



# YOUTH VOICE

**A report on the views expressed by youth on how  
Thunder Bay can prevent youth suicide**

**Presented by the  
Thunder Bay Youth Suicide Prevention Task Force  
Youth Consultation Sub-Committee**

**April 2010**



## ***Background Information***

### **The Thunder Bay Youth Suicide Prevention Task Force (YSPTF)**

A call to action for service providers (April 2007) concerned about youth suicide in our community has succeeded in creating a unique model of community mobilization that engages multiple partnerships and city wide agency collaboration. This process has been used to develop a multi-sector community plan for primary prevention and acute response to youth suicide.

The key objectives of the Youth Suicide Prevention Task Force are:

- 1) To increase knowledge and awareness of issues related to youth suicide.
- 2) To work collaboratively to prevent youth suicide in our community
- 3) To work collaboratively to respond to youth suicide in an effective and timely manner.
- 4) To mobilize the community and build capacity to deal with youth suicide and other tragic events.

The Youth Suicide Prevention Task Force is comprised of representatives from multiple sectors who are working in collaboration to develop strategies and recommendations designed to effectively address the issues of acute response to and prevention of youth suicide. This committee has a large assembly of members, as identified in Appendix A, and is led by an Executive Committee with six sub-committees.

- 1) Youth Consultation & Youth Gathering
- 2) Youth Mental Health Awareness Campaign
- 3) Fan-out Protocol & Clinical Guidelines
- 4) Education & Skill Building for Parents
- 5) Education & Skill Building for Youth
- 6) Education & Skill Building for the Education System

Task Force Actions to Date:

- Call to action, April 2007
- Formation of Youth Suicide Prevention Task Group
- First youth consultation, October 2007
- Community mobilization workshop, February 2008
- Parents consultation, May 2008
- Stakeholders luncheon, May 2008
- Formation of youth rep group, 2008
- Aboriginal agency meeting, November 2008 & January 2009
- Memorandum of Agreement – Rapid Response Fan Out Protocol, signed April 2009
- Strategic prevention planning day, June 2009
- Formation of sub-committees
- “Your Teen Needs You” mental health campaign targeting parents, 2009 & 2010
- City Council Deputation, November 2010
- Youth consultation workshops, 2009 & 2010
- Communication strategy planning, April 2010
- Release of the *Youth Voice* Report, April 2010

***Suicide is the leading cause of death in youth 15-24 in Ontario. (Smartrisk Ontario 2009)***

***The impact of suicide is vast and evidence-based research tells us that a combination of prevention methods will decrease this tragedy from occurring in our youth.***

The Thunder Bay Youth Suicide Prevention Task Force (YSPTF) believes that youth input is essential to the prevention of youth suicide. Youth are stakeholders in their own well-being and they have answers and insight into strategies that will work for them.

In October 2007, the YSPTF hosted a facilitated discussion with a diverse group of youth to learn what young people faced as challenges and barriers around youth suicide prevention. The main themes that emerged from the 2007 consultation included not enough trained mental health professionals, real fears of being judged and lack of confidence, parents were scared of the subject, and suicide was not talked about in the community.

In effort to build prevention strategies, the Youth Consultation Sub-committee of the YSPTF decided to repeat the youth consultation conducted in 2007 with a more extensive group of youth. These consultations were targeted at First Nation students in secondary schools across the city and held in the winter of 2009-2010. The sub-committee was co-chaired by Task Force members from Anishnawbe Mushkiki and Ontario Native Women's Association (ONWA). Other members of the sub-committee were from Shkoday Abinojiiwak Obimiwedoan- Neighbourhood Capacity Building Project, Dilico Anishinabek Family Care, Thunder Bay Indian Friendship Centre and the Thunder Bay District Health Unit.

Consultations with youth were held as full-day workshops. All facilitators were trained mental health professionals and schools provided time for their social worker or counsellor to attend with students. Facilitators strived to maintain a positive and healthy environment during each consultation.

Each consultation workshop was opened by a Traditional Coordinator, who explained the significance of cleansing and discussed traditional ways. Students were invited to participate in the opening and share their thoughts.

Following the opening, facilitators showed a video called *Seeking Bimaadiziwin*. This film presents a story about a girl's struggle to find herself, her culture and the hope to carry on. Facilitators used the tool kit that accompanies the film as a discussion guide. Students were invited to talk about many different issues. They were able to relate to many mental health issues through the characters in the video.

After lunch, students participated in group activities and brainstormed answers to a number of questions related to how Thunder Bay can work together to prevent youth suicide. Before the closing with the Traditional Coordinator, facilitators discussed medicine wheel teachings and safety planning. All students received help resources at the end of the session.

The common threads that were revealed in the 2007 consultation with youth are very consistent with the themes that are discussed in this report.

For more information on the video, *Seeking Bimaadiziwin*, visit [www.firstnationinitiative.ca](http://www.firstnationinitiative.ca).

## ***Results of the Youth Consultation Workshops***

Over 200 youth participated in the consultation workshops. During each consultation students were asked the same seven questions. Remarkably all participating students had similar answers.

185 consultation workshop evaluations revealed the following:

- 90% of students felt the workshop content was good or excellent.
- 82% of students felt that the video was very valuable to the session.
- 76% of students felt that the activities helped them learn more about the topic.
- 80% of students felt the information was helpful to them.
- 74% of students felt their understanding of the topic had increased.
- 81% felt that overall the workshop was good/ excellent.

Overwhelmingly, the two activities that students liked best were the *Seeking Bimaadiziwin* video and the following cultural components:

- 7 Grandfather Teachings
- Talking with Traditional Coordinator
- Cleansing
- Medicine Wheel Teachings
- Singing
- Drumming

Seven questions were asked at each consultation and student answers were remarkably similar.

When asked **what are your hopes for the future?** Student's agreed that the three biggest hopes for the future were to graduate school and continue on to post-secondary education, have a good job and an income, and get married and have a family. Other hopes were to be successful, get a drivers licence, learn their culture, achieve goals, travel, and own a home. Student quotes: "be a good role model for my kids" and "have balance in life"

When asked **who supports you through hard times?** The most common response among students was family (including parents, grandparents, siblings, aunts, uncles and cousins). Next, students felt professionals were important supports, and then friends.

When asked **what is your plan to strengthen your spirit?** Students felt that cultural learning and participation in cultural activities were most important. Many students listed healing circles, sweat lodges, cleansings, dancing, drumming, storytelling, the seven Grandfather Teachings, and medicine wheel teachings as most important to strengthening their spirit.

When asked how **history helps us to understand ourselves and our struggles?**

Overwhelmingly, students felt the community needs to learn from past mistakes and we all need to learn to forgive. Students also felt that understanding their culture would help them understand themselves. Student quotes:

“As a community we need to respect one another and appreciate our strengths and values.”

“Knowing the past can help shape the future”

“History of Grandparents and Elders help us to understand our families”

“We are realizing our strengths after hardships”

When asked **what view does the community hold regarding depression and suicide?**

Students felt that the community views depression and suicide in a negative way. They felt that the community doesn't talk about it and that they don't know what to do about it. One student was quoted saying “adults are terrified.”

When asked **how our community can help prevent youth suicides?** Students felt that there is a need for more activities to be available for youth. They would like to have more professional help available and help that is more easily accessible. For First Nations youth, the need to have more traditional and cultural activities is a must.

When asked about what the **biggest barriers to solutions** are, students expressed that they fear being judged, that stigma is a big issue and a lack self-confidence and self-esteem play a part. Other major barriers discussed included not enough funding, problems with drugs and alcohol, and family issues. As well, transportation and the location of mental health services and activities for youth were viewed as barriers. Students also felt that there is not enough adult support and insufficient youth employment opportunities.

The YSPTF noted that the information provided by students through these workshop consultations mirrored the information received from students in 2007. The barriers students felt they faced today are the same barriers as identified three years ago. Consequently, the recommendations for change are also very similar.

## ***Recommendations***

**Recommendation 1: Increased number of culturally-based learning-centred workshops that provide more opportunities for youth to learn about their culture and that engage youth in building their resiliency and coping skills.**

Related evidence:

- Through engagement, youth gain skills and a sense of empowerment, which has been associated with the reduction of risk behaviours and increased participation in positive activities. (Centre of Excellence for Youth Engagement, 2007).
- Effective youth programs need to be designed to meet the social and cultural needs of youth. (Public Health Agency of Canada, 2002)

**Recommendation 2: Increased accessibility to professional services at locations that are convenient to students, as well as culturally-appropriate help services that include telephone, online and written resources.**

Related evidence:

- Successful initiatives for youth are accessible. To reach at-risk youth, programs must go to where the youth are. (Health Council of Canada, 2006)
- No single approach can be effective. Programs need to be comprehensive in terms of combining a number of health issues, as well as a combination of approaches and activities. (Manske & Dobbins, 2002)
- Youth development can be defined as the process where youth are given the supports and services necessary for them to learn the skills and competencies needed to make a successful and healthy transition from adolescent to adulthood. Literature reviewed suggests that programs that utilize a youth development approach are associated with increased positive behaviour and decreased negative behaviour. (OTRU, 2008)

**Recommendation 3: Increased skill-building mental wellness workshops that build self-esteem and increase leadership skills to increase youth resiliency.**

Related evidence:

- Resiliency is a central concept of youth development with the goal not only to reduce unhealthy behaviours, but to increase personal strengths and protective factors. (Gallagher et al, 2005)

#### **Recommendation 4: Increased number of accessible and affordable youth-friendly programs and activities.**

Related evidence:

- Being involved in a variety of activities is associated with positive results for youth. (Centre of Excellence for Youth Engagement, 2007)
- In order to achieve healthy adolescent development, the environment itself must provide youth with a safe place to gather. (The McCreary Centre, 2008)
- Involving youth in a variety of ways - i.e. program development, activities - ensures a higher degree of participation over time, making a higher degree of success more likely. (Health Canada, 2002)
- Youth who have positive peer models are less likely to engage in risky behaviour. (Health Canada 2002)

#### **Recommendation 5: Increased awareness and skill building for younger youth, parents and health professionals at convenient locations to increase the coping skills and resiliency of children at an elementary level and increase supports for families.**

Related evidence:

- It has been consistently shown that engaged youth need supportive adults. (Holden, 2004 & Evans, 2004).
- Training for professionals will increase their understanding concerning youth and mental health issues. The key to successful youth development is meaningful youth involvement with guidance from caring adults in a supportive environment. (Hausmanis, 2004)
- Youth programs must be designed using evidence about “what works”, programs need to be constantly monitored so that improvements can be made. (Health Council of Canada, 2006)
- Effective programs use a comprehensive mix of strategies to promote health and enhance youth development. (Health Council of Canada, 2006)

### **Conclusion**

As a community, it is important that these recommendations be taken seriously. Youth have identified the initiatives that they believe will work for them in creating an environment where they feel supported and feel a connection to the community. These recommendations are strengthened by the fact that they mirror the suggestions provided in 2007, and by research evidence that outlines many of the same strategies to build youth resiliency and coping skills. It is time now for the community of Thunder Bay to move forward in providing the initiatives that will enhance the mental health of our youth and prevent the tragedy of youth suicide.



## ***Appendix A***

### **Members of the Thunder Bay Youth Suicide Prevention Task Force:**

Anishnawbe Mushkiki

Canadian Mental Health Association – Thunder Bay Branch

Catholic Family Development Centre of Thunder Bay

Children's Centre Thunder Bay

Confederation College Oshki Anishnabeg Student Association

Conseil scolaire de district catholique des Aurores boréales

Dennis Franklin Cromarty  
High School

Dilico Anishinabek Family Care

Ka-Na-Chi-Hih Specialized Solvent Abuse Treatment Centre

Lakehead Public Schools

Matawa First Nations Management

Nishnawbe-Aski Nation

Ontario Native Women's Association

St. Joseph's Care Group-Sister Margaret Smith Centre

Shkoday Abinojiiwak Obimiwedoan: Neighbourhood Capacity Building Program

Thunder Bay Counselling Centre

Thunder Bay Catholic District School Board

Thunder Bay District Health Unit

Thunder Bay Regional Health Sciences Centre

William W. Creighton Youth Services