THE COMMUNITY IS THE MEDICINE

THE COMMUNITY RESPONSE TEAM:
A COMMUNITY-BASED MODEL
OF SUICIDE PREVENTION

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Introduction
The following discussion is based upon two foundations: (1) suicide is understood as the sociohistorical product of colonization and the personal product of pain and hopelessness and (2) Aboriginal mental health is a community issue as much as an individual one and the resolution of the suicide crisis that is ravaging many Aboriginal communities is to be found within the community itself.

Colonization and Suicide
If there is a single source of the Aboriginal suicide crisis, it is colonization. According to oral tradition, suicide was discouraged and was rare before contact with Europeans. The only exception was self-sacrifice to aid (or unburden) the community. However, according to the Royal Commission on Aboriginal Suicide in Canada (1995):
Suicide is... the expression of a kind of collective anguish–part grief, part anger... the cumulative effect of 300 years of colonial history: lands occupied, resources seized, beliefs and cultures ridiculed, children taken away, power concentrated in distant capitals, hopes for honourable co-existence dashed over and over. ... The damage must be acknowledged before it can be healed (RCAP, 1995, p.2).

Suicide Is About Stopping Pain and Hopelessness
Suicide is about stopping pain and hopelessness, it is not about dying. This is why 80% of suicidal people send out a signal of suicide to those near to them—they don’t want to die and are desperate to find another way out of the pain. This fact is the key to suicide prevention/intervention: If you can reduce a person’s pain, you can reduce their suicide risk.

Aboriginal Mental Health
Harmony and balance are considered central to Aboriginal notions of mental health. According to Favel-King (1993):
Throughout the history of the First Nations people, the definition of health evolved around the whole being of the person—the physical, emotional, mental, and spiritual aspects of a person being in balance and harmony with each other as well as with the environment and other beings. This has clashed with the Western medical model, which, until very recently has perpetuated the concept of health being the absence of disease (Favel-King, 1993: 125).
This interconnection renders the individual and collective context (familial, social, environmental) indivisible and, likewise, conflates mental health with every other aspect of being in the world.
Suicide Resilience and Traditional Values

Resilience is the ability to lead a well-lived life (i.e., one that is meaningful and positive) and to value oneself (to have self esteem) despite difficult circumstances. Resilience does not merely describe survival (although for many this is a significant accomplishment in itself), but recovery or development. In relation to their families and communities, resilient individuals find a positive sense of: (1) connection (they feel cared for by those important to them); (2) empowerment (they feel capable to respond well to their life’s demands); (3) identity through maintaining a positive social role; and (4) vision (hope for the future and a sense of how they are to live in the world).

Suicide Statistics Point to Suicide Resilience

The traumatic impact of historical and cultural losses on Aboriginal people has led to a significantly increased suicide rate in some communities. Youth living on reserve are most at risk. However, in non-native communities, the suicide rate increases continually after the age of fifty. This is not the case with Aboriginal Elders.

In communities where Elders receive:
(1) care for their well being;
(2) respect for their wisdom/experience (they have a “voice”);
(3) a meaningful community role, (they are sought out for guidance/support); and
(4) have the opportunity to serve as the carriers of cultural and/or spiritual wisdom, the Elder suicide rate is very low.
However, when one compares this experience with that of Aboriginal youth on reserve, who often feel that: (1) no one understands them (lack of care), (2) no one hears what they have to say or takes their needs seriously (lack of respect), (3) they have nothing to do and they have to stay out of the community’s way or to be viewed as delinquents (lack of a meaningful family/community role), and (4) they feel disconnected from the Elders and traditional culture and spirituality. Aboriginal youth living on a reserve are six times more likely to die by suicide than their non-native peers. (Although, those assimilated within cities have a suicide rate equal to non-native youth.) Significantly, gay/lesbian/bi-sexual/transgendered youth of all ethno-cultural backgrounds have the same statistically elevated suicide risk. Both groups share: a sense of isolation, a shortage of healthy role models, prejudice from others (and often themselves), and a lack of resources. It makes sense that both of their suicide rates are so high compared with Elders. And changing this in the community—that is, assisting youth to be Elders in training—is true suicide prevention.

Traditional Values: The Path to Suicide Resilience
It is within Traditional values that the “cure” for the social and historical “disease” that is suicide can be found. Among these values, four in particular provide the key to suicide prevention:
(1) connection (the sense that one is valued and accepted) which comes from care;
(2) empowerment (the sense that one is capable and has a voice) which comes from respect;
(3) positive identity (socially integrated sense of oneself) which comes from a meaningful family/community role; and
(4) vision (of the world and one’s life within it) and the opportunity for transformation (from one identity to another) comes from spirituality and culture.
These four roots grow into a “tree of resilience” with two branches: self esteem and a well-lived life.

**Self Esteem: Protection From Suicide**

*Self esteem* is the sense of value that we have in ourselves; it is the source of our emotional strength. Self esteem is what protects against suicide. People who have a healthy *self esteem* feel that they are valuable and in control of their lives. They believe in themselves, responding with courage and creativity they face their problems from a position of strength, they seek to learn and use their skills and, finally, enlist the assistance of those around them. Self esteem has two foundations: connection and empowerment.

**Connection**

The sense that you are accepted and valued, connection might come from one’s family members, a partner, a friend, a group/team, or even a pet. A location (e.g., a place in nature or a church/temple) or an object (e.g., a photograph or ring) may also provide a sense of connection. However, the source of connection must be important to the person themselves, at the time that it is offered. For instance, a youth who believes that they are not accepted by their family, may not have a strong sense of connection, even if they are valued by their peers. (Note: families provide an essential source of care-connection role for youth, even if they are not always identified as such by the youth.)

**Empowerment**

Empowerment is the belief that you are in control of your life and that you are capable in the face of your life. People find *empowerment* in: personal growth, their work, caring for their aging parents, social status, self-discipline, or in a particular skill or ability (such as painting or swimming). However, a sense of empowerment must come from accomplishments or qualities that are important to the person themselves. For instance, a youth might be an excellent artist, but if they believe that being a successful athlete is more important than drawing, they will not feel a sense of empowerment from their artwork.

**A Well-Lived Life is the Antidote to Colonization**

A *well-lived life* is one in which a person finds reasons to live (i.e., a meaningful life) through activities which benefit others. One’s *identity* (which emerges from a meaningful family and community role) and *vision* (which comes from culture and spirituality--however defined) are the roots of a well lived life. A well-lived life is the ground upon which resilient families and communities grow. The well-lived life is best understood by thinking of the qualities identified in a respected Elder. It is the antidote to colonization. The pursuit of these and other relevant ways of living our lives is to live free of the psychosocial impacts of colonization—even while colonial interventions continue. A well-lived life has two foundations: a positive *identity* and *vision.*
Positive Identity
Identity is how we describe ourselves based on our own personal and social life experience. Unfortunately, many Aboriginal people have come to view themselves according to the characteristics defined by the dominant culture—that is, in this latest wave of colonization—as sick and dysfunctional—which increases suicide risk. Thus, it is important that an individual not only try to view themselves positively, but that they take on positive and meaningful roles in their family and community. For identity to serve as a protection from suicide, it must depend on the individual and their family, community and culture. Further, a suicidal person has life events that support their identity as “a suicidal person”. The goal is to change an identity of “victim” or “failure” to that of “healthy” and “valuable”. A positive identity is additional protection from suicide and new life experiences can help a person in suicidal crisis to change their vision.

Vision
Vision is the integration of meaning within one's sociocultural context. And for many communities, spirituality is indivisible from culture. It is through culture and spirit that many find the strength and vision to live a well-lived life. The goal of colonization was to annihilate Aboriginal people in Canada, if not physically, then culturally and spiritually. In cultural terms, spirituality is the vision of life and our role within it that holds a community together. Spirituality provides a source of connection in relation to one’s culture and the Creator, God, the Universe, Nature, and/or the Ancestors. An opportunity for empowerment, by the practice of cultural or spiritual activities offers clarity regarding one’s role in the cultural community and the world as a whole, which contributes to a meaningful social role. The result is a well-lived life. As well, spirituality provides opportunities for transformation—to leave the past behind and be “new” again.

The Community is the Medicine
Since crisis impacts the whole community, the whole community can respond to a crisis in one of its individuals, families, or the community at large. The capacity was there before contact and it’s there now, because it is rooted in the Traditional values of care, respect, a meaningful social role and spirituality. However, to recognize and benefit from the wisdom and strength of the community, it is necessary to step outside the limited view of the community and its resources that have been the foundation of the fourth wave of colonization.

The Six Parts of a Community
In order to explore the range of resources available to a person in crisis, it is valuable to consider the whole community in which they live. Surrounding a person, a community can be considered to be made up of six inter-dependent parts: their self, family, individual youth and adults, community services/agencies/institutions, those outside the community, and nature. The six inter-connected parts with examples of their use as a source of connection, empowerment, identity and vision—as resources for a person in crisis are noted below: (1) Self: resources to be found within oneself; (2) Family (or Clan): as
identified by the family members. Note: no matter what their suicide risk, a suicidal person’s immediate family (parents and/or partner) is often an essential resource. Their love, knowledge of that person, and ability to offer support and supervision makes them an excellent resource. They should be involved in the assistance of a person in crisis, unless their relationship to them is an abusive one; (3) Individuals: specific people (i.e., generally known by name or title). This includes youth (i.e., anyone who would be identified as a “youth” by the community) and adults (e.g., friends, professional and non-professional caregivers, etc.); (4) The Community: taken at large (e.g., agencies, services, community centres and schools, support groups, sports teams, etc.); Outside Community: forces or individuals outside the community which can have a positive impact (e.g., neighbouring communities, regional services, political leaders, heroes or youth idols, the media, etc.); Nature: the non-manmade environment in which a person lives can be profoundly important for their well-being. The following chart offers examples of resources:

<table>
<thead>
<tr>
<th>FAMILY and/or CLAN</th>
<th>SELF</th>
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<th>FAMILY and/or CLAN</th>
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<tbody>
<tr>
<td>CONNECTION</td>
<td>EMPOWERMENT</td>
<td>IDENTITY</td>
<td>VISION</td>
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<td>SELF</td>
<td>belief in one’s self, hope, creativity, self-care, empathy, etc.</td>
<td>self-discipline, previous resilience, courage, responsibility, strength, etc.</td>
<td>sense of self as sober, helpful, caring, generous, etc.</td>
<td>prayer, faith, meditation, etc.</td>
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<tr>
<td>FAMILY and/or CLAN</td>
<td>the experience of love and support from family members, participate in family counselling, etc.</td>
<td>participate in family events/activities, get to know extended family members, write letter to removed children, do family-related chores, etc.</td>
<td>learn family history, take on a positive family role, view of family and its role by the rest of community, etc.</td>
<td>learn traditional family/clan stories, take on role in the family, learn and perform traditional songs/dances/ceremonies, etc.</td>
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<td>INDIVIDUAL Youth</td>
<td>peer helpers, friend’s children, friends, etc.</td>
<td>volunteer time with younger children; participation in team sports/activities/clubs</td>
<td>role model, sober friend, helper, mentor, teacher, etc.</td>
<td>learn/perform traditional songs/dances/ceremonies, etc.</td>
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<td>INDIVIDUAL Adults</td>
<td>adult friends, counsellor, teacher, social worker, doctor, sponsor, coach, mentor, etc.</td>
<td>volunteer help for elders, learn a skill, develop a resume, etc.</td>
<td>friend, client, colleague, patient, etc.</td>
<td>assistance from a spiritual guide/Elder</td>
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**COMMUNITY**

| social/human services, support/self-help groups, community programs, school-based support, school, community centre programs, healing workshops, teen centres, etc. | get a haircut, seek return to schooling, volunteer, attend support groups and workshops, apply for work, etc. | connect to cultural and spiritual identity; volunteer (e.g., clean corner store, chop wood for elders, arrange community event), invite “house family” involvement, etc. | congregation, spiritually designated buildings, community ceremonies, spiritual role in the community, etc. |

**OUTSIDE COMMUNITY**

| treatment centre, outpatient programs, crisis line, internet chat rooms, national organizations, music, long-distance friends/family, etc. | go for treatment, write to media, political/social activism, mental health assessment, detox programs, inter-community activity (e.g., sports exchanges), etc. | National identity, Aboriginal identity (world-wide relationships), etc. | inter-tribal ceremonies (“pow wows”) and/or social development initiatives, etc. |

**NATURE**

| sitting under tree or next to river, etc. | fishing, hiking, hunting, etc. | recognizing that one is an essential part of the universe | cleansing ceremonies, Spirit quest, sacred places, sweat lodges, walking around home territory, etc. |

In other words, the community (as divided into six parts) is able to offer an individual, family, or community as a whole, opportunities for: (1) connection; (2) empowerment; (3) a positive identity; and (4) vision and transformation. The *Community Resources Map* (below) is a useful method to explore these options.
Beyond Suicide: Community-Based Suicide Prevention
Communities were healthy long before colonization and they are healthy now. If they were not, they would not survive. The distress experienced within each community is a natural response to the oppression of colonization. However, suicide does not have to be in the community.

Suicide intervention can occur through confronting and reducing family and community problems, reducing the pain experienced by community members as a whole. Specifically, two target activities have been identified that promote the community resiliency and reduce suicide risk resulting from colonization. These are: (1) direct crisis services with a focus upon “high risk” behaviour, self harm, and suicide, itself); and (2) community development that revitalizing cultural and spiritual traditions—strengthening families and supporting children and youth—promoting of community change.

In communities in which cultural identity is being revived (or was secretly maintained), many examples of resilience can be found. Communities that are (1) empowered (in terms of self-government and treaty-making), (2) connected as a community and in the care of children and Elders, (3) providing a positive identity for its members through the encouragement of meaningful social roles, and (4) where a traditional cultural vision and practice has survived or has been re-developed have a lower suicide rate than non-native communities. Beyond the many individual transformations—from victim/abuser to contributing member of the community—and examples of family healing, communities are overcoming colonization through: political advocacy, self-government and/or the pursuit of land claims and treaty rights; control over emergency services, mental health and family support programs, and schools; active participation in cultural practices and the presence of cultural centres; language classes, recording Elders’ stories, proper care of Elders; day cares, youth programs, etc.

Beyond Colonization:
Healing reaffirms cultural values as they can be expressed in the contemporary world. Balancing the four aspects of humanity—mental, emotional, physical, and spiritual—through the interconnection of nature, community, family, and the individual, it integrates the individual in their community (establishing harmony and improving relationships). Rather than treating specific diseases within an individual, healing impacts individuals, families, and the community simultaneously. For this reason, effective intervention must have the restoration of community balance as its primary aim—suicide prevention must have the community as its target.

Visioning the Future
Imagining the community without suicide—is to imagine a community in which its members feel connected, empowered, and in possession of a positive social identity and vision. Imagine the social networks and programs responsible for this transformation. One useful way of organizing the vision is to use the Community
Resource Map (above). The map ensures that the four traditional foundations of health and healing are supported by the process. This vision, if held by members from all parts of the community (i.e., community stakeholders), is the basis of community transformation.

A Community Response Team
Communities face significant challenges as they strive to prevent and respond to youth and adult suicide. They need the support and resources that might come from access to wellness/healing and community education training workshops that could promote wellness and address the issues underlying suicide (e.g., FASD, grief and loss, trauma, anger management, community development initiatives, etc.).

Community front-line staff and natural caregivers are often required to respond to community crises without the necessary clinical training. They are being asked to do the work without the skills or confidence to meet their community’s needs. Unfortunately, most communities do not have access to the funding necessary to send natural caregivers and staff to training in critical incident response and suicide inter-/post-/prevention. Further, the responsibility they are required to take on can be too much and the resulting likelihood of turnover or burn-out often means that the community is left without any consistent support-system in place. Finally, the isolation of these workers from the natural caregivers and political leadership has sometimes led to communication challenges and conflict within their communities.

A promising model of crisis response being embraced by some First Nations is an integration of professional and non-professional services in a Community Response Team. Community Response Teams are made up of human service workers, first responders, community leaders, and natural caregivers for these purposes: respond to individuals in crisis (i.e., struggling with emotional distress); respond to critical incidents within the community (e.g., the aftermath of a house fire, serious accident, or suicidal crisis); lobby for and/or facilitate community initiatives (e.g., a “girls group” or “men’s circle”, etc.); support a neighboring critical incident response team (if requested); invite the assistance of a neighboring Team (if required); and identify and facilitate educational initiatives (e.g., workshops on grief, crisis, suicide, etc.). Community Response Teams develop the community’s capacity to respond to their own critical incidents in an integrated fashion. This model is true community-based mobilization—empowering each community to respond to its own issues.

~ The above material is drawn from Thira Consultant’s THROUGH THE PAIN Community-based Suicide Prevention Program and OPENING THE CIRCLE Community-based Crisis Intervention Program training manuals.