing field.

Mr. Ermine suggests that Aboriginal people have been studied to death. As a result, a particular image of Aboriginal people has been created. This research is archived in the state and it is from that image that Aboriginal people have been manipulated. For example, what Canadians in general have learned about Cree people, has come from western archives and not from Cree people themselves. These archives hold pre-written and prescribed knowledge and the state supports this knowledge base for learning. Mr. Ermine suggests that in order to really learn about Cree communities, you must go to the Cree communities themselves and learn from the Cree. This is established consciousness, which also makes up the undercurrent. Mr. Ermine challenged delegates to think of the alternatives to the undercurrent.

The Indigenous Experience is the reality of Aboriginal communities. The ethos of the community talk about the Elders, the language, the spiritual perspective, the sacred narratives of First Nations people that tell us where we come from and where our culture comes from. Aboriginal knowledge is embedded in communities, which includes morals, values and traditions.
Any highly esteemed researcher is able to receive validation from their peers. However, within the Aboriginal community, there are many avenues that one has to go through to get approval, including community member approval, ecological approval, and spiritual approval.

Mr. Ermine believes that not asserting Aboriginal knowledge and heritage as Aboriginal people is unethical. Aboriginal people must assert their knowledge and heritage because their children will suffer if they are not receiving the information that the old people have. There is no longer a process where the Elders pass on their teachings to the children because something has been broken.

The area or space between two things is often called “liminal space”. For example, if you take water and dry land, one is not really sure where the water ends and the dry land begins. Similarly, there is a gap between how a western system operates versus how an Indigenous society operates. This has not been addressed. This is why the process of disengagement is needed—to determine how the two knowledge systems can be ethically re-engaged.

What does it take to create an ethical research process? One thing that must happen is for Aboriginal people to assert their knowledge in a way that is comfortable for them. There is a lot of information within communities that is not going out to the mainstream because it is too closely guarded. The knowledge must be nurtured, developed, watered and given sunshine. It has to be allowed its own free expression within that context. The knowledge cannot be taken from the community and plunked into the western context because it does not work that way. Throughout history, Aboriginal people have been marginalised in this way.

For example, the Cree language is a knowledge system in its own right. There is knowledge and history within the words themselves. The language operates in an oral society and the process itself must remain an oral tradition. It must be used the way it was meant to be used or the meaning is changed. If the oral traditions are plunked into the western context (written down in a text), it destroys the oral tradition.

Ethical space is acknowledging two different systems and the space between them. This is the space where everybody works together to see how knowledge works. No party becomes dominant and there are equal relationships.
COMMUNITY-RESEARCH COLLABORATION FROM A COMMUNITY PERSPECTIVE

Dr. Rod McCormick, University of British Columbia

Dr. McCormick grew up on the West Coast and currently works at the University of British Columbia (UBC) and as a community consultant.

Research was once something that was done to Aboriginal people, but it has evolved since then. Aboriginal people learned that research could be useful as a political tool and hired people to do research for them. The creation of the Institute of Aboriginal Peoples’ Health (IAPH), of the Canadian Institutes of Health Research ensured that research is now being done collaboratively with Aboriginal people and communities. The next stage is having research done by Aboriginal people themselves.

Dr. McCormick’s presentation was based on the Aboriginal Capacity and Development Research Environment (ACADRE) in British Columbia (BC). Prior to determining research priorities in the province, University of British Columbia (UBC) spent a year and a half conducting research in the communities, determining what the community experience had been and where they would like research to go in terms of health research. From there, two terms were coined: “drive-by researchers” and “random acts of research”. Basically, the research experience in communities has not been good.

All principal investigators and management for the BC ACADRE were Aboriginal. They also termed the following 4 R’s of Aboriginal research within UBC:

- **Respect** – is demonstrated toward Aboriginal peoples’ cultures and communities by valuing their diverse knowledge of health matters and toward health science knowledge that contributes to Aboriginal community health and wellness;
- **Relevance** – to culture and community is critical for the success of Aboriginal health training and research;
- **Reciprocity** – is accomplished through a two-way process of learning and research exchange. Both community and university benefit from effective training and research relationships;
- **Responsibility** – is empowerment and is fostered through active and rigorous engagement and participation.

When Dr. McCormick was the Director of UBC’s Native Indian Teacher Education Program (NITEP), he would get calls from people who had never taught in communities with high Aboriginal populations asking
for a quick course or book. His answer was to simply teach Aboriginal students with respect, because when you respect your students, you respect their needs, goals, individual differences, cultural differences and pace they want to learn.

In conducting research in communities, there are major considerations, namely respect and reciprocity. This means giving something back and the concept that research should be a two-way deal. To date, research has not empowered Aboriginal people within communities.

In order to address issues, one needs to engage subject experts—those people from the community who have experienced the issues and healed.

**ABORIGINAL SUICIDE PREVENTION RESEARCH**

*Dr. Laurence Kirmayer, McGill University*

Dr. Laurence Kirmayer currently works at McGill University where he is Professor and Director of the Division of Social and Transcultural Psychiatry. He is co-director of the National Network for Aboriginal Mental Health Research funded by the Canadian Institutes of Health Research.

Research means looking at the world with an open and inquiring mind. There are some people who have been anti-research and who say “we already know that”; for example, “we already know what causes suicide and how to prevent it.” In fact, many questions remain and much more needs to be learned.

Research is a way to discover what others are doing—what has been helpful and what has not worked for them. It is also a way to become self-critical in a positive sense, not to assume one knows all the answers, not to take things for granted and ask oneself the following sorts of questions about the source of knowledge: Is what I assume really the case? How do I know what I know? There is value in the process of research itself, because it fosters this kind of open mind and clear thinking. The methods of research are especially helpful to figure out if some approach can be generalized, that is, to decide if it applies across different situations.

In the past, however, research was sometimes done to answer scientific questions that were not clear to people in the communities. Little effort was made to bring the fruits of the study back to the community. In recent years, there has been a profound change in the ethics and practice...
of research for Aboriginal peoples. Collaboration, participation, respect and control have become crucial to any project. Research must be developed in dialogue between researchers and the people involved so that the most meaningful questions can be posed and the methods and results produce knowledge that is truly useful to the people. The research team (which includes people from the community) and the Aboriginal community travel together along a road of inquiry and discovery. This means doing research in such a way that the journey itself is beneficial.

One of the challenges in this work is thinking clearly about the many different meanings of ‘community’. Aboriginal communities have been shaped by complex historical forces including those of colonization and globalization. People now have tremendous access to resources and knowledge from around the world resulting in new forms of ‘community’, such as the global youth culture. This means that communities can reshape themselves in new ways. It also means that local knowledge may have global relevance. Knowledge produced in one community may have value to other communities around the world.

Research is helping people understand what works in terms of positive outcomes or effects, but it also can help us understand the process of healing and recovery.

Many people make positive claims for their methods or approaches and it can be hard to figure out what really works beyond the ‘hype’. The ‘gold standard’ for determining whether a treatment or intervention really works is the randomized clinical trial. When randomized trials are done properly, the results are determined in an unbiased manner and can clearly show whether a program or intervention is working the way that people claim it is. Unfortunately few interventions get tested this way and the choice of what intervention to test may be determined by the commercial interests of drug companies and others with the money to fund such studies. We need to explore the widest range of interventions, especially those that fit with the values and aspirations of Aboriginal communities, which often involve action at family, community and political levels.

Measuring the outcome of a suicide prevention program is complex. Because Aboriginal communities are often small, a few deaths cause an enormous change in the rate of suicide. With community studies it may be hard to distinguish between actual results of a program and fluctuations that would have occurred anyway as a result of many other factors. This affects our ability to determine the effectiveness of any specific approach to suicide prevention. Suicide prevention research
should be directed more broadly at mental health promotion as well. This encourages us to look at other indicators of benefit or positive outcome like school performance and individual well-being. Case studies that look qualitatively may clarify how interventions work and may provide the best research strategy for small communities.

Suicide prevention is usually described in terms of three levels. Primary prevention includes things that can be done to prevent suicide attempts in the first place. Secondary prevention includes treatment strategies that may prevent those who survive suicide attempts from trying again. Tertiary prevention includes post-prevention strategies to support those who have lost a family member to suicide. All of these prevention levels require research to document what really works and to remind people that there is not only one, but many factors to consider.

Suicide always occurs in individual, social, cultural and political contexts. For the individual, suicide occurs as part of a personal trajectory, of a sequence of events in the person's life that have made them more or less vulnerable, creating psychological pain, affecting their ways of coping with stress, adversity, conflict and loss. Although many studies show that most people who die by suicide suffered from a mental health problem, suicide is not only a result of a mental disorder, but like any behaviour, has many causes.

The social, cultural and political contexts of Aboriginal suicide include the characteristics of specific communities but also the larger history of colonization, the legacy of residential schools, and ongoing problems of marginalization. This social context forms the backdrop for individual experiences of pain, suffering, anger, and hopelessness that contribute to suicide.

Suicide prevention should be based on awareness of both the personal and social contexts. Early interventions to identify families in distress, parenting problems and young people who are suffering can reduce all forms of psychological distress. Training needs to be done with those on the front-line in schools and health centres who serve as gatekeepers as well as peers who can refer those individuals who may be suicidal for follow-up. Basic mental health services need to be made available to people, even in remote communities and local workers need ongoing support. Community activities that give people a sense of their own power and efficacy will increase well-being. Youth, in particular, need to feel they are playing an active role in community life and can see a positive future for themselves. We need research that implements and assesses the effects of these sorts of interventions.
Much of the information on the causes and prevention of suicide derived from the general population applies to Aboriginal populations. However, there are also some distinctive factors that apply to Aboriginal communities and research should emphasize understanding these differences. For example, suicides in Aboriginal communities mostly involve young males and often happen in clusters. As well, suicide attempts are most often associated with interpersonal crises and may not always be associated with psychiatric disorders. Not enough research has been done on rates of depression or other specific types of mental health problem within the Aboriginal community. Knowing more about this would have important implications for identifying the best approaches to suicide prevention. Finally, there is enormous variation in suicide rates across different Aboriginal communities. This suggests that some of the most important factors relevant to prevention lie at the level of the community itself and research that explores this in terms of history, social processes, politics and culture is crucial.

**KATUJJIQATIGIIT: PROCESS AS PRODUCT**

Ms. Lori Idlout, Isaksimagit Innusirmi Katuujjiqatigiit – Embrace Life Council

Dr. Michael Kral, McGill University

Ms. Idlout presented an article she wrote entitled, “Partnership for Life” on behalf of the Embrace Life Council.

The suicide rate in Nunavut per 100,000 of the population is now over ten times higher than the national average. Suicides in the north are increasing among young males.

Ms. Idlout and Dr. Kral work together on a collaborative research project. It is an ongoing process learning how to conduct participatory research and what “community-based” actually means. The project Unikkaartuit (The Storytellers), was driven by an Inuit Steering Committee, consisting of Elders, youth and wellness workers. This group helped shape the research questions, together with a southern academic research team. They are gathering stories and learning from the community, which is where the experts are. The findings from Unikkaartuit have focussed on the family as the centre of well-being. Youth and other community members have stated that there needs to be a connection to traditional knowledge, skills and language, which needs to be respected. It was found that problems arose from the separation of generations, and the changing nature of family relationships due to colonialism that dramatically changed life in the north since the 1950’s.
The family was identified as the number one factor in preventing suicides through direct intervention with a suicidal person. This was done through talking. Also, when community mobilization takes place, suicides stop for some time. This has been a critically important finding in their research, and the same has also recently been found in Alaska. It does not appear to matter so much what the communities do as much as it matters that the activities and programs have been created and are controlled by the communities. This is the life-sustaining process in need of discovery and support in community-based suicide prevention.

It is important that communities have control, develop the solutions and run the programs. Idlout and Kral’s current work is thus focussed on identifying nunalingni silatuningiiit, or community wisdom.

The Embrace Life Council is a partnership of eleven separate organizations. The Council is not involved in service delivery but assists communities in planning for suicide prevention and community wellness programs. The Council held its first conference this year to support those working in suicide prevention to network and have an opportunity to enhance their skills.

The transfer of knowledge needs to be reversed, to flow from the communities to the governments. There also needs to be a lateral transfer of knowledge between communities in the north.

There are questions that need to be considered when doing research in Aboriginal communities. Borrowing from Maori researcher Linda Tuhiwai Smith’s book, Decolonizing Methodologies, these include: Whose research is it? Whose interest does it serve? Who benefits? Who framed its scope? How are results disseminated?

**UNDERSTANDING THE STRENGTHS OF INDIGENOUS COMMUNITIES**

(A Strengths-Based Approach)

Dr. Gayle Broad, Algoma University College
Mr. Patrick Derocher, Research Supervisor,
Flying Dust First Nation

Dr. Broad and Mr. Derocher presented information on a collaborative approach that is proving to be successful in engaging communities. The process continues to be improved. In this case, research was conducted using a strengths-based approach to review some of the challenges that
a community had faced. This presentation presents both the positives and the negatives about the process. Notably, the negative aspects were mainly on the academic side of the process around how challenging it can be to have a real power sharing relationship.

The development of social capital involved the development of community networks within and outside the community, between individuals, organizations and other communities. Community capacity refers to the transfer of skills in the community so that the community is in a better position to have increasing control over future research projects.

A large group designed this particular project. It involved many First Nations people, and once underway, the community knew that the initiative was not only coming from academia, but also from First Nations people. There was a project oversight committee and a nomination process. In one community, the team included Elders, youth, ex-officio members and citizens at large.

There is a rationale behind using a strengths-based approach. When a person’s negative points are emphasized, personal power is taken from them. The strengths-based approach is the opposite of this. Strengths are recognized and emphasized.

Brokenleg’s Healthy Development model uses the Medicine Wheel to describe the four aspects of healthy development – belonging, mastery, independence and sharing. All of these aspects are part of the strengths-based approach.

In the beginning of the process, communities were generally hesitant to describe their strengths, but afterwards commented that they had only scratched the surface of the community strengths. For many, it was the first time they had looked at their community from this perspective and they were empowered by it.

Many lessons were learned from utilizing the strengths-based approach. It provided a safe place for discussion and people left sessions feeling positive about the community. People did not leave the session depressed or discouraged because they looked at their strengths first. The process empowered communities to control their own research and built capacity in the community. After this process, some communities felt that they were not ready to share that information yet and opted out of the research process.
COMMUNITY-BASED PARTICIPATORY RESEARCH

Dr. Nancy Gibson, University of Alberta

Dr. Gibson is currently the Director of the Canadian Circumpolar Institute at the University of Alberta, which is committed to work responsively with communities on health research priorities.

Most traditional research has used the helicopter model, that is, researchers drop into the community and then leave. Traditional research also tells a morbid story, particularly when it focuses on mortality rates, morbidity, burden of disease, and surveillance, which can stigmatize communities because statistics cannot tell the whole story.

Communities are now asking good questions about research, including:
- Research for whom?
- Whose research priorities?
- Whose agenda?
- Whose data?
- Whose consent is required?
- Who controls dissemination of research results?

Research for whom?

There are different cultures in universities, government and communities, and there is pressure to secure research grants. Organizations and universities fiercely compete to secure funding grants, but at the same time are told that collaboration with other stakeholders is essential. There is more work that needs to be done in this area to actually support collaborative processes.

There are various agendas. The research mandates determined by government often differ from the research priorities of the communities. The academic perspective is that papers must be produced.

Whose research priorities?

Many academic research priorities, including tissue or blood samples (lab research), can be done in a consultative approach if the researchers are able to determine what information will be useful to the communities.

There is often conflict regarding different research priorities of different groups. Community priorities are not always looked at first. In Grassy Narrows for example, mercury poisoning in the watershed caused by the
paper company caused community members to get sick. The paper company’s priority at that time was not to monitor the effect their company activities had on the environment. There is a need for negotiation and advocacy in those instances.

Whose agenda?
Dr. Gibson suggests that everybody comes to this room with at least three different agendas. Every participant represents an organization (organizational agenda), as well as themselves in one way or another (personal agenda). There is also a professional identity, which sometimes conflicts with the organization they work for. For example, the personal agenda can be to advocate for a commitment to a cause. If everyone was to talk about those various agendas at the outset, it could lead to working more closely together to achieve the goals more quickly. There is a need to ask these questions and to negotiate how to fit the various agendas together and create a common agenda. The Institute has used this particular concept in evaluating their work by asking participants at the end of a research process whether their agendas have changed.

Whose data?
Ownership is key to the research process. Everyone involved needs to feel a sense of ownership, particularly the community. As a researcher, Dr. Gibson suggests it can be a relief when you are not required to be ‘the’ expert on everything and you can rely on the expertise in the community for direction and answers.

Sharing the research results
In determining who research results should be shared with, consider who has the right to know, and more importantly, who needs to know. Dr. Gibson’s experience is that people within communities learn best from others who have shared the same experience.

Why do research at all?
Communities require training. It can be unfair to place community people on peer advisory groups and expect them to know all of the aspects of research programs.

Community Collaborative Research Projects
Dr. Gibson presented information on some community research initiatives that the Institute was working on.
**The Alberta ACADRE Network**

This Network received funding for 6 years and the goal is to work with communities so that communities can determine what they want to see with respect to health research. In addition, the program will help to build research capacity in the communities.

**Déline Knowledge Centre, Déline, Northwest Territories**

The community is developing a centre where traditional knowledge and new knowledge of the Dene environment will be used to preserve local culture and to inform and shape future research.

The community stated that their Elders know a lot, however, there are not many of them left, so there is a need to transfer the Elder’s knowledge to the community and there is also a need to collect research from corporations and government on what previously happened in the community. The information collected will form the knowledge centre that will give the community an opportunity to move forward. The project also has a team of community people who are learning research skills.

**Midwifery Project**

A northern community stated that they did not have any babies in their community, as expectant mothers were shipped out of the community to have their babies. The community then lost their early family knowledge. Community members went to another community where there was an effective midwifery program and learned from that community to establish midwives within their community, and to assist expectant mothers with the delivery of their babies.

**Network North Project**

The communities determined that they needed to interface with the diamond mines as it was affecting their health. The communities wanted to sustain their health with all of the changes that were happening within the communities. The University brought together graduate students with backgrounds in engineering and social sciences and established partnerships with government, diamond mining companies, NGOs, universities and communities to determine how the diamond mining companies were affecting the communities and what could be done to support the health of the families and communities.

Funding was secured by the University and a meeting occurred in January 2005. The opportunity was transferred directly to the communities and the communities determined that they would hold two
workshops and for the first time in many years, the Grand Chief and the Chiefs came together to look at the health issues of their respective communities.

One of the issues that the partners will be looking at is how to deal with the employment issue. Employees are flown into the mine site for 2 weeks and then flown out for 2 weeks. How does this affect family responsibilities, including raising children and providing traditional food for the family? There are also income challenges for the youth who go from welfare to making $60,000 per year. There is no one to teach them to manage their money or the concept of sharing with their extended families. These are issues that the partners hope to effectively address.

**Draft Principles**

The following draft principles guide the Institute’s research:

- Research is relationship based;
- Everyone has an equal voice;
- Everyone’s knowledge is valid and complementary;
- Everyone shares responsibility to do good research;
- Local capacity is built, sustainability.

Sustainability must be emphasized and it is not enough to just provide training programs for community members, as there is a need for training beyond the project, when the research is actually complete.

**Pimatisiwin – A Journal of Aboriginal and Indigenous Community Health**

The ACADRE Network has started a community journal, targeted for both community people as well as academics who are wanting to learn more about Aboriginal and Indigenous community health and research.

Good research is done in harmony – harmony is different notes being played together, not in sequence, but at the same time.
"INUUUVUNGA I AM INUIT, I AM ALIVE" – VIDEO PRESENTATION

Mr. Grenier, Saputiit Youth Association of Nunavik (SYAN) shared the “Inuuvunga I am Inuit, I am Alive” video, which was created by Inuit youth. Mr. Grenier’s organization, SYAN, works on suicide prevention in Nunavik and encourages youth to have healthy lifestyles. Projects include youth camps out on the land with Elders, and a travelling presentation called “Living Life” which visits communities in Nunavik. Mr. Grenier reminded and encouraged all those present to always include youth in their work, including in research.
BREAKOUT SESSIONS:
REPORTS ON SMALL
DIALOGUE GROUPS
BREAKOUT SESSIONS:
REPORTS ON SMALL DIALOGUE GROUPS

At three points throughout the two-day event, the large group was broken into four smaller groups. Groups addressed the following seven questions which were intended to stimulate dialogue.

- How can research be useful for community planning?
- How can research inform and further community development?
- What are the benefits of collaborative approaches?
- What does ideal collaboration look like?
- Are there topics that still need to be discussed?
- What are the solutions and recommendations for working together in the future?
- What do communities have to gain from research? What is the added value?

A summary of the key discussion points is presented here. These summaries reflect the views and ideas of the delegates in the small breakout sessions. At times, the small breakout groups decided to discuss issues underlying or beyond the actual question before them.

KEY POINTS:

**How can research be useful for community planning?**

- Two goals crucial for research include supporting and providing tools for front line workers, and influencing policy.

- Front-line workers are challenged with a lack of financial resources and a lack of access to research that has already been done. Knowledge sharing and the transmission of knowledge between researchers and communities needs to be improved dramatically. More effective knowledge sharing may require developing new and more effective ways of communicating research.

- The First Nations and Inuit Health Branch, Health Canada and the National Aboriginal Health Organization could play a more key role in strengthening knowledge dissemination.

**How can research inform and further community development?**

- The research relationship between communities and researchers needs to change. It was thought that researchers generally take a top-down approach within the community. There should be a set of
principles established for communities to help them be more explicit about their collective best interests and expectations of researchers.

- Community-based representatives and researchers need to respect each other’s different areas of expertise. While research has its own components and way of transferring knowledge, communities also have their own way of sharing information. There needs to be a formal relationship established between communities and researchers that protects both parties and promotes equal partnership. Often, both researchers and communities have similar or related goals and purpose. However, some basic principles around conducting research in Aboriginal communities could help both parties work together more effectively.

**WHAT ARE THE BENEFITS OF COLLABORATIVE APPROACHES?**

- Collaborative relationships can create opportunities and be of assistance to the community. In effective relationships, communities take control of the research program or project, and it is seen as coming from the community. This way, communities can see the value and the applicability of the research. Collaborative research through this type of relationship leads directly to the creation of community capacity.

- Collaborative research leads to empowerment at the community level. It can stimulate and support community members to facilitate new activities such as healing. Research is not just about answering a question; it can contribute to creating change in the community, which is as important.

The following research guidelines were provided by Mr. Arnold Devlin, Dilico Ojibway Child and Family Services, Ontario:

- The community needs to benefit from the research and own the research;
- The community needs to be connected and empowered by the process of the research;
- The research needs to foster community activism, “we are the experts”;
- Research must be based on community needs;
- The research must be meaningful, useful and purposeful;
- The research must work towards solving the issue of suicide, not just overcoming it;
- The research must work towards creating a balance;
- The research must support finding out “who we are?”, a foundation based on history;
• The research must support reclaiming traditional teachings and medicines;
• The research must be in line with the laws of the Creator;
• There is much work to be done in building and maintaining relationships and trust; Aboriginal people must be respected for who they are and the knowledge they have to share.

**What does ideal collaboration look like?**

• Ideal collaboration is a long-term dynamic process. It is not something that happens one time when a researcher enters a community, collects data and then exits. Researchers need to spend time in the community and ensure they give something back. Ideal collaboration is not only about knowledge transfer, but may also include skills development and training.

• Ideal collaboration from an Aboriginal viewpoint must incorporate Indigenous values and beliefs which often include respect, wisdom and humility, but which may vary depending on the Aboriginal group in question.

• One size does not fit all. Ideal collaboration may mean something different for different communities.

• Collaboration implies equal partnership, with everyone (communities and researchers) being open and on the same page.

• Different things are valued by different groups. To simplify, the research community may place highest value on numbers of academic degrees and publications, while Aboriginal communities place highest value on those with deep traditional and cultural knowledge passed on through generations and traditional teachings.

• This group suggested introducing a step system to support new research. First, introduce the real benefits of research and the need for formal engagement, including the need to build relationships. Then, consultations between the researchers and community will lead to establishing agreements and the exchange of knowledge. Finally, agreements are achieved regarding ownership and use of the information collected.

**Are there topics that still need to be discussed?**

• The process of this meeting was among the most important results of the meeting.
• There is a need to keep this dialogue going.
Suicide prevention should be a smaller component of discussions regarding overall well-being.

There is a parallel between research and on-going service delivery and they cannot exist as separate domains. Ottawa needs to facilitate the agenda, rather than drive it. There is also a need to look at both long-term and immediate options for action.

There is a need to understand issues beyond the narrow definition of success and determine whose definition of success people are looking at.

There are successful and meaningful things happening in communities, and there is a real need to better understand this in order to assist other communities.

Sometimes people get too caught up in the process and there is a real need to take something more away from the meeting that is useful and applicable.

Elders are not always given the time and space to say what they need to say. How do we engage and meaningfully support Elders?

There is a need to “demystify” research so that the potential benefits to the community are more clear, and so people in the community can see a role for themselves. Likewise, there is a need to provide training for researchers who hope or plan to do research with Aboriginal communities.

**What are the solutions and recommendations for working together in the future?**

One group developed a metaphor to illustrate their point regarding what is required to improve the relationship. The concept was that of the ‘back-swing’ used in baseball or golf, which allows a person to step back, prepare and move forward with more power and precision, therefore executing a much more effective forward-swing. Communities and researchers need a ‘back swing’ (or time to meet, have discussion and begin building mutually beneficial relationships and plans) in order to move forward most effectively. Unfortunately, most current processes don't allow for a proper back-swing. For example, a typical research Request For Applications (RFA) is issued, followed by a very tight time-line.

Another related challenge is the highly competitive nature of typical RFAs. On one hand, we promote the building of meaningful relationships and collaborative approaches which take time and planning, and on the other hand we demand that groups compete with one another for limited funding grants.

Most Aboriginal organizations do not have budgets for research. Communities need to be able to access some research dollars. In
many cases, only principal investigators, often made up of a small number of elite academics, may access research dollars and then bring in community members only as collaborators.

- Aboriginal research organizations should provide educational workshops and help community people write proposals. Community-based representatives have real expertise regarding community issues.
- Planning grants would put into action the concept of the “backswing”. Planning grants could be available to researchers and communities. Planning grants would support people to investigate and form meaningful partnerships to conduct research.
- Proposal writing is a large and complicated process that can take months and can require specific knowledge about the respective systems involved. Community health workers may not have much success completing such competitive research proposals.
- A new, researcher-community “dating service” could provide the needed link between the groups. Information including researcher and community biographies would be made available. Community members could browse and make informed decisions about what and who they want to work with. This would be managed by a group whose aim is to support communities in their efforts to engage in a collaborative research activity.
- Knowledge transfer requires that information be made available in plain language. Even bulletins distributed by government intended for community members sometimes seem to require a university education in order to read and understand the information.
- Information on research and research projects should frequently be included as an element of various conferences and training sessions for communities and health professionals.
- Meetings such as this should happen again or on a regular basis.

**What do communities have to gain from research? What is the added value?**

- Research can be a catalyst for change and for informed action. It can be a trigger that allows new or existing knowledge to come to the forefront in a community. There have been significant disruptions in communities throughout history and many communities are only
now in the process of reclaiming and renaming who they are. Communities and Elders need to be allowed to express themselves. Collaborative and community-based research can enhance this process and support communities to express themselves and regain traditional and cultural knowledge.

- It is important to conduct research in a way that is credible and makes sense to the community. There is the conventional sense of credibility, such as researchers having the right credentials and utilizing rigorous research methods, which gives people confidence in the research results and allows for power and effectiveness. The flip side of credibility is bias, and the dilemma of a community identifying their own needs and saying to the government that they require more services based on their needs. The government may view that as self-interest and may not respond to the communities’ needs. Research that is done independently can provide a different kind of credibility. There needs to be a proper balance achieved in this regard and a better understanding on both sides about what they can do for each other.

**WHAT DO COMMUNITIES HAVE TO GAIN FROM ACADEMIC RESEARCH?**

- There is a need to better connect scientific and traditional knowledge. Sometimes when researchers initiate the project and go into the communities with their own concepts and agenda, the Elders may not engage or share information. It is because this is not their way of interacting and sharing knowledge with other people. Researchers need to be aware that a community has its own knowledge, values, processes and protocols. Thus, there is a need to understand and connect the two worlds before engaging in the research process.

- Research is an ongoing process that can help identify and bring local knowledge on a subject to the forefront to help advance a community’s agenda or efforts to address a particular issue. That is, researchers can ask strategic questions and community members can have the opportunity to consider the questions and provide their responses. It has the potential to get community members thinking of critical issues within their community and can eventually lead to helping people find their own solutions.
Dr. Chandler thanked the organizers for the invitation to speak at the meeting. He stated that it was clear that there needs to be more involvement from the communities in research and stated that the historical context of Canada is one of colonialism, and this attitude has not totally disappeared.

Researchers are reminded to look beyond the confines of one particular community. While suicide is a serious problem in some communities, it is virtually non-existent in others. This kind of mapping can be important to community-based workers.

When suicide is non-existent in communities, it suggests that they have found ways to produce a life worth living for their youth. It is clear that Indigenous knowledge with regard to suicide prevention has been demonstrated. Given that, there needs to be discussion about how to exchange knowledge. Rather than a top down movement of knowledge from institutions to communities, there should be a lateral movement, which first looks at Aboriginal communities that are doing well regarding suicide prevention, recognizing that they are repositories of legitimate and critical Indigenous knowledge. Then there should be support for the lateral movement of the knowledge to other communities. This type of knowledge exchange would be free of the cultural barriers encountered between Ottawa and communities.

Dr. Chandler suggested that a new role for researchers to consider could be to help communities articulate their knowledge, as it is important to extricate it and bring that knowledge to the surface, and act as knowledge transfer brokers that facilitate the lateral movement of knowledge from community to community.

Mr. Patrick Derocher

Communities and researchers need to be on a more equal footing. Academics rarely share their own personal experiences with communities and therefore communities rarely know the intentions of researchers, including the kind of work they do. Aboriginal people may wonder why researchers are so interested in studying Aboriginal communities. These gaps lead to suspicion.

Mr. Derocher challenged researchers to examine their own motives for researching Aboriginal people and why they want to help. He reminded
researchers that communities need to know that researchers and academics genuinely care about them. This is a simple solution, but is an important part of creating a strong working relationship with Aboriginal communities and it cannot be overlooked. Strengthening the relationships must continue or new life needs to be given to it.

Aboriginal communities need to be able to create research questions. Aboriginal people need to ask the questions and then be involved in finding the answers. Communities need to understand how research can affect government policy. Mr. Derocher asked us to think about the distinction between research as a luxury versus research as a necessity. Will research answers serve to solve some immediate problems or to enhance life?

First Nations people need to be involved in the larger application processes for research funding. At the same time, there needs to be capacity built in this regard. An independent national Aboriginal research organization could really help communities become more engaged in the process.

**Open Microphone**

- It is important to recognize that times are changing. In one community, families who lost someone to suicide were shunned, but now they deal with it more openly and directly by providing support to those families. The community and the family heal together with the aid of community feasts, sing-alongs and other supportive activities that promote health and wellness.

- There needs to be more accountability to Aboriginal communities with how decisions are made at the federal government level. It needs to be acknowledged that communities have many of the solutions, and that they need the support to be able to implement them.

- Participants were thanked for attending and participating. The Elder was thanked for being present, and providing guidance and prayers.
SUMMARY OF KEY RECOMMENDATIONS
SUMMARY OF KEY RECOMMENDATIONS

From small and large group dialogue

- There must be ongoing dialogue on this issue, and more gatherings of this nature to maintain the momentum and create more research-community synergy.

- There is a need for systems to examine how well they actually support researchers and communities to collaborate, and then to make the necessary changes to support meaningful cooperation and partnership. It is not enough to simply promote greater collaboration by talking about it. For example, planning grants could provide the needed support to researchers and communities to develop a relationship, common agenda and agreements.

- There is a need to undertake activities aimed at ‘demystifying’ research for communities, and training for researchers who are conducting research with Aboriginal communities. This would help to improve understanding on both sides, and highlight what can be done for each other.

- There is a need to find ways of supporting communities to learn from other communities. It needs to be better acknowledged that many communities have successful suicide prevention activities underway and are repositories of important knowledge regarding preventing Aboriginal youth suicide. In addition, solutions to issues such as high suicide rates often lie within the community, which require support to uncover and/or implement them.

- Elders and youth should be more involved in all aspects of research, from developing the research questions to finding the answers. This involves finding ways to ensure their voices are heard.

- Communities should be supported to access some research dollars, and trained in the development of proposals and how to be successful in replying to requests for applications.

- Knowledge sharing or knowledge transmission needs to be greatly improved through new and more effective ways of communicating research findings.

- The First Nations and Inuit Health Branch, Health Canada and National Aboriginal Health Organization should play a more significant role in knowledge dissemination.
• Significant work needs to be done around building a more trusting relationship between western research scientists and Aboriginal communities. Suicide prevention provides a common ground to have this discussion.

• Introduce a step system that guides research and community collaboration and supports new research. This more formal engagement process would guide parties through engaging, learning, and consulting through to formal agreements regarding research.

• Suicide prevention should not be separated from overall well-being; rather it should be viewed as one part of the system. Similarly, research and ongoing service delivery should not be thought of as two separate domains.

• There is a need to improve our understanding of what is happening in communities that are not struggling with suicide rates in order to inform efforts to address suicide prevention in more vulnerable communities.

• A system should be put in place to support research-community collaboration. It could support communities to initiate a project and secure the proper research expertise and/or pair researchers and communities on specific projects.
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