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On April 1, 2009, AHS brought together 12 formerly separate health entities in the province: nine geographically based health authorities (Chinook Health, Palliser Health Region, Calgary Health Region, David Thompson Health Region, East Central Health, Capital Health, Aspen Regional Health, Peace Country Health and Northern Lights Health Region) and three provincial entities working specifically in the areas of mental health (Alberta Mental Health Board), addiction (Alberta Alcohol and Drug Abuse Commission) and cancer (Alberta Cancer Board).

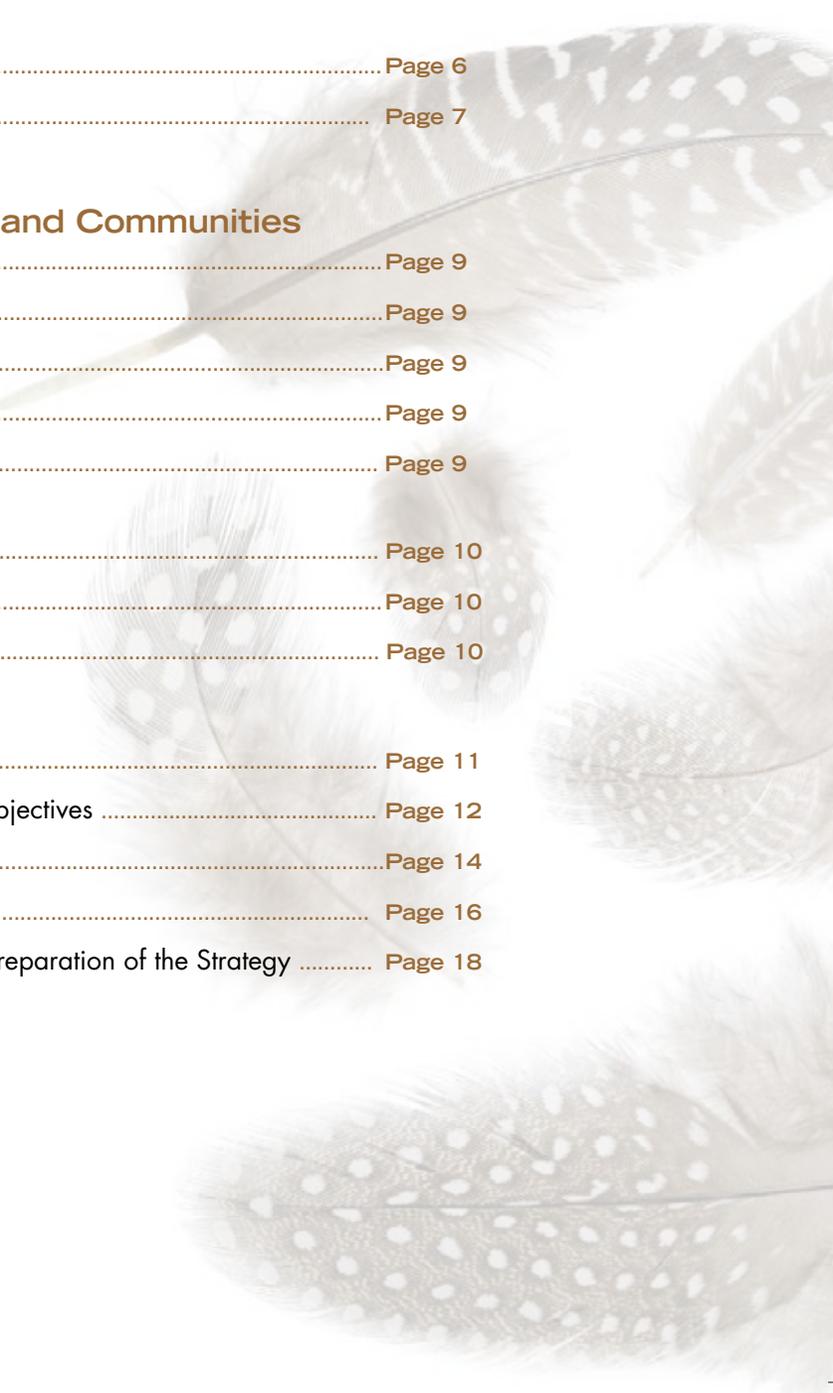
Honouring Life

Aboriginal Youth and Communities Empowerment Strategy (AYCES)



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Introduction

The Honouring Life: Aboriginal Youth and Communities Empowerment Strategy (AYCES) was formerly known as the Aboriginal Youth Suicide Prevention Strategy. In 2009, the strategy was revised to be more aligned with resiliency, empowerment and holistic wellness approaches, which are more culturally appropriate in addressing risk factors of Aboriginal youth. This shift continues to focus on protective factors and building community capacity to address Aboriginal youth issues, i.e. suicide prevention, mental wellness, work experience/employment opportunities, educational achievement, substance misuse, violence and healthy lifestyle.

A. Definitions

Aboriginal peoples are a diverse group. For this Strategy, Aboriginal is defined as status and non-status Indian, Métis and Inuit peoples. Aboriginal youth are part of families and communities.

Empowerment occurs when an individual has obtained self-worth, efficacy and an acquired sense of power. They have access to information, resources and learned skills that are self-identified as important. Empowerment can also be considered a journey, emphasizing growth and transition. Essentially, movement towards empowering practices can be termed empowerment. Viewed as a continuum, empowerment is the process of enabling individuals to acknowledge their existing strengths and encouraging the use of their personal power. It involves taking proactive actions to prevent threats and to promote positive aspects of their lives. Empowerment is the means to gaining quality life.



An Aboriginal definition of wellness includes all aspects and components of health and well-being seen as integrally interconnected with one another within an inclusive, inter-related and interactive web of life and living. A balanced person is inclusive of all levels of personhood, understood to be body, mind, heart and spirit, and encompasses:

- physical health, mental health, emotional health, spiritual health;
- healthy behaviour and life style, healthy mental function, cultural continuity with the past, as well as potential for future opportunities; and
- healthy connection to culture, healthy home life, community life, extended family connection and healthy spirituality.

Throughout the cycle of life, balance of emotional, physical, mental and spiritual wellness is required on the individual, family, community and nation levels. Aboriginal wellness has past, present and future lenses. The Aboriginal ways of knowing, vision, experience, relationships and theory help guide wellness planning, dialogue, implementing and evaluation. The political systems, social systems, economy and environment strive for balance and harmony for the achievement of community, family and individual wellness.

B. Principles

- 1. Wellness is achieved through a shared understanding of mental, physical, spiritual and emotional elements of well-being.*

Improving Aboriginal social and economical outcomes will involve aligning various individuals, groups and organizations, including many that are outside the government systems, and acknowledging the cultural contexts in which action is taken.
- 2. Community involvement is the key to understanding and responding to the needs of Aboriginal youth in their communities.*

Aboriginal communities are closest to understanding the needs of families and individuals. It is imperative that communities have a vehicle for identifying their unique needs and priorities, and have substantial, direct involvement in the development of initiatives to address their concerns.
- 3. Respect is fundamentally important to gain support and promote appropriate involvement.*

Success and challenges can be understood through historical, cultural and holistic lenses. Cultural acceptance is key. Aboriginal peoples living in Alberta are diverse and their personal identity is intimately linked with their community and nation.
- 4. Trust is built between parties with mutual intentions and through consistent action sustained over time.*

Aboriginal communities have many strengths and resources to achieve balance. Trust is built by working with communities through inclusive and participatory partnerships.



- 5. Working together in harmony from two diverse worldviews, western scientific and the Aboriginal ways of knowing.*

Youth are our hope for the future; youth are here today.

- 6. Change of this magnitude will require sustained commitment.*

Successful solutions are community-centred and community-driven.

Short-term efforts can have a positive impact on individual health outcomes, but changing population health trends is a long-term undertaking that requires commitment and focused resources. Achieving the vision requires that efforts today continue to be developed in the future at the individual, family, community, regional, provincial, and national levels.

C. Central Values

Harmony is a central value of the Aboriginal worldview. It presupposes that living beings consciously care for one another and, while respecting individual autonomy, strive to achieve and maintain an **interconnectedness** that assures quality of life for the collective whole. **Balance** is also a fundamental value within the Aboriginal perspective, which fosters a view where the dynamic character of the environment and our relationship with it is such that we should aim to maintain an equilibrium and symmetry with all aspects of its ecology.



Background

A. The Issue

Key aspects of traditional Aboriginal community life that were disrupted and sometimes destroyed include the following:

1. The nature and efficacy of the following systems that sustained community wellbeing:
 - a) Socialization systems anchored in traditional family life
 - b) Social control systems to ensure personal safety and security, which are essential for healthy development
 - c) Social participation systems to ensure holistic well-being from birth to departure (i.e., death)
 - d) Health care systems
 - e) Social care or mutual aid systems that emerge from and are sustained by family and community togetherness
 - f) Systems for the production and distribution of goods and services.
2. Freedom to live off traditional land bases and their natural resources.
3. Loss of life and human resources crucial for sustaining the quality of traditional life.

Rebuilding systems that contribute to and sustain individual, family and community well-being is essential for communities to experience increasing care, safety, personal growth and development that contribute significantly to the prevention of self-destructive behaviours including suicide.

There is a growing body of evidence about what makes people healthy. The evidence indicates the key factors, known as the determinants of health, that influence health are income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture.

In suicide prevention literature, researchers have identified factors that can increase the likelihood of suicide and factors that can protect against suicide. Predisposing, contributing and participating factors all increase the risk of suicide. Protective factors serve to decrease the risk of suicide. Refer to the tables in Appendix C for examples of these factors at individual, family, peer, school and community levels.

- **Predisposing factors** set the stage for a vulnerability to suicide and are typically historical in nature (e.g., prolonged or unresolved grief, political disenfranchisement).
- **Contributing factors** act to increase the exposure of individuals to other predisposing or precipitating conditions. These may be historical or sudden in nature (e.g., economic deprivation, effect of colonization).
- **Precipitating factors** act as a trigger for predisposed persons and are often acute or sudden in nature (e.g., loss of family member, rejection).
- **Protective factors** describe those conditions that act to lessen the risk for suicide (e.g., community self-determination, one positive adult role model to support the youth).

This strategy works toward utilizing a health determinants perspective and protective factors or asset based approach to address Aboriginal youth suicide, or other Aboriginal youth issues. The approaches are customized by the youth and communities to support community-based and community-driven solutions to these complex issues.

Community-building experiences suggest the following as desirable strategies to bring about positive change in Aboriginal communities:

1. Ensure safety of all community members.
2. Develop opportunities for members to learn self-care, as desired and increasing co-reliance.
3. Foster opportunities for members to tell and perhaps retell their personal stories and experiences; create safety mechanisms for them to take the risk of sharing genuine feelings, frank thoughts, and intimate experiences.



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4. Find accessible and engaging ways to transmit family and community history.
5. Employ ceremonies, activities and practices that bring people together to enjoy each other's company.
6. Create opportunities for members to learn how to learn, and in turn, enjoy successful personal and social change.
7. Attend to strengths, abilities, gifts and assets; without focusing on weaknesses and deficits. People can build only on what they possess as resources.
8. Plan together as formal leaders, paid workers, Elders, youth, members and natural leaders concerned about a shared future; focus shared energies towards manageable change.
9. Work to overcome fear of change and develop a modern legacy of Aboriginal peoples.

B. ACYI Response

Aboriginal communities across Alberta have expressed concern about the future of their children and youth. In 2002, several Chiefs and Councils asked the Government of Alberta for assistance in addressing the high suicide rate among Aboriginal children and youth. Responding to this request, cross-ministry partners from Alberta Children and Youth Initiative (ACYI) including Health and Wellness, Children's Services, Aboriginal Affairs and Northern Development, Education, Seniors and Community Supports and Solicitor General and Public Security, Alberta Mental Health Board, and the Alberta Alcohol and Drug Abuse Commission (AADAC) came together to develop and implement a plan to work with Aboriginal communities to address the issue of youth suicide.

C. Aboriginal Youth Suicide Prevention Strategy

In 2004, the Aboriginal Youth Suicide Prevention Strategy was developed based on knowledge, experience and research findings. The Strategy was operationalized in 2005/06. The Strategy was coordinated through the ACYI, the Aboriginal Policy Initiative and individual ministry business plans.

The AYSPS vision was that *Aboriginal youth will feel hopeful, empowered and optimistic about their futures*. Five goals supported the vision:

- Encourage governments and communities to recognize Aboriginal youth suicide as a preventable public health issue.
- Promote province-wide leadership and shared accountability for an effective, province-wide, community-based approach to preventing Aboriginal youth suicide and suicidal behaviour.
- Ensure strategies are designed at the community level to build on the unique needs and strengths of Aboriginal youth and their families in the community.
- Promote research and evaluation of "what works" to prevent Aboriginal youth suicidal behaviour.
- Reduce the number of Aboriginal youth who attempt and/or die by suicide.

The four AYSPS objectives were:

1. To support Aboriginal communities to identify strengths and build on their capacity to prevent youth suicide.
2. To support province-wide education and training that promotes suicide prevention, relationship building and community mobilization.
3. To develop an awareness and education strategy in partnership with communities to broaden awareness and stimulate action to prevent Aboriginal youth suicide.
4. To promote research and program evaluation to inform future planning.

D. Key Developments

Since 2005, a number of key developments have taken place that support one or more of the four AYSPS objectives—working with communities, training to support community mobilization, broadening awareness and providing education, and building knowledge through research and evaluation. For details on the key developments, see Appendix A.



E. Summative Evaluation

Evaluation findings indicated that the AYSPS was successful in fulfilling its vision: *Aboriginal youth feel hopeful, empowered and optimistic about their futures.*

The findings indicated that youth in pilot site communities feel more hopeful about their futures;

have plans for their futures, which they did not have to the same degree two years earlier; have a stronger sense of empowerment today as compared to two years ago; have increased opportunity to participate in activities; have trusted adults whom they view as role models; and feel more connected to the Aboriginal culture and their community.

Measures of Hope	How do you feel today?	How did you feel two years ago?
<i>Would you agree or disagree with the following statements...</i>	Agree	Agree
I am proud of who I am as a person	84%	62%
I am proud of my culture	87%	73%
I have plans for my future	83%	50%
Measures of Optimism		
I think I am doing well	74%	53%
I feel my future looks good	80%	51%
Measures of Empowerment		
I know I can find ways to solve my problem	69%	55%
I know of at least one adult whom I can go to when I need help	80%	62%
I have "guts" (or nerve) to ask for help when I need it	62%	44%
I have good friends whom I can rely on	75%	61%
I have gone to some community activities/events	74%	58%



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Community members and Elders consistently expressed they had observed a change in youth over the last years, that they now talked about their future and that they felt they were doing well in life. Increased problem solving and empowerment has also been observed in youth—as one community member stated, “youth are starting to take ownership and can say ‘this is what we need.’”

Youth consistently described how AYSPS had given them opportunities to participate in many new, different experiences, saying “It has changed how you feel about yourself—prompted you to think about the future” and “[I] look at it in a different way. How I can change things in my life.”

In addition, evaluation findings indicate that the strategy was successful in achieving the following AYSPS goals:

- Aboriginal communities have reached their specific, targeted goals and objectives.
- The strategy promoted research and evaluation of what works to prevent Aboriginal youth suicide.
- The strategy promoted leadership and shared accountability.

For further details on the evaluation findings, see Appendix B.

Summative Evaluation Recommendations

The AYSPS summative evaluation included four recommendations:

1. Continue the AYSPS and expand into other Aboriginal communities using the community development model, with a focus on youth resiliency and protective factors for youth suicide.
2. Continue the provincial coordinator position but with dedicated administrative support and clearer role and responsibility guidelines. Encourage planning within communities to address staff turnover.

3. Identify proxy measures that capture the extent of longer-term change in behaviour and outcomes for youth participants in communities associated with the AYSPS.

4. Continue and increase the focus on communication between sites by expanding the number and variety of communication mechanisms and strategies used.

Based on feedback from multiple stakeholders and the summative evaluation, the AYSPS Working Group offered the following general recommendations:

- Modify the strategy to support the preferred approach by Aboriginal communities to promote and build protective factors for youth. The approach is based on enhancing the overall physical, mental, emotional, and spiritual wellness of Aboriginal youth in order to build a strong foundation for their future. The approach shifts away from suicide prevention to a focus on enhancing the well-being of Aboriginal youth in a holistic fashion.
- Ensure the approach is supported by evidence-based research on health promotion.
- Rename the strategy to align with the shift in approach. ACYI Deputy Ministers and Assistant Deputy Ministers had recommended discussing a name change. The AYSPS Working Group and the AMHB Wisdom Committee were in favour of a name change. Some pilot site communities had already devised their own project names and were open to a strategy name change.
- Undertake these modifications in consultation with the AYSPS stakeholders.





Honouring Life: Aboriginal Youth And Communities Empowerment Strategy

A. Moving Forward

As of October 1, 2008, the ACYI Deputy Ministers transferred the strategy to Alberta Health and Wellness as the lead ministry. Health remains a responsibility shared across government and other stakeholders. It is more than the absence of disease and includes addressing the determinants of health, such as income and social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture. With this shared responsibility, a cross-ministry approach is essential for the success of AYCES and the opportunity to make significant impacts on health, education and employment outcomes of Aboriginal youth.

In the winter of 2008, the working group held three feedback sessions on the name, vision, mission and goals with cross-ministry government partners, Aboriginal community pilot site leads and the Alberta Health Services – Alberta Mental Health Board Wisdom Committee. The following changes were approved as of March 1, 2009.

B. The Vision

A Unified Dream

Alberta's Aboriginal youth are balanced, healthy, and hopeful about their life journeys, proud of their cultural identities, and confident in pursuing success in their lives and communities.

C. The Mission

A Unique Strategy

Through collaborative partnerships that are respectful and inclusive of Aboriginal ways of knowing, the strategy encourages and supports provincial and community-based initiatives to enhance the well-being and resiliency of Aboriginal youth and communities in Alberta.

D. Goals of the Strategy

The provincial Aboriginal Youth and Communities Empowerment Strategy is both a policy direction and a plan for action. Its goals are:

Goal 1: Support communities, identify strengths and build capacity to contribute to well-being and resiliency of Aboriginal youth and communities.

- 1.1 Strengthen protective factors to contribute to health and resiliency of Aboriginal youth and communities.
- 1.2 Increase awareness about and provide opportunities for youth to participate in wellness activities.
- 1.3 Provide opportunities for youth to become community role models and leaders.
- 1.4 Increase awareness of life opportunities and choices to help prepare youth for their futures.
- 1.5 Support cultural renewal and continuity through Elders' and other community leaders' involvement.

Goal 2: Establish partnerships to support awareness, education and training in the areas of well-being and resiliency for Aboriginal youth and communities.

- 2.1 Develop partnerships to increase awareness of wellness and resiliency for Aboriginal youth and communities.
- 2.2 Develop partnerships to increase education and training on wellness and resiliency for Aboriginal youth and communities.

Goal 3: Establish partnerships to support research and evaluation to inform future planning.

- 3.1 Develop partnerships to increase knowledge about approaches to wellness and resiliency of Aboriginal youth and communities.
- 3.2 Collect and disseminate research on wellness and resiliency of Aboriginal youth and communities.
- 3.3 Support strategy evaluations.

Recommended Policy Directions

Two policy directions are recommended:

Policy Direction Number 1 - Shift to a Holistic Wellness Focus

Current literature indicates that while raising awareness of suicide is important, more effective initiatives focus on creating conditions whereby people will be changed by the information they receive. The strategy is shifting to focus on protective factors and enhancing well-being in a holistic fashion. Further information on protective factors is included in Appendix C.

Recommendation: A focus on community protective factors and individual and community well-being form the foundation of intersectoral work in preventing Aboriginal youth suicide.

Policy Direction Number 2 - Shared Vision and Long Term Commitment

Aboriginal communities are sceptical about short-term projects to address complex issues. It is known that complex issues require political support, a long term commitment, multifaceted and intersectoral actions. "Only through action within and between sectors, at the local, regional, provincial and national levels, will it be possible to influence the social, economic and environmental conditions that enable and support the health and well being of Canadians."

Successful intersectoral actions require:

- Shared values and interests;
- Inclusion of key partners from the start;
- Linkages within organizations and across organizations;
- A focus on practical objectives and visible results;
- Shared leadership and accountability; and
- Stable teams who work well together and have appropriate supports.

Recommendation: Work with provincial and federal counterparts and Aboriginal community representatives towards a shared vision and long term commitment to jointly address Aboriginal youth suicide.





Appendices



Appendix A – Key Developments in AYSPS Objectives

Working with Communities

- In 2005, the AYSPS piloted the strategy in three sites: Lethbridge and surrounding First Nations communities (Urban Aboriginal), Eden Valley reserve (First Nation) and High Prairie and surrounding Métis Settlements (Métis). Sites were chosen based on identified need as well as geographic and cultural representation.
- Two additional pilot sites were added in 2007: Hobbema and the surrounding First Nations communities (First Nation) and Dene Tha' and surrounding First Nations communities (First Nation). Currently, the strategy is supporting suicide prevention activities in sixteen communities within the five pilot sites in Alberta.
- In 2007, a provincial coordinator was hired to support pilot sites communities and to facilitate communication between pilot sites and the provincial government.

Training to Support Community Mobilization

- Since 2005, the AYSPS has supported an annual gathering where representatives from pilot sites and other Aboriginal communities have come together to highlight community suicide prevention promising practices.
- In March 2008, the AYSPS Education and Training subcommittee, with support from federal partners and the AMHB Wisdom Committee, hosted the annual gathering - Sharing Stories of Hope. This two-day event was attended by approximately 140 people including representatives from all AYSPS pilot sites and representatives from many of the 36 Aboriginal communities and organizations who received a one-time grant in 2007 from the AYSPS to address Aboriginal youth suicide through the promotion of protective factors.





Broadening Awareness and Providing Education

- Since 2005, representatives from the AYSPS pilot sites have presented information on the strategy to delegates at the Canadian Association for Suicide Prevention Conference (CASP). In 2007 and 2008, youth representatives from all five pilot site communities joined community coordinators at the CASP conference.
- In 2006, the AMHB on behalf of the AYSPS Working Group, contracted with a social marketing firm PROVOKE to produce an annotated literature review; a best practices review; a global scan of promising practices; social marketing and key message development; and an implementation plan recommendation on effective ways to broaden awareness and stimulate action to prevent Aboriginal youth suicide. The literature and best practices reviews confirmed that a community development approach was the most effective way to help Aboriginal communities tackle the issue of youth suicide.
- In March 2007, as a result of research completed by PROVOKE, the AYSPS announced a new grant program to help communities address Aboriginal youth suicide through the promotion of protective factors. A total of 33 grants were awarded to Aboriginal organizations, youth groups, and community-based coalitions, non-profit, volunteer and professional organizations.



Building Knowledge Through Research and Evaluation

- In 2006, a formative evaluation of the AYSPS implementation was completed and approved. One recommendation suggested to improve communication between pilot site communities and to improve communication between pilot sites and provincial partners. In response, the AYSPS Working Group: a) initiated a pilot site newsletter; b) hired a provincial coordinator; and c) launched bi-monthly pilot site coordinator meetings. These actions increased support to communities and provided a more direct link between the communities and the AYSPS Working Group.
- In 2007/08, a summative evaluation of the AYSPS was completed. The focus of the evaluation was on the first AYSPS objective: support Aboriginal communities to identify strengths and build upon their capacity to prevent youth suicide. In June 2007, Partnering Deputy Ministers asked the AYSPS Working Group to include suicide incidence data in the evaluation. The AYSPS Evaluation subcommittee investigated and concluded that Aboriginal suicide death numbers are low, but rates are five to seven times higher than the general population. With low numbers, the ability to determine statistical significance and make evidence-based decisions is limited. Research also suggests that suicide deaths and attempts are not the best measures for prevention-focused suicide strategies such as the AYSPS and that changes in suicide death and attempt rates occur slowly over time (PROVOKE, 2006; White & Jodoin, 2003). The research points to the importance of emphasizing and building protective factors for Aboriginal youth as an effective means to reduce suicide deaths and attempts.

Appendix B – Summative Evaluation Results

Achieving AYSPS Goals

Evaluation findings indicate that the strategy was successful in achieving the following AYSPS goals:

Aboriginal communities have reached their goals and objectives

All pilot site communities completed or partially completed ninety per cent (90%) of the targeted strategies/activities outlined in their community action plans. Staff continuity and supportive political and community structures were factors contributing to success at the local level. The communities achieved success by partnering with community agencies and by focusing on resiliency factors for youth success. Each community addressed needs in a unique and flexible way, creating a sense of ownership within the community.

Promoting research and evaluation of what works in Aboriginal communities

The acceptance of Aboriginal ways of knowing as a valid and reliable way of planning, evaluating and assessing change is being accepted as one methodology, to be used with more established methodologies. Although Western and Aboriginal ways of knowing differ, both provincial and Aboriginal representatives expressed the need for accountability in the AYSPS, which was provided by quarterly updates, annual reports and the evaluation. Liaison by the provincial coordinator between community pilot sites and the provincial working group provided another effective accountability mechanism. Respondents indicated the initiative also allowed recognition and acceptance of different ways of knowing.

Lessons learned from the 2007/08 AYSPS Summative Evaluation have been communicated to the two newest AYSPS pilot sites. In this way, established pilot site communities mentor and teach communities who are new to the AYSPS initiative. Mentoring activities between communities is considered an important strength of the initiative.

Province wide leadership and shared accountability

The evaluation demonstrated that a community development approach is an effective way to address Aboriginal youth suicide. It allows ownership to occur at the community level, while facilitating a process of accountability. Additionally, the provincial coordinator position met the needs of both the Aboriginal communities and the AYSPS Working Group.

Successes, Lessons and Challenges

The following were identified as AYSPS success factors:

- Grounding the program in Aboriginal cultures ensures relevance.
- A cross ministry approach and support from the Alberta Children and Youth Initiative (ACYI) has been an effective governance model for the AYSPS.
- Providing continuity in government and community staff and in specific programs builds trust between the government and Aboriginal communities and encourages youth to become involved with the AYSPS.
- Full participation of youth is critical for youth engagement in the AYSPS activities.
- Providing a range of activities that address the physical, emotional, mental and spiritual lives of Aboriginal youth ensures the AYSPS adopts a holistic approach.
- Ensuring the approach is creative and diverse addresses individual needs.
- Developing partnerships within and between communities facilitates learning.
- The provincial coordinator helps bridge the provincial government's role and Aboriginal community planning and event operations.



The following were identified as lessons learned from the strategy:

- Suicide and the impact of suicide in Aboriginal communities is an under-acknowledged public policy issue.
- Aboriginal ways of knowing are valid and reliable ways of planning, evaluating and assessing change.
- A community development approach is the most suitable way to address youth suicide from the perspective of Aboriginal communities and the provincial government. It allows ownership for planning to occur at the community level, while at the same time facilitating a process of accountability.
- The AYSPS initiative builds upon activities that already exist in Aboriginal communities (i.e. the Hobbema Cadet Corps), helps communities develop their unique assets and strengths and respond to their individual circumstances.
- Communities with a longer tenure in the AYSPS can effectively mentor and assist communities newer to the initiative, as evidenced in recent productive exchanges between the communities of Eden Valley and Dene Tha.
- The provincial coordinator position met the needs of both the communities and the AYSPS Working Group.

The following were identified as challenges for the strategy:

- The Alberta Mental Health Board (AMHB) receives a grant from Alberta Health and Wellness (AHW) to fund the AYSPS. Funds for the AYSPS are contributed by the partnering ministries on a year-by-year basis, generally at the end of the fiscal year. These funds are accrued and contribute to next year's grant agreement between AHW and the AMHB for the AYSPS, a situation that is complex.
- The multiplicity of funding sources and the timing of funding transfers from partnering ministries to AHW, and from AHW to the AMHB, results in an awkward and complex administrative structure for the AYSPS.

- Staggered pilot site participation in the AYSPS has resulted in challenges with contracts and funding for communities.
- The provincial coordinator position and accountabilities related to the position have been developed over time, with adjustments to duties and reporting. Initially, there was confusion about whether the coordinator reports directly to the AMHB or to the AYSPS co-chairs and Working Group.
- The community development approach involves a large commitment of time and energy from all stakeholders.
- It can be difficult to remain true to community development principles when changes in membership at the community pilot sites and AYSPS Working Group occurs frequently.
- Some community coordinators have requested training on counselling approaches to address the needs of troubled youth; referrals for youth services and supports; community action plan development to ensure that the AYSPS activities reflect the goals and objectives of the strategy and that they are modeled on literature and best practices; and reporting procedures to fulfill provincial requirements.
- The strategy focuses on prevention but many communities have commented on the lack of intervention and postvention supports. If there is an attempt or a death by suicide, communities have limited resources and usually rely on the community coordinator for assistance. It is difficult, if not impossible, to administer a prevention-only strategy when attempting to address youth suicide. However, it is difficult to expand the AYSPS due to the relatively small provincial budget allocated to the initiative.

Appendix C – Tables

Table 1: Protective and Risk Factors

	Protective Factors	Risk Factors
Individual	<ul style="list-style-type: none"> • Good physical and mental health • Creative problem solving • Personal autonomy • Optimistic outlook • Previous experience with self-mastery • Sense of humour • Strong spiritual or religious faith 	<ul style="list-style-type: none"> • Personal failure • Humiliation • Individual trauma • Developmental crisis • Previous history of a suicide attempt • Depression/psychiatric disorder • Prolonged or unresolved grief
Family	<ul style="list-style-type: none"> • Family relationships characterized by warmth and belonging • Adults modeling healthy lifestyle • Realistic expectations 	<ul style="list-style-type: none"> • Loss of significant family member • Death, especially by suicide • Family history of a suicidal behaviour/ completed suicide • Family violence/abuse • Family history of mental health problems • Early childhood loss/separation
Peers	<ul style="list-style-type: none"> • Interpersonal competence • Healthy peer modeling • Acceptance and support 	<ul style="list-style-type: none"> • Teasing/cruelty • Interpersonal loss • Rejection • Bullying • Social isolation and alienation
School and Work	<ul style="list-style-type: none"> • Interpersonal competence • Healthy peer modeling • Acceptance and support 	<ul style="list-style-type: none"> • Teasing/cruelty • Interpersonal loss • Bullying • Death, especially by suicide • Social isolation and alienation
Community	<ul style="list-style-type: none"> • Opportunities for participation • Community self-determination and solidarity • Evidence of hope for the future • Availability of resources 	<ul style="list-style-type: none"> • High profile/celebrity death, especially by suicide • Conflict with the law/incarceration • Community marginalization • Community “legacy” of suicides • Political disempowerment • Economic deprivation, unemployment • Isolated geographical location • Lack of proper housing conditions
Culture	<ul style="list-style-type: none"> • Strong traditional culture • Creative problem solving • Personal autonomy • Optimistic outlook • Previous experience with self-mastery • Sense of humour • Strong spiritual or religious faith 	<ul style="list-style-type: none"> • Breakdown of cultural values and belief system • Loss of control over land and living conditions

Source: Youth Suicide Prevention – A Framework for British Columbia 1998



Table 2: Factors That Influence Suicidal Behaviour

	Predisposing Factors	Contributing Factors	Precipitating Factors	Protective Factors
Individual	<ul style="list-style-type: none"> • Previous history of an attempt • Depression/psychiatric disorder • Prolonged or unresolved grief 	<ul style="list-style-type: none"> • Rigid cognitive style • Poor coping skills • Substance abuse • Sexual orientation issues • Impulsiveness • Hypersensitivity 	<ul style="list-style-type: none"> • Personal failure • Humiliation • Individual trauma • Developmental crisis 	<ul style="list-style-type: none"> • Easy temperament • Creative problem solving • Personal autonomy • Previous experience with self-mastery • Optimistic outlook • Sense of humour
Family	<ul style="list-style-type: none"> • Family history of suicidal behaviour/completed suicide • Family violence/abuse • Family history of psychiatric disorder • Early childhood loss/separation 	<ul style="list-style-type: none"> • Substance abuse within the family • Family instability • Ongoing conflict 	<ul style="list-style-type: none"> • Loss of significant family member • Death, especially by suicide 	<ul style="list-style-type: none"> • Family relationships characterized by warmth and belonging • Adults modelling healthy adjustment • High and realistic expectations
Peers	<ul style="list-style-type: none"> • Social isolation and alienation 	<ul style="list-style-type: none"> • Negative youth attitudes towards seeking adult assistance • Peer modelling of maladaptive behaviours 	<ul style="list-style-type: none"> • Teasing /cruelty • Interpersonal loss • Rejection • Death, especially by suicide 	<ul style="list-style-type: none"> • Social compliance • Healthy peer modelling • Acceptance and support
School	<ul style="list-style-type: none"> • Longstanding history of a negative school experience • Lack of meaningful connection to school 	<ul style="list-style-type: none"> • Disruption during key transitional periods at school • Reluctance/uncertainty about how to help among school staff 	<ul style="list-style-type: none"> • Failure • Expulsion • Disciplinary crisis 	<ul style="list-style-type: none"> • Presence of adults who believe in them • Parent involvement • Encouragement of participation
Community	<ul style="list-style-type: none"> • Community "legacy" of suicides • Community marginalization • Political disenfranchisement 	<ul style="list-style-type: none"> • Sensational media portrayal of suicide • Access to firearms or other lethal methods • Reluctance/uncertainty about how to help among key gatekeepers • Inaccessible community resources • Economic deprivation 	<ul style="list-style-type: none"> • High profile/celebrity death, especially by suicide • Conflict with the law/incarceration 	<ul style="list-style-type: none"> • Opportunities for participation • Evidence of hope for the future • Community self-determination and solidarity • Availability of resources

Source: *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies* (White and Jodoin, 2003).

Appendix D - Key Resources Considered in Preparation of the Strategy

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The Honouring Life: Aboriginal Youth and Communities Empowerment Strategy (AYCES) was formerly known as the Aboriginal Youth Suicide Prevention Strategy. In 2009, the strategy was revised to be more aligned with resiliency, empowerment and holistic wellness approaches, which are more culturally appropriate in addressing risk factors of Aboriginal youth. This shift continues to focus on protective factors and building community capacity to address Aboriginal youth issues, i.e. suicide prevention, mental wellness, work experience/employment opportunities, educational achievement, substance misuse, violence and healthy lifestyle.



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