Presentation to the House of Commons' Standing Committee on Indigenous and Northern Affairs- Study on *Suicide Among Indigenous Peoples and Communities.*

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Introduction

We want to start by acknowledging the multiple reports that have been written over the past few decades highlighting areas of concern and issues linked to the topic of suicide among Indigenous Peoples, a few are listed below as examples:

- 1996, the *Report of the Royal Commission on Aboriginal Peoples*
- Acting on what we know: Preventing Youth Suicide in First Nations. The report of the Advisory Group on Suicide Prevention. Preventing Youth Suicide in First Nations (2003)
- Suicide Among Aboriginal People in Canada (2007) by Aboriginal Healing Foundation
- Prescription Drug Abuse Strategy "Take a Stand" (2010) by Chiefs of Ontario
- Nobody Wants to Die. They want the pain to stop. The People's Inquiry into our Suicide Pandemic (2010) directed by Mushkegowuk Council
- Honouring the Truth Reconciling for the Future, Truth and Reconciliation Commission (2015)

Many of the recommendations from the above reports have similar themes as well as limited action; we as a Health Authority are experiencing these impacts.

Regional Overview

Weeneebayko Area Health Authority (WAHA) covers many of the health care needs for more than 12,000 residents in 6 communities along the west coast of James Bay and Hudson's Bay. "Weeneebayko" is Cree for "two bays". The population is about 95% Cree First Nations.

None of these 6 communities have year round road access. Most of the year, these communities are accessed by air only. The furthest community from Moose Factory is Peawanuck, which is a 2 hour flight from Moosonee. There is no runway on Moose Factory Island, where the regional hospital, Weeneebayko General Hospital (WGH) is located. Construction for the hospital commenced in 1948 and opened as a tuberculosis (TB) sanatorium in 1950. It was situated in an isolated location because it was intended to isolate those with TB. This isolation is a major handicap today. Any patient being transferred to Weeneebayko General Hospital (WGH) needs to get across the Moose River. In the summer that is by boat, in the winter by ice road and at freeze up and break up it is only by air ambulance and helicopters.

WGH is the most remote and oldest un-renovated hospital in Ontario. The facilities are very limited as it was converted to a hospital with little structural alterations from its previous state as a TB sanatorium. The capacity of the hospital to provide continuous quality service is complicated by the physical infrastructure that does not meet the minimum disability accommodation standards.

State of Emergencies within the Region

There is a youth suicide and general mental health crisis occurring within the Western James Bay Region. The leadership at Muskegowuk Tribal Council called the first **'State of Emergency'** related to the youth suicide crisis with support from Emergency Management Ontario (EMO) on May 13, 2010. During that time there were 12 completed suicides over a 16-month timeframe, along with two mass suicide

attempts involving youth in the region. The majority of the suicide related cases are from youth **between 14 and 22 years** of age with the most frequent method being hanging.

On April 9 2016, a second state of emergency was called in Attawapiskat First Nation related to the high volumes of youth suicide ideations and attempts within their community. This crisis escalated over a 6 month period following the completed suicide of a 13 year old female, by hanging. In the last 12-months the region has seen six completed suicides and a number of ideations. This parallels what was seen during the 2010 timeframe. Unfortunately, not a lot of progress has been made executing many of the recommendations put forward to help prevent situations like these from reoccurring.

> "When I asked a young native woman why there were so many suicides amongst young people on her reserve, she said "It is simple, no jobs, no future and no hope". Until we address education adequately, there will be no jobs, no future and no hope and this tragic saga will continue."
>
> **Murray Trusler, BA, MD, MBA, CCFP, FCFP, Former Chief of Staff**
> **Weeneebayko Health Ahtuskaywin and James Bay General Hospitals (WAHA)**
> **Retrieved Letter written to President Renee Arnold, Ontario College of Family Physicians, Nov 17, 2007**

Factors contributing to elevated risks of suicide in First nations, Metis and Inuit communities:

"Suicide is the outcome of multiple forces at work within the person, as well as in their interactions with others in the family, community, and wider social spheres. Some acts of suicide are deliberate and planned, others are sudden and impulsive. Most occur in the context of intense emotional pain and misery, but this may be the result of long-standing intolerable life circumstances, a briefer period of severe depression, or a crisis of anger, agitation, and despair aggravated by intoxication. Even in such sudden crises, however, a wide range of influences and experiences over the person's whole lifespan may contribute to the suicidal act" *(Suicide Among Aboriginal People in Canada, 2007, Aboriginal Healing Foundation, pg.33)*

Individual Risk Factors for Suicide

- Depression and hopelessness
- Low Self Esteem or negative self-concept
- Substance use (alcohol and prescription drugs)
- Poor performance in school and poor attendance
- Suicide of a family member or a loved one
- History of physical or sexual abuse within close family networks
- Family violence
- Unsupportive and neglectful parents

Evans, Hawton, and Rodham, 2004

Social Risk Factors

- Bullying in communities (in school settings; in work places; in local politics; in social media)
- Poor peer relationships or social isolation
- The use of social media limiting personal social interaction (facebook)
- Devaluing of female opinions and voices (not viewed as important to some)
- Lack of sustained organized activities and programs for youth and families

Family Risk Factors

- Mental health issues (diagnosed and those that are undiagnosed)
- Family and interpersonal conflict
- Separation of children from families
- Physical, mental, emotional and sexual abuse
- Unresolved grief and loss
- Loss of parenting skills related to inter-generational trauma
- Unsafe and crowded homes (multiple individuals and families living in one home; mold; and water)

Marlyn A. Cook, MD, CCFP, FCFP, May 11, 2010, Emergency Summit on Suicide, Former Chief of Staff (WAHA).

Former chief of staff weighs in on suicides

"I also think a lot of these kids could do better if they had a place to study. Most of the homes there are overcrowded. A kid goes home and there are 13 people living in a three-bedroom house. The television is blaring, someone's drinking in the living room, and there's no place to do their homework. If they had a youth centre and a place where kids could do their homework, that would be a real help."

Murray Trusler, BA, MD, MBA, CCFP, FCFP, Former Chief of Staff
Weeneebayko Health Ahtuskaywin and James Bay General Hospitals (WAHA)
Crisis in Attawapiskat Stems From Lack of Economic Base, Isolation and Poverty
Published by Norm Tollinsky on June 10, 2016

Protective factors that help to reduce the vulnerability of youth and potential for suicide ideation:

WAHA serves more than 12,000 people in 6 different communities that have limited resources – socially, educationally, medically, and in any other way you can think. The residents within these communities often do not feel they have a future. Alcoholism, drug abuse, intergenerational trauma, sexual abuse, is far too common. Suicide is commonly viewed as a "way out", particularly for the young. Protective factors that can help counteract the inherent risks are detailed below.

Dr. Gordon Green, M.D., C.C.F.P, F.C.F.P.
Chief of Staff, WAHA, September 2016

- Good physical and mental health (mental, spiritual, emotional and physical well-being)
- Positive Self-esteem and self-worth
- Future orientation, direction and determination (having a direction to head in)
- Family attention, support and care
- Positive parental expectations (realistic expectations)
- Positive Peer support
- Caring exhibited by other adults and community leaders
- Positives attitudes toward school (enjoying learning and curriculum being taught)
- Good school performance and attendance
- Learning ability (that is supported and nurtured)
- Coping and problem solving skills
- Having access to positive adult role-models and mentors
- Re-connecting with traditional roots and practices (land-based programming)

- Youth having a voice in their futures (creating future leaders)
- Access to appropriate mental health, addictions, public health, and primary care services (promotion, prevention, early detection, diagnosis, treatments)

Marlyn A. Cook, MD, CCFP, FCFP, Former Chief of Staff (WAHA)
May 11, 2010, Emergency Summit on Suicide

Of paramount importance is the ability to utilize an integrated approach as opposed to one offs that historically have not made any real impacts.

Access to, and availability of, mental health services and programs:

Complexity of Mental Health Clients Presenting for Service at WAHA

Intergenerational Impacts

- Mental health cases often involve the legacy and intergenerational impacts of cultural genocide, the Indian Residential Schools, domestic violence, sexual abuse, addictions and heavy drug and alcohol consumption. One of the consequences is an exceedingly high incidence of patients with Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorders who are often seen at the hospital but have no official diagnosis.

Self-Harming Behaviours

- Patients frequently engage in additional self-harm behaviour and physically act out in hospital, which is a security threat for front line providers and other patients. Access to quality and appropriate health care for these patients, as well as the safety of other patients and staff, are major concerns for the hospital administration.

Safety of Workers and Patients

- WGH does not have a properly equipped safe room and is not a designated Schedule 1 hospital.
- The Native Police services are understaffed. Arranging for a police escort for Form 1 patients to being transferred to a Schedule 1 Facility is a challenge.
- Case coordination has also become a focus since the 2016 State of Emergency with the goal of addressing a standardized discharge planning processes to address follow-up and aftercare for the patients returning to the community.
- Referring psychiatrists have determined that the issues with many of the repeat patients transferred out of the region are more social than psychiatric, and have suggested the onus is on the community and social services to resolve.
- Currently piloting a community supported Suboxone Program in Moose Factory utilizing already stretched existing resources.

Mental Health Consults

- WGH inpatient and emergency departments also deal with a growing demand for mental health consults from the coastal communities.
- Non-Insured Health Branch (NIHB) program is regimented, rigid and to the patient appears to lack compassion. Lack of ability to self-refer for mental health and addictions services, restrictions related to travel, provider choice, and escort approvals are a few of the challenges facing the population in this region.

Collaboration and Partnerships

- Since the State of Emergency in April 2016 there has been increased linkages and collaboration between WAHA and schedule 1 facilities within the NELHIN. This continues to be supplemented by daily provider huddles until formal referral patterns can be established within the region.

Capacity and Infrastructure

- The Community Mental Health program for the region has not had any major investments or evaluations since integration. This requires resources to assess and recommend the future state that better aligns with the current regional needs. This would also be an opportunity to challenge jurisdictional silos that contribute to barriers when vulnerable clients are trying to navigate the system.

Recruitment and Retention Challenges

- Specialized recruitment required for specialty areas including mental health and crisis workers
- On-going and consistent and adequate funding is required to remain competitive when recruiting for skilled and qualified service providers
- Building capacity for service providers within the region
- Access to affordable and safe housing

Adequacy and effectiveness of existing suicide prevention and intervention strategies:

Land-based Programming

The region currently has many ad-hoc land based programs that are in operation but unfortunately none are sustainable. This is an on-going challenge. In addition, many of the communities struggle with trying to respond to proposal submissions and having appropriate human resources available to write the submissions.

It is obvious the need for action is paramount. Our region continues to send out youth and adults on a daily basis due to mental health challenges. When providing health care to individuals and families, it is apparent that most have been touched by suicide. Every week, if not every day, a young person is seen for thoughts of suicide, or more devastatingly, after having attempted suicide. It is difficult for a small community to recover when these tragic events occur too frequently for any healing to occur.

The timing for these much needed initiatives is now and we must responsibly act as a Health Authority to help support our communities to the best of our ability.

Addictions & Opiate Withdrawal Management

WAHA has implemented a pilot Opiate Withdrawal Management program in Moose Factory to serve both the island and the municipality of Moosonee. The other remote communities along the James and Hudson's Bay coast do not have the infrastructure for safe buprenorphine prescribing and comprehensive programming. Current physician staffing within WAHA further limits the expansion of this program. There are unique challenges that arise in treating opioid dependence in a remote region. Health care provision must be adapted to the geographic and cultural context, to ensure that treatment is feasible, effective, and safe for individuals and communities. The current pilot ensures buprenorphine is used within a treatment program that includes psychosocial programming aimed to address the common factors associated with substance use including anxiety, depression, grief, and trauma. This area of mental health and particularly addictions is underfunded considering the prevalence in the region.

Health care providers in Moose Factory are acutely aware that untreated opioid dependence is having a detrimental impact on individuals and families in the community. This includes a number of opioid-related suicide attempts and deaths over the past couple of years. On February 24, 2016, First Nations leaders from northern Ontario declared a public-health emergency related, in part, due to an epidemic of suicides among young people. Prior to this, a People's Inquiry by the Mushkegowuk Council revealed that over 600 children and youth thought about or tried to take their own lives since 2009. One of the 16 key issues identified was substance abuse (*Mushkegowuk Council. Nobody wants to die. They want the pain to stop.*

The people's inquiry into our suicide pandemic. Mushkegowuk Council. Moose Factory, ON: 2016

Community-driven approaches and strategies

Traditional Healing Program

- WAHA's Traditional Healing program began in 2008 utilizing IRS fixed funding envelopes
- Permanent base funding is required to allow this program to transition from a contract based model to a sustainable one
- Traditional Healing approaches have become increasing effective and much sought after support for First nations communities on the coast and increasingly by the youth

Land Based Programming

It is commonly felt among our communities that going back to the land will help heal the hurt that exists currently. Land-based programs would be designed to introduce or re-introduce youth and communities to traditional life skills practices of hunting, trapping, fishing and outdoor survival. It would be designed for all ages but would particularly support future generations of youth. It is important for communities to share leadership and responsibilities and teach the next generations how to fend for themselves and revitalize the beauty and sustainability of oral teachings. Land-based Healing Programs look to incorporate traditional values and teachings with modern support mechanisms so that Cree values can be fostered and nurtured.

Traditional Activities to be explored:

- Harvesting Activities (trapping and learning how to clean and prepare the animal)
- Rites of Passage; Birth to Death (i.e. placenta ceremony, welcome feast, walking out)
- Land based learning, survival instincts, nature and water activities
- Community feasts and celebrations
- Integration of Elders and Traditional People
- Learning about natural roles of leadership
- Understanding history

Integration of Modern Support Mechanisms:

- Dealing with grief and trauma
- Anger management supports and techniques
- Residential school impacts
- Bullying and harassment
- Life skills (going to school, work, positive decision-making)
- Addictions

Best practices for suicide prevention

Cultural Safety Training and Awareness

Provide cross-cultural awareness and cultural safety training to front line and management staff in all referral mental health facilities in order to enhance the quality of care provided to First Nation patients from the region.

- Cultural Awareness training must focus on educating providers about aspects such as:
  - the residential school experience and the impact on parenting skills and self-concept
  - the use of traditional healing methods and approaches
  - importance of establishing trust with the individual and the family
  - the relationship between colonial history and health
  - recognition of potential bias and the ability to effectively treat a First Nations client

Telemedicine

WAHA is one of the biggest users of the Ontario Telehealth Network (OTN) in the province. WAHA is 100% committed to its use in all aspects of health care. In particular there has been increased application for mental health assessments over the past 6 months. OTN for Psychiatry is utilized in both the acute assessment, crisis management, as well as in long term follow-up.

Partnerships

Since the state of emergency was declared in Attawapiskat, WAHA has developed a partnership with Health Sciences North (HSN) in Sudbury to increase capacity in this community as well as within the Health Authority. HSN has Crisis Counsellors and Emergency nurses working within the Attawapiskat Hospital 7 days /week to assist with crisis management. HSN has been a fresh set of eyes who have taken on an advocacy role within the North East Local Health Integrated Network (NELHIN) to ensure WAHA patients have equitable and timely access to schedule 1(one) mental health beds.

Recommendations:

1. The James and Hudson's Bay Region requires immediate access to treatment programs that are prepared to manage complex family and intergenerational trauma impacts. The region needs to have full, multiservice programs to support First Nations children and their parents with complex psychiatric and social challenges.

2. Immediate attention to the social determinants of health is required within the region. Individual and family mental wellness will never be achieved in the current state of over-crowding, impoverished conditions as well as lack of access to safe water, food security and sustainable housing.

3. Provide permanent funding to support Land Based Programs for youth throughout the region.

4. Provide permanent funding to support a regional Traditional Healing Program.

5. Provide permanent funding for community based Opiate Withdrawal Management programs beyond Moose Factory and Moosonee; this is a critical program that is required for the entire coastal region.

6. Access to a dedicated First Nations youth drug and alcohol treatment program that is, preferably in-patient based or at minimum an intensive outpatient service.

7. Ensure recommendations from the national NIHB review process are implemented in a timely manner in order to bridge the access gap to health services for First Nations people.

8. Expedite Capital Planning approvals for the New Hospital construction in the region and consider Schedule 1 (one) designation for mental health beds.

9. Create a safe, sound proof, holding area with proper security surveillance for people experiencing suicide attempts that are a risk to themselves and possibly to others in each of WAHA facilities. Remote locations and weather patterns often delay transportation to schedule 1 (one) mental health facilities.

10. Need to integrate Mental Health programs within the region to eliminate jurisdictional and funding challenges that create silos and gaps within service delivery.

11. Provide funding for an integrated regional electronic medical record to provide easy access to the right information to providers regardless of where they are located.

12. Increase the number of primary care providers in the region to support a primary care model that can focus on prevention and positive health outcomes.

13. Sustainable service provider housing is required throughout the region.

14. Each community requires a safe house for youth who do not qualify for Payukotayno (First Nations Child and Family Services), who often fall through the cracks. For instance, youth who are 16 to 17 years tend to be the most vulnerable in our experience. The house must be able to accommodate youth on an overnight basis, especially when their primary household is dangerous due to drinking, drugs, violence and or sexual abuse thereby leaving them vulnerable to victimization. The house must be staffed on a 24/7 basis, offer counseling and programming supports.

15. Support an integrated public health model for the James and Hudson Bay region helping to eliminate some of the jurisdictional barriers and challenges.

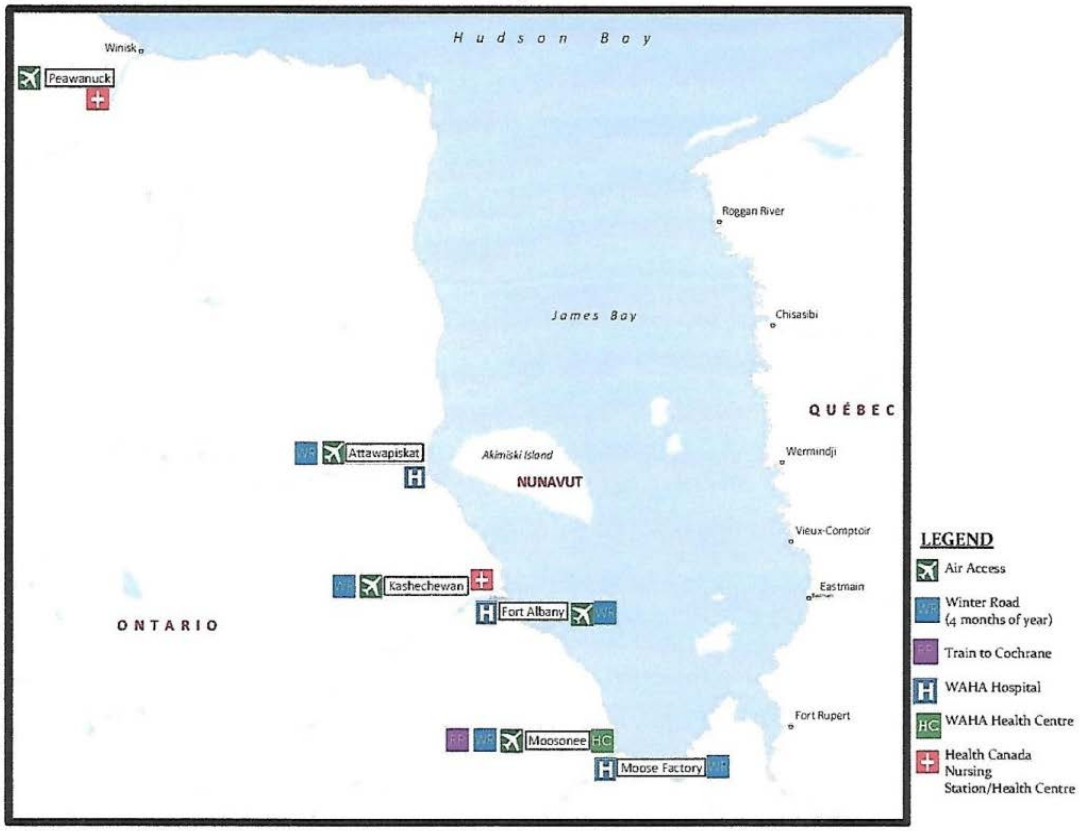
16. The development of quality indicators are required for implemented strategies in order to effectively measure outcomes.

Description of WAHA

The Cree people of the James / Hudson Bay lowlands refer to the waterways that make up their traditional territory as Weeneebayko. The majority of the citizens of the coastal communities that make up this majestic region are of proud Cree lineage.

The Health Authority's governance structure reflects the needs of the six communities' served by Weeneebayko. The twelve (12) member volunteer board provides the regional lens and guidance to the leadership of the Weeneebayko senior management team. The Board and staff are committed to providing the highest quality of health care within Weeneebayko's catchment area. As a Health Authority based in Ontario, the organization's primary role is providing acute care for the region and is subject to the provisions of the Public Hospitals Act.

Figure 1: The Six James and Hudson Bay Communities served by WAHA



Weeneebayko Area Health Authority (WAHA) oversees the medical services and facilities in communities of Ontario's James Bay and Hudson Bay coastal regions.

The organization resulted from the October 1, 2010 integration of the Weeneebayko Health Ahtuskaywin in Moose Factory, the James Bay General Hospital in Moosonee, Fort Albany and Attawapiskat Hospitals' and the associated Zone Nursing Stations in the communities of Kashchewan and Peawanuck.