

Prevention Through ***CONNECTION***

Final Report
Suicide Prevention Forum

November 7 & 8, 2002
Winnipeg, Manitoba

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FOREWORD

Every other day someone in Manitoba dies by suicide. The World Health Organization estimates that someone in the world dies every forty seconds by suicide and that by 2004 suicide will be the leading cause of death. Suicide affects everyone, every culture, every social and ethnic group, and every religion. In Manitoba the tragedy and trauma of suicide is experienced most especially among our Aboriginal and First Nations communities. Suicide affects everyone and preventing suicides must involve everyone.

In May 2001 the first provincial suicide prevention forum was held in Winnipeg. The forum was attended by almost 250 people from across the province with representatives from every health care region. As a result of the forum, a provincial suicide prevention strategy was developed and the Manitoba Committee for Suicide Prevention was created. In addition to establishing the provincial committee efforts were undertaken to begin establishing regional suicide prevention committees. Establishing regional suicide prevention committees in every health care region was a challenging endeavour owing to the size of some regions, lack of resources, and the diversity that exists within many communities. Other highlights during the first year following the forum were the partnerships formed between the Manitoba Committee for Suicide Prevention and the Aboriginal Suicide Prevention Committee and the Provincial Injury Prevention Committee. Finally in 2001 the Hon. Dave Chomiak Minister of Health proclaimed May 11 as Suicide Prevention Awareness day in Manitoba. Thanks to the hard work and dedication of so many people suicide prevention is becoming recognized as an important health and social problem in Manitoba. Suicide will no longer be a secret in Manitoba as we continue to talk about it.

The past year has really been about making connections. We have taken our first steps in establishing a provincial network of concerned individuals, groups, organizations and communities committed to preventing deaths by suicide and building strong, safe and resilient communities. The theme for the second suicide prevention forum was "Prevention Through Connection". Suicide prevention rests on our ability to connect with each other and work together as partners. Suicide is often the result of an individual's disconnection from self, family and community. By building connections with each other we better able to connect with those who live with the overwhelming feelings of helplessness, hopelessness, sadness and fear.

The goals of this second forum were: to learn and benefit from the work, experience and efforts being made by communities and organizations across the province, to build on those accomplishments and forge stronger and new relationships with each other. One half day of this one and a half day event was devoted entirely to suicide prevention in aboriginal and First Nations Communities. This half-day was organized by the Aboriginal Suicide Prevention Committee. During the forum the first suicide prevention poster produced by the provincial committee was introduced. Seven thousand posters printed in English, French, Cree and Ojibway were available for delegates to take back to their communities.

Approximately 175 people attended the forum with strong representation from aboriginal and First Nations Communities. During the forum delegates had an opportunity to review the suicide prevention strategic plan. Participants were organized into small working groups one for each of the eight components of the strategic plan. Each working group was responsible for developing priorities and an action plan for their topic area. A forum outline and agenda is attached to this report.

At the close of the forum the Manitoba Committee for Suicide Prevention had representation from every health care region. Following the forum all Regional Committee Chairs including those who had joined the committee at the forum met for working lunch. The regional committee will continue to meet monthly, with regional chairs joining meetings via conference call.

Suicides in one community are the responsibility of all communities. Our message is important and with a united voice that message will be heard and lives can be saved. Thanks to all forum participants you for joining your voice with ours to prevent suicides and improve the quality of life for all Manitobans.

Thank you to our sponsors for without their support this forum would not be possible. Sponsors of this forum and the Manitoba Committee for Suicide Prevention include:

Manitoba Public Insurance

Workers Compensation Board

Klinik Community Health Center

The Salvation Army

Department of Family Services & Housing

Department of Aboriginal & Northern Affairs

Department of Health

First Nations & Inuit Health Branch, Gov't of Canada

Winnipeg Regional Health Authority

Manitoba Farm & Rural Stress Line

Manitoba School Counsellors Association

Suicide Prevention & Intervention Network

A special thanks to the Prevention Through Connection planning committee in particular Donna Reid, Events Coordinator. The members of your planning committee are:

Mary Jo Bolton, Klinik

Tim Wall, Klinik

Donna Reid, Klinik

Marlene Potash, SPEAK

Brian Ridd, Dept. of Family Services & Housing

David Hutton, Dept. of Health

Bernadine Comegan-Arsenault, Dept. of Health

Donna Cook, Aboriginal & Northern Affairs

Pat Olafson, Salvation Army

Mitch Bourbonniere, MATC

Janet Smith, Manitoba Farm & Rural Stress Line

And

The Aboriginal Suicide Prevention Committee

Finally, a thank you to the following organizations for the support in kind they have generously provided to this event and suicide prevention activities:

Rinella Printers (Suicide Prevention Posters)

Addictions Foundation of Manitoba

Mental Health Education Resource Center of Manitoba

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Tim Wall". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Tim Wall

1. Summary of Evaluations

A total of 49 evaluations were handed back to forum organizers; the following is a summary of their responses.

"The forum will help in developing/implementing suicide prevention strategies in my community"

Fig. 1.1

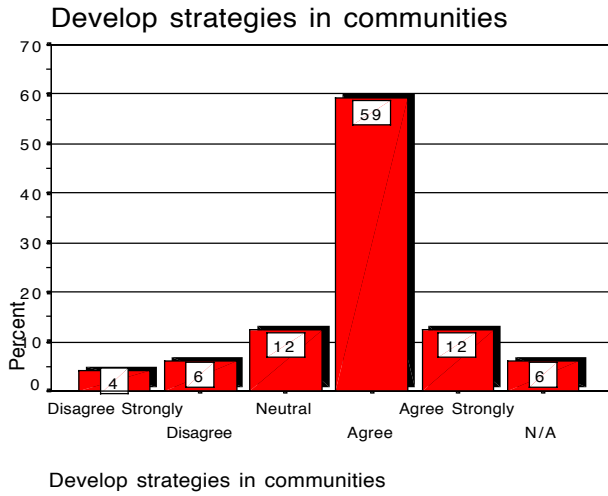
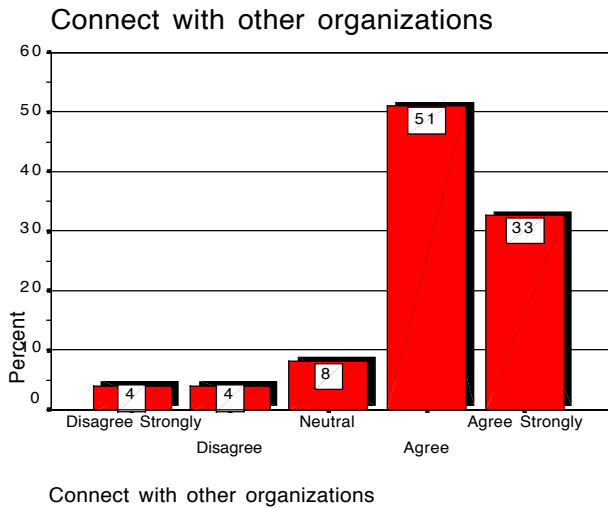


Figure 1.1 shows the results from this question; a large majority of the forum attendees agreed that the forum would help in developing suicide prevention strategies in their community. Almost 71% of attendees stated they 'Agreed' or 'Strongly Agreed' with this statement. Only 10% stated they 'Disagreed' or 'Disagreed Strongly' with this statement.

"The forum helped to connect with other people or identify groups, organizations or individuals to partner with in developing/implementing suicide prevention strategies"

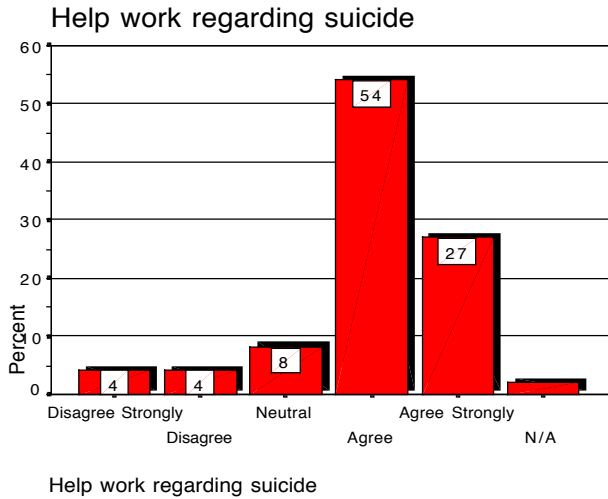
Fig. 1.2



The participants agreed that the forum succeeded in this aspect; 84% stated they 'Agreed' or 'Strongly Agreed' with this statement, and only 8% stated they 'Disagreed' or 'Disagreed Strongly' (Figure 1.2). This response was very encouraging, as this was one of the central goals of the forum.

"The forum will help in my work in the area of suicide prevention"

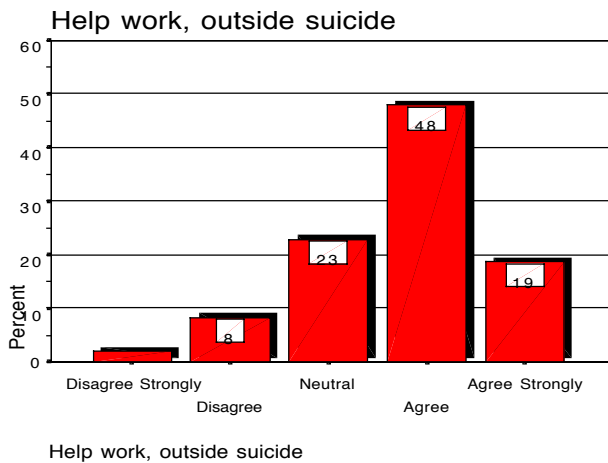
Fig. 1.3



Approximately 81% of respondents 'Agreed' or 'Strongly Agreed' that the forum would help in their work in the area of suicide prevention (Figure 1.3).

"The forum will help in my work in general, outside the area of suicide prevention"

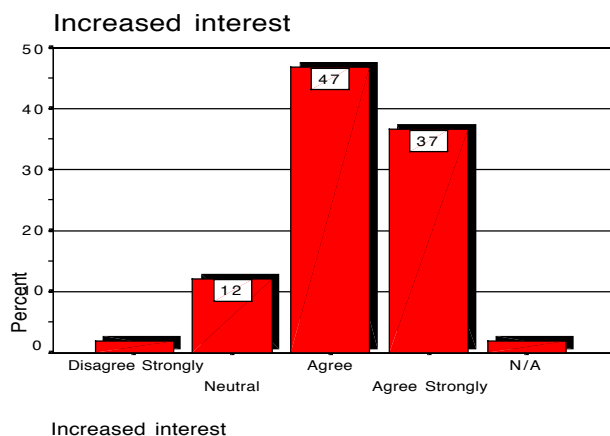
Fig. 1.4



Approximately 67% of respondents stated that the forum would help their work outside the area of suicide prevention. Almost a quarter of respondents (23%) stated they were neutral about this question.

"The forum increased my interest in suicide prevention"

Fig. 1.5



A large majority (84%) of respondents stated that the forum increased their interest in the area of suicide prevention. A total of 7 respondents stated they felt 'neutral' or disagreed strongly with this statement. Of these 7 respondents, 3 stated that the forum didn't increase their interest because they were already quite interested in suicide prevention work.

"What was the most useful/helpful part(s) of the forum?"

Respondents gave a diverse set of responses to this question, although there were some prevailing themes the responses fell under.

Aboriginal Perspective

A large majority of the respondents appreciated the opening address and afternoon presentation by Art Shofely, an Aboriginal Elder and Gary Robson, an Elder from the Native Education Directorate.

Congruent with appreciating the words of the Elders, respondents were highly appreciative of the presentations and discussions of suicide as it relates to Aboriginal communities in Manitoba. One common recommendation from the last provincial suicide forum was that there was not enough representation of suicide from an Aboriginal perspective. This year's forum seemed to satisfy that recommendation. As one respondent stated, "...the Aboriginal presentation, the need for non-Aboriginals to adopt healing circles as a model for the mentally ill..." was most helpful for her.

Networking

Respondents from the last provincial suicide forum stated that one of the most useful aspects from that forum was the chance to network and meet with other organizations and to hear information on what initiatives were being developed in other communities and organizations. This was also true for this year's forum, although there were two underlying themes that revolved around networking. One aspect involved the chance to reconnect with organizations or individuals that they had previously networked with, and a chance to hear updates from other regions and communities. In the words of one respondent, what was most useful was "...reconnecting, refocusing, re-energizing and reorganizing". For respondents that did not attend the last forum, just the chance to network and meet other organizations and individuals involved with suicide prevention was helpful.

Information Sharing

Respondents felt the information sharing sessions presented by the Provincial Regional Health Authorities, the Winnipeg Regional Health Authority, the panel presentation and guest speakers from other organizations and communities were useful. Information presented was useful because it gave respondents a chance to hear about activities that have been initiated, to identify potential partners around the work of suicide prevention, and in the words of one respondent "...hearing from other groups and realizing our group is not an anomaly in the issues and challenges we face, such as fluctuating membership, lack of resources and feeling overwhelmed at times".

Group Discussion

The group discussions that occurred on the second day of the forum were identified as one of the most useful aspects of this year's forum. Participants felt that the group discussions gave them a chance to be involved and was an effective tool to relay their own experiences.

"What changes would you suggest for improving the forum?"

Respondents gave some very useful feedback on how to improve future forums. Participants that filled out the evaluations were generally impressed by the forum and felt that their time was well spent. Most of the suggested feedback revolved around the structure of the forum, and not the content.

Respondents suggested that more consideration be given to survivor's stories; a few respondents would like to have been informed on some of the supports available for them. Some respondents also suggested that for the next forum, more time should be allotted to presentations that detail actual interventions, and not just strategies. Another respondent suggested that although the importance of suicide from an Aboriginal perspective cannot be overstated, other communities and groups (Farmers, youth, Metis and other religious groups) should also be represented.

Some respondents stated that more time should be given for discussions and questions. One respondent suggested handing out printed material to forum attendees prior to their attendance at the forum, so less time is taken on presentation and more time given to discussions. A few respondents suggested that the forum be expanded to two full days, and perhaps even three days. Other respondents suggested that in the future, panelists and presenters should be seated on raised platforms, to increase their visibility and also, to improve focus from the audience.

"Do you think there should be another forum?" & "Would you attend another forum?"

Respondents agreed that another forum should be held, with opinions regarding frequency ranging from annual to biennial forums. Most of the attendees were of the opinion that annual forums would be most useful, in order to sustain interest, momentum and to keep established networks fresh. Those that suggested a longer latency period between forums opined that time should be given for implementation of strategies, although members should be kept up to date with information packages. Some respondents suggested individual forums in the future, focusing on specific issues like youth suicide or suicide from an ethno-cultural perspective.

Most of the respondents (92%) stated that they would attend a future forum. Respondents found that the information presented was useful, and that a future forum would be effective in conveying what progress had been made. Respondents were of the opinion that the forum was conducive to establishing networks, increasing awareness and to learn of new developments in research, strategies and programs implemented at local and provincial levels.

Two respondents stated their attendance at a future forum would depend on some qualifiers; most importantly, that a future forum be meaningful in that information presented would detail implemented strategies. They wanted more emphasis placed on strategies that worked, and less emphasis on well-identified barriers.

Discussion

Results from the evaluations handed back indicated that respondents were highly satisfied with this year's forum. Attendees thought the forum was useful in establishing networks, information-sharing and sustaining momentum. The most successful aspects of the forum were related to the small discussion groups and networking with other individuals and groups involved in the area of suicide prevention/intervention.

Respondents felt that a yearly forum would be most helpful, and that the next forum focus on practical strategies, with more representation from groups like the Metis community and Northern populations.

2. SMALL GROUP DISCUSSIONS

Strategic Plan Topic:

Community-Based Interventions

What changes or additions to this area of the strategic plan are recommended?

- Need to train local people and look at collaboration with province on reserve and look at services provided to off reserve - partnerships across jurisdictions.
- Strategic Plans talks about prevention/recognition, but all activities are intervention.
- Need to look at longer-term prevention work.
- Access needs to be relevant to cultural issues.
- Training of medical people to ensure people are not released without support.
- Need to have access to crisis-line for youth in remote communities (manned by people that are familiar with community).
- Need self-care for crisis workers, especially in Aboriginal communities.

What work has or is currently being done in this area and by whom? What have been the accomplishments in this area to date?

- Critical Incidence Stress Debriefing - Crisis working group.
- 24 on-call system - with radio phones

How can this particular area of the strategic plan best be accomplished? What will be important to pay particular attention to in the development and implementation phases?

- Coordination/Partnership
- Knowledge and culturally sensitive to community issues and resources.
- Regional committee/workers need to be aware of Aboriginal community resources if they access to a 24-hour crisis-line

What should be the priority or priorities related to this area of the Strategic Plan for 2003/2004?

- Training & self-care for workers, especially in Aboriginal communities.
- Addressing jurisdictional issues.
- Look at families and building capacity in families.
- Establish clinical consultation team and define their role - provide support to local community.
- Statistics gathering

What should be the priorities for 2003/2004?

- Environmental scan of province of human, financial and program resources on and off reserve.
- Community trauma/postvention.

What specific steps should be followed in implementing each of the stated priorities?

Priority #1

- Identify training needs (assessment).
- Commitment to funding - specific to training in suicide prevention/intervention.
- Use FNIHB counsellors for clinical supervision of workers.
- Building community trauma/postvention teams at local level.
- Develop youth forum where youth get training to work with youth - peer support and community consultation.

Priority #2

- Provincial directive/commitment to get RHA's to provide service on reserve.
- Mandate collaboration between jurisdictions.

Priority #3

- Get families involved in intervention/postvention.
- Look at building/supporting traditional family systems.
- Elder participation needs to be included.

Who should be involved in the development and implementation of these priorities?

- Community
- Leadership (Provincial, Band, Municipal)
- Professionals/Para-professionals
- Youth
- Regional Health Authority
- Elders
- Committee should involve partnerships/collaboration between organizations

Who from your discussion group is interested in continuing to work in this area of the Strategic Plan?

Name	Organization/Community	How to contact
Bob Brightnose	Cross Lake Health Services	676-2218
John Colomb	Pukatawagan	553-2257
Anneliese Dumas	Pukatawagan	553-2243
Martha Palmer	Manitoba Keewatinowi Okimakanak	927-7500
Jackie Walker	Family and Community Wellness Centre	484-2341

Strategic Plan Topic:

Creating Partnerships with Aboriginal Communities

What changes or additions to this area of the strategic plan are recommended?

- Recommend that representatives of the Manitoba Metis Federation and the urban Aboriginal population be invited to participate.
- Jurisdictional issues continue to create huge barriers to service delivery & partnerships. Systematic change is required.

What work has or is currently being done in this area and by whom? What have been the accomplishments in this area to date?

First Nations & Inuit Health Branch (FNIHB)

- Limited NIHB, BFI, BHC funded professional services
- Some money for medical transportation

Community-Based

- Limited training and supports (intercommunity relationships and medical transportation have been barriers).

Psychiatric Hospital Services

- Need for cultural services
- Discharge planning

How can this particular area of the strategic plan best be accomplished? What will be important to pay particular attention to in the development and implementation phases?

Training/Education

- Community wellness workers, paraprofessionals overwhelmed.
- Recognized training programs.
- FNIHB training, clinical psychologist.

Support to staff on community (Partnerships)

- Networking, debriefing
- Case management, referral
- Indirect services

Political Level

- Continuing need for education and cooperation at the political levels - protocols developed
- Liaison with NADAPP

What should be the priority or priorities related to this area of the Strategic Plan for 2003/2004?

1. Need for efforts to lobby respective agencies, levels of government to come together on "Memo of understanding"; blanket commitments.
2. Program delivery systems - assist communities to make voices heard at political level.
3. Partnership opportunities be maximized at community levels - e.g. communities, RHA, etc.

What should be the priorities for 2003/2004?

- Continue to break down barriers created by jurisdictional issues.
- Communication strategy development.
- Urban Aboriginal and rural Metis communities be considered in process.

What specific steps should be followed in implementing each of the stated priorities?

Priority #1

- Communication strategy development

Priority #2

- Support protocol development

Priority #3

- Education at political levels

Who from your discussion group is interested in continuing to work in this area of the Strategic Plan?

Name	Organization/Community	How to contact
Gwen Apetagon	Norway House	
Bernadine Arsenault	Aboriginal Health and Policy	
Patti Baird-Miller	Burntwood RHA	
Matthew Bonchy		
Laura Donatelli	Office of the CMOH, Manitoba Health	
Paul Douglas	NorMan RHA	627-8397
Shannon McDonald	FNIHB	
Cheryl Martinez	Child Protection and Support	
Doug Mercer	FNIHB	
Eileen Sanderson		
John Spence	Keewatin Tribal Council, Thompson, MB	

Strategic Plan Topic:

Research, Evaluation and Best Practices

What changes or additions to this area of the strategic plan are recommended?

- Feels strategy misses culturally appropriate information on best practices.
- Northern situation differs from other environments/groups. Cultural identity issues involved (poverty, unemployment, self-esteem, abuse - all inter-related).
- Material must be specific for different audiences.
- Lack sufficient resources, computer support for research. Yet there are groups that have these tools (e.g. Government).
- Need to go to those with expertise to carry out sophisticated research.

What work has or is currently being done in this area and by whom? What have been the accomplishments in this area to date?

- Three branches of Government have much available research and greater capacity to carry out large programs.
- Salvation Army putting together database on clients seen in Winnipeg, Selkirk, Brandon
- WRHA's biopsychosocial model useful tool to apply
- Need to understand information surrounding suicide and incorporate larger areas (e.g. genetics, environment, ASIST program)
- Integration, more information needs to be generated

How can this particular area of the strategic plan best be accomplished? What will be important to pay particular attention to in the development and implementation phases?

- Greater awareness of the variety of research being conducted is needed
- Database of available research being done by committee - would be useful for information/results sharing/less duplication
- Coordinated efforts

What should be the priority or priorities related to this area of the Strategic Plan for 2003/2004?

- Determining how to tap into the breadth of research currently underway.
- Have suicide data as a 'deliverable' on Manitoba Centre for Health Policy and Evaluation mandate
- Need clearinghouse on best practices or central repository of information on suicide (e.g. WHO, SIEC).
- Have Mental Health Education and Resource Centre further develop areas of suicide care.
- Better understanding of what will help predict when someone will commit suicide.

What should be the priorities for 2003/2004?

- Publishing other results from various groups

What specific steps should be followed in implementing each of the stated priorities?

Priority #1

Provincial Committee Approach

- Ask Manitoba Health to ask the Manitoba Centre for Health Policy and Evaluation to have culturally and geographically specific epidemiological rates as an annual deliverable.

Priority #2

Clearinghouse

- Ask the Mental Health Education and Resource Centre to be the official clearinghouse for current research on suicidology.

Priority #3

- Offer degree programs in suicide with scholarships, and benefit from students' education/skills training (graduate school-level)
- Establish an annual research scholarship funded by Manitoba Health in the amount of between \$15,000-\$20,000 to study suicide in Manitoba. Proposals can come from any discipline and will be reviewed by the Provincial Committee.

Who should be involved in the development and implementation of these priorities?

Manitoba Health

- Contracts Manitoba Centre for Health Policy and Evaluation - disseminate information to authorities
- Can gather information for suicide across province, has infrastructure
- Want error-rate constant across province (i.e. standardized) - no common assessment tool on gathering data.

Who from your discussion group is interested in continuing to work in this area of the Strategic Plan?

Name	Organization/Community	How to contact
Christine Lafond		
John Rowe	Salvation Army	

Strategic Plan Topic:

Community-Based Interventions

What changes or additions to this area of the strategic plan are recommended?

- Need for increased interagency collaboration and development of partnerships.
- Ensure 24-hour lines already in existence are aware of geographical and cultural challenges.
- Advocacy for regional 24-hour lines and crisis services.
- Strategize for improvements in both short and long-term after-care services.

How can this particular area of the strategic plan best be accomplished? What will be important to pay particular attention to in the development and implementation phases?

- Identified need for suicide prevention/intervention be prioritized.
- Need for clarification of roles and responsibilities to ensure leadership and accountability.
- Need to sanction time and travel.
- Ensure adequate training and participatory model.

What should be the priority or priorities related to this area of the Strategic Plan for 2003/2004?

Increase public awareness

- Media spots
- School-based health curriculum
- CMHA - hot cards

Clearinghouse of Resources

- Development of templates, which could then be modified to meet the specific language and cultural needs of each region.

What specific steps should be followed in implementing each of the stated priorities?

Priority #1

Increase Awareness Provincially

- Get the message out that suicide prevention/intervention is a provincial priority

Priority #2

- Compile list of registered trainers and workshops, which could be available to regions to increase awareness and train community resources/residents.

Priority #3

- Catalogue resources and ensure their accessibility to all regions.
- Development of templates, which regions could modify.

Who should be involved in the development and implementation of these priorities?

Province

- Increase provincial awareness
- Priorize suicide prevention/intervention as a health initiative

Regional

- Continue to work on partnerships, increase interagency collaboration

Who from your discussion group is interested in continuing to work in this area of the Strategic Plan?

Name	Organization/Community	How to contact
Eduardo Mendarozqueta	Mount Carmel Clinic	582-2311
Eileen Moar	West Region Health Department	622-9400

Strategic Plan Topic:

Aboriginals at-risk

What changes or additions to this area of the strategic plan are recommended?

- Bring forum to remote communities
- Sharing (best)-practices with others

What work has or is currently being done in this area and by whom? What have been the accomplishments in this area to date?

Life Skills Program

Organization: Training Resources for Youth

- Offer culturally diverse programs to youth at high-risk
- Target/focus on strengthening families
- Create awareness
- Urban-based program
- Take in 5 groups per year for 7 weeks life-skills program
- Clientele: Ages 18-24 (Choose 20 from 30-34 age group)
- Takes referrals from schools, CFS agencies and mental health

Wellness Program

Waywaysecappo First Nation

- Conduct information and awareness workshops
- Have had lots of attempts since 1995 (3 completed) who were not part of program
- Don't usually know the people that are struggling or at-risk
- Conduct check-ins with family
- Mental health seen as visitors, not taken seriously
- Require leadership's role in assisting
- Have 25 clients (2 staff people)

Garden Hill Program

Garden Hill First Nations

- A difference between adults and teenagers
- Lack of interest in any activities
- Lots of drugs/violence – how do we prevent this from happening?
- People are not allowed to talk – fear of retribution
- Adults (between the ages of 20-35) are using hairspray, drugs, alcohol
- Mostly repeaters in our program, referred to therapist
- People who don't know about program are not on the list
- Need to be careful how we talk about suicide, the language can be misinterpreted
- Need to be careful how you present suicide

Norway House

- Doctors don't have time for mental health issues

Pikangikum, Northwest Ontario

Mennonite Central Committee

- Pikangikum brought people together to talk – created a forum that invites people to talk where all people are needed; Elders, women, youth, leaders
- Change came from the community in this process: a group of women, aged 30 or older, came out as leaders in this community and they raised money (without Government help) to provide recreation for girls.
- In the Pikangikum strategy, everyone was valued as having gifts to share in bringing healing and leadership to the community.

What specific steps should be followed in implementing each of the stated priorities?

Priority #1

Break down barriers of community denial on suicide

- Western/traditional standards – north and south should be separate; need sub-committees.
- Set up recreation for youth that could go on to discussions (i.e. Family Life)
- Provide resources (human/financial) to form community committees
- Hope for the client – some answers
- Provide forums for communities (the grassroots) to come together and talk about their priorities
- Build trust among our communities/communicate
- Family involvement with high-risk individuals
- Network between caregivers so they're not left alone after forums/workshops
- Provide information on resources

Priority #2

Establish community working group on suicide

- Safety for caregivers
- Family counselling
- Recognize strengths in communities, not just problems. Call on community people outside of front-line workers (Elders, women, youth)
- Professional treatment services for client
- Provide money/programs to help families, with pride
- Recognize and build on individual and community strengths

Priority #3

Address and resolve jurisdictional issues

- Recreation for teenagers
- Building bridges with Chief and Council to get them more involved with youth
- Provide money for regional gatherings of community workers, not professionals or Government agencies
- Begin the healing journey

Who should be involved in the development and implementation of these priorities?

- Chief and Council
- Federal and Provincial Health
- Local agencies

Who from your discussion group is interested in continuing to work in this area of the Strategic Plan?

Name	Organization/Community	How to contact
Robert Miller		284-4444 comecdev@gatewest.net
Mary Jane Ironstand	Waywayseecappo	Phone: (204) 859-2941 Fax: (204) 394-2194
Kathleen Traverse	Jackhead	(204) 394-2220
Frank Thiessen	TRY	837-6502 fthiessen@shaw.ca
Sarah Monias	St. Theresa Point	(204) 462-2114
Andrea Houle		(204) 448-2567 gretzkyholic@hotmail.com
Eugene Wood	St. Theresa Point	Phone: (204) 462-2114 Fax: (204) 462-2427
Bruce Flett	Garden Hill	(204) 456-2404
Tom Keno	Red Sucker Lake	Phone: (204) 469-5229 Fax: (204) 456-2966
Janet Fontaine	CEDC	
Bruce Flett		

Strategic Plan Topic:

Working with At-Risk Groups - Aboriginal*

What changes or additions to this area of the strategic plan are recommended?

- Focus on wellness programs that have a holistic approach - need to incorporate a social justice perspective that acknowledges and addresses the issues of discrimination, poverty and violence that all impact on suicide. Belief that many of the programs that exist today are band-aid approaches to the problem of suicide.
- Determine what does a healthy First Nations person look like - emphasize the connections between the spiritual, emotional, cultural and land dimensions.
- Recommendation that the Department of Education adopt policy to have Aboriginal Elders teaching in the classroom part of the curriculum.
- More grassroots people working together and **promoting life**. Need for the involvement of youth, community and parents in finding solutions.

What work has or is currently being done in this area and by whom? What have been the accomplishments in this area to date?

- Drop-in centers for youth (e.g. Long Plains Reserve)
 - Discussion regarding the lack of funding for drop-in centers for youth on-Reserve.
 - Source of frustration for many front line staff who believe that this type of approach is a preventative approach.
- Long discussion regarding the jurisdictional issues that cause problems for developing programs
- Belief that many of the governments do not work together and therefore the people receiving the programs are often caught between jurisdictions.
- Perception in the non-Aboriginal community that Aboriginal organizations have adequate or excessive funding; however, the reality is that many things that could be preventative programming are not funded by either government.
- Belief that this is a deliberate policy on behalf of governments to continue the colonization process of Aboriginal peoples.

*The group did not follow the outline, ran out of time and the discussion became very free-flowing

Strategic Plan Topic:

Public Awareness

What changes or additions to this area of the strategic plan are recommended?

- Visual identity (find out if there is an existing symbol)
- Consistent message
- Go directly to the community persons (e.g. coaches, parent volunteers, teachers) and teach them the 'at-risk' groups to identify them
- Adopt a training package used consistently (ASSIST)
- Endorse ASSIST more
- Public awareness for men ages 30-60, not only focus on youth
- De-stigmatize through more public awareness
- Resources for suicide prevention for schools to use in health curriculum
- Take home information for students
- Commercial

What work has or is currently being done in this area and by whom? What have been the accomplishments in this area to date?

Addictions Foundation of Manitoba

- Produces kits that go out to schools
- Softens the message that will have individuals pick up the information

Manitoba Public Insurance

- Violent shock method, uses monologues from Australia
- Studies prove that impact will make the numbers go down

Manitoba Health

- Provides presentation kits by public access (downloadable)

Manitoba Farm and Rural Stress Line

- Going out to schools, sending billboard across province

Canadian Mental Health Association

- Regional 'hot cards' to be distributed to schools provincially
- Working with CONTACT and MHERC on a Mental Health & Wellness manual that will have a suicide component

What should be the priority or priorities related to this area of the Strategic Plan for 2003/2004?

Resource Information Kit including:

- Multimedia (internet/website)
- Suicide commercials, PSA's
- Brochures
- Identity, consistent message
- Posters
- Travelling board (MHERC)

Who from your discussion group is interested in continuing to work in this area of the Strategic Plan?

Name	Organization/Community	How to contact
Dawn Ridd	Manitoba Health	788-6667 dridd@gov.mb.ca
Ruth Minaker	Eden Mental Health Centre	325-4325 edenment@edenhealth.mb.ca
Allison Pearson	Manitoba Public Health	985-1685
Jeff Daly	Manitoba Public Health	985-7507
Colleen Allan	Addictions Foundation of Manitoba	944-6282 callan@afm.mb.ca
James Cooper	Canadian Mental Health Association	953-2353 james@cmhamanitoba.mb.ca
Adina Lakser	Sexuality Education Resource Centre	982-7800
Marilyn Erhart	Addictions Foundation of Manitoba	944-6371 merhart@afm.mb.ca
Irene Shaw	Interlake RHA	785-4872
Don Hamilton	Manitoba Corrections	725-3532
Christine Lafond	MHERC	772-4917 clafond@mherc.mb.ca
Tim Wall	Klinik	784-4061 evolve@klinik.mb.ca