

Colonial Sentiments: Examining Canadian Depictions of Indigenous Suicide

by

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Submitted in partial fulfilment of the requirements

for the degree of Master of Arts

at

Dalhousie University

Halifax, Nova Scotia

August 2020

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TABLE OF CONTENTS

LIST OF TABLES.....	v
ABSTRACT.....	vi
LIST OF ABBREVIATIONS USED.....	vii
ACKNOWLEDGMENTS.....	viii
CHAPTER 1- INTRODUCTION.....	1
1.1 Defining Suicide.....	2
1.2 The Particularity of Suicide.....	3
1.3 Indigenous Suicide and Colonialism.....	4
1.4 Hypotheses and Thesis Direction.....	6
CHAPTER 2- LITERATURE REVIEW.....	9
2.1 Social Determinants of Health and Suicide.....	9
2.2 Social Change.....	11
2.3 State and Policy.....	12
2.4 Conclusion.....	14
CHAPTER 3- METHODOLOGY AND METHODS.....	15
3.1 Content Analysis.....	15
3.2 Private Media in Canada.....	17
3.3 Article Analysis.....	19
3.4 Suicide Prevention Policy in Canada.....	23
3.5 Policy Analysis.....	24
3.6 Limitations and Concluding Remarks.....	28

CHAPTER 4- ASSIMILATION, ALIENATION AND THE ‘NORMAL’	30
4.1 Assimilation and Alienation.....	31
4.2 The ‘Normal’.....	36
4.3 Conclusion.....	39
CHAPTER 5- MEDIA ANALYSIS: PSYCHO-CENTRIC UNDERSTANDINGS AND SYMBOLIC VIOLENCE.....	40
5.1 Psycho-Centric Understandings of Mental Health.....	41
5.2 Canadian State.....	45
5.3 Symbolic Violence.....	48
5.4 Colonialism of the Past.....	51
5.5 Progress and Optimism.....	53
5.6 Conclusion.....	56
CHAPTER 6- POLICY ANALYSIS: MENTAL HEALTH, SOCIAL DETERMINANTS AND STRUCTURAL VIOLENCE.....	57
6.1 Mental Health and Social Determinants.....	59
6.2 Structural Violence.....	64
6.3 Infinite Insufficiencies.....	66
6.4 Economic Benefits.....	69
6.5 Conclusion.....	71
CHAPTER 7- RECOMMENDATIONS AND CONCLUDING REMARKS.....	73
7.1 Indigenous Knowledge as Central.....	73
7.2 Improving Mental Health Services and the Psychology Approach.....	76
7.3 Conceiving Suicide.....	78

7.4	Media Stereotypes of Indigenous Representation.....	81
7.5	Concluding Remarks.....	82
	REFERENCES.....	84
	APPENDIX 1- MEDIA ARTICLES EXAMINED.....	96
	APPENDIX 2- SUICIDE PREVENTION POLICIES, REPORTS AND STATUTES EXAMINED.....	101

LIST OF TABLES

TABLE 1- ARTICLE ANALYSIS.....22

TABLE 2 – POLICY ANALYSIS.....27

ABSTRACT

Colonialism has long impacted the health of Indigenous peoples in Canada and has had an unquestionable relationship with Indigenous suicide rates. In this thesis I hypothesized that contrary to popular conceptions, forms of colonialism still exist today in Canadian society, perhaps providing barriers to achieving maximally effective suicide prevention and support for Indigenous peoples. I used content analysis to examine existing depictions, common themes, and models of understanding of Indigenous suicide across private media and state-created Indigenous suicide prevention policies in Canada. Both private media and suicide prevention policy were found to be mainly focused on promoting a western, biomedical conception of wellness and mental health, thus forcing Indigenous peoples to conform to one homogeneous way of healing and understanding suicide. I argue that this lack of conceptual malleability is incongruent with the particularity that the phenomenon of suicide demands.

LIST OF ABBREVIATIONS USED

DSM-V Diagnostic and Statistical Manual of Mental Disorders, 5th Edition

ACKNOWLEDGEMENTS

This thesis was made possible only with the strong dedication of my committee. I would like to sincerely thank my supervisor, Dr. Robin Oakley, and my primary committee member, Dr. Jean-Sébastien Guy, for their incredible contributions to my project. Dr. Oakley and Dr. Guy constantly provided me with sound advice, guidance, and helpful feedback from my start at Dalhousie till now. From responding to emails on weekends about my area essays, to always being ready and more than willing to engage in fruitful discussions about the final drafts of my thesis, I felt truly lucky to have advisors that were as excited about my project as myself. I would also like to thank Dr. Tim Bryan, an external reader and committee member to my project. Dr. Bryan went out of his way to help me develop skills that did not only benefit this project but will also carry on with me through my academic career. Finally, I would like to commend the department of Sociology and Social Anthropology at Dalhousie. From my anecdotal experience, I can confidently say that this program was well-structured, with faculty members who were always within reach at every step along the way to contribute positively to my degree, as well as program requirements that facilitated the effective building of a graduate research project. My MA experience has truly been a pleasure, and it is one that I will never forget thanks to the exceptional people involved.

CHAPTER 1- INTRODUCTION

In January of 2019, Perry Bellegarde, the National Chief of the Assembly of First Nations in Canada, called for a national focus on Indigenous suicide: “We do call on this government to finally work with (our) leadership and families and people to finally implement a youth suicide prevention strategy. That is needed – one that supports all of our young people” (Assembly of First Nations, 2019:1). Bellegarde’s words come with urgency, as suicide rates among Indigenous¹ peoples have consistently shown to be approximately three times that of the total Canadian rate² (Carstens, 2000; Henry et al., 2018; Powell & Gabel, 2018).

Suicide prevention efforts made thus far by the Canadian state, and other actors that are able to represent suicide such as the media, should be under the microscope. Surely, Perry Bellegarde is not alone in his sentiments, nor is he misguided to call upon the government for further action. From his comments alone, it is implied that there is no simple addition nor improvement that could ameliorate the suicide prevention systems currently in place. Whether it is the fact that Bellegarde’s comment highlights the inability of the government thus far to work *with* Indigenous peoples, or calling for action that supports *all* people, it seems likely that a philosophical change is needed. Indigenous suicide must be rethought and approached with a different perspective. To advocate for this, I must identify and speculate on current failures of support system and explore the existing conceptions behind Indigenous suicide that are perhaps ineffective and damaging. To begin, allow me to unpack the phenomenon that is suicide.

¹ In this paper, I use the etymologically complex term, “Indigenous”. The capitalization of the term is variable in the literature; however, I do choose to use an upper case “I”, not to homogenize, but to show respect to the diverse peoples under this category. Furthermore, I am fully cognizant that the Canadian legal terminology differs, but I follow contemporary scholarly conventions here which tends to subscribe to the term “Indigenous”.

² We will explore the problem of comparing Indigenous suicide rates to non-Indigenous suicide rates later in this thesis.

1.1 Defining Suicide

It *seems* logical to begin with a definition of suicide and work from there. This is indeed what Durkheim (1951) did in his classical study: “ the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result” (44). Durkheim posited this definition on the basis that suicide has common qualities objective enough to be recognizable by all. But there are problems with both this definition, and the very act of *beginning* with a definition. For example, suicide *attempts* were left out of Durkheim’s study, even though they are clearly “suicidal behavior” and that they are more common than actual suicides (Kushner & Sterk, 2005). Furthermore, suicidal intent was left out of Durkheim’s classification as he was rather focused on the result (Broz, 2016). By excluding suicide attempts and intent, women were not represented in Durkheim’s study reliably, yet, women commit more suicide attempts than men but follow through less on actually achieving death (Chua, 2016). Moreover, Durkheim forced women into his typology by assuming that women’s suicides resulted from modernity and gender role stress (Kushner & Sterk, 2005). Therefore, a large area of suicidal behavior went unchecked in Durkheim’s study.

By starting with a universal definition of suicide, contradictory evidence can be forced into typology instead of reconsidering the core theory. Kushner & Sterk (2005) highlight that the data that Durkheim used were inconsistent with his definition of what constituted a suicide and the typology he constructed. Perhaps confirmation bias can be more appropriately avoided by refraining from starting with *one* definition and trying to fit evidence within its framework.

Throughout this thesis, we will further explore the drawbacks of beginning with a one-size-fits-all definition of suicide. The very notion that suicide can be defined by one party and applied to another is inherently problematic

1.2 The Particularity of Suicide

Suicidology has greatly developed within the social sciences since Durkheim's (1951) classical study, including how anthropology is largely critical of universal notions of suicide (Ansloos, 2018; Münster & Broz, 2016; Staples, 2016). 'Why' someone commits suicide contains an infinite number of elements, and possibly can never be fully understood. However, it is possible to identify salient elements that may be correlated with suicide and its formation as a concept. For example, why do scholars advocate for suicide research to be sensitive towards local cultural, experiential, and environmental conditions (Ansloos, 2018; Baer et al., 2013; Wexler & Gone, 2016)? Put simply, suicide can be understood as a cultural construction. Scholars find it necessary to recognize one's embodied knowledge about death, as one may draw on unconscious perspectives that were shaped by their socialization with a particular web of cultural circumstances when committing suicide (Staples, 2016). For example, Flora (2016) details the common case of names and identities passing through death in Greenland. If one physically kills themselves, as in they achieve a biological death (c.f. Lee et al., 2014), this is deemed a suicide, however, their essence, qualities, memories, and other elements of their person can be passed on through their name to subsequent generations. It is a form of reincarnation. In contrast, those who experience a state of irreversible anger may turn away from society and walk through wilderness, known as *Qivttoq*. Flora describes how this is a social death, but not a physical death, like suicide. *Qivttoq* is not celebrated, and not socially carried on in name or memory. Suicide as a universal concept would fit poorly in this case. Durkheim's definition could be applied to both suicide and *Qivttoq*, as a death is knowingly achieved, however, it would be strikingly problematic to group suicide and *Qivttoq* together as the same phenomenon, as the circumstances post-death are so different.

If death is a salient element that claws at the particularity of suicide, then conceptions of life should be included in this discussion. In asking ‘what’ causes suicide, local constructions of personhood and agency need to be considered since suicide cannot be wholly understood as an isolated or individual act (Münster & Broz, 2016; Staples, 2016). I suggest that health understood as equilibrium is what shapes personhood and life. This equilibrium, like death, must be contextually understood, as the lack of equilibrium is a social illness (Reyes-Foster, 2016). For example, Wexler & Gone (2016) suggest that cultural understandings set the parameters around sick and healthy rolls, subsequently structuring the most appropriate remedies. Applied to suicide prevention, this calls for approaches that rely on cultural understandings and variance, rather than a dominant view that can be universally applied.

It is necessary, then, to understand any equilibrium of health in a specific context. What it means to be healthy or sick is not universal. Flora (2016) suggests that loneliness is the greatest ill for many villagers in Greenland, constituting a social death. However, Qivttooq is not a universally held concept. Therefore, if life and health are assumed to be homogenous in meaning, voices of those in marginalized positions are neglected. Furthermore, understanding the cultural story that is impacting person's understanding of their emotional states and thought processes allows for a more effective locating of the discomfort and meaning that surrounds suicide, instead of simplifying the complexity of life to a diagnosis or behavioral pattern (Bergmans et al., 2016).

1.3 Indigenous Suicide and Colonialism

This discussion suggests that it is often challenging and inappropriate to develop a culturally accurate definition of suicide at the outset of a project, or any approach towards suicide prevention for that matter. Suicide is contextual; not embracing its contextuality, I argue,

may impede the effectiveness of suicide prevention. Thus, if suicide holds different meanings across peoples, any approach to ‘remedy’ suicide must be malleable enough to embrace this. In other words, a one-size-fits-all approach to conceiving suicide, or suicide prevention, is directly opposed to embracing its contextuality as a phenomenon.

I will predicate this thesis on the basis that the networks of actors in Canada responsible for delivering suicide prevention, as well as depictions of Indigenous suicide, do not embrace such contextuality in their approaches. Put simply, “the ideas of the ruling class are in every epoch the ruling ideas” (Marx & Engels, 1973:64). However, if these ruling ideas cannot be challenged, as in there is no room for an alternative, then what does this represent? I argue that if aspects of suicide, such as ideas, meanings, and treatments, are extended and forced upon Indigenous peoples from the Canadian government, while there is no room for ideas to come from Indigenous peoples themselves, this represents a *present* form of colonialism.

It is well known that the processes of colonialism have long impacted the health of Indigenous peoples in Canada (Kral, 2012; Kral, 2019; Lavalle & Poole, 2010; Waddell et al., 2017). Furthermore, it has been widely argued within the social sciences that settler colonialism has contributed to worsening Indigenous suicide (Czyzewski, 2011; Hicks, 2015; Leenaars, 2006) in the form of a past event that manifests into trauma and poor health outcomes today (Bombay et al., 2009; Kral, 2019; Wexler, 2006). In this thesis, I want to dispel any notion that suggests that only *the effects* of colonialism are present today. For example, I caution against attributing Indigenous suicide to current colonial ramifications such as social change (Kral, 2019) or intergenerational trauma (Bombay et al., 2009). Scholarly research in this area *does* attempt to account for ongoing external factors to Indigenous suicide, however, many studies *do not* give the impression that colonialism exists in the same magnitude today as it did in the past,

instead focusing on current hardship as, for example, “a reminder of historical trauma and loss” (Bombay et al., 2009: 24). Hence, if there exists *current* forms of colonialism, the concept itself should not be treated as a mere past phenomenon (Ansloos, 2018; Czyzewski, 2011; Kral, 2019; Wexler & Gone, 2016), nor should current colonialism be relegated to being a “reminder”. I argue that an existing form of colonialism is directly linked to Indigenous suicide in Canada: the complete enforcement of the dominant populations’ ideals upon the colonized. Furthermore, I argue that current manifestations of these dominant ideals, such as suicide prevention policies and private media depictions are incompatible with the particularity that comes with the phenomenon of suicide.

My focus in this thesis will be analyzing prevention efforts and depictions in Canada towards Indigenous peoples’ suicides. I believe that previous studies on the historical impacts of colonialism, while undoubtedly positive in their contributions, fail to call adequate attention to possible current forms of colonialism, thus hindering their visibility. In this light, past events that cause current health impairments do not effectively identify current points of change. In other words, there is a need for active practice towards material change to suicide prevention efforts in Canada (Ansloos, 2018).

1.4 Hypotheses and Thesis Direction

The conceptions of Indigenous suicide that are in prevention policy and private media reporting of Indigenous suicide in Canada will serve as samples for this project. I hypothesize that I will find a similar form of ongoing colonialism between these mediums. Colonialism has been associated with violence before, such as assaults over land (Maxwell, 2017), isolating residential schools (Smith, 2001), and forced relocation (Waddell et al., 2017). In a similar vein, I suggest that not embracing the particularity of suicide, thus possibly approaching suicide

prevention without maximum effectiveness, is violent in itself. For example, scholars have documented that cultural knowledge and continuity can be arguably central to well-being for many Indigenous peoples (Chandler & Lalonde, 2008; Kral, 2012; Staples & Widger, 2012; Wexler, 2006), and that suicide prevention programs that are informed and ran by communities themselves are most effective in reducing rates (Kral, 2019). Not leaving any room for these aspects of suicide prevention, alternative meanings of suicide, or health in general, may systematically place Indigenous peoples in vulnerable positions. The absolute enforcement of western³ ideals⁴ of health and suicide, thus providing support towards preventing suicide that leaves no room for Indigenous knowledge or healing practices, could result in more suicides.

In sum, suicide and its meanings are contextual, and a one-size-fits-all approach cannot inform its prevention. However, if Canadian media and suicide prevention policy fail to acknowledge this, the status quo will not change. In the sections that follow I will first explore the literature most prominent in their concern with Indigenous suicide. Next, I will present the methods and methodology that this thesis will use. Then, I will present my findings and analyses of Canadian media and suicide prevention policies, focusing on how each represents Indigenous suicide in Canada. Finally, I will suggest recommendations of how media and policy can better represent and address Indigenous suicide. I believe that this thesis can make modest contributions in terms of evaluating areas in Indigenous suicide policy that are ineffective in providing diverse, flexible, and appropriate support systems. Finally, I intend for this thesis to

³ For example, Smith (2008) provides a lengthy operationalization of “western” and refers to the western 'archive' of knowledge and systems (42). Smith defines this as what “brings to bear, on any study of indigenous peoples, a cultural orientation, a set of values, a different conceptualization of such things as time, space and subjectivity, different and competing theories of knowledge, highly specialized forms of language and structures of power” (42).

⁴ By ‘ideals of health and suicide’ I am referring to conceptions such as what constitutes ‘being healthy, the importance placed upon western models of mental health such as the DSM-V, etc.

problematize media depictions of Indigenous suicide, including dominant themes in news reporting.

CHAPTER 2- LITERATURE REVIEW

I will begin by reviewing and assessing scholarly literature on Indigenous health and suicide. Materials linking Indigenous suicide and colonialism are plentiful (to note a few: Ansloos, 2018; Kral, 2019; Leenaars, 2006; Wexler, 2006). In the sections below, I first assess the dominant scholarly approaches of social determinants, social change, and detrimental state policy. These areas all deal with colonialism, albeit in different ways.

2.1 Social Determinants of Health and Suicide

Suicide is often tackled through frameworks concerned with the ‘social determinants of health’. Locating health disparities within this framework (Chandler & Lalonde, 2008; Katz et al., 2006), scholars have pointed out that the determinants of Indigenous health differ from the non-Indigenous of population (Ansloos, 2018). Commonly noted, elements such as acculturation (Badry & Felske, 2013), climate change (Durkalec et al., 2015) or overall trends of poorer health outcomes/disparities differ in almost all sectors of life in contrast with non-Indigenous peoples (Czyzewski, 2011). Suicide is, of course, a significant health indicator and is at epidemic levels among many Indigenous peoples (Hicks, 2015; Kral, 2012; Leenaars, 2006; Waddell et al., 2017).

This approach is problematic, as scholars have warned against one-dimensional approaches when studying Indigenous suicide (Elliott-Groves, 2017; White, 2017). Others have noted that social determinants often present ‘being’ an Indigenous person as an *a priori* suicide risk and in this manner represents the Indigenous peoples as homogenous (Ansloos, 2018; Chandler & Lalonde, 2008; Chandler & Proulx, 2006; Katz et al., 2006). Specifically, based on overwhelming poor health outcomes, whether by focusing on suicidality or some other element,

the tendency to universalize and see Indigenous peoples as a ‘risky demographic’ (Parle, 2009) leads policymakers to gloss over local meanings and traditions of health (Ansloos, 2018).

Furthering Ansloos’ (2018) criticism that social determinants may fail to account for sociocultural context, Carstens (2000) writes that predisposing factors cannot be understood within the confines of an environmental vacuum; instead, these risk factors have exterior origins associated with the outside world. For example, Carstens highlights that alcoholism has its roots “in colonial days” (315). Indeed, health is an elastic concept that must be evaluated in a larger political economic and sociocultural context (Baer et al., 2013; Leenaars, 2006; Staples & Widger, 2012; White, 2017). The social determinants framework in relation to Indigenous suicide is, then, contested (Ansloos, 2018; Carstens, 2000; Chandler & Lalonde, 2008).

The social determinants of health are able to identify patterns in suicides, or to find commonalities between various suicides. However, I argue that this approach is *reactive* and *individualizes* suicide. It is reactive because it attributes something such as alcoholism to intergenerational trauma (Bombay et al., 2009), as if alcoholism is something that happened *after* the trauma. To use the concept of intergenerational trauma as a social determinant is to assume that the symptoms (alcoholism) happen now because the cause (colonialism) is finished. What can this perspective do to materially change *current* circumstances, inadequate policies and support, or present forms of colonialism for that matter? Furthermore, this approach individualizes suicide. Likewise, alcoholism is often perceived as an individual behavior, and people who drink heavily are seemingly more likely or have a higher risk to commit suicide (Czyzewski, 2011). The onus is on the individual’s behavior in relation to suicide and risk, rather than on the other factors in their life that makes them want to drink in the first place.

2.2 Social Change

Another common frame for understanding Indigenous health has been through the lens of ‘social change’ as a result of colonialism. Kral (2019), for example, argues that colonial settlement schemes were more about transforming social relations among Indigenous peoples, rather than ‘helping’ them. Perhaps this is a modern version of Durkheim’s (1951) concept of *anomie*, in that a disturbance of equilibrium contributes impulses towards voluntary death. Indeed, many Indigenous peoples have undergone profound social change in the past several decades, beginning with sagas that encompassed forced relocation and residential schools. These changes have had negative health effects at community, social, familial, and individual levels (Czyzewski, 2011; Kral, 2012; Waddell et al., 2017). Maxwell (2017) writes that the growth of settler-economies based on agriculture and extraction, and economic facilitated Indigenous dispossession.

Contending that social change is most central to current social distress among Indigenous peoples, Kral (2019) links the phenomenon to deleterious impacts on intergenerational relationships, gender roles/identity, and coherence of kinship ties. Kral’s assessment suggests that social change brought by colonialism has created an *anomic* environment for many Indigenous peoples in Canada. This perspective is common in literature, as it is often argued that social change has brought on disruption in cultural knowledge and identity for Indigenous peoples, which is arguably central to well-being (Chandler & Lalonde, 2008; Kral, 2012; Staples & Widger, 2012; Wexler, 2006). While it is clear that colonialism has initiated social change, I would assert that a social change framework is problematic as it suggests that Indigenous peoples are unable to adapt to change.

The limitations of the social change approach are similar to those of the social determinants: both conceptualize colonialism as a past event and individualize suicide. This perspective claims that the ramifications of social change brought by colonialism impact Indigenous peoples now. Along the way, colonialism has transformed into social change, but where is the line at which colonialism stopped? Furthermore, the onus is again on the individual: they are responsible for adapting to social change, and whether they adjust well or not determines their relative risk towards suicide. In this way, social change and social determinants are almost the same: the more *anomie* (Durkheim, 1951) one experiences, the more at risk they are to suicide. Those who do not apparently adjusted better.

2.3 State and Policy

In both the social determinants and social change approaches, influential actors outside of the individual Indigenous person are absent. I argue that this should not be the case, as colonialism is upheld, social determinants are created, and social change is facilitated by actors other than the Indigenous person. Therefore, I believe that a review of perspectives on the state policy can supplement this argument and fill in some gaps left by the social determinants and social change approaches.

Czyzewski (2011) argues that colonial policies have produced their own collective cognitive dissonance that affects Indigenous peoples today, with direct effects on Indigenous health. Bridging the gap between state, policy, and health, Navarro & Shi (2002) demonstrate that there is indeed correlation between political parties⁵ and the policies they implement when in government in determining the level of equalities and inequalities in a society. Their study finds

⁵ Parties that were examined were: social democratic, Christian democratic, liberal, and ex-fascist.

that in liberal countries such as Canada, where capital is strong and labor is weak, health inequalities are largest and there is generally a weaker commitment to redistributive policies and worse health indicators among such countries⁶. This is especially problematic for Indigenous populations, as achieving health entails struggle against class-dominated powers that do not traditionally exist in Indigenous social formations (Baer et al., 2013).

An additional factor related to state and policy is the lack of systematic health infrastructure pertaining to suicide, impeding progress in reducing Indigenous suicide rates. Ansloos (2018), for example, details the lack of a national governmental system to track records of Indigenous suicides across Canada. Furthermore, Katz et al. (2006) highlight that there is little to no systematic evaluation of suicidal behavior in specific Indigenous communities across Canada. Communities deal with different social, environmental and individual factors that may contribute to suicidal behavior, a philosophy that must be recognized to develop effective and specific community level interventions (Katz et al., 2006).

Another missing element in dominant policy discourses is the agency of Indigenous peoples, as interventions reinforce the colonial state's/private national media's perceptions of Indigenous peoples as incapable of self-government, consequently legitimizing ongoing paternalistic state interventions (Maxwell, 2017). Because of this, we must be critical of discourses and interventions surrounding scholarly humanitarianism. Tait et al. (2018) compliment this, contending that the government and researchers should focus on the impacts of those government policies enacted on Indigenous peoples that perpetuate health and social disparities. Policies should be directed towards strengthening collectives on the ground, to inform practice and the subversion of oppressive consequences (Gailey, 2003).

⁶ In comparison, social democratic parties (Sweden, Austria) generally have been more committed to redistributive policies, contributing to better health indicators (Navarro & Shi, 2002).

2.4 Conclusion

Above I have reviewed prominent areas on Indigenous suicide, while identifying key concepts and theories. Latour's (1984) analysis of the social sciences is useful here: mainly, Latour cautions against conceiving social issues as a direct result of neutral, overarching structures. This sort of analysis minimizes the role of the actors involved. The above section highlights gaps in policy as well as the influence that policy can have on population health. Indeed, none of this is neutral. The Canadian state is a force that retains the Indian act and forms policy, among other practices. Furthermore, the state and the media for that matter are not neutral entities without agency, as they both act in their own best interests. Therefore, rather than conceiving social issues (such as suicide) as the symptoms of inhuman "reservoirs" of energy (such as social change, social determinants), Latour (1984) encourages the social scientist to constantly define the networks of actors behind these actions and why they act to sustain the subsequent energies. Social change and social determinants are both claimed to be largely the result of settler colonialism (Carstens, 2000; Czyzewski, 2011; Kral, 2012; Kral, 2019), and therefore my focus will be on how forms of colonialism exist as present phenomena. I believe that these areas of literature wrongly situate colonialism and fail to grasp the ongoing forms of colonialism that are being perpetrated on Indigenous peoples today.

CHAPTER 3- METHODOLOGY AND METHODS

3.1 Content Analysis

I will begin this section by introducing the justification for content analysis. Since I will be engaging with media depictions and suicide prevention programs, both which can be found in forms of textual documents, content analysis suits my project. This includes a set of methods widely used across the social sciences to explore explicit and implicit meanings in texts (Bernard et al., 2017; Bernard, 2018). Content analysis also facilitates researchers to view the communicative role of media biases, values and prejudices that are distributed in society (Krippendorff, 2013; Singh, 2015). By coding the selected materials, this type of review will allow me to identify patterns and divergence in Canada towards Indigenous health and suicide. It is salient to look at how media and policy frame social issues such as suicide, as these depictions influence the public's perception and impressions of the phenomenon (An & Gower, 2009; Coombs, 2006; Hallahan, 1999; Pan & Kosicki, 1993).

Bernard et al. (2017) have proposed a content analysis model that uses a deductive approach, involving tagging a dataset with codes that are derived from previous knowledge or theory. I captured excerpts of text reflecting deductive concepts identified *a priori* (c.f. Lam et al., 2017). The first step proposed by Bernard et al. (2017) is creating a research question or hypothesis based on prior research or theory (245). My question was seeking how policy and media address and portray Indigenous suicide. I hypothesized that I would find embedded forms of symbolic violence such as racism, discrimination in the texts. I further hypothesized that the solutions for the problems would either skirt past or manifest into structural issues, such as inadequate programs, funding and resources. I predicted that there would be a consistency in the above through both policy and media in Canada.

Selecting a dataset is next (Bernard et al., 2017; Carvalho, 2000). This was inherently built into my project from the outset, as I was looking at suicide prevention policies and media portrayals. I also assessed scholarly literature that informs prevention policies. Scholars have had success using *Google* searches to acquire samples for content analyses in health studies (Chesser et al., 2011; Quilliam et al., 2018). Therefore, I used Google as a tool to find suicide prevention policies and media depictions of Indigenous suicide.

I chose datasets that were linked in order to maintain a related dataset and to avoid analyzing disparate sources. This was done by only including news stories and policies that deal with Indigenous suicide as a *main topic*, as in the majority of the material was focused on this topic. This is important to ensure that whatever patterns I find in my sample can be generalized with confidence to the rest of the media and policies that I do not examine (Bernard et al., 2017). I engaged in purposive sampling, a method that consists of taking all material that I can find without an overall sampling design or quota (Bernard et al., 2017: 50). Indigenous peoples fall under Bernard et al.'s (51) *hard-to-find populations* as they are a minority population, and I would not have the liberty of having a sizable enough sample to conduct random sampling.

The next step was to create a codeset or variables (Gilchrist, 2010; Singh, 2015). For my project, this was thematic. I used themes such as discrimination and racism for the media, as well as suicide prevention models for policy. I entered themes as codes into NVivo software, as well as my dataset, to allow for systematic and efficient coding and analysis. The aforementioned parameter tweaking of the range and amount of data follows directly into the next step; to ensure consistency, an important pace along the way was to select a couple of articles before I began a committed analysis in order to identify and fix any problems (Bernard et al., 2017: 253). The

best way to assess the usefulness of these tools is to test them on concrete texts (Carvalho, 2000). This could be, for example, dropping and adding themes.

After the pretesting was completed, gathering articles and performing analysis was next (Bernard et al., 2017: 249). There are two types of analysis that I immediately considered. My analysis both examined textual data and thematic data, as both are useful in content analysis (Gilchrist, 2010; Singh, 2015). For example, I recorded how many times an article or policy uses a social determinant approach to conceiving Indigenous suicide.

My last two steps of analysis were creating and analyzing matrices in which I organized my data into (Bernard et al., 2017: 249-250). These tables ultimately recorded the presence frequency of the variables that I chose. This showed me how much my themes occurred in the articles that I selected, as well as how frequently within these materials they occurred. This also demonstrated the frequency of suicide prevention models, as well as any important reoccurring vocabulary used.

3.2 Private Media in Canada

O'Donnell (1991) writes that:

the corporate elite that controls Canada's media is linked to the other power elites....At least as powerful as Parliament, this unelected group makes the business decisions that shape the economic, political, and cultural future of Canada...It is in the business interests of this restricted group to view information, insight, research, creativity- cultural activity of all kinds- as it views other products: as commodities. The privatization of services, including Information Services, along with corporate sponsorship of academic research, has all but insured a community of thought unlikely to challenge the existing unequal distribution of wealth and power (288-289).

O'Donnell's quote, while dated, still holds relevance today. While there may be a public interest in having a diversity of ownership in the Canadian news media to increase the potential for diversity of sources of news, information, and analysis (Senate of Canada, 2006a), this diversity

may not currently exist in practice. The Canadian media elite are in very large part identical to the economic elite. As such, there is a great lack of diversity in the ownership of Canadian media. In more recent data, it was found that five players control 72.5% of private media in Canada, with the level of concentration across the network media economy rising over the past decade (Winseck, 2018). As the following chart shows, 15 companies owned 90 newspapers in 2018:

2018 Ownership Groups - Canadian Daily Newspapers (90 papers)

<p>ALTA Newspaper Group/Glacier (3) Lethbridge Herald # Medicine Hat News # The Record, Sherbrooke</p> <p>Black Press (3) Red Deer Advocate The Trail Times <i>*Vancouver Island Free Daily</i></p> <p>Brunswick News Inc. (3) Times & Transcript, Moncton # The Daily Gleaner, Fredericton # The Telegraph-Journal, Saint John #</p> <p>Continental Newspapers Canada Ltd. (3) Penticton Herald The Daily Courier, Kelowna The Chronicle Journal, Thunder Bay</p> <p>F.P. Canadian Newspapers LP (2) Winnipeg Free Press Brandon Sun</p> <p>Glacier Media (2) The Citizen, Prince George Times Colonist, Victoria #</p> <p>Globe and Mail Inc. (1) The Globe and Mail #</p>	<p>Groupe Capitales Médias (6) Le Nouvelliste, Trois-Rivières La Tribune, Sherbrooke La Voix de l'Est, Granby Le Soleil, Quebec Le Quotidien, Chicoutimi Le Droit, Ottawa/Gatineau</p> <p>Postmedia Network Inc./Sun Media (36) National Post # The Vancouver Sun # The Province, Vancouver # Calgary Herald # The Calgary Sun # Edmonton Journal # The Edmonton Sun # Daily Herald-Tribune, Grande Prairie The Leader-Post, Regina # The StarPhoenix, Saskatoon # Winnipeg Sun # The Intelligencer, Belleville The Expositor, Brantford The Brockville Recorder & Times The Chatham Daily News Cornwall Standard-Freeholder Daily Miner & News, Kenora The Kingston Whig-Standard</p> <p>Power Corp. of Canada (1) La Presse, Montreal (<i>online only</i>)</p>	<p>Independent (7) Prince Albert Daily Herald <i>*L'Acadie Nouvelle, Caraquet</i> <i>*Le Devoir, Montreal</i> The Whitehorse Star # Fort Frances Daily Bulletin <i>*Epoch Times, Vancouver</i> <i>*Epoch Times, Toronto</i></p> <p>TC Media (2) <i>*Metro Halifax (w/Metro Intl SA)</i> <i>*Journal Metro, Montreal</i></p> <p>Torstar Corp. (10) Toronto Star <i>*Metro Toronto (with Metro Intl SA)</i> The Hamilton Spectator The Peterborough Examiner St. Catharines Standard The Tribune, Welland The Record, Grand River Valley <i>*Metro Calgary (with Metro Intl SA)</i> <i>*Metro Edmonton (with Metro Intl SA)</i> <i>*Metro Vancouver (with Metro Intl SA)</i></p>	<p>Quebecor (3) Le Journal de Montréal # Le Journal de Québec # <i>*Montreal 24 heures</i></p> <p>SaltWire Network Inc. (8) Cape Breton Post # Chronicle-Herald, Halifax # The Evening News, New Glasgow Truro Daily News # The Telegram, St. John's # The Guardian, Charlottetown # The Journal Pioneer, PEI # The Western Star, Corner Brook #</p>
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Notes:

Moose Jaw Times Herald closed (12/7/2017); Prince Albert Daily Herald sold to employees

Torstar sold to Postmedia and closed (11/27/2017); Metro (Winnipeg, Ottawa) / Postmedia sold to Torstar and closed (11/27/2017); Barrie Examiner, Orillia Packet & Times, Northumberland Today, 24 Hours (Toronto, Vancouver)

Source: News Media Canada (1/22/2018)

** non-member CNMA / # paywall/metered access
black - paid daily newspapers (80) / green - free daily newspapers (10)*

Source: News Media Canada (2018)

The freedom of the press is dependent on the right of proprietors to voice their own opinions, however, if one proprietor owns so many media outlets that his or her opinions crowd out others, difficulty arises (Senate of Canada, 2006a). The Senate report also details that they have heard from journalists who claim that dissent from the views of the head office is a fireable offence.

Indeed, Engler (2016) has proposed that media bias exists in Canada to only publish pieces in favor of a “righteous Canada”.

This lack of diversity in ownership extends to journalists themselves. Indigenous journalists are grossly underrepresented in media jobs compared to their percentages of the general population (Miller, 2006). For example, a survey of diversity employment found that of 2000 media employees, only one was Indigenous (Senate of Canada, 2006b). This may contribute to the media not having an appropriate understanding of the issues that face Indigenous peoples (Senate of Canada, 2006b).

Although internet news stories are at the relatively diverse end of ownership and sources (Winseck, 2018), I predict that they will be homogenous in their reporting of Indigenous suicide. The aforementioned lack of Indigenous representation, coupled with a reluctance of media to deviate from the views of a head office that receives funding directly from the federal government (Engler, 2016; Government of Canada, 2018), carefully shapes how Indigenous suicide is presented. I hypothesize that these depictions will intentionally avoid any blame being put on the Canadian government for Indigenous suicides, instead essentializing Indigenous peoples as more prone to suicide. This ultimately constitutes colonial attitudes, as in defending the colonial state’s intentions and actions while individualizing problems in the nature of the colonized.

3.3 Article Analysis

I analyzed 60 online media articles for this study. I wanted to limit my study to articles about Indigenous suicide in Canada, so I often included the word “Canada” in my search terms, while excluding articles that were about Indigenous suicide outside of Canada. I collected articles from Google searches of terms that I thought would be successful in retrieving articles

about Indigenous suicide. Google searches consisted of search terms such as: “Indigenous Suicide Canada”, “Aboriginal Suicide Canada”, “First Nations Suicide Canada”, “Indian Suicide Canada”, “Canada suicide”, “Suicide Crisis Canada”, “Indigenous suicide news article”. Articles were obviously excluded if they were about suicide in general and not suicide among Indigenous peoples specifically.

Self-proclaimed opinion pieces and research articles were excluded due to my aim to focus on Canadian private news reporting. Suicide prevention policies were excluded in this search as they serve as the sample of a separate section (Chapter Six). During my search, I found that some news outlets, such as the Huffington Post and the Globe and Mail, had their own website sections devoted to Indigenous health and suicide, so I collected articles from these places in addition to the Google searches. These sub-collections of content provided an abundance of material directly on my topic. Articles posted on multiple news outlets with the same exact contents were only included once (as in the exact same article). Articles that were found to be not mainly focused on Indigenous suicide upon reading were excluded to ensure consistency. What constituted Indigenous suicide being a ‘main’ focus was that the majority of the article’s contents was about this topic. Articles were only included if they were written within the last 10 years.

As discussed in the methods section, I developed themes to code for based on previous knowledge and literature, a common method in content analysis (Bernard et al., 2017). To give some substance of intercoder reliability, I made efforts towards making themes that would be easily identifiable by multiple coders, as themes could be identified by words that most people would associate together. For example, the word “depression” would fall under the theme of “Abnormal Mental Health”, while the word “government” would fall under the theme of

“Canadian State”, and instances of “residential schools” would be associated with the theme of “past colonialism”⁷.

Themes were also added along the way, such as after I performed coding on five articles. This method of pretesting allows for the researcher to fix problems or make additions or subtractions for a more accurate analysis (Bernard et al., 2017). I was not aware of how Canadian media would represent Indigenous suicide, and therefore the theme of “Abnormal Mental Health and Trauma” was added after analyzing a few articles and seeing how often it was alluded to. Below is the full table of categories and their respective frequencies of representation:

⁷‘Past colonialism’ and ‘Ongoing colonialism’ are two distinct categories in my coding rubric for the purposes of the study. (e.g. these categories or distinctions are constructs). ‘Residential schools’ would fall under the former since they no longer exist today. That they do not exist today does not mean their impacts are still not alive and persistent in people.

Table 1⁸ Article Analysis

Theme/ Code Name	# of Articles that Referenced (n=60)	Percentage of Total Articles that Referenced
Abnormal Mental Health and Trauma	37	62%
Assimilation or Loss of Culture	10	6%
Canadian State	30	50%
Conveying Progress	25	42%
Difficult Live on Reserves	5	8%
Inadequate Current Programs	31	52%
Individual and Community Failures, Delinquency	17	28%
Lack of Solidarity	3	5%
Land Dispossession or Relocation	2	3%
Ongoing Colonialism or Violence	6	10%
Past Colonialism	16	27%
Poor Physical Health	5	8%
Racism or Discrimination	12	20%
Statistics Comparing Rates Between Indigenous and Non-Indigenous Peoples	24	40%
Structural or Macro Factors, Poverty	25	42%
Systematic State Failures (i.e. data gathering)	15	25%

⁸ Coding was performed in NVIVO 11 Pro and then made into this table manually in Google Docs. This was done for all tables in this thesis.

3.4 Suicide Prevention Policy in Canada

The associated goal of this thesis was to grasp how, in addition to the media, the state conceptualizes and provides support for Indigenous suicide. Policies use meaning to be more effective instruments of power for shaping individuals (Shore & Wright, 2005), or reforming people to new norms (Hyatt, 2005). Thus, they are forms of biopower that allow the state to manage the population (Foucault, 2004), especially its “disorderly citizens” (Scheper-Hughes, 1992). Engler (2016) writes that Canadian policymaking is almost always motivated by strategic thinking, rather than by compassion (c.f. Lane, 1999). Therefore, I suggest that existing suicide prevention policies play an important role for the state: to shape, categorize and mold Indigenous peoples’ suicides into a general homogeneous understanding of suicide. This is in contrast to policies that could allow for more development and inclusion of Indigenous knowledge and healing practice in understandings of suicide, prevention, and subsequent support from the state.

Originally, I had intended to only include specifically suicide prevention policies, but I expanded this to include reports and statutes. The primary aim of this section of my thesis was to collect data that would represent the Canadian state’s conceptualization of Indigenous suicide. While the “Canadian State” is a concept that could encompass a lot, I had to use a concept that would be wide enough to include the different ‘networks of actors’ (Latour, 1984) that write these policies. For example, the people that write a federal program are not the same people who write a provincial program. Likewise, ‘Health Canada’ wrote some of the material that I included in this section, while other material was written by members of the Canadian senate. In this sense, my definition of the “Canadian State” represents any person, or network of actors, that has the power to release frameworks on preventing suicide *under the name or sponsorship* of a provincial or the federal government. While this extends to hundreds, if not thousands of people,

the aim here is to gain an outlook of the types of materials that the Canadian government in some way advocates for, promotes, and supports.

Therefore, anything that I included in this section was material developed by some extension of the federal Canadian state itself, or a provincial government. This allowed me to gather extra sources that, similar to a suicide prevention program, would display how the state conceives and deals with Indigenous suicide. Statutes, such as *An Act Respecting a Federal Framework for Suicide Prevention* gives recommendations of how to understand Indigenous suicide, and therefore fits this criterion. Furthermore, I included government reports, such as a House of Commons report. This report was derived from a 2017 Parliament session in which the government wrote a summary of a committee meeting where Indigenous members, health professionals, and others spoke about their experiences and thoughts about Indigenous suicide. I included this because, like the statute, it gives details on how the Canadian state interprets Indigenous suicide.

3.5 Policy Analysis

I collected 22 materials for policy analysis. A Google search was used to find these materials by querying “Indigenous suicide Canada”. In this sense the search was random, as I was not sure of which provinces would have their own policies, and what federal documents I would find. Items that were excluded were news articles⁹, and opinion pieces since these are not policy materials but show up in searches for policies.

Most suicide prevention policies were written by specific provincial governments. Provinces that had their own frameworks were Alberta, Nunavut, Manitoba, New Brunswick,

⁹ While excluded for this search, news articles were included in Chapter Five.

Nova Scotia, and Saskatchewan. Some other provinces, such as Newfoundland and Labrador, embrace third party frameworks for their frameworks in combatting and preventing suicide. For example, *Roots of Hope* is multi-sited project that aims to reduce the impacts of suicide embraced by Newfoundland and Labrador, New Brunswick, Saskatchewan, Alberta, and Ontario. Although this was not written by the government itself, it was developed in conjunction with government officials and accepted as the official conceptual framework of suicide. Therefore, third party suicide prevention plans that were endorsed and developed by governments, provincial or federal, were included.

Some reports and programs were either not specifically about *Indigenous* suicide, or not specifically about *suicide*. For example, New Brunswick's suicide prevention plan does not mention Indigenous suicide specifically, while Nova Scotia's plan has only a small section devoted within its framework to Indigenous suicide. Other materials, such as the *Truth and Reconciliation commission's* report is not specifically about suicide but does make recommendations and references to Indigenous suicide. For programs like New Brunswick's, the entire document was still included in the sample total. This is because the complete lack of mentioning Indigenous peoples or their suicides, in other words the erasure of people, is a form of colonialism itself.

Like the media analysis, I came up with searchable themes beforehand, and shaped themes to be reliably identifiable. For example, I assumed that it would be feasible for a coder to identify if the policy or report is alluding to *past* effects or *ongoing* effects of colonialism, as the documents often contextualized these descriptions as something historical or present. If a program was recommending Indigenous leadership for prevention efforts, this would fall under the category for "Grassroots or Community-driven". Ensuring that codes are easily identifiable

and trying to take away as much as my own interpretation as possible helps to provide a basis of intercoder reliability (Bernard et al., 2017; Bernard, 2018). I do admit, however, that this is impossible to completely ensure without actually having separate coders.

Themes were conceptualized from previous studies, literature, and what I thought that prevention programs would stress as essential to combatting Indigenous suicide. For example, as allusions to mental health came up so frequently in the media analysis¹⁰, I wanted to see if this theme continued into policy, and therefore “Abnormal mental health” was a theme. Upon pretesting (Bernard et al., 2017), it became clear that social determinants as a category should be included due to its frequency in the few policies I initially examined.

Below is the full list of categories, along with their frequencies:

¹⁰ See table 1

Table 2 Policy Analysis

Theme/ Code Name	# of materials that referenced n= 22	Percentage of Materials that Referenced
Abnormal or Mental Health	22	100%
Change Racism or Discrimination	5	23%
Close gap between Indigenous and Non- Indigenous	3	14%
Culturally Appropriate	11	50%
Grassroots or Community- Driven	10	45%
Improve System (i.e. tracking)	9	41%
Individual Behavior	3	14%
Long-term Funding and Resources	6	27%
Ongoing Colonialism	4	18%
Past Effects of Colonialism	10	45%
Social Determinants and Risk Factors	21	95%
Surveillance	12	54%

By identifying themes and codes in policy, I was able to depict an associated picture of how provincial governments, as well as federal, conceptualize and address Indigenous suicide. Furthermore, I was able to identify which themes or aspects did not show up often in policies compared to what I, or other scholars, hypothesized.

3.6 Limitations and Concluding Remarks

I finish this chapter with some of the limitations of my study. While content analysis is undoubtedly a useful tool in the social sciences, and one that I feel is useful to my analysis, it is not without its faults. Perhaps the limitation that is most outstanding in this project is the lack of intercoder reliability. Since I was the only coder, it is impossible to say whether or not someone else would code the same themes or classify the same sections as a theme. I therefore made a concentrated effort in both the media and policy sections to make themes that would be reliably identifiable. For example, themes of “mental health” or “culturally appropriate” are broad fields that are easily identifiable. For all of the themes I coded for, there were keywords that would logically lead to a larger theme. For example, reducing “depression” can be easily coded as “mental health”, or increasing community “monitoring” could be easily coded as “surveillance”. This also led to my project examining a lot of word frequencies, as this would be fairly objective (albeit subjective in choosing which words to search for). However, I mention this as a limitation because, despite these efforts, there is no way to ensure that my coding could be generalized.

Furthermore, it is not the goal of this thesis to provide a paternalistic suggestion of what Indigenous peoples ‘need’ to prevent suicide. I did not consult with Indigenous peoples themselves in this thesis, and therefore I myself am speculating on the problems and experiences of others. I am not Indigenous myself, nor can I say that every Indigenous person is the same. The term “Indigenous” itself is inherently problematic as it represents all Indigenous peoples under the same umbrella, while in fact there are many groups, subcultures, and individuals who do not desire to be labelled under a term that assumes such homogeneity. Therefore, it is clear that this project has methodological and material limitations.

Now that I have discussed the limitations of this project, I will move on to a section that sets the stage for examining colonialism and violence that Indigenous peoples are faced with from the Canadian state. I will then proceed with analyses of private media depictions and suicide prevention policies concerned with Indigenous suicide in Canada.

CHAPTER 4- ASSIMILATION, ALIENATION AND THE ‘NORMAL’

As noted, suicide is a significant health disparity that exists between non-Indigenous and Indigenous people in Canada (Carstens, 2000; Henry et al., 2018; Powell & Gabel, 2018). If the goal is to discuss health disparities between people, then we must examine how health is experienced by those individuals in the first place. Echoing Powell & Gabel’s (2018) analysis that the *experience* of health aspects differs between Indigenous and non-Indigenous peoples, it seems like this very experience itself is the place to start. Experience, I argue, is relational; one’s reality is influenced by their perceived place in society, and who they are in that environment. I find it fruitful to use a lens posited by Marx & Engels (1973) in which “individuals certainly make one another, physically and mentally, but do not make themselves” (56). So, what makes the individual? Marx was concerned with the collective that these individuals made up (Gailey, 2003).

If individuals make each other, and the collective of these individuals is intentionally shaped, then what have Indigenous peoples been made as? Indigeneity itself has been conceived as being a social determinant of poor health, or for poor health outcomes such as suicide. For example, Parle (2009) writes that “Indian” suicide has often been attributed to personal characters and temperaments. Parle also argues that locating impulses of suicidal acts within the innate nature of the “Indian” allowed for the state to evade responsibility for exploitation, alienation, and oppression, while “race” served the explanation for poor health-related behavior. Similarly, I suggest that health disparities between Indigenous people and non-Indigenous people are conceived first in the mind: social determinants of health, or the vulnerabilities a particular person has towards a health outcome, are conceptions.

Throughout this thesis, I will demonstrate how Indigenous suicide is shaped and determined by Canadian media depictions and suicide prevention programs. In this chapter, I will present a preliminary analysis on both the media articles and policies that I examined to suggest the ‘baseline’ that the Canadian state and media creators use for Indigenous suicide. In chapters five and six, I will analyze media and policy, respectively, to evaluate their actions and representations.

4.1 Assimilation and Alienation

A main component of the decades of settler colonialism in Canada has been *forced assimilation*. The goals of assimilation have been described as removal and control (Henry et al., 2018), forcing foreign languages (Dow, 2016) aggressive Christianity (Smith, 2001), and economic status (Dow, 2016), among others. It would be widely agreeable to claim that most Indigenous peoples in Canada have at some point in their lives felt pressures or effects of assimilation (Cannon, 2007; Smith, 2001).

Colonialism has been seen across many cases in history. For example, Marx’s (2006a) account of England’s colonization of India speaks volumes about the nature of the assimilatory goals of the invading state: “England has to fulfill a double mission in India: one destructive, the other regenerating-- the annihilation of old Asiatic Society, and the laying of the material foundations of western society in Asia” (46). In the case of Indigenous peoples in Canada, western values have been historically forced into Indigenous peoples’ lives. For example, Waddell et al. (2017) describe just this when writing that forced relocation was compounded by other imposed changes, such as the introduction of a wage-based economy, development of the social welfare system, establishment of residential schools, replacement of Inuit traditional justice with Canadian justice, and destruction of Inuit traditional practices.

Smith (2001) writes that the Canadian state distanced residential schools away from non-Indigenous settlements to minimize outside influences, using isolation as a key strategy for assimilation. By hastening their individualism as subjects, Indigenous people were made to be citizens of the Canadian state (Smith, 2001). Thus, colonialism has had dire effects on the “Indigenous subject”. For example, Kral (2019) writes that colonization disrupted the traditional gender order and kinship relations. Wexler (2006) echoes this as she writes that Indigenous men were expected to support their families, but office-bound, desk jobs that were brought by the colonial wage economy were believed to be for women. Waddell et al. (2017) write that modernization has made qualities such as being a strong hunter less relevant, therefore diminishing the role of the leader that Indigenous elders served as traditionally.

Scholars have related perturbation to health issues such as suicide, as colonialism has changed family lives, making Indigenous peoples feel “caught between two cultures” (Kral, 2019: 96). The continuity of cultural knowledge, traditions and identity for Indigenous peoples is recognized to be central to their well-being, communal care, and a powerful deterrent to suicide (Kral, 2019; Wexler, 2006). Let us return to Marx & Engels’ (1973) quote that “Individuals certainly make one another, physically and mentally, but do not make themselves. This is alienation” (56). In a similar vein, the Canadian state has forcibly attempted to craft the Indigenous person, thus alienating the Indigenous person in various ways.

Marx (1959) writes that political economy conceals estrangement by glossing over the relationship between the worker and production: “it produces beauty, but for the worker, deformity” (71). Perhaps the production of the desirable “Canadian citizen” fits within this paradigm, as it has estranged Indigeneity from the individual. Marx (1959) continues to write that the individual denies himself not in the satisfaction of his own need, but as a means to

satisfy needs external to it. Indeed, assimilating into one culture, one language, among others, may not satisfy the needs of two different people, not to mention two Indigenous peoples, but it may indeed satisfy those of the Canadian state. The health system maintains the hierarchical structure of society as well as inequalities of health, thus perpetuating a system that favours the elites (Collyer, 2015).

Furthermore, the Indigenous person has lost the self, and is not free in their “animal functions” as Marx (1959:73) describes it. In other words, the Indigenous person in Canada has been unable to freely develop, within his own dwelling or subculture. Assimilation has rendered these “animal functions” as subordinate to those of the majority settler population. While Marx was focused on the relations specifically within the labor and production that the individual is involved in, I extend it to the production of the ‘Canadian citizen’. Understanding the relations within this specific act of production allows for a recognition that the Indigenous person has not been able to produce themselves as a worker within society freely. The Indigenous person has been alienated from Indigeneity.

Marx (1959) writes that tormenting activity to the worker is a delight and joy to another. It is unfortunate but not accidental that assimilation has been only beneficial to the Canadian state, while Indigenous peoples have undergone structural violence, stripping of traditions, and the forced conformation to western life. In the case of the British colonization of India, the desire of obtaining promotion has been reason enough for those in power to neglect the welfare of the colonized, subjecting them to all sorts of oppressions (Marx, 2006b). Indeed, Marx & Engels (1973) write “that the ideas of the ruling class are in every epoch the ruling ideas” (64). The ruling classes are able to regulate the production and distribution of ideas. Thus, the ability of capitalists to portray their own specific interests as in the interests of everyone becomes a key

ideological weapon (Coburn, 2015). Those in subordinate positions have no possible social organization that can give them control, being unable to assert themselves as individuals. White (2017) writes that recognizing concepts such as essences as ideas we have inherited to think with, rather than a universally inherent human characteristic, we are able to think critically about health studies such as suicidology. The argument here is that alienation needs to be thought of in terms of the production of the Indigenous subject by the Canadian state, and the consequent effects this process had on the Indigenous person. Collyer (2015) writes that: “under capitalism, our bodies become a project that is to be shaped, transformed and produced – we are commodified – but also alienated” (53).

My argument is not the first to be posited that there is a type of alienation experienced by Indigenous peoples. Parle (2009) has pointed out that suicide itself can be an expression of alienation pointing to South Africa as a recent historical example. This discussion is not to say cultural elements from outside sources cannot be adopted by Indigenous populations without conflict. However, Adema (2018) suggests that when western teachings and models, such as teachings of Christianity, do not actively integrate with Indigenous framework and traditional approaches, parts of people’s identities are alienated. As Macdonald (2018) describes, many Indigenous peoples were even forcibly alienated from their own names in the past, often replaced with numbers or new Christian names. While it is likely that assimilation, such as converting to Christianity, was a positive experience for some, the focus point here is the absolute lack of an alternative.

On the subject of British rule in India, Marx (2006a) writes that “England has broken down the entire framework of Indian society... this loss of his world, with no gain of a new one, and parts of particular kind of melancholy to the present mystery of the Hindoo and separates

Hindustan, ruled by Britain, from all its ancient traditions, and from the whole of its past history” (12). This analysis can be again applied to the case of Indigenous people in Canada. Many Indigenous people that have experienced colonialism in one way or another have been alienated from familial, cultural, and community ties, reinforcing and promoting shame and stigma (Tait et al., 2018). The Indigenous person has indeed lost the world they knew, their traditions, and their history. Thus, people have been forced to endure a melancholy brought on by the social change and anomie of modernization.

These arguments describe how many Indigenous peoples may have experienced pressures from assimilation that have led them to lose their sense of self, as well as being unable to freely develop their own consciousness. The point here is not that every Indigenous person has experienced colonialism in the same negative way, nor has assimilation been equally destructive for all. Rather, the assimilatory tactics enforced by the Canadian state left no freedom, choice, or alternative for Indigenous peoples.

While the exact forms of assimilation may no longer be residential schools *per se* (Smith, 2001), allow me to dispel any notion that state-promoted assimilatory institutions cease to exist. For example, I found that only 45%¹¹ of policies suggested the importance of being community-driven, while 50% wanted to be ‘culturally appropriate’. In contrast, 100% of policies in my sample related Indigenous suicide to western mental health, 95% of policies relied upon social determinants and risk factors developed in line with western mental health. So, despite half of the policies wanting to be culturally appropriate, they always fall back upon western mental health to explain suicide. What does this mean? In this case, the ruling ideas represent the only available explanation for suicide (and consequently the only available options for support).

¹¹ See Table Two

Furthermore, a reliance on mental health was also found in media: 62% of articles relied upon conceiving Indigenous suicide in line with abnormal mental health, while term “mental health” was used in 85% of articles.

What we have here is both the phenomena (suicide depictions) and the support (prevention policies) is created from the ruling ideas. Similar to Lane’s (1999) comparison of the governance of the culturally Deaf to that of other colonised peoples, the state and media actively conceptualize a problem (suicide in this case) that ‘needs’ its influence, placing beneficiaries in a dependent relation and keeps them dependent for its own psychological and economic interest. What I will show next is how the state problematizes *not* following its ruling ideals.

4.2 The ‘Normal’

The Truth and Reconciliation Commission's (TRC) 2015 report¹² conceives its only calls to action about Indigenous suicide *in relation* to non-Indigenous peoples:

We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes *between Aboriginal and non-Aboriginal communities*, and to publish annual progress reports and assess longterm trends. Such efforts would focus on indicators such as: infant mortality, maternal health, *suicide*, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services (161; emphasis added).

The baseline of suicides that the report deems normal is defined as non-Indigenous population: “Progress on closing the gaps between Aboriginal and non-Aboriginal communities” (329). It is inherently suggested that if gaps are closed between the two populations, or, if rates of Indigenous suicide become the same as rates for the non-Indigenous populations, then the goal has been reached. Echoing Goffman (1963), we see that society has established how to be

¹² See Appendix 2: Honouring the Truth, Reconciling for the Future

ordinary and natural for all members and that any category that is outside of the settler population should seek to be ‘normal’.

Indeed, we see these attitudes throughout media and policy. I found that 40%¹³ of media articles included statistics that highlighted how relatively high Indigenous suicide rates were in Canada *in comparison* to the non-Indigenous population. Below are some examples:

- “Outbreaks of suicide deaths in Indigenous communities occur three times higher than the general public”¹⁴
- “First Nations youth are more than three times more likely to die by suicide than non-Indigenous youth in Canada”¹⁵
- “First Nations youth face a significantly higher risk of suicide than their non-Indigenous counterparts”¹⁶
- “The act is performed five to six times more often by First Nations youth than by other Canadian children”¹⁷
- “Inuit people commit suicide 10 times more frequently than the national average”¹⁸

This is something that Czyzewski (2011) argues runs the risk of essentializing Indigenous peoples as “victims” or inherently “sick”. When the problem is framed only as a comparison to the non-Indigenous population, it is inherently suggesting that there is an established, acceptable quantity of suicides. The focus should rather be on reducing suicides generally, not in comparison to non-Indigenous peoples.

¹³ See Table 1

¹⁴ Despite spending millions on prevention, feds don't keep track of suicide epidemic of Indigenous people

¹⁵ Grieving family says government ignoring Indigenous suicide crisis

¹⁶ Sask. Indigenous Girls 26 Times More Likely to Die By Suicide: Report

¹⁷ Wapekeka First Nation calls for federal funding, local solutions to address suicide crisis

¹⁸ Wave of Indigenous Suicides Leaves Canadian Town Appealing for Help

In my respective samples, policies (100%) and media articles (62%) overwhelmingly relied on mental health services and ideologies to conceptualize and treat Indigenous suicide. Biomedical mental health, in Goffman's (1963) terms, is the means that society has established of how to be ordinary and natural. Suicide, like abnormal mental health, is an attribute that makes an individual different from the group. As such, society leans on the anticipation that it has to transform these differences into normal or normative expectations. A Canadian person's suicide is classified as being an action of disorder; this disorder, however, is 'treated' and 'substituted' overwhelmingly with one acceptable framework of positive health, being biomedical mental health. In other words, what is 'normal' both diverges and converges around the idealized settler.

Having a 'good' mental health is symbolic of someone being adequately distanced away from suicide. My findings suggest that this is based on only western knowledge (Smith, 2008), yet it is imposed and promoted by the state onto Indigenous peoples in a homogenous manner. The state determines the 'normal' or the idealized state of mind based on the particular mental health model of its choosing. I can only assume that, because of their absence from the analyzed documents, any other approaches are less funded, less accessible, and not fully accepted as legitimate.

Suicide prevention programs themselves are inherently perpetuating assimilation, and as Goffman (1963) would put it, establishing the means of categorizing persons. The contemporary suicide prevention program becomes an institution, like the residential schools, that forcibly instills knowledge and conception on Indigenous peoples. The policies that I analyzed disadvantage Indigenous knowledge by unanimously promoting the ruling ideals and not problematizing their efficacy for Indigenous peoples. The problem is not that mental health

services are bad, nor is the solution that they should be erased, rather the problem is that they are presented as the only option to be normal, healthy, and to combat suicide. Indeed, services that would be developed solely on paradigms of local healing practice are not identified in the policies and media I found. While it is impossible to conclude and quite unlikely that ‘local healing’ programs would directly lead to the extinguishment of suicide, scholars do advocate that a general state of well-being can be positively tied to embracing such knowledges and practices (Ansloos, 2018; Baer et al., 2013; Chandler & Lalonde, 2008; Kral, 2019; Wexler & Gone, 2016). I suggest that if the policies and depictions were more sensitive to the particularity of suicide, perhaps prevention programs would be more effective for Indigenous people.

4.3 Conclusion

In the documents that I have analyzed, a ‘normal’ is forwarded. This normal, however, is based not on Indigenous peoples themselves, but instead of everyone except them. Ruling ideals and the absence of anything else are perpetuated through suicide prevention programs and media depictions as if they are the only accepted way to understand suicide. To be ‘normal’ is to follow guidelines laid out by western mental health.

As I will argue in the following chapters, there are forms of violence here. The very concept of an Indigenous person being abnormal because they do not embrace western logic is in itself *symbolic violence*. Moreover, *structural violence* arises from the inability for Indigenous people to seek services that deviate from the one-size-fits-all approach being promoted. For now, Indigenous knowledge not embraced, nor the particularity of suicide. Indigenous peoples that desire conceptions outside of western mental health, and the current suicide prevention programs, are essentially condemned to death.

CHAPTER 5- MEDIA ANALYSIS: PSYCHO-CENTRIC UNDERSTANDINGS AND SYMBOLIC VIOLENCE

The late Charles Perkins, who was an Indigenous activist and the first Indigenous Australian to graduate from the University of Sydney, wrote that:

The television networks, for example, all have their particular hang-ups, political, social or religious, that allow you to go only as far as it is convenient for them. They use Aboriginal¹⁹ leaders and Aboriginal situations for their own purposes. They will allow you to make statements within the context of their hang-ups, only where they feel they can do something with you. If you are newsworthy and if you will say something controversial that will excite all the television viewers at home and make it an interesting night for them, then you fill the bill. Aborigines' affairs can thus be prostituted at the convenience of the media. Sections of the media at times do a great disservice to Aborigines... (Perkins, 1975:183).

Perkins' words, although dated, resonate well with the themes and representations of Indigenous suicide that I will discuss in this chapter. Perkins is referencing the damage that media representations of Indigenous peoples can do. Indeed, the media has a powerful influence on public perception. Media is a tool in forming and influencing the general public on various issues and opinions, having the potential to change and create a positive or negative effect on peoples' views (Carll, 2005; Singh, 2015; Williams, 2001). However, McCallum (2013) argues that there is little documented research examining media framing of Indigenous health. What then can we gain from examining media depictions of Indigenous suicide?

Analyzing news stories is particularly useful in finding dominant ideologies in public perception (McCallum, 2013); as such, the way an issue is framed in news media coverage has been found to influence political agendas, reflect elite agendas and highlight the public salience of an issue. Durkheim (1951) famously contended that suicides vary with the importance that

¹⁹ Although I choose to use the term "Indigenous" throughout this paper, as I noted earlier, the term "Aboriginal" shows up often in quotes and will remain as such. The term "Aboriginal" is a legal term and often appears in documents specific to Canada and Australia.

newspapers have in public opinion. Indeed, the media plays a pivotal role in conceptions of suicide and ill-health, especially in the case of marginalized populations. In the Canadian context, Singh (2015) argues that many non-Indigenous Canadians are ill-informed about the realities and histories of Indigenous peoples, and therefore media portrayals play a large influence in shaping their perspectives.

Therefore, it is established that media reporting of Indigenous peoples and suicide is important. Let us explore the dominant views and conceptions that come out of my sample.

5.1 Psycho-Centric Understandings of Mental Health

In conducting a content analysis, one assumes to find consistent themes or absences throughout the material. My aim was to establish a general picture of how Canadian media depicts Indigenous suicide. What I found was a consistent reliance on mental health paradigms. More specifically, suicide was often related to poor mental health, such as depression, trauma, and addictions. Articles related Indigenous suicide to poor mental health in 62% of articles, while the term “mental health” was used in 85% of articles. Within these articles, the general idea was conveyed that implementing more mental health infrastructure and support would be a productive solution to reducing suicide rates in Indigenous communities.

These findings were unsurprising, as scholars have previously cited the tendency for a psycho-centric conceptualization of suicide (Kral, 1994; White, 2017). Citing mental health supports, or lack thereof, as a main contribution to suicide is telling about how the phenomenon of suicide is conceived. My findings suggest that, in the case of Indigenous peoples in Canada, suicide is often situated as an outcome of poor mental health, and that the logical remedy for this result is to increase mental health support. These support resources would fall under the categories of mental health services, counsellors, and related funding.

Indeed, the notion that suicide derives from mental illness dominates the field of research *as well as* public perception (Ansloos, 2018). While there are surely points of convergence in comparing a biomedical definition of mental health to that of Indigenous conceptualizations of mental health, we must also be open to see differences. For example, Durkalec et al. (2015) contend that place meanings and sea ice are associated with mental/emotional, cultural, spiritual, and social health for some Inuit populations. Cunsolo-Wilcox et al. (2013) highlight the importance of recognizing, studying, and considering particular Indigenous mental health impacts from a changing climate perspective. The articles that I examined did not point to differences in mental health conceptions, nor did they allude to specific cases of Indigenous factors of wellness such as those just mentioned. For example, the word “land” and “climate” appeared in only 11% and 3% of articles, respectively. I am not arguing that seeing such words in media depictions would cure suicide for all Indigenous peoples by tomorrow. Rather, I contend that the lack of alternative conceptual possibilities presents western mental health as unchallengeable, and the only way to conceive Indigenous peoples’ suicide. As discussed in the previous chapter, I suggest that being open to western mental health alternatives or differences in mental health conceptions *could* improve well-being for some Indigenous peoples.

Suicide cannot be approached homogeneously and relegating suicide to abnormal psychology can be ineffective, as it decontextualizes approaches (Ansloos, 2018). If psychological problems have their roots in social problems associated with the outside world (Carstens, 2000), then it would be within these social factors that we find variance. Indeed, suicide rates vary extremely across Indigenous communities (Katz et al., 2006). Therefore, the phenomena itself that is Indigenous suicide is common in some cases, and rare in others. Thus, suicide is not inherently high for all Indigenous peoples, even low for some, which at the very

least suggests that Indigenous peoples are not one homogeneous group that shares a single experience. Ansloos (2018) writes that such challenges to the universality of suicide calls for studying intersectional meanings of identity, environment, social location and the heterogeneity of Indigenous culture and communities with regards to suicide. I agree with this; suicide is not universal among Indigenous peoples, and contextual factors must be a part of understanding suicide (for all people for that matter). However, such contextual factors were not found in my media analysis.

The *First Nations Mental Wellness Circle* (2014) calls for focus on the broader concept of mental *wellness* rather than mental *illness* through a “comprehensive approach that respects, values, and utilizes First Nations cultural knowledge, approaches, languages, and ways of knowing” (1). Interestingly, the word “wellness” (23%) shows up more often than “illness” (5%) in the articles that I examined. Furthermore, the words “culture” (20%) and “cultural” (26%) appeared in the articles. This implies that articles periodically referenced culturally specific approaches and representations of suicide. On the contrary, I remind the reader that the term “mental health” was used in 85% of articles. Does a cultural spin on mental health make it more culturally appropriate? I suggest that the use of ‘cultural’ here is rather shallow. If almost all articles (85%) fall back to mentioning “mental health”, there is a clear line that cannot be crossed: Indigenous cultural knowledge, approaches, and traditions are peripheral additions to a concept of suicide that is ultimately understood by the dominant view of western mental health.

A cultural lens on suicidology must then be broader than neoliberal multiculturalism (Ansloos, 2018), a concept that is seemingly conflated with reinforcing ‘multicultural’ ideals. This philosophy and approach facilitate so-called multiculturalism through the promotion of ‘cultural’ activities and knowledge within the colonial nation to achieve decolonization, *in lieu* of

“more substantial economic, jurisdictional and territorial decolonization” (Nelson & Wilson, 2017: 102). Gone (2009) writes that ‘culture’ is much more than active efforts to participate in cultural activity, as “cultural practices comprise the almost invisible participation in shared thought and activity that need never be conscious since most people in the community are socialized” (427).

The ‘mental health’ that consists of categories laid out in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) cannot be automatically *assumed* to be appropriate for Indigenous communities (Gone, 2009; Nelson & Wilson, 2017). *In lieu* of beginning with western models of mental health categories, conceptualizing programs with Indigenous concepts of disorder or imbalance, specific to particular cultures and communities have been alluded to as being more effective in reducing suicide rates (Healey et al., 2016; Kral et al., 2011). For psychology-based efforts of mental health promotion to be useful to Indigenous peoples, scientific epistemology is essential in the sense that the discipline itself can be malleable enough to meet and understand suicide contextually (Gone, 2009). This would allow the discipline to be methodologically equipped to establish causal claims grounded in alternative approaches, as in the opposite of using one mental health approach for every living being in Canada.

I have found the opposite of this in my sample. Mental health paradigms predicated on the DSM-V are represented in Canadian media as unchallengeable, dominant, and the only way to explain suicide. Without the contextuality of suicide being embraced, approaches to prevention are reductive and stereotyping (Ansloos, 2018). Leeuw et al. (2010) write that when failing to account for the larger context of which mental health issues arise, efforts to ‘help’ Indigenous peoples today will fail. Ansloos et al. (2019) write that colonial approaches to suicide interventions, and not merely the historical effects of colonialism, are ongoing within Indigenous

communities. Indeed, is it not a colonial approach to apply a psycho-centric conceptualization of suicidal distress to Indigenous peoples? The western conceptions here are not inherently colonial, yet the enforcement of them upon Indigenous peoples (and thus the lack of room for alternatives) constitutes a form of colonialism.

5.2 Canadian State

...if suicidal thoughts were no longer understood as a giving up on life... (or) if suicide itself were to be reconceptualized as a political issue and a “public trouble” (and not merely a matter for psychologists and mental health experts), what new collectivities and social actions might emerge in response? (White, 2017: 478).

White’s question contends that understanding the prevalence of mental health frameworks concerning suicide must be juxtaposed with the political environment. Parle (2009) argues that locating the suicidal impulse within the individual distances the state from the responsibility of colonialism. Moreover, blame for exploitation, alienation, and oppression could be evaded, as race served as an adequate explanation for deviant behavior and acts. In practice, this results in the individualization of suicide, as external forces (i.e. essentializing depictions) are minimized in their relationship to suicide. Parle’s analysis is useful when considering conceptions that Indigenous suicide is the result of abnormal mental health. For example, “trauma” is referenced in 26% of articles as being damaging to Indigenous well-being and mental health. Waldram (2004) writes that Indigenous peoples have embraced trauma as a metaphor for their historical relationship with the European settlers, and “To ignore that history, or to discount or challenge it, while purporting to treat a disorder of memory would be folly” (236).

Indeed, Waldram’s comment is relevant: I have found that Indigenous suicide is generally treated as a result of poor *individual* mental health. Thus, in Marxist terms, the

collective that is Indigenous peoples has been carefully shaped by the state to benefit its own production (Gailey, 2003). The state's involvement is to facilitate mental health support and resources, and it is seemingly not at fault for not providing adequate programs. In the articles that I examined, the Canadian government or state was often alluded to in 50% of the sample, however, past colonialism (27%) and ongoing colonialism (10%) were referred to much less. In terms of the content or nature of articles when referencing the government, most were concerned with calls for more stable funding. For example, the word "funding" showed up in 61% of articles. In comparison, the words "colonialism", "colonial", and "colonization" showed up a combined total of 15% of articles. Words such as "residential school" (10%) and references to the "Indian Act" (0%) were also hardly found. Instead, the relationship between the Canadian state and Indigenous suicide was framed as one of resources. Based on the data just mentioned, the Canadian state is blamed most often in relation to the resources it gives or has failed to give: the government is called upon to fund more mental health programs and is at fault when prioritizing other political issues. Again, it is not suggested that simple references to past colonial injustices will somehow ameliorate literal suicide. However, conceptions of the state and its role are important. As we will see in the next chapter, the Canadian state is largely responsible for developing and funding suicide prevention programs. When the Canadian state is separated from previous injustices, I argue that it is less prone to receive criticism about current injustices.

Thus, the suicide and 'poor mental health' being reported in these articles are of pathological nature, rather than one stemming from failures and injustices. Perhaps these are not mutually exclusive. Indeed, many of the articles stress that trauma is the result of decades of colonial history:

- “The trauma from this history has contributed, experts say, to persistently high rates of poverty, drug abuse, alcoholism, domestic violence and suicide”²⁰
- “Healing is a journey that can take many twists and turns, Alsená explains, and she respects every stage other survivors find themselves at, including intergenerational survivors who are carrying the trauma of their parents and grandparents”²¹
- “Indigenous people living on the rez [*sic*] are experiencing a lot of the same trauma but can find shared healing”²²

Echoing Waldram (2004), I argue that such postcolonial approaches are reductionist in depicting history, implying a uniform history colonial experience. Furthermore, we are unable to develop an explanation for why some Indigenous communities have higher suicide rates than others and why suicide patterns vary so widely (Chandler & Proulx, 2006; Katz et al., 2006).

Returning to Parle’s (2009) point about the evasion of the state’s responsibility, the Canadian media’s depiction of Indigenous suicide as a result of individual psychology, as well as its conception of the role of the Canadian state, reflects a narrative that reduces colonialism as a past event. Consider how some articles write about colonialism:

- White supremacist racism **was** at the forefront until very recent times,” Paul said of these colonial and paternalistic policies that **were** enacted into laws.²³

²⁰ ‘Why Are So Many of Our Girls Dying?’ Canada Grapples With Violence Against Indigenous Women

²¹ ‘Just another Indian’: Surviving Canada’s residential schools

²² Meet 5 Indigenous youth who are spreading hope in communities on World Suicide Prevention Day

²³ Changing tide in Atlantic Canada’s First Nation communities | Growing-AtlanticCanada

- "In Indigenous health, what you're trying to do is create an outcome that's different than our colonial outcome which **was** extinguishing the rights of Indigenous people through land and resources²⁴.

On the hierarchy of causes, Indigenous suicide is persistent because people are suffering from trauma and depression, not from ongoing failures of current programs. The Canadian state provides resources, but its efforts are not criticized. The existing criticisms fall along the lines of the state being guilty of merely having a misguided political agenda. Instead of seeing ineffective suicide prevention as being related to the inadequacy of western mental health approaches (efforts made by networks of actors), suicide is the symptom of 'poor mental health' (not a network of actors). It is as if the symptom is being treated, but not the cause. Scholars echo that capitalist medicine is characterised by a focus on cure, rather than prevention itself (Coburn, 2015; Collyer, 2015). Without criticizing the actors involved in making and conceiving suicide prevention efforts, the status quo remains, and the focus is turned to Indigenous peoples themselves.

5.3 Symbolic Violence

Psychological theory depends on conceptualizations of personhood, and since the ways that mainstream psychology conceptualizes the person contrast markedly between non-Indigenous peoples and Indigenous peoples, some scholars argue that embracing and disseminating western concepts in Indigenous communities represents an extension of colonial enterprises (Ansloos, 2018; Gone, 2009). Thus, through the colonial apparatus that is mental health, health disparities between Indigenous peoples and non-Indigenous peoples become

²⁴ Pikangikum First Nation Suicide Crisis Prompts Funding For 20 Mental Health Workers

normalized. The colonial responsibility and oppression from the Canadian state has been normalized as a past event, while essentially being made up for by current reconciliatory efforts. This is representative of symbolic violence.

Borrowing from the French sociologist Pierre Bourdieu, Holmes (2013) defines the concept of symbolic violence as “the naturalization, including internalization, of social asymmetries” (156-157). I found that 40% of articles included statistics that highlighted how relatively high Indigenous suicide rates were in Canada *in comparison* to the non-Indigenous population. Following Czyzewski (2011), I argue that this essentializes Indigenous peoples as “victims” or inherently “sick”, and this is also a criticism of the social determinants approach for Indigenous suicide (Ansloos, 2018). Through these statistics, as well as the reliance on mental health paradigms, health disparities between Indigenous peoples and non-Indigenous peoples are conceived as inherent to the world. This is partly due to the fact that Canadian media is seemingly reluctant to criticize current suicide prevention practices, as well as the forcing of western knowledge upon Indigenous peoples. Mental health promotion legitimizes the hierarchy of the state dealing with social issues as it conceives it, rather than recognizing the knowledge, sentiments and or content of the dominated and these are characteristic of symbolic violence (Holmes, 2013).

Ansloos (2018) argues that operating from the assumption that suicidal people are mentally-ill allows for critical alternatives to be ignored or erased. Indeed, if suicide is a fundamental product of impaired or disordered psychological wellbeing, the praxis of suicide prevention becomes concerned with the treatment of psychopathology. Therefore, the state’s role in failing to provide the most effective support for suicide, current or past, is minimalized, if not overlooked completely.

This also means that efforts become less concerned with barriers to seeking support. For example, I found that concepts of racism and discrimination were attributed to minimally in articles (20% combined). I find this problematic as I argue racism essential to suicide prevention and Indigenous peoples in Canada. Racism has direct impacts on health, such as uneven access to health services, race-based policies, and Indigenous people experiencing and anticipating racist treatment by health care providers acting as barriers to accessing health services (Allen & Smylie, 2015). Meanwhile, symbolic violence can work to make invisible the racism and xenophobia underlying assumptions in healthcare (Holmes, 2013). Furthermore, Holmes adds that social actors have no other option than to perceive themselves and their world through the schematic produced by asymmetric power relations. From the media depictions that I examined, Indigenous suicide is forcibly conceived within the confines and categories of mental health. Logically, the reliance on mental health in Canadian media suggests that the way forward is to engage with a biomedical conception of mental health and being. For example, 62% of articles that I analyzed conceived suicide in relation to this western mental health.

Canadian media fails to recognize the problems with a homogenous approach to suicide, as well as racism, and discrimination as key factors in suicidology. These are factors that have been argued to be related to Indigenous health (Allen & Smylie, 2015). The Canadian media perpetuates symbolic violence by conceptualizing Indigenous suicide as a result of mental health paradigms. Thus, a dominant colonial view of Indigenous health becomes imposed on Indigenous peoples. Following similar arguments (Ansloos, 2018; Henry et al., 2018), I contend that within mental health promotion there is a lack of engagement with logics informed by social and structural dimensions. Therefore, the reasons for differences, such as health disparities, are placed on Indigenous peoples themselves.

Echoing Englers (2016), the elite controlled media examined here internalizes these dominant colonial views and structural biases so well that it is done without noise. Indeed, suicide is conceived in my sample as a result of abnormal mental health (62%) more often than from systematic failures in programs (25%), racism or discrimination (20%), structural or macro factors (42%) or even as a result of ongoing (10%) or past (27%) colonialism. Because of this, I argue, the dominant colonial views go largely unchallenged, and there indeed is no noise calling attention to the possible inadequacy of such approaches, nor the possibility for any other suicide conceptions outside of biomedical mental health. On the effect that elite dominated media might have on public sentiment, Herman & Chomsky write (2002):

The elite domination of the media and marginalization of dissidents that results from the operation of these filters occurs so naturally that media news people, frequently operating with complete integrity and goodwill, are able to convince themselves that they choose and interpret the news "objectively" and on the basis of professional news values. Within the limits of the filter constraints they often are objective; the constraints are so powerful, and are built into the system in such a fundamental way, that alternative bases of news choices are hardly imaginable (2).

Thus, alternatives to the conceptions that Canadian media present about Indigenous peoples and suicide are not imagined, and instead, the existing depictions are taken for granted and left undisputed.

5.4 Colonialism of the Past

...in its premature celebration of the pastness of colonialism, (post-colonial theory) runs the risk of obscuring the continuities and discontinuities of colonial and imperial power (McClintock, 1992: 88).

As previously mentioned, *past colonialism* was mentioned in 27% of articles, while *ongoing colonialism* was mentioned in 10%. Colonialism, like racism and discrimination, is not

recognized as an existing entity in these materials; nor are Indigenous peoples in Canada represented by media as being currently mistreated by the Canadian state.

The argument hitherto has been that the reliance on mental health as the primary cause of suicide is a form of colonialism itself. Nelson & Wilson (2017) indicate that colonialism is the most frequently cited factor in understanding Indigenous mental health. However, colonialism is often publicly depicted as a historical element to the lives of Indigenous peoples. For example, Kirmayer et al. (2000) suggest that high rates of suicide “can be readily understood as the direct consequences of a history of dislocations and the disruption of traditional subsistence patterns and connection to the land” (609). In contrast, Ansloos et al. (2019) write that colonial approaches to interventions, and not merely the historical effects of colonialism, are ongoing within Indigenous communities.

Czyzewski (2011) writes that the racism that fueled the disenfranchising, assimilationist and genocidal tactics is the same racism that perpetuates selective amnesia among the white settler population. In other words, there is a failure to recognize contemporary forms of colonialism towards Indigenous health in Canada, and to gain the illusionary freedom in assuming that colonialism is a finished project. Indeed, these mentalities are found in Canadian media representations of Indigenous suicide. In the case of this thesis, the normalization of a homogeneous view on suicide, or the enforcement of dominant ideals on a minority population, is perpetuated by the assumption that colonialism is finished, and therefore any actions taken by the Canadian state does not constitute as such. On the contrary, actions are depicted in a positive light.

5.5 Progress and Optimism

Under the theme *Conveying Progress* in Table One, I coded articles that made a positive point in some way about Indigenous suicide; this could be ‘improving’ efforts, actions by the state that were supposedly helping, and other activities that institutions are making that are part of efforts to ameliorate Indigenous suicide. I want to point out a few examples in this specific group of codes that show how symbolic violence extends to this so-called ‘progress’.

One article in particular mentions how Quebec as a province has been successful in reducing suicide rates, as rates have declined over past years after a myriad of prevention efforts, such as a crisis hotline. The article, titled *Suicide isn't a big mystery-lesson from successful suicide prevention strategies*²⁵, compares Quebec’s approach to Indigenous suicide in Canada as a lesson that should be used to inform strategy. It should be noted that the example of Quebec that the article is mentioning is not about Indigenous peoples specifically but rather extrapolates that a single prevention method can be applied to all, depicting Indigenous suicide as something that can be approached exactly the same way as non-Indigenous suicide. This replicates an assimilationist approach by erasing the cultural variety entailed among Indigenous peoples in Canada: the dominant settler’s ways are the best and only ways. I argue that this is an extension of colonial sentiments, as ‘progress’ is conflated with assimilation: learn how European settlers live and adopt their ways. In this way, suicide is discussed only in one possible way, with no alternative explanations.

This author of this same article contends that suicide training programs (not Indigenous specific) for physicians, mental health professionals and social workers are beneficial as well. Again, it seems that Indigenous suicide, and suicide in general, is relegated as a matter of

²⁵: Suicide isn't a ‘big mystery’ – lessons from successful suicide prevention strategies.

resources. If enough health care professionals are implemented, and they are trained sufficiently in suicidology, then the problem can be ‘fixed’. The piece mentions that “The good news is, the problems are fixable. It’s just a matter of starting to address them.” Addressing them in this case is to provide more health care professionals trained to deal with suicide as a homogenous phenomenon, and to increase funding.

Government aid or funding for suicide prevention is often specifically mentioned to be for mental health programming. Indeed, “funding” is a common feature to call upon among the suicide prevention materials that I examined. In 72% of the sample, funding mental health services was proposed as salient. By increasing funding, this army of people who administer the support to Indigenous peoples is depicted as acting in peoples’ best interests while their shortcomings are minimalized. Lane (1999) has similarly argued that this normalization comes through a mask of benevolence that is deeply rooted in dominant power.

For example, the author of an article²⁶ regarding federal spending on Indigenous suicide prevention explains that:

Even though Health Canada does not collect data regarding the number of suicides of Indigenous people, the department allocates millions of dollars each year to address the problem. The First Nation and Inuit Health Branch (FNIHB), has spent \$619.8 million for mental health and suicide prevention between 2015-16 and 2016-17, with \$358.8 million allocated for 2017-18. These funds are given to mental health programs such as the National Aboriginal Suicide Prevention Strategy, the Indian Residential School Resolution Health Support Program, the First Nations and Inuit Hope for Wellness Help Line and for Mental Wellness Teams.

Another article²⁷, *beginning* with the problem that suicide support services need more long-term funding, includes a quote from a government official:

²⁶ Despite spending millions on prevention, feds don’t keep track of suicide epidemic of Indigenous people

²⁷ Cape Breton’s Eskasoni First Nation in mental health crisis: chief

Indigenous Services Canada regional officials have reached out to offer ... support to the community,” he said, adding that the federal government is already providing the First Nation with nearly \$1 million to support mental health programming for 2018-2019.

This has nothing to do with the long-term funding issue presented at the outset of the article, thus minimizing it in favor of the previous (inadequate) funding. In a similar vein, another article²⁸ includes interviews with Indigenous community members pleading for “long term sustainable strategies”, and that front-line community members are exhausted. However, at its end the article remarks that:

Since the deaths in January, more federal assistance was provided. Health Canada says it is now paying more than \$900,000 annually for mental-wellness programs in the fly-in village of 430 people. That includes \$380,000 for four youth mental health workers who were requested by the community.

This promotes the idea that the state is throwing a lot of resources to solve the problem, thus normalizing the systematic failures (i.e. long-term funding) of the Canadian state to deal with the problem. Furthermore, articles like the three just mentioned place focus on the ‘many’ resources that Indigenous peoples are receiving, leaving little possibility that they could be relatively under-resourced.

In these aspects, the end result is another form of symbolic violence: one that actively minimizes large scale issues such as funding, normalizes the enforcement of mental health (and lack of room for Indigenous conceptions). Indigenous peoples are indirectly conceived as the problem, as their needs are supposedly already being met through ‘generous’ resource allocation.

²⁸ Four More Indigenous Young People Take Own Lives in Northern Ontario, Sparking Calls for Actions

5.6 Conclusion

A current environment that sees the extension of the colonial state and mentalities into the lives of Indigenous peoples is actively hidden and missing from media depictions. The representation of Indigenous suicide as one of mental health diverts attention away from disparities such as continuing racism and discrimination in healthcare, perhaps allowing these entities to last. Canadian media has come to see that Indigenous suicide is a phenomenon that can be well-understood within the confines of its dominant view of health. Canadian media conveys that when someone is suicidal, having suicidal thoughts, or any suicidal behavior for that matter, it is the result of their mental health. Decades of colonial oppression *is* mentioned in articles, however, it is situated as a form of trauma. Ongoing trauma is relegated to intergenerational trauma, that is, the trauma that is following through lineages from the past colonial violence. I challenge the idea that forms of colonialism can only be found in the past. Residential schools aimed to ‘civilize’ Indigenous people, or ‘teach’ them how to live. The Indian act wanted to and currently defines the Indigenous person, shaping what it means to be Indigenous, subsequently determining their rights and social position. For a very good reason, we do not have residential schools anymore. But is there a difference between forcing European settler language, behavior, and personhood in these schools, and forcibly conceptualizing Indigenous behaviors within the confines of biomedicine and western mental health?

CHAPTER 6- POLICY ANALYSIS: MENTAL HEALTH, SOCIAL DETERMINANTS AND STRUCTURAL VIOLENCE

(Media) have ‘colonized’ the political process by imposing their operational logic on the institutional procedures of public policy. With regard to policymaking, mediatization involves tailoring policy decisions with a view to their communication through the media (Voltmer & Koch-Baumgarten, 2010: 4).

The above quote uses fitting language for this thesis. The argument made thus far about media has been that Canadian representations of Indigenous suicide are a form of contemporary colonialism and represent symbolic violence. McCallum (2013) writes that media is able to create the discursive environments for the enactment of radical policy solutions for Indigenous peoples. Indeed, media has been called by scholars a contribution in representing Indigenous health as something that requires targeted policy action (Brough, 1999; McCallum et al., 2012). The media and policy therefore have a relationship that is worth exploring, as media may inform and influence policy practices and logics.

But how has media exactly ‘colonized’ policy? The operating logic of media is to manage the optics of stories, and thus this ideology becomes intertwined with policymaking. Infiltration of ‘media logics’, where ‘managing the optics’ is sought, narrows the range of policy options available for improving the health and wellbeing of Indigenous peoples (McCallum, 2013). In the previous chapter on media, I contended that the Canadian state is able to evade criticism for one-dimensional suicide prevention policies. McCallum’s point suggests that managing the optics of media, in other words ensuring the least amount of negative publicity (towards the outlet itself and those it wants to protect the image of) that comes with releasing a story, is key in developing content. Indeed, the media has seemingly been able to manage the optics of Indigenous suicide by normalizing the enforcement of ideals. The media analyzed thus far gave

the impression that Indigenous suicide is being approached in a controlled manner, of which mental health services are the solution to the ‘problem’.

We must ask ourselves, who looks bad in this situation? What party, if any, is portrayed negatively? Surely, the benevolent Canadian state, the entity providing millions of dollars in funding, devoted to mental health resources, and making efforts for ‘reconciliation’, is not portrayed in a negative light. In contrast, Indigenous peoples are portrayed in media to be inherently prone to poor mental health, and with more counselling and more mental health resources, the suicide issue will supposedly go away, or in the words of a specific article²⁹, the problem can be “fixed”.

In this portion of the thesis I turn to analyzing suicide policies in Canada, comparing the way that Canadian that these policies represent Indigenous suicide. Representations could be different between media and policy, but I hypothesize that I will see similar frameworks, conceptions, and logics. Perhaps media does not just frame policy in its operational logics, but also in terms of perspective. Nonetheless, if I find that the logic of ensuring positive optics consistently shows up in policies concerning Indigenous suicide in Canada, then Voltmer & Koch-Baumgarten’s (2014) quote presented at the beginning of this chapter about the colonization of policy may have relevance, and provide a useful metaphor to describe yet another form of present colonialism.

²⁹ Young, L. (2016). Attawapiskat: Suicide isn’t a ‘big mystery’ – lessons from successful suicide prevention strategies. Global News. Retrieved from: <https://globalnews.ca/news/2646574/attawapiskat-suicide-isnt-a-big-mystery-lessons-from-successful-suicide-prevention-strategies/>

6.1 Mental Health and Social Determinants

Ansloos (2018) suggests that moving beyond a one-size-fits-all suicide prevention approach must be founded on the social and material concerns of Indigenous communities, while being ecological, contextually reflective, structurally-attuned and politically active. However, I did not find this embraced within Canadian suicide prevention policies.

Mental health paradigms reigned supreme in data, appearing in *all* (100%) of the materials that were examined in this section. As well, social determinants approaches dominated as the bases of suicide prevention ideologies, as almost all policies and reports (95%) relied on this framework. Poor mental health was conceived as a social determinant in policies, as it is suggested that having a vulnerable state of mental wellness is a risk factor to suicide. I noted in the previous chapter that relying on mental health paradigms represents an extension of Canadian state colonialism. Indeed, these models are based on the DSM-V, or in other words, biomedical versions of health, which scholars have criticized for being *assumed* to be universally appropriate for Indigenous peoples (Gone, 2009; Nelson & Wilson, 2017).

Ansloos (2017) writes that while the Canadian government has been making efforts to integrate culturally grounded approaches into mental health services, the efforts have failed to consider how Indigenous knowledge may be epistemologically dissonant with mental health paradigms. Indeed, while a number of policies (50%) made efforts to mention how services should be culturally appropriate, they did not sufficiently penetrate ideological differences of well-being and personhood. Tailoring western-made, biomedically informed understandings of mental health to Indigenous people and calling them culturally appropriate is an example of a rather shallow attempt. For example, policies often reference developing programs that are

“culturally appropriate”^{30 31 32}. The term of “culturally appropriate” itself shows up in 59% of the policies examined. Consider the following quote from Saskatchewan’s First Nations Suicide Prevention Strategy: “We will strengthen the continuum of culturally appropriate mental health services (1)”. It is inherently contradictory to suggest culturally appropriate support *within* a predetermined field that may not be culturally appropriate in the first place.

The theme of “Past Colonialism” showed up in 45% of the programs. It seems that most of the ideologies that tackle Indigenous suicide are aware of the detrimental effects that colonialism has had on Indigenous peoples’ lives, rather than suggesting that it is colonialism itself that is presently affecting Indigenous peoples. For example:

- “Hundreds of years of colonization disrupted multiple generations of families, and have had lasting and profound effects on communities”³³
- “The experience of many youth is steeped in cultural disintegration, the breakdown of family structures, dislocation from the land, and economic and educational disadvantages due to the intergenerational impacts of colonization”³⁴
- “The elevated rate of suicidal behaviour in First Nations is, in part, a legacy of colonial experiences and practices (including, but not limited to, intergenerational trauma and gendered violence resulting from Indian Residential Schools)”³⁵

³⁰ Aboriginal Youth and Communities Empowerment Strategy (AYCES)

³¹ Final Report on the Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

³² INUUSIVUT ANNINAQTUQ Action Plan 2017 – 2022

³³ House of Commons Report

³⁴ National Aboriginal Youth Suicide Prevention Strategy Framework

³⁵ Saskatchewan First Nations Suicide Prevention Strategy

- “The lasting impacts of these experiences include: marginalization; a loss of culture, community and family stability; as well as mental health and substance abuse issues, which can contribute to an individual’s risk of suicide”³⁶

As such, (50%) of materials referenced the need for services to be culturally appropriate, and this was often justified as the programs were aware that Indigenous peoples have different social determinants of suicide because of their pasts of colonialism. Therefore, policies and efforts would need to be tailored to address colonialism and its effects on health. However, is it fair to really say that tailoring the colonial approach that is mental health services itself to be culturally appropriate checks the box? Aside from the fact that this groups together Indigenous peoples under a seemingly unified experience of past colonialism, culturally appropriate mental health services are not an alternative that addresses the particularity of suicide.

On the other hand, Nelson & Wilson (2017) argue that a dichotomy emerges when adding cultural appropriateness to mental health services. By integrating such services with Indigenous ways of healing, Indigenous world views and western perspectives are dichotomized, thus reinforcing stereotypical views rooted in colonialism. More specifically, the same study reviews media articles and concludes that these media often sharply distinguish between Indigenous ways of knowing and healing, and western/biomedical mental health services. Not only does this collapse both Indigenous and western worldviews into homogeneous generalizations (Nelson & Wilson, 2017), but it may subordinate Indigenous knowledge to a peripheral position as perspectives that seem to be outside of 'real science'.

Echoing Staples’ (2016) idea that people actively draw on embodied knowledge, one’s experience and reality influences how they act in a particular situation, and these unconscious

³⁶ The Federal Framework for Suicide Prevention

perspectives are shaped by socialization with a particular web of cultural circumstances. It suffices to say that Indigenous people and non-Indigenous people have different embodied knowledges and realities, as may any two Indigenous peoples, which is influenced by their respective material conditions, histories and experiences of ascription by state governance, and different reactions to the material world (Macklem, 1991; Murphy, 2011). This embodied or cultural knowledge is related to health outcomes such as suicide. Wexler & Gone (2016) write that cultural understandings construct parameters around sick and healthy rolls, consequently structuring the most appropriate remedies. As health-related outcomes are not simply biological or psychological events, we must consider health along with socio-cultural factors (Leenaars, 2006). However, cultural perspectives in suicidology are rarely seen, underdeveloped, and are without an integration of multidisciplinary approaches (Kral, 2012). Similarly, I cannot claim that the perspectives put forth in the policies that I examined in this section provide cultural perspectives on suicidology; in fact, it is quite the opposite.

This presents many problems for Indigenous peoples seeking support for suicide. It is extremely important for cultural perspectives to be developed for not just suicide, but for other health areas as well, since programs based on western medicine and models have been found to be widely rejected by people living on the reservations (Kral, 2012). It is undoubtedly the case that many Indigenous peoples in Canada have benefited from such western medicine and mental health. Furthermore, I am almost positive (although beyond the scope of this thesis) that western mental health counselling and frameworks have a reducing effect on Indigenous suicide rates, and without it, Indigenous suicide rates would be higher. However, I humbly suggest that the embracement of alternatives by state programs, including cultural knowledge, may increase the effectiveness of such suicide prevention efforts.

I suggest an overall improvement would come if cultural knowledge was not forced but *accessible* within any approach. The room for engaging with local healing practices may serve as a method of cultural continuity, allowing for an alignment between “social, cultural, and political practices with the broader collective struggles for Indigenous autonomy and decolonization” (Radu, 2018: 220). However, I have found little of this sentiment in my analysis of policy documents, instead, there seems to be no alternative to biomedicine with efforts typically resting on tailoring western approaches to be ‘culturally appropriate’. Current efforts and systems regarding Indigenous suicide in Canada are not commensurate (Ansloos, 2018; Maxwell, 2017).

Scholars advocate for Indigenous teachings related to holistic health to be incorporated, accepted and promoted to better understand and respond to the health of Indigenous people (Lavallee & Poole, 2010). Growing research is showing that reconnection to Indigenous traditions, such as connection to territories, is a pathway to improving collective and individual Indigenous well-being (Henry et al., 2018; Kral, 2019; Lambert, 2018). However, decisions by the Canadian supreme court such as a recent one (Boynton & Zussman, 2020) to reject opposition to a BC pipeline make “connection to territories” look fairly unlikely.

Bergmans et al. (2016) write that the cultural story that determines one’s understanding of their emotional states and thought processes locates the discomfort and meaning of ending one’s life, as opposed to classifying the complexity of one’s life to a diagnosis or behavioral pattern. For material efforts to even begin at reconciling poor Indigenous health resulting from colonialism, policy makers, service providers, and researchers need to actively include traditional Indigenous knowledge in health models in their approaches (Waddell et al., 2017). However, based on my observations of the existing “cultural appropriateness” in policies, there has been insufficient freedom for these local knowledges, traditions, and practices to grow. By

continuously falling back on western mental health frameworks, something found in all my samples, Indigenous knowledge is peripheral to ‘real science’, as in the social sciences to biology (c.f. Aikenhead & Ogawa, 2007; Dei, 2000; Pedersen, 2010).

6.2 Structural Violence

Because of state-driven policies’ overwhelming reliance on mental health being the cause for suicide, Indigenous suicide was not often referenced in regard to structural factors. This is telling about how Indigenous mental health is conceived; if poor mental health is not seen to be related to structural issues, suicide becomes individualized or medicalized (Targum & Kitanaka, 2012). This locates the site of ill-health within the nature of the Indigenous person rather than in colonial actions (Henry et al., 2018), allowing the state to evade responsibility for the consequences.

The word “structural” was only used in two pieces (9%) in reference to suicide. This is problematic, and scholars have criticized falling short of accounting for structural factors. Writing about suicide in reference to reserves, Carstens (2000) posits that psychological problems have their roots in social problems associated with the outside world. Nelson & Wilson (2017) write that although trauma is helpful in understanding the impacts of colonialism, it is important to remember that the processes are collective and structural forces, requiring collective and structural change, rather than pathological or individual. Psychological training, skill building, suicide awareness, and counselling are all useful tools to many people, but are limited in their ability to change broader historical and current sociopolitical contexts of structural inequality that often provide the conditions for disconnection, depression, hopelessness, and worthlessness to take root and grow (White, 2017).

Therefore, not only are mental health services and social determinants unable to situate suicide within larger, structural processes, they fall short in making changes to overarching contributing factors to suicide (i.e. suicide prevention programs, media depictions). In a debate on human nature, Michel Foucault once said that:

The real political task ... is to criticize the working of institutions that appear to be both neutral and independent; to criticize them in such a manner that the political violence which has always exercised itself obscurely through them will be unmasked so that one can fight them (Chomsky & Foucault, 2006: 41).

I believe that the Canadian state is not neutral nor independent in its perpetuation of mental health promotion and services for Indigenous peoples. It is in the best interests of the state to use these frameworks in relation to Indigenous suicide. Let me be clear: any efforts made towards reducing suicide are ultimately positive. However, as I have argued in the previous chapter, current forms of colonialism are rendered invisible due to the general sentiment and portrayal that colonialism is a finished project. Therefore, the state is seen only as benevolent in its efforts to implement mental health services and providing funding.

Recall McCallum's (2013) point that the operating logic of media is to manage the optics of stories, and thus this ideology becomes intertwined with policymaking. Indeed, policies are made to 'look good' but do not sufficiently address larger structural issues as they operate within a capitalist state governed by elites and their cadres of ideological supporters. The Canadian state actively seeks to maintain its benevolent image, thus diverting blame for Indigenous suicide away from its colonial past and present. Like a corporation, the Canadian state and media display a surface level support towards cultural sensitivity. Engler (2016) contends that this is often done to "obfuscate their (ruling) class-conscious politics and profit-oriented objectives" (140).

Take, for example, racism. In my analysis, the word “racism”, was used in eight (36%) of the policy documents, while five (23%) alluded to changing racism as a way forward to reducing suicide rates. However, out of the eight materials that mentioned the word racism, four (50%) mentioned racism as a social determinant or risk factor to suicide. Racism is relegated to being a social determinant of suicide. Notably, although racism may be listed on more than half the sample as a risk factor, dealing with the problem through systemic change is not part of the programming. This suggests that the Canadian state sees racism as a contributing factor to suicide, but it does not take responsibility for perpetuating it. The state’s logic here is: ‘if someone experiences racism, they may be more likely to commit suicide, so we will deliver appropriate mental health services to convince these people not to commit suicide’. This is *in lieu* of the logic being: ‘racism is a contributing factor to suicide, so we will make efforts to prevent racism in society, such as close monitoring of media or training healthcare professionals, to not perpetuate discrimination, so that people do not experience racism in the first place’.

There is a certain structural violence that occurs in this case wherein the Canadian state creates a problem, for example through upholding the Indian Act, which is a longstanding form of institutional racism, and does not provide an accessible solution to it. This, in the case of Indigenous suicide and mental health services, must be understood in relation to capitalism and the market economy. Allow me to qualify this with two studies that similarly situated structural violence of a minority group in a market setting.

6.3 Infinite Insufficiencies

In his book about migrant farm workers in the United States, Holmes (2013) argues that Mexican farm workers experience structural violence that is related to the growth of the free market. More specifically, Holmes writes that trade agreements and the corporatization of

agriculture directly limit a farm's ability to increase the pay of growers, or to improve labor camps without bankrupting the farm:

In other words, many of the most powerful inputs into the suffering of farm workers are structural, not willed by individual agents. In this case, structural violence is enacted by market rule and later channeled by international and domestic racism, classism, sexism, and anti-immigrant prejudice (52).

Locating the suicidal behavior of Indigenous peoples within a biomedical mental health paradigm is stipulating that suicide is an individual act. Here we sort of fall back to the reason Durkheim (1951) investigated types of suicide as clearly still relevant: power in society still misleads and obscures causes of ill health, the ultimate of which is suicide. The private sector, with active subsidies from the state, conceives populations merely as aggregations of individuals, glossing over social and economic contexts of poor health (c.f. Qadeer, 2013; Rao, 2009).

While policies mention that decades of colonialism and oppression contribute to having poor mental health, more salient in policies are risk factors and these were prevalent in almost (95%) every policy I examined as characteristics of individuals that may result in suicide. At the core of the explanation for suicide, these programs see the individual's mental health as the ultimate contributor to suicide. Yet, as Holmes (2013) contends, powerful inputs are not willed by individual agents, rather, the private sector determines these courses of direction, with its own priorities for investments, such as technologies and more profitable ventures. The Indigenous person is not able to control the inputs, yet they are supposedly at the center of their own mental health and suicide.

The so-called 'cure', or way forward, found in the majority of both media and policies, is to deliver more 'sustainable' mental health services. Marchildon (2013) problematizes Canada's health funding, pointing out that since public budgeting rules require governments to carry

capital expenditures as current liabilities, there is an incentive to reduce capital expenditures more than operating expenditures. The available healthcare funding itself has not enabled more sustainable mental health services for some time as the number of psychologists or counsellors available has been well short of those who are categorized as needing such services worldwide, and this trend has been the case for a very long time (Albee, 1968; Bruckner et al., 2011; Crowther & Ragusa, 2011), not to mention for Indigenous peoples in Canada (Gone, 2009). Gone (2003) further problematizes the available mental health resources accessible to Indigenous peoples by calling the production of psychologists as an “infinite insufficiency”, while saying that “if mental health experts are willing to stipulate the conventional Mental Health Services are essential for treatment of distress, (the number of psychologists) is so discordant that it recommends despair” (218). Indeed, as provinces call for more mental health services to be used by Indigenous peoples, the number of psychologists being trained in Canada has barely increased over the past 20 years (Marchildon, 2013).

Here we see an overarching structure that directly contradicts the Canadian state’s recommendation for mental health promotion. The market and production of psychologists is inadequate to meet the needs that the state policies have created, whether for Indigenous or non-Indigenous peoples. Raphael et al. (2019) criticize Canadian policy in general as containing:

profound levels of stratification, lack of decommodification, and the provision of minimal supports and benefits to Canadians ...enacting of public policies that benefit economic elites... contribut(ing) to inequality, exploitation, exclusion, and domination of significant proportions of the citizenry (21).

Similar to how Kirkland & Raphael (2018) criticize the utopian nature of health programs in Canada, there is little to no attempt by the state to improve the *quality* and *distribution* of health services. I did not find this at all in my sample. The state refers to Indigenous suicide as

the result of psychology and social determinants, yet the ‘treatment’ that is inherently suggested by the state is not widely or sufficiently available to everyone. Consider now that the federal government completely controls and regulates the funding allocated to provinces (Canada Health Act, 2020), leaving little room for private spending (Flood & Archibald, 2001). The Canadian state has created a market of mental health resources and continues to contribute funds to it. Like Holmes’ example of Mexican farm workers, structural violence on marginalized populations is closely tied with market rule and capitalism, while the production of resources and the state is inadequate to support people. Under existing mental health service delivery conventions, available resources will never be adequate to meet the ‘mental health needs’ of Indigenous peoples (Gone, 2003).

6.4 Economic Benefits

Writing about colonial governance of the culturally Deaf, Lane (1999) posits that the market is controlled by hearing people. While it is supposedly to be conducted in the best interests of Deaf people, the benefits, or profits, go almost all of hearing people:

A hearing person entering one of the professions that serve Deaf people is expected to take on a way of perceiving and relating to Deaf people that operates to the social, psychological, and monetary advantage of hearing people. Moreover, the future of this very large audist establishment depends on the continuing desire of the hearing community to view culturally Deaf people as hearing impaired and to aim to mitigate this impairment as far as possible. Audists have the strongest inducement to believe that Deaf children and adults are indeed in need of hearing aids, sweet therapy, rehabilitation, and the like, and in need of hearing administrators to manage their affairs and to educate Deaf children (49).

Who benefits economically from mental health services? Policies do not advocate for Indigenous health counsellors or professionals. The further funding that is being called for goes to mental health services, or in other words, in the pockets of non-Indigenous peoples trying to make a

career out of mental health. Thus, the promotion of mental health frameworks is self-serving to the Canadian state and non-Indigenous peoples. This promotion simultaneously reinforces western mental health as the ‘norm’ while making it more difficult to challenge. The problem here lies within the complete lack of freedom for alternatives.

Suicide among Indigenous peoples in Canada, and the resources associated with ‘fixing it’, being conceived *and controlled* by the Canadian state is a problem. In my findings, policies attempted to erase this by advocating for Indigenous leadership in suicide prevention programs. On paper, this is a good idea, as it is argued that the most successful prevention programs *belong* to and *originate* from the community itself (Kral, 2012; Kral, 2019). Perhaps this is best attributed to the idea that community members, friends, and family best understand the specific social context of the suicidal person (Wexler & Gone, 2016). However, with closer inspection of the calls for Indigenous leadership in suicide prevention programs, the language is misleading. Increasing community control³⁷, improving support of community led action³⁸, meeting to discuss with Indigenous leaders³⁹, acknowledging local knowledge⁴⁰, and providing advice⁴¹ is some of the language used when policies are conveying that they will release control to Indigenous peoples. Notice how none of these examples suggest that communities nor Indigenous peoples will be able to fully create and manage their own programs without state influence. The state allots funding, facilitates the implementation of approved programming, pays lip service to Indigenous contributions, but is seemingly reluctant to relinquish control. The

³⁷ Breaking Point: The Suicide Crisis in Indigenous Communities: Report of the Standing Committee on Indigenous and Northern Affairs)

³⁸ Inuusivut Anninaqtuq Action Plan 2017 – 2022

³⁹ Reclaiming Hope: Manitoba’s Youth suicide Prevention strategy

⁴⁰ Changing Directions Changing Lives: The Mental Health Strategy for Canada

⁴¹ Saskatchewan First Nations Suicide Prevention Strategy

state still sets parameters: Indigenous peoples are only able to act within the confines that they do not themselves determine.

Indigenous peoples are only able to act within state confines. They are able to seek health services that are ideologically supported by biomedicine and promoted by the state, and their mental ‘impairment’ is created by the state in order to facilitate the seeking of these services. Thus, the abnormality has been conceived by the state, but it also legitimizes its own solutions. The individualistic nature of mental health services and social determinants reinforce settler-publics’ perceptions of Indigenous peoples as incapable of self-government and legitimate ongoing, paternalistic state interventions as urgent and essential (Maxwell, 2017). Because of this power of intervention, a moral authority is given to the Canadian state to intervene in the production of people’s subjectivities. Using Latour’s (1984) terms, the moral authority is an energy that facilitates the existence and persistence of the entity that is the domination of people.

6.5 Conclusion

As I have tried to show in this chapter, policies tend to replicate both the operational logic of media in maintaining positive optics. More importantly, however, policies perpetuate structural violence on Indigenous peoples in Canada in relation to suicide. Policies conceive suicide as an outcome of poor mental health, which is self-serving both economically and optically for the state. Furthermore, the state has proven to be unable to provide remedies for the mental health problems it created as it applies that same epistemology and ontology to the pseudo solutions to suicide prevention, resulting in a number of contradictions. One of these is relying on individualised psychology, hindering the state’s ability and the general public’s conception of larger social structures that could engage in material change for Indigenous peoples and health outcomes. This would be in contrast to treating the created symptoms of

abnormal psychology. Another contradiction is placing seemingly benevolent gatekeepers whose role it is to paternalistically govern over subjects. In this regard, following Lane (1999), we have seen that culturally Deaf people and Indigenous people are governed in a similar manner.

Here, I am *not* advocating for the complete erasure of mental health services, but more for the power of alternatives and choice. Mental health services are undoubtedly useful and beneficial to many Indigenous peoples in the world. But I would speculate that programs, conceptions, and approaches to Indigenous suicide (and any person's suicide for that manner) would be more effective if they had the conceptual malleability built into the framework to adapt to contextual meanings, knowledges, and healing traditions of the people they serve. This kind of approach would more accurately and effectively suit the particularity of suicide.

CHAPTER 7- RECOMMENDATIONS AND CONCLUDING REMARKS

We have seen that suicide is a chronic phenomenon among Canadian Indigenous peoples. I have noted early on that I use the term Indigenous with caution, as it is a term that is used often in contemporary literature. I will re-state that I recognize the diversity of culture, and that a closer look at specific communities and groups in future research would pinpoint more of the nuances of policy and media in suicide prevention activities. In this MA project, my goal was to develop a wider view of the problem of suicide and point to some themes in a content analysis of policy and media. Hence, in this section of the thesis, I must re-state that suicide is a serious issue but the manner in which the media and state deal with the issue is riddled with colonial sentiments, amounting to forms of symbolic and structural violence.

Below I suggest multiple recommendations to move against the forms of symbolic and structural violence that I have identified in this thesis. I then give concluding remarks.

7.1 Indigenous Knowledge as Central

I have argued thus far that while suicide prevention programs and services are supposedly making efforts to be culturally appropriate for their applications to Indigenous peoples (Ansloos, 2018; Gone, 2009; Nelson & Wilson, 2017), efforts for the most part has not fully embraced this perspective, instead falling back on conceptions of biomedical mental health and thus the promotion of. The cultural appropriateness that is mentioned in policies^{42 43 44} and articles^{45 46 47}

⁴² Alberta Health Services

⁴³ House of Commons Report

⁴⁴ INUUSIVUT ANNINAQTUQ Action Plan 2017 – 2022

⁴⁵ Indigenous people need resources 24/7 to cut suicide rates, committee recommends

⁴⁶ Aboriginal group calls for more mental health funding in wake of Eskasoni First Nation suicides

⁴⁷ Eskasoni chief says deaths underline desperate need for mental health funding

is one more of tailoring western conceptions and models of knowledge, rather than actually recognizing and applying Indigenous knowledge and healing practices.

Pedersen (2010) argues that western-trained (Smith, 2008) physicians are ill-suited to account for patients' own understandings, conceptions, and experiences when delivering healthcare. Pedersen develops his argument in conjunction with the lack of empathy training that doctors receive throughout their education. For example, the objectivity of biomedical perception is not critically discussed, thus empathy and contextual knowledge becomes separated from clinical understandings. Pedersen juxtaposes this point with the place of the humanities, where advocating for contextual knowledge is common, to explain the domination of biomedical knowledge. This is supported by Mckenna (2012), who argues that the contemporary medical student has been "taught to refuse social science in deference to the natural sciences of biochemistry and pathophysiology" (98). Thus, the humanities play a peripheral role in the sciences, and fail to constitute 'real science'. Pedersen (2010) goes further than simply citing the negative impacts that this has on patients, arguing that not only does this undermine an appropriate understanding of the patient but influences on physicians' perception and judgement are hindered. Mol (2002) adds that "For in order to attend patients as a whole, biomedical knowledge of disease is not enough" (154).

There are two salient points here that relate to my thesis. The dichotomy that emerges between Indigenous knowledge and western perspectives does put cultural knowledge in a peripheral spot. Like the humanities in general (Pedersen, 2010), I have found that Indigenous healing knowledge is not sought after as much as biomedicine, or 'real science'. This is demonstrated by the fact that Indigenous suicide was conceived within frameworks of western mental health in 62% of articles and 100% of policies; in comparison, "cultural appropriateness"

was suggested in 52% of policies while the words “culture” (20%) and “cultural” (26%) appeared in media articles. I found the cultural appropriateness mentioned was also inherently shallow, as in the promotion of ‘cultural’ activities and knowledge within the colonial nation to achieve decolonization, *in lieu* of “more substantial economic, jurisdictional and territorial decolonization” (Nelson & Wilson, 2017: 102).

If Indigenous knowledge was socially recognized, then examples, descriptions, or even notes of its efficacy (Chandler & Lalonde, 2008; Kral, 2012; Staples & Widger, 2012; Wexler, 2006) would be included as potential implementations into suicide prevention. This social recognition is key; Rosenberg (1997) argues that we as society fail to adequately recognize cultural phenomena that constitutes sickness and death; we instead impose meanings on others, undermining cultural norms. Rosenberg attributes this to the comfortability of having material, well-understood bases for illness, and that anything else fails to acquire social recognition. Indeed, Indigenous knowledge is peripheral to western mental health services and paradigms in the policies and articles that I examined.

The way to ameliorate this is difficult, however, as Pedersen (2010) describes, because of its peripheral role, the humanities cannot be simply added to physician’s training. Likewise, if I were to make the recommendation that mental health professionals should have Indigenous knowledge elements as part of their training, this would change little without the accompanying skills in application (Dingwall et al., 2015; Gone, 2009; Lewis et al., 2018). This is because of the aforementioned dichotomy; no matter how much training and exposure a health professional gets in their training to Indigenous knowledge, biomedical and western perspectives still reign supreme and relegate this added knowledge to being less important. This is reflected in my findings, as even though Indigenous knowledge is mentioned, policies still at their core come

back to mental health paradigms (100% of my sample) that are based upon biomedical psychology.

I argue that proposed methods of healing and health services need to be able to question their own efficacy. In a similar vein, Gone (2009) writes that “if scientific psychology cannot equip professionals with useful tools for the assessment of certain theoretical and causal claims – a process with evident utility for all communities, including indigenous ones – then I am not sure that it offers anything useful at all” (430). Instead of seeing biomedicine as an unquestionable mode of knowing, one that cannot be challenged with outside perspective and alternative narratives, health professionals need to be equipped with the conceptual tools that allow for contextual understanding. This comes with empathizing with ‘patients’ and reflecting on the horizon from which a medical professional understands the patient (Pedersen, 2010). I see it beneficial for mental health professionals to receive training on interpreting patients’ experiences, Indigenous or not, and to be equipped with the conceptual tools to necessarily question any perspective’s applicability to a given patient (Heaton, 2013), rather than presenting western mental health as the only way of understanding suicide. This begins in training but cannot come in the form of added knowledge; for example, it is not enough to simply add elective courses for medical professionals that stress these points. It is necessary to address how biomedical paradigms, knowledge (or the lack thereof) may frame physicians’ perceptions and judgement. This kind of thinking needs to be interwoven in medical training, in this case mental health training, to produce a more valid level of cultural appropriateness.

7.2 Improving Mental Health Services and the Psychology Approach

In this thesis I have discussed a structural deficiency where the number of psychologists will seemingly forever fail to meet the ‘need’ for such professionals. It would be

counterproductive to recommend that adding more psychologists to meet the logistical needs of the number of patients would suffice; the psychologists that exist *currently* insufficiently serve Indigenous peoples. The psychologists themselves need to be more concerned with embracing alternate healing perspectives; Albee (1968), for example, claims that fixation on the illness model is the root of the problem:

Unless psychology assumes leadership in developing alternatives to the illness model, the mental health manpower picture is going to continue to get worse. We cannot train enough medical and paramedical professionals to meet the manpower needs of hospitals and clinics, but, more important, we cannot use knowledge already available to deal with the pressing problems of our urbanized, automated antihuman existence (320).

This is taking a step further than being able to question biomedicine as the only approach to understanding illness. Instead, we see a diversion of focus away from illness, thus opening up possibilities for professionals other than psychologists to provide efficacious support to those in need. In this case, we need to ponder on what could help prevent suicide without treating suicide itself as pathological, or a result of abnormal psychology. Gone (2009) claims that for new generations of professionals to deliver more appropriate services for Indigenous peoples, they need to be not so focused on the delivery of clinical services. Gone writes “the effective psychologist of the future will act primarily as the steward of a locally tailored community-based service system that cultivates endogenous helping resources already existent in the community and procures additional necessary resources from outside the community” (431).

This proposed reformulation in training facilitates service providers to act in collaboration *with* communities, rather than acting *on* communities. It allows for professionals to help develop community-specific programs and aid, as well as partnerships that will potentially help lead to effective therapeutic practices already employed in the community (Gone, 2009). However, these efforts must have the flexibility to meet the desires of the individual contexts and

people that live in the communities. Not all individuals or communities will want to engage in collaborative efforts with outsiders, nor in community events. The individuals themselves need to make specific adjustments to efforts in order to ensure the quality and effectiveness. However, if individuals within communities, and the communities as a whole, are not given power to act in their own interests, little will be achieved.

Helpful organizational structures are the focus here, rather than individual health and counselling. Previous programs centering around improving individual practitioners' attitudes and practices within health care overlook possibilities of addressing the structural and institutionalized roots of colonialism in society more broadly that would correct the problems at their source (Nelson & Wilson, 2017). Therefore, like Albee's (1968) sentiments about finding alternatives to the illness model to fight the insufficiency of psychologists, it is recommended that alternatives to well-being such as facilitating relationships and community organizational skills are useful to combatting suicide rates. This takes away emphasis from mental health; while some mental health paradigms would claim that they indeed stress the importance of community wellness already, based on my findings that policies overwhelmingly relied on western mental health (100%), I argue that these initiatives are not preparing support providers with the necessary tools to help organizational structure. These skill-building initiatives are more specific to actual community needs, instead of placing a homogenous one-size-fits-all approach on Indigenous suicide across Canada (Ansloos, 2018).

7.3 Conceiving Suicide

Carstens' (2000) criticism that using risk factors depicts suicide as preventable suggests that suicide should not be thought of something that can be completely prevented. When designing conceptions that combat suicide, or efforts that intend to prevent suicide, are we saying

that every suicidal individual that completes the program successfully can change their course of taking their own life? And what perspectives should prevention programs be founded on? White (2017) warns against the view that the application of empirical knowledge and rationalism can completely prevent and fully understand suicide. Suicide is not a static entity that is universally conceived.

Psychology-based intervention use risk factors such as depression as their basis for preventing suicide. Under the premise that the suicidal individual is disordered, a ‘healthy’ state of mental health becomes the goal. Those who fall short of this equilibrium commit suicide, but if equilibrium can be restored, the individual may not end up committing suicide. Ansloos (2018) criticizes this sort of mental health promotion as it lacks engagement with logics informed by social and structural dimensions, limiting the range of actions that will be carried out. Perhaps it is ineffective to treat the symptom, rather than the cause. If prevention programs treat one as the ‘disordered’ individual, are we really preventing suicide? This approach does nothing to account for the social pressures that can lead to risk factors, nor does it inform prevention for anyone other than the specific individual in question. We must challenge the practice of diagnosing every Indigenous suicide as one of individual disorder.

As previously mentioned, suicide is not a universal concept. What it means to commit suicide must be thought of as a social construction, and any conceptions that gloss-over context are malformed. Contending that suicide can be only understood and prevented by western pathology and mental health represents and enacts yet another form of colonialism (Wexler & Gone, 2016). If programs fail to juxtapose suicide with social, cultural, political, and economic aspects of people’s lives, they may serve to reproduce inequities and obscure different, more effective approaches to prevention (Fullagar & O’Brien, 2016).

Discussing the prevention of suicide, Peuchet & Marx (1999) write that any attempts “short of a total reform of the organization of our current society... would be in vain” (50). For them, the primary causes of suicide were the mistreatments and injustices that those in subordinate positions received from superiors that they depended on. Recognizing and challenging oppressive social practices communities is in itself engaging in suicide prevention (White, 2016). Therefore, the shift of suicide away from merely an individual phenomenon may be a good place to start. If suicide can be understood with the inclusion of collective, communal distress and suffering, preventions must also do so (Wexler & Gone, 2016). Therefore, echoing Morris (2016), I argue that suicide could be reduced by a closer attention to insider knowledge. This said, I reiterate that it is not the goal here to argue that suicide as a phenomenon is something that can be completely remedied, but perhaps holistic approaches that do not focus on individual risk factors and instead include context-based understandings of suicide, including social aspects, can be more effective in informing suicide prevention.

The most effective way to grasp insider knowledge is to let the insider direct, rather than engaging with the insiders. For example, Kral (2019) details a case where an Inuit community developed a suicide prevention program with no government involvement, significantly reducing suicides in the community. It is argued that the most successful prevention programs *belong to and originate* from the community itself (Kral, 2012; Kral, 2019; emphasis added). It is not enough to *support* community-driven initiatives, or for the state to meet with Indigenous leaders to gain inside perspectives. Communities must have autonomy from the state in their initiatives, where the community itself is the owner. Therefore, as each Indigenous community and person is unique and cannot be approached with the same suicide prevention logic, as communities must develop grassroots programs for suicide prevention that best suits their needs. This also means

allowing communities, and the individuals within these communities, to define what suicide is and what it means to them. The state can support this by funding and providing skill-based support such as mentioned above, but ultimately must relinquish control of said programs.

7.4 Media Stereotypes and Indigenous Representation

As the previous recommendations have focused on policy and structural issues, it is necessary to make suggestions for media. In my sample, I found that the majority (62%) of media articles relied on mental health paradigms for suicide, and effectively essentialize Indigenous peoples as abnormal and suicidal. It would be unrealistic to advocate such assumptions to be extinguished from media overnight, and therefore I will not go in that direction. It is important to remember that media in Canada is private and serves as a tool of the ruling class to inform ‘public opinion’. Furthermore, specialized training such as university courses are increasingly only accessible to the wealthy, or those with special forms of funding. These suggestions, while admirable, are only available to those in privileged positions, and would do little to change the status quo.

I contend that the power structure between journalists and Indigenous activists must be a central point of change. Stoneham et al. (2014) contend that Indigenous people are often hesitant about interacting with the media as they are often portrayed as always fighting and lacking leadership, as well as Indigenous activists often are not media savvy and have difficulty in getting their message out. The authors recommend that specialized advocacy training, through community outreach, for Indigenous leaders may help in balancing this power relationship. Also, encouraging Indigenous representation in journalism, such as advisors or journalists themselves, would, in the longer term, ensure a more comprehensive view to the reporting of Indigenous

issues (Stoneham et al., 2014). In a survey conducted between Canadian news agencies, Indigenous journalists comprised one of 2000 employees (Senate of Canada, 2006a).

This would perhaps lead to less media reporting of information that simply confirms stereotypes. Kashima (2000) proposes that the public sees the communication of information about stereotypes in two ways: stereotype-inconsistent (SI), and stereotype-consistent (SC). Stories completely control whether or not they perpetuate stereotypes by including information that is inconsistent with a stereotype or not. Balvin & Kashima (2012) write that having media exchange more SI and less SC information to end up with a less stereotypic story will help successfully transform stereotypes.

The point here is that the reproduction of stereotypes in news stories does nothing but strengthen stereotypes among public perception, while stories may be reluctant to include information that counters a given stereotype. Canadian media needs more Indigenous representation. This could come in the form of affirmative actions like the National Football League's "Rooney Rule", where companies are required to interview and sometimes hire a quota of minorities. In this case, Canadian media companies need to be held responsible for hiring Indigenous peoples to ensure better representation.

7.5 Concluding Remarks

In this thesis I have suggested four areas where improvements to the current status of Indigenous suicide in Canada could be created. I do not want to convey that my thoughts will miraculously 'solve' Indigenous suicide, nor do I am to approach Indigenous suicide from a paternalistic approach as a non-Indigenous person myself. On the contrary, I have advocated throughout this thesis that Indigenous suicide, and the Canadian state, would be better informed if they accepted *what they do not know*. We have not seen this implemented, however, in current

suicide prevention efforts. In my eyes, I see media reporting as a method of perpetuating and prescribing mental health frameworks based on stereotypes directly on Indigenous peoples to the benefit of the Canadian state. Suicide prevention programs are seemingly an extension of assimilatory practices that on paper seem to embrace cultural appropriateness, but in reality, represent the same institutional logic that residential schools once did. To move forward in reducing Indigenous suicide in Canada, the state and media need to act as facilitators, rather than arbiters. Indigenous peoples themselves need to be leading the way with support from media and state policy, rather than the state leading the way with Indigenous input. The enforcement of western mental health paradigms onto Indigenous peoples in Canada by private media and policies represent a current form of colonialism. A homogenous, one-size-fits-all approach is incompatible with the particularity of suicide, thus resulting in approaches that perhaps leave some effectiveness on the table.

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APPENDIX 1- MEDIA ARTICLES EXAMINED

Title	Date Written	Link
A decade after suicide attempts, Mi'kmaq woman has found clarity ~ Local ~ News ~ Cape Breton Post	1/17/19	https://www.capebretonpost.com/news/local/a-decade-after-suicide-attempts-mikmaq-woman-has-found-clarity-276798/
Aboriginal group calls for more mental health funding in wake of Eskasoni First Nation suicides ~ Power 97	1/23/19	https://power97.com/news/4879142/aboriginal-group-funding-mental-health/
Advocates call for national youth suicide strategy~ 'Our children will continue to die' ~ Globalnews.ca	9/17/19	https://globalnews.ca/news/5914453/child-advocates-youth-suicide-national-strategy/
'An ongoing battle that we're losing': Sask. Indigenous leaders address suicide crisis in province's north- CTV	11/28/19	https://saskatoon.ctvnews.ca/an-ongoing-battle-that-we-re-losing-sask-indigenous-leaders-address-suicide-crisis-in-province-s-north-1.4706585
As community recovers from plane crash, two Fond du Lac teens commit suicide ~ The Star Phoenix	01/15/18	https://thestarphoenix.com/news/local-news/as-community-recovers-from-plane-crash-two-fond-du-lac-teens-commit-suicide
Attawapiskat~ Suicide isn't a 'big mystery' – lessons from successful suicide prevention strategies - National ~ Globalnews.ca	4/9/16	https://globalnews.ca/news/2646574/attawapiskat-suicide-isnt-a-big-mystery-lessons-from-successful-suicide-prevention-strategies/
Beyond the headlines~ Small-town Attawapiskat hums quietly along amid suicide crisis ~ Globalnews.ca	4/28/16	https://globalnews.ca/news/2668499/beyond-the-headlines-small-town-attawapiskat-hums-quietly-along-amid-suicide-crisis/
Canada's Indigenous suicide crisis is worse than we thought ~ National Observer	9/10/19	https://www.nationalobserver.com/2019/09/10/analysis/canadas-indigenous-suicide-crisis-worse-we-thought
Cape Breton's Eskasoni First Nation in mental health crisis~ chief ~ National Post	1/17/19	https://nationalpost.com/pmn/news-pmn/canada-news-pmn/cape-bretons-eskasoni-first-nation-in-mental-health-crisis-chief
Changing tide in Atlantic Canada's First Nation communities ~ Growing-Atlantic-Canada ~ In-Depth ~ The Telegram	7/4/19	https://www.thetelegram.com/in-depth/growing-atlantic-canada/changing-tide-in-atlantic-canadas-first-nation-communities-329743/
'Dark clouds in our community'~ Sheshatshiu Innu First Nation chief appeals for help amid suicide crisis ~ CTV News	10/30/19	https://www.ctvnews.ca/canada/dark-clouds-in-our-community-sheshatshiu-innu-first-nation-chief-appeals-for-help-amid-suicide-crisis-1.4663451
Deschambault Lake Girl Commits Suicide, Marking 4 For The Region ~ HuffPost Canada	10/19/16	https://www.huffingtonpost.ca/2016/10/19/fo-urth-suicide-involving-young-girl-rocks-northern-saskatchewan-communities_n_12557976.html?utm_hp_ref=ca-first-nations-suicide
Despite spending millions on prevention, feds don't keep track of suicide epidemic of Indigenous people - APTN NewsAPTN News	3/27/18	https://aptnews.ca/2018/03/27/despite-spending-millions-on-prevention-feds-dont-keep-track-of-suicide-epidemic-of-indigenous-people/

Dwayne Moonias Suicide~ Death Of Neskantaga Chief's Son Renews Calls For Action ~ HuffPost Canada	1/08/14	https://www.huffingtonpost.ca/2014/01/08/suicide-of-neskantaga-chi_n_4562605.html?utm_hp_ref=ca-first-nations-suicide
Eskasoni chief says deaths underline desperate need for mental health funding ~ Local ~ News ~ Cape Breton Post	1/17/19	https://www.capebretonpost.com/news/local/eskasoni-chief-says-deaths-underline-desperate-need-for-mental-health-funding-276806/
Eskasoni grappling with grief after rash of deaths ~ CBC News	1/17/19	https://www.cbc.ca/news/canada/nova-scotia/eskasoni-first-nation-cape-breton-deaths-mikmaw-1.4981590
Eskasoni struggling with suicides ~ Lifestyles ~ Cape Breton Post	2/18/10	https://www.capebretonpost.com/lifestyles/eskasoni-struggling-with-suicides-18747/
Family calls for inquest into suicide of Indigenous teen in government care ~ CBC News	12/09/19	https://www.cbc.ca/news/canada/hamilton/devon-freeman-1.5389028
First Nation teen wasn't first to die by suicide involving Hamilton treatment centre - APTN News	1/06/20	https://aptnnews.ca/2020/01/06/first-nation-teen-wasnt-first-to-die-by-suicide-involving-hamilton-treatment-centre/
First Nations community in Cape Breton grieving after multiple deaths - Halifax ~ Globalnews.ca	1/16/19	https://globalnews.ca/news/4852820/multiple-deaths-eskasoni/
First Nations Declare Health Emergency Over Medical Supply Shortage, Suicide Epidemic ~ HuffPost Canada	2/4/16	https://www.huffingtonpost.ca/2016/02/24/we-are-in-a-state-of-shock-first-nations-declare-health-emergency_n_9307962.html?utm_hp_ref=ca-first-nations-suicide
First Nations educator develops suicide prevention curriculum for teachers - APTN News	8/22/19	https://aptnnews.ca/2019/08/22/first-nations-educator-develops-suicide-prevention-curriculum-for-teachers/
First Nations suicide rate 3 times higher than for non-Indigenous people~ StatsCan ~ Globalnews.ca	6/30/19	https://globalnews.ca/news/5448390/first-nations-suicide-rate-statscan/
Four More Indigenous Young People Take Own Lives in Northern Ontario, Sparking Calls for Actions ~ RED POWER MEDIA	7/6/17	https://www.theglobeandmail.com/news/politics/four-more-indigenous-young-people-take-own-lives-in-northern-ontario-sparking-calls-for-actions/article35581421/
Graphic novels attempt to prevent Indigenous and Metis youth suicides – Red Deer Advocate	09/11/19	https://www.reddeeradvocate.com/news/graphic-novels-attempt-to-prevent-indigenous-and-metis-youth-suicides/
Grieving family says government ignoring Indigenous suicide crisis ~ CBC News	9/14/19	https://www.cbc.ca/news/canada/manitoba/opinion-indigenous-suicide-1.5281047
Indigenous people need resources 24~7 to cut suicide rates, committee recommends ~ CBC News	06/20/17	https://www.cbc.ca/news/health/parliamentary-report-indigenous-suicide-1.4167861#:~:text=Canada's%20Indigenous%20people%20need%20resources.%2C%22%20a%20parliamentary%20committee%20recommends.
Indigenous suicide report calls on feds to provide supports after hours and on weekends ~ Globalnews.ca	06/9/17	https://globalnews.ca/news/3540737/indigenous-suicide-report/

Indigenous support is helping, but fly-in First Nation's suicide crisis continues - Winnipeg Free Press	12/06/19	https://www.winnipegfreepress.com/local/indigenous-supports-helping-but-fly-in-first-nation-suicide-crisis-continues-565905802.html
Inuit singer-songwriter Kelly Fraser died by suicide amid struggle with PTSD, family says - The Globe and Mail	12/30/19	https://www.theglobeandmail.com/canada/british-columbia/article-inuit-singer-songwriter-kelly-fraser-died-by-suicide-amid-struggle/
'Just another Indian'~ Surviving Canada's residential schools ~ Indigenous rights ~ Al Jazeera	03/24/20	https://www.aljazeera.com/indepth/features/indian-surviving-canada-residential-schools-200321120015080.html
Liberals To Spend \$50M On Pimicikamak Reserve's New Health Centres ~ HuffPost Canada	07/05/16	https://www.huffingtonpost.ca/2016/07/05/feds-to-spend-50m-on-new-health-facilities-upgrades-on-manitoba-first-nations_n_10823320.html?utm_hp_ref=ca-first-nations-suicide
Makwa Sahgaiehcan chief disappointed at lack of long-term help to stop suicides ~ CBC News	11/28/19	https://www.cbc.ca/news/canada/saskatchewan/makwa-sahgaiehcan-chief-disappointed-at-lack-of-long-term-help-to-stop-suicides-1.5376474
Makwa Sahgaiehcan declares state of emergency after suicides, attempts ~ The Star Phoenix	11/23/19	https://thestarphoenix.com/news/local-news/state-of-emergency-declared-on-makwa-sahgaiehcan-first-nation-after-suicides-attempts/
Makwa Sahgaiehcan under 'black cloud' after recent suicides, including 10-year-old girl~ chief ~ CBC News	11/22/19	https://www.cbc.ca/news/canada/saskatchewan/makwa-sahgaiehcan-state-of-crisis-1.5370179
Manitoba First Nation Suicides~ Aboriginal Leaders Troubled By Rash Of Youth Suicides ~ HuffPost Canada	06/22/12	https://www.huffingtonpost.ca/2012/06/22/first-nations-suicide-manitoba-teens_n_1620508.html?utm_hp_ref=ca-first-nations-suicide
Meet 5 Indigenous youth who are spreading hope in communities on World Suicide Prevention Day ~ CBC News	09/10/19	https://www.cbc.ca/news/indigenous/indigenous-youth-suicide-prevention-day-1.5275889
National focus needed on suicide crisis among Indigenous youth~ AFN ~ CTV News	12/03/19	https://www.ctvnews.ca/politics/national-focus-needed-on-suicide-crisis-among-indigenous-youth-afn-1.4712603
Nova Scotia premier seeks to 'support' First Nation after string of suicides ~ CFOX	1/24/19	https://cfox.com/news/4884907/nova-scotia-support-first-nation-suicides/
Ontario family calls for inquest into suicide of Indigenous teen in government care ~ Globalnews.ca	12/08/19	https://globalnews.ca/news/6270187/devon-freeman-inquest-indigenous-teen-suicide-ontario/
Ontario First Nation reeling following suicides of at least 4 young people ~ Globalnews.ca	07/18/17	https://globalnews.ca/news/3606241/ontario-first-nation-reeling-following-suicides-of-at-least-4-young-people/
Ottawa and Indigenous leaders try to move forward on suicides – RCI ~ English	12/05/19	https://www.rcinet.ca/en/2019/12/05/ottawa-and-indigenous-leaders-try-to-move-forward-on-suicides/
Our needs are not optional': How federal leaders plan to address the Indigenous suicide crisis-Global	10/03/19	https://globalnews.ca/news/5978033/indigenous-suicide-canada-election/

Parliament passes motion urging Trudeau to comply with ruling on First Nations child-welfare compensation - The Globe and Mail	12/11/19	https://www.theglobeandmail.com/politics/article-case-of-indigenous-teen-who-died-by-suicide-a-horrifying-national/
Patrick Brazeau continues push for male suicide study, says many 'ashamed to ask for help' - National ~ Globalnews.ca	12/22/19	https://globalnews.ca/news/6322687/patrick-brazeau-push-for-male-suicide-study/
Pikangikum First Nation Suicide Crisis Prompts Funding For 20 Mental Health Workers ~ HuffPost Canada	07/24/17	https://www.huffingtonpost.ca/2017/07/24/pikangikum-first-nation-suicide-crisis-prompts-funding-for-20-me_a_23045022/?utm_hp_ref=ca-first-nations-suicide
Sask. Indigenous Girls 26 Times More Likely To Die By Suicide~ Report ~ HuffPost Canada	09/23/17	https://www.huffingtonpost.ca/2017/09/23/sask-indigenous-girls-26-times-more-likely-to-die-by-suicide-report_a_23220356/?utm_hp_ref=ca-first-nations-suicide
Saskatchewan First Nation in suicide crisis; leaders want prevention plan ~ National Post	11/26/19	https://www.theglobeandmail.com/canada/article-saskatchewan-first-nation-in-suicide-crisis-leaders-want-prevention-2/
Sheshatshiu Innu First Nation in Labrador declares suicide crisis ~ CTV News	10/30/19	https://atlantic.ctvnews.ca/sheshatshiu-innu-first-nation-in-labrador-declares-suicide-crisis-1.4662157
Suicide among Canada's First Nations~ Key numbers ~ CTV News	04/11/16	https://www.ctvnews.ca/health/suicide-among-canada-s-first-nations-key-numbers-1.2854899
Suicide rate three times higher among Indigenous population – Victoria News	07/08/19	https://www.vicnews.com/news/suicide-rate-three-times-higher-among-indigenous-population/
The Suicide Emergency Among Canada's First Nations - The Atlantic	04/11/16	https://www.theatlantic.com/international/archive/2016/04/canada-suicide/477684/
Wapekeka First Nation calls for federal funding, local solutions to address suicide crisis - The Globe and Mail	06/16/17	https://www.theglobeandmail.com/news/politics/first-nations-say-the-solution-to-the-suicide-crisis-lies-with-them-and-long-term-funding-from-ottawa/article35703761/
Wapekeka First Nation Says Feds Knew About Suicide Pact But Didn't Help ~ HuffPost Canada	01/19/17	https://www.huffingtonpost.ca/2017/01/19/first-nations-feds_n_14268702.html?utm_hp_ref=ca-first-nations-suicide
Wave of Indigenous Suicides Leaves Canadian Town Appealing for Help - The New York Times	03/18/16	https://www.nytimes.com/2016/03/19/world/americas/canada-youth-suicide.html
'We have hope'~ Ottawa pledges to support First Nations suicide prevention strategies ~ CBC News	12/04/19	https://www.cbc.ca/news/canada/saskatchewan/ottawa-pledges-to-support-fn-suicide-strategy-1.5384067
'We're hurting': Saskatchewan First Nation calls for long-term solution to youth suicide crisis-Global	12/03/19	https://globalnews.ca/news/6248734/indigenous-youth-suicide-crisis-saskatchewan/
'Why Are So Many of Our Girls Dying~' Canada Grapples With Violence Against Indigenous Women - The New York Times	06/30/19	https://www.nytimes.com/2019/05/30/world/canada/canada-indigenous-violence.html
Youth suicides on First Nations a 'crisis',	12/19/19	https://kenoraonline.com/local/youth-

APPENDIX 2- SUICIDE PREVENTION POLICIES, REPORTS AND STATUTES

EXAMINED

Name	Year Written	Link
An Act respecting a Federal Framework for Suicide Prevention	2012	https://laws-lois.justice.gc.ca/PDF/2012_30.pdf
BREAKING POINT: THE SUICIDE CRISIS IN INDIGENOUS COMMUNITIES	2017	https://www.ourcommons.ca/Content/Committee/421/INAN/Reports/RP8977643/inanrp09/inanrp09-e.pdf
CHANGING DIRECTIONS CHANGING LIVES The Mental Health Strategy for Canada	2012	https://www.mentalhealthcommission.ca/sites/default/files/MHStrategy_Strategy_ENG_01.pdf
Connecting to Life- Provincial Suicide Prevention Program (NB)	2007	https://www.gnb.ca/0055/pdf/4768e-compressed.pdf
Final Report on the Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan	2015	https://nspsummit.ca/sites/default/files/NSPS%20Evaluation%20FINAL%20Report%20June%202015.pdf
Honouring Life Aboriginal Youth and Communities Empowerment Strategy (AYCES)	2009	https://www.albertahealthservices.ca/assets/hcalthinfo/MentalHealthWellness/hi-mhw-honouring-life-final.pdf
Honouring the Truth, Reconciling for the Future	2015	http://www.trc.ca/assets/pdf/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf
Indigenous Suicide Prevention - Centre for Suicide Prevention	nd	https://www.suicideinfo.ca/resource/indigenous-suicide-prevention/
INUUSIVUT ANNINAQTUQ Action Plan 2017 – 2022	2017	https://www.gov.nu.ca/sites/default/files/inuusivut_anninaqtuq_english.pdf
National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) Program Framework	2019	https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fniah-spnia/alt_formats/pdf/pubs/promotion/_suicide/strat-prev-youth-jeunes-eng.pdf
National Inuit Suicide Prevention Strategy	2016	https://www.itk.ca/wp-content/uploads/2016/07/ITK-National-Inuit-Suicide-Prevention-Strategy-2016.pdf
Nova Scotia Strategic Framework to Address Suicide	2006	https://novascotia.ca/dhw/healthy-communities/documents/Nova-Scotia-Strategic-Framework-to-Address-Suicide.pdf
Nunavut Suicide Prevention Strategy	2010	https://www.gov.nu.ca/sites/default/files/files/NSPS_final_English_Oct%202010(1).pdf
Ontario's Youth Suicide Prevention Plan	2016	http://www.children.gov.on.ca/htdocs/English/professionals/specialneeds/suicideprevention.on.aspx
OVERVIEW OF FEDERAL INITIATIVES IN SUICIDE PREVENTION	2016	https://healthycanadians.gc.ca/publications/healthy-living-vie-saine/mental-health-sante-mentale/overview-suicide-apercu-matiere-suicide/alt/ofisp-aimps-eng.pdf

Resiliency Within: An action plan for suicide prevention in Nunavut 2016/2017	2016	https://www.gov.nu.ca/sites/default/files/resiliency_within_eng.pdf
Roots of Hope: A community suicide prevention project	2019	https://www.mentalhealthcommission.ca/English/roots-hope
Reclaiming Hope -Manitoba's Youth suicide Prevention strategy	nd	https://www.gov.mb.ca/health/mh/docs/hope.pdf
Saskatchewan First Nations Suicide Prevention Strategy	2018	https://www.suicideinfo.ca/wp-content/uploads/gravity_forms/6-191a85f36ce9e20de2e2fa3869197735/2018/07/Saskatchewan-First-Nations-Suicide-Prevention-Strategy_oa.pdf
The CASP Blueprint for a Canadian National Suicide Prevention Strategy	2009	https://suicideprevention.ca/resources/Documents/SuicidePreventionBlueprint0909.pdf
The Federal Framework for Suicide Prevention-Progress Report 2018	2018	https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/64-03-18-2232-ProgressReport-SuicidePrevention_EN-06-eng.pdf
WORKING TOGETHER TO PREVENT SUICIDE IN CANADA THE FEDERAL FRAMEWORK FOR SUICIDE PREVENTION	2016	https://www.canada.ca/content/dam/canada/public-health/migration/publications/healthy-living-vie-saine/framework-suicide-cadre-suicide/alt/framework-suicide-cadre-suicide-eng.pdf