What We Heard

Developing a Life Promotion Plan for the Métis Nation of Alberta

Acknowledgements

Table of Contents

1.0 Introduction

1.1 MNA – Department of Health

The MNA is the governance structure for Métis people in Alberta and is led by a democratically-elected Provincial Council that includes a Provincial President, Vice-President, and six regional Presidents and Vice-Presidents. The MNA works to promote the advancement of Métis Albertans through self-reliance, self-determination, and self-governance.

The MNA's Department of Health is committed to developing policies and implementing programs and services that improve the health outcomes of Métis Albertans. The primary goal of the MNA's Department of Health is to provide culturally appropriate and self-directed health and wellness opportunities addressing the unique health profile of Métis Albertans and their respective communities. This report outlines activities and findings in the preliminary stages of our response to suicide among Métis Albertans.

1.2 Addressing Suicide as a Community Priority

Suicide was as a key priority for Métis Albertans at two province-wide engagements led by the MNA. In 2017, through the MNA's Urban Aboriginal Strategy, Métis Albertans from across the province gathered to talk about the needs of Métis youth and 67% of participants identified suicide prevention as an area of high importance. Engagement participants further emphasized mental health concerns, including attempted suicide and suicidal ideation, were significant challenges faced by Métis people. They also identified a key barrier to supporting Métis youth's mental health and wellness: the lack of culturally appropriate mental health supports for Métis Albertans.

Métis Knowledge Holders

For this report, Métis Knowledge Holders are MNA Citizens who are also standing members of a Métis governing council or committee.

1.3 Project Objectives

The objective of this project was to gather Métis experiences, knowledge, and perspectives related to suicide to inform a Métis-led response to suicide among Métis Albertans. This report details what we heard from engagement sessions with Métis Knowledge Holders and how this has informed the creation of an MNA Life Promotion Guide.

2.0 Methodologies

This project utilized two types of knowledge gathering:

1. A critical scoping review of the academic and grey literature

2. Structured engagement sessions with members of MNA governing councils and committees

Brief methodologies for each type of research are indicated below, with fully-detailed research processes listed in the Appendix.

2.1 Critical Scoping Review Methods

A critical scoping review of the academic and grey literature was conducted to understand how Indigenous Knowledge (IK) was incorporated into suicide awareness interventions across the globe. Our project team was interested in understanding Indigenous people's involvement in creating and implementing suicide programs for Indigenous communities, and the degree IK guided and informed each project. The project team, consisting of MNA staff (including Métis and non-Indigenous co-authors) and University of Alberta School of Public Health partners, worked collaboratively to bring together and interpret information from the critical scoping review process.

For a detailed breakdown of the critical scoping review methodology and how findings were analyzed, see **Appendix A**.

2.2 Community Engagement Methods

Approximately 30 Métis Knowledge Holders participated in facilitated engagements on the topic of suicide.

These engagement sessions included small group discussions and Community-Based Participatory Action Research (CBPR) techniques, such as card storming. Through facilitated discussions, Métis council and committee members were asked about their perceptions of suicide, risks associated with suicide, sources of strength for Métis peoples, and what they would like to see included within a Métis-specific suicide knowledge awareness resource. Discussions took place in culturally safe spaces and incorporated cultural elements and practices where appropriate (i.e., opening and closing prayers, Métis symbols, and music).

MNA staff considered participants' needs and adapted engagement protocols where required. With consent, conversations were audio recorded and later transcribed by MNA staff who removed any identifying information. When participants did not consent to audio recording, MNA staff compiled field notes summarizing the discussions, with permission from everyone present. Participants were provided the opportunity to view the finished transcripts or field notes, redact any of their contributions, or suggest edits before they were sent to academic partners for analysis.

For a detailed breakdown of the MNA's community engagement methodology and how the knowledge was analyzed, see **Appendix B**.
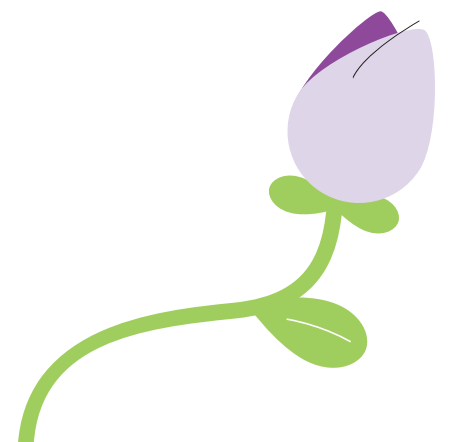
3.0 What We Heard from Métis Knowledge Holders

Four common themes emerged from suicide engagement sessions with the MNA Elders Council, Health Committee, and Provisional Youth Council. The knowledge, perceptions, and experiences of all groups converged on: Métis identity; sources of strength for Métis people; contributing factors to suicide; and suicide prevention best practices.

3.1 Métis Lives, Stories, and Personhood

Who are Métis people?

This question was answered organically throughout discussions with Métis council and committee members, and all three groups described a strong connection to Métis identity contributed to wellness.

Provisional Youth Council

Métis youth shared personal difficulties in feeling a sense of belonging and identity. One youth noted how Métis people may feel excluded from First Nations communities, despite kinship relations, and feel disconnected from non-Indigenous communities for being Indigenous. The Youth Council relayed to MNA staff how opportunities to learn, connect, and discover more about their Métis identities enhanced their sense of belonging and identity, which directly influenced their overall well-being.

Health Committee

Health Committee members mirrored the Youth Council's comments, noting how young people may struggle with a sense of belonging. One Health Committee member mentioned how Métis people are often forced to choose between Treaty status and Métis citizenship (despite having both Métis and First Nations heritage) and how this can impact a person's identity. Colonial influences have erased and oppressed Métis peoples, leading to generational and ongoing impacts on identity. Another member mentioned the Métis as "the forgotten people," who were not constitutionally recognized as distinct Indigenous peoples by the federal government until 1982. To MNA Health Committee members, a sense of belonging, knowing your cultural identity, and having Métis pride were central to well-being.

Elders Council

MNA Elders described Métis people as resilient, survivors, fighters, culturally and spirituality diverse, and proud of their Métis identity. The Elders Council shared stories, life experiences, teachings, and conceptions of what it means to be a Métis person, the history, growing up as Métis, their traditions, and families. Elders shared how some Métis people hid their identity and their cultural activities to avoid discrimination and racism, implying lost cultural knowledge and connection to identity. Elders emphasized the power of connecting with Métis culture and the resilience inherent to the community, indicating suicide programming should be based on these strengths.

Summary

Each engagement session articulated how colonial influences negatively impacted Métis people through attempts to oppress, regulate, and erase Métis identities. All three groups indicated how important it was to have a strong sense of identity and pride in being Métis. Opportunities to connect with one's Métis identity were highlighted as a strength to be factored into suicide knowledge and awareness resources for Métis Albertans.

3.2 Fostering Strength and Resilience Through Connection to Land, Culture, and Community

In understanding the efficacy and importance of strength-based approaches to suicide program development, MNA staff asked Métis council and committee members what gives them strength.

In other words, what factors contribute to the overall well-being and resilience of Métis people in Alberta?

Provisional Youth Council

The Youth Council spoke about how community events such as the MNA's Annual General Assembly, Métis cultural activities, and on-the-land camps contributed to their sense of connectedness and well-being. One council member described on-the-land activities as providing them with a spiritual and/or ancestral connection, whereas Métis community events contributed to their sense of social and cultural connectedness. Youth expressed a strong desire to connect and learn more about Métis traditions and culture, and have Elders be part of the learning experience. It was indicated intergenerational knowledge transfer (e.g., from Elders to youth) helped them understand their cultural identities and histories. Youth continuously voiced how growing these connections to land, culture, and community positively contributed to their wellness.

> "I feel like the land is more of a cultural connection, and especially when you go out and you speak with Elders and you get more of a culture connection to the land and Mother Earth… like connecting us to our ancestors." — MNA Provisional Youth Council member

> "I see how much this camp affected them… hanging out with other Métis kids and learning about their culture… it helps them. And we didn't talk about suicide or mental health, but it improved their mental health." — MNA Provisional Youth Council member

Health Committee

MNA Health Committee members discussed the health and wellness benefits of having opportunities to connect with "Métis" land. One committee member discussed the feelings they had visiting Métis Crossing and how good it was to connect with not only historic Métis land, but land also belonging to the Métis people. Members spoke about how Métis people were disenfranchised from their homelands through the early colonization process (i.e., scrip fraud), pushing many to live on road allowances. It was underscored how places like Métis Crossing, where Métis people can say "This is our land," contributed to their strength and well-being.

Members also voiced a desire to see MNA local offices take a more active role in creating opportunities for communities to connect with culture. One MNA Health Committee member suggested each Métis Local draw upon the knowledge of people in their regions, noting each place is different and has their own "treasures that they can call on." Suggestions included learning about traditional knowledge, medicines, languages, and artforms.

Health Committee members shared they felt today's youth struggled with a sense of belonging and needed more opportunities to connect with culture and community. One member noted how in their youth, relationships with Elders enhanced their sense of connection to identity and culture, and intergenerational relationships would have the same benefits for youth today. Committee members further shared how Métis people need to have pride in who they are.

Having a connection to spirituality and learning about traditional medicines were other sources of strength underscored by the Health Committee, noting spiritual parts of wellness are often neglected today, and this neglect has consequences on well-being. One member spoke about the mental, emotional, physical, and spiritual elements of wellness, and how each part must be nurtured to maintain health and balance.

> "The Elders… they are anxious to share this knowledge with the youth. They want to pass it on, and they want to do what they can to support their community as well. And it helps to build that sense of community when the Elders are involved, and the youth are taught how to be respectful with their Elders." — MNA Health Committee member

Elders Council

The Elders noted it was essential for Métis people to know who they are and be proud of their Métis identity. According to Elders, Métis people can find strength in connecting with their culture, spirituality, religion, ancestors, traditional practices, and the land. Some Elders also noted how a variety of spiritual and cultural practices would benefit Métis people's well-being, including traditional practices such as sweat lodges and pipe ceremonies. Other supporting and meaningful factors were beliefs in a Higher Power and knowing one's unique gifts.

Summary

All three groups spoke about the benefits of strong relationships with Métis culture and land. Members of the Health Committee and Elders Council underscored the importance of being proud to be Métis and connecting with ancestral and spiritual parts of life. The Provisional Youth Council and Health Committee both recognized the wellness benefits of cultural continuity and fostering intergenerational relationships between Elders and youth (Table 1).

Table 1. Sources of Strength & Resilience Voiced by Métis Albertans	
∞ Relationship to the land	∞ Spiritual and/or religious connection
∞ Connection to ancestors	∞ Strong sense of belonging
∞ Strong sense of identity	∞ Connection to community
∞ Connecting with Métis culture and traditions	∞ Intergenerational relationships and knowledge transfer
∞ Knowing your unique gifts	

3.3 Challenges to the Strength and Resilience of Métis People

Provisional Youth Council

Youth indicated colonial influences (i.e., residential school legacy), not feeling supported, media messages about suicide, social norms around alcohol use, stigma, racial discrimination, and difficulties accessing mental health resources as negative influences on individual well-being and contributors to suicide.

One MNA Youth Council member mentioned how the residential school system disrupted kinship ties in Indigenous communities, and the trauma was passed on generationally. Another member noted how Métis people do not receive accessory health care unless covered through their employment and this was a barrier to accessing mental health services. The same council member also described how difficult it can be to access mental health resources due to waitlists, financial inaccessibility, and a lack of resources in rural areas.

Stigma was another highlighted contributor. Some felt stigma was generational and older family members would sometimes encourage silence around issues related to mental health and/or suicide. The Youth Council also noted some youth experiencing suicidal ideation had no idea their peers would support them, referring to times they offered help and the person either did not want help or did not want to accept help.

Health Committee

MNA Health Committee members spoke about the effects of colonial influences on intergenerational wellness, stigma around suicide, and factors influencing youth well-being, such as bullying and social media. One member spoke about how residential school survivors did not have good parenting role models and the effect this had on subsequent generations. Committee members indicated stigma around suicide where silence is encouraged, which may contribute to suicide's overall incidence. Bullying and cyberbullying were also identified as negative influences on the well-being of youth.

Elders Council

The MNA Elders Council echoed the health committee and youth council in relating suicide incidence with colonial influences such as residential schools and ongoing governmental relations, with Elders also mentioning lack of hope and awareness of one's unique gifts, and substance use.

Summary

Feedback from council and committee members underscore the multi-generational impacts of historical and ongoing colonial influences on Métis people. Systems that function to breakdown Métis family and kinship relations, identities, and cultures continue to negatively impact the wellness of Métis Albertans. Stigma around mental health and suicide were voiced in all three engagements as contributors to suicide.

3.4 Suicide Prevention from a Métis Perspective

Provisional Youth Council

Provisional Youth Council members shared what they felt were best practices of suicide prevention in Métis communities. Youth Council members felt programming should: address suicide's root causes, strengthen community and cultural connections, build confidence, focus on strengths, and involve youth role models. As well, suicide prevention programs should also create safe spaces, include hands-on and on-the-land activities, self-care information, anti-stigma initiatives, Elder teachings, traditional languages, social activities, storytelling, be Métis led, and consider the diversity of the Métis.

> *"I have a feeling the real solution is not actually talking about the suicide, it's moving away and trying to just give them something that makes them feel confident and like they belong." — MNA Provisional Youth Council member*

Health Committee

MNA Health Committee members echoed the youth, sharing preventative measures such as mental health awareness, spiritual and traditional teachings like language and on-the-land activities, intergenerational relationships (i.e., relations between Elders and youth), and building cultural and community connections. Committee members also felt suicide prevention programming should include: history, anti-stigma initiatives, sports, focus on strengths, supportive community resources, storytelling, LGBTQ2S+ modules, parenting supports, safety planning, and healthy coping mechanisms.

Elders Council

Members suggested integrating the best of Western healing practices with Indigenous ways of knowing in the creation of Métis-specific suicide programming. Elders felt lessons associated with programming should be given outside the classroom and involve group conversation and storytelling. Safe spaces were important to members of the Elders Council, suggesting activities in culturally safe and/or familiar places like Métis Crossing. Métis Elders also felt suicide programming should be delivered by Métis facilitators and counsellors. Métis Elders further added the way to prevent suicide in Métis communities should be determined by Métis people, with Métis history and spirituality in the content.

Summary

Métis council and committee members all felt a suicide programing for Métis Albertans should include opportunities to connect with culture and community, traditional activities, safe and familiar spaces, Métis facilitators, strength-based approaches, storytelling, intergenerational relations, and activities outside the classroom and on the land. All three groups also felt Métis people's diversity should be considered when developing suicide programming.

4.0 Weaving Métis Knowledge & Critical Scoping Review Findings

The MNA and University of Alberta's School of Public Health conducted a critical scoping review of academic and grey literature to understand how IK was incorporated into suicide programming for Indigenous populations globally. Many of the literature's findings regarding protective and contributing factors, and best practices of suicide prevention, program development, and implementation aligned with what MNA council and committee members shared at our engagement sessions.

4.1 Best Practices of Suicide Prevention

Many programs outlined in the literature were either led by, or created in collaboration with, Indigenous people and utilized strength-based approaches to suicide prevention.[1,2,3] In other words, the programming's focus was not on suicide itself or mitigating associated risks, but on fortifying and developing resilience. Strength-based approaches can draw and build upon personal or local community assets, skills, and strengths.[4]

From the literature, other best practices mirrored Métis Knowledge Holders' suggestions, including: cultural enhancement (e.g., strengthening cultural identity and sense of belonging through traditional activities),[5] traditional healing practices (e.g., sweat lodges, sun dances, pipe ceremonies, focusing on healing the "whole self"),[5] community development (e.g., developing community capacity to respond to issues),[5] life skills training (e.g., activities that develop social, problem solving, decision-making, coping and stress management skills),[5] suicide awareness education,[5] family support (e.g., parenting classes, counselling, etc.),[5] and self-esteem building.[5,6]

4.2 Importance of Indigenous-Led Programming

The literature also underscored the importance of Indigenous involvement and self-determination in suicide programming. Indigenous people should be the "knowledge drivers of change" when it comes to suicide prevention initiatives in their communities,[7] and must lead and control healing efforts in their communities.[8] Métis council and committee members shared a similar point, indicating Métis should be helping Métis when it comes to suicide programming, acting as facilitators and role models.

4.3 Contributing Factors

Métis Knowledge Holders noted factors contributing to suicide incidence, such as colonization, intergenerational trauma, substance use, hopelessness,[9] and marginalization, that were also found in the literature.[8] Other contributing factors found in the scoping review included: low self-esteem,[9] depression,[9] substance use,[9] and self-destructive tendencies.[9]

4.4 Protective Factors

What Métis Knowledge Holders described as "sources of strength" were referred to as "protective factors" in the literature; in other words, factors that can prevent suicidal ideation and/or behaviours. In the literature, a strong sense of cultural identity was described as protective against suicide, and Elders were key transmitters of cultural knowledge to youth.[8] Métis Knowledge Holders corroborated this in engagement sessions, indicating cultural continuity and connections with Elders contributed to their strength and sense of well-being.

4.5 Culturally Safe and Appropriate Content

It was essential for suicide programming to be culturally appropriate and safe for all Métis Knowledge Holders engaged in this project. Findings from the scoping review also recommended programming be both culturally safe and appropriate.[4] Further findings from the scoping review echoed Métis Knowledge Holders' recommendations for programming to include local community knowledge, values, teachings, languages, and culturally resonant elements, such as artwork.[10]

The research also encouraged considering community contexts when creating safe, accessible, and effective programming. Suicide programming should also be informed by each community's unique risk and protective factors,[11] the community's history of suicide,[4] programming timing,[4] geographical influences,[12] and colonization's role and impact on the community.[3] As indicated by Wexler (2016), suicide prevention initiatives should rely on Indigenous ways of knowing, promote relational, familial, social, and spiritual dimensions of self-hood, respect cultural protocols, and adhere to interpersonal practices that allow for respectful, open dialogue. They promote these decolonizing approaches for addressing the root causes of Indigenous suicide.[12]

Decolonization[13]

The work to disassemble settler supremacy by decentering and dismantling colonial institutions, modalities, systems, structures, and ways of knowing and being that continue to dispossess Indigenous peoples of their lands, families, homes, languages, and rights.

5.0 Responding with Life Promotion

In response to what we heard from Métis Knowledge Holders and best practices identified in the critical scoping review, the MNA has created a Life Promotion Guide to assist departments, programs, and interested stakeholders in promoting life.

Table 2. Life Promotion

Suicide prevention and life promotion are interconnected as everything that promotes life can also prevent suicide.[14] However, life promotion is broader than suicide prevention[14] and aims to develop experiences, relational resources, and social conditions that re-engage young people with life.[15] With this said, it is still important to openly discuss suicide as this reduces stigma and promotes open conversation.[14]

This guide describes how community-driven programming that strengthens connection to culture, identity and community are vital in preventing suicide and how these initiatives can be further supported within the MNA. To receive a copy of this guide, or for more information on health initiatives at the MNA please contact the Department of Health at **780-455-2200**, toll-free at **1-800-252-7553**, or by email at **health@metis.org**.

For additional resources or information on directly responding to suicide please consult the Center for Suicide Prevention at www.suicideinfo.ca.

References

1. Henderson, R., Johnson, B., & Crowshoe, L. *Of the Heart: Indigenous Youth Suicide and Prevention.* PolicyWise for Children & Families. Edmonton, Alberta. 2017.

2. Tighe J, McKay K. "Alive and kicking goals!: Preliminary findings from a Kimberley suicide prevention program", *Advances in Mental Health.* 2012 Jun 1;10(3):240-5.

3. Wexler L, White J, Trainor B. "Why an alternative to suicide prevention gatekeeper training is needed for rural Indigenous communities: presenting an empowering community storytelling approach", *Critical Public Health.* 2015 Mar 15;25(2):205-17.

4. Masecar D. *What is Working, What is Hopeful: Supporting Suicide Prevention Strategies Within Indigenous Communities*. Ottawa, Health Canada, First Nation Inuit Health Branch. 2007. Available at http://www.douglas.qc.ca/uploads/File/what-is-working-report.pdf.

5. Kelly, F. *National Youth Council Assembly of First Nations*. Ottawa, Ontario. 2007.

6. Inungni Sapujjijiit Task Force on Suicide Prevention and Community Healing. *Our Words Must Come Back to Us*. Iqaluit, Nunavut. 2003.

7. Wexler L, White J, Trainor B. "Why an alternative to suicide prevention gatekeeper training is needed for rural Indigenous communities: Presenting an empowering community storytelling approach", *Critical Public Health.* 2015 Mar 15;25(2):205-17.

8. Gooda M, Dudgeon P. *The Elders' Report Into Preventing Indigenous Self-Harm and Youth Suicide.*

9. Paul, C. "Early Detection Key to Suicide Prevention", *Micmac News*. 1988 p. 20.

10. Nasir B, Kisely S, Hides L, Ranmuthugala G, Brennan-Olsen S, Nicholson GC, Gill NS, Hayman N, Kondalsamy-Chennakesavan S, Toombs M. "An Australian Indigenous community-led suicide intervention skills training program: community consultation findings", *BMC Psychiatry.* 2017 Dec;17(1):1-5.

11. Mathews-Younes A, editor. *To Live to See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults*. DIANE Publishing; 2011.

12. Wexler L, McEachern D, DiFulvio G, Smith C, Graham LF, Dombrowski K. "Creating a community of practice to prevent suicide through multiple channels: describing the theoretical foundations and structured learning of PC CARES", *International Quarterly of Community Health Education.* 2016 Jan;36(2):115-22.

13. De Leeuw S, Greenwood M. Turning a new page: cultural safety, critical creative literary interventions, truth and reconciliation, and the crisis of child welfare. *AlterNative: An International Journal of Indigenous Peoples.* 2017 Sep;13(3):142-51.

14. Centre for Suicide Prevention. *Community-Led Life Promotion Plans for Indigenous Youth and Communities*. 2019. Available at https://www.suicideinfo.ca/resource/life-promotion-suicide-prevention-indigenous

15. *Action Guide for Communities Bringing Wise Practices to Life* [Internet]. Wise Practices. 2020. Available at https://wisepractices.ca/action-guide-for-communities

Appendix A: Critical Scoping Review Methodology

1.1 Guiding Research Question

How was Indigenous Knowledge (IK) incorporated into suicide knowledge awareness intervention programs?

1.2 Methods

We used a scoping review of academic and grey literature to examine relevant evidence on how IK has been incorporated in suicide awareness interventions. Scoping reviews are conducted to examine previous research activity, disseminate findings, identify gaps in research and/or determine the value of conducting a full systematic review.[1] In this scoping review, a critical lens was applied to conceptualize, map, and identify gaps in the literature and to assess if IK was the guiding principle in developing these programs and interventions. Our critical scoping review applied a two-step process to better align with ethical standards of research involving Indigenous peoples, and to enable IK to inform the evidence appraisal and interpretation: 1) Indigenous and non-Indigenous co-authors synthesized the evidence; and 2) input was sought from a reference group of Métis leaders who are recognized as Knowledge Keepers within the MNA community.

1.3 Search Strategy

Our search process was systematic but also allowed for flexibility following expert recommendations.[2,3] We first developed a list of search terms in consultation with a research librarian and used combinations of the following search terms and their synonyms: (suicid* or "self harm"); (communit* or family or families or caregiver* or gatekeeper*); (awareness or prevent* or know* or educat* or train or trained or training); (indigenous people/ or alaska native/ or american indian/ or canadian aboriginal/ or first nation/ or indigenous australian/ or taiwanese aborigine). Search strategies were used according to the specific features of each database (Appendix 1). The following databases were searched: Prospero, Wiley Cochrane Library, Ovid Embase, Ovid Medline, Ovid Global Health, Ovid PsycInfo, EBSCO CINAHL, EBSCO Socindex, ProQuest Dissertations and These Global, and SCOPUS. All the databases were searched from inception to May 27, 2019. The search strategy included both text words and controlled vocabulary (e.g., MeSH, EMTREE, etc.) for the concepts "Indigenous people" and "suicide prevention" and "community/caregiver awareness". All searches were limited to English language; African and Middle Eastern references were excluded.

We also systematically searched for grey literature (Indigenous texts, songs, videos, artform, reports, etc.) in the following online databases and resource hubs: University of Alberta-Native Studies Databases, National Collaborating Center for Indigenous Health, International Journal for Indigenous Health, Health Canada's National Aboriginal Youth Suicide Prevention Strategy (NAYSPS), Center for Suicide Prevention, and the Thunderbird Partnership Foundation. Additionally, we ran a customized Google Scholar search on the terms "Suicide Prevention" AND (Indigenous or Aboriginal or First Nation or Inuit or Métis OR Native) and examined the first 20 pages of the returned results.

1.4 Paper Selection

We identified 1,032 potentially relevant articles through the academic database searches imported into RefWorks™, a reference management software, and 296 duplicates were removed. The papers were first screened based on their title and abstracts, and then full text. In the first phase of the screening process (title and abstract screening), 736 papers were reviewed and 586 were excluded because the abstract contents did not fit with our review questions. We reviewed the full text of 150 articles, and 117 papers were excluded because they did not closely address our research objectives. Papers were included if: (1) the target population were Indigenous populations of Canada, United States, Australia, and New Zealand; and (2) the papers discussed programs and/or interventions addressing suicide prevention strategies in Indigenous populations. There was no limitation based on study design and source type (academic and grey literate were included). Any literature that did not fit into the above criteria or addressed other mental health prevention programs was excluded. Our final search process resulted in 33 academic papers and 16 documents for extraction.

The following information was extracted from the academic literature into a standard extraction form (Appendix 2): authors, year of publication, type of publication, objectives of the study, country, target population, type of suicide prevention strategy, description of suicide prevention strategy, and main outcomes of the study. We also took detailed notes on how suicide knowledge was defined and if it was defined from the local Indigenous community's perspective, if the local Indigenous communities were involved in developing and implementing the suicide prevention initiative, and if the local Indigenous communities were partners and co-authors in the project. Findings from grey literature were summarized with the following question in mind: What does suicide awareness and suicide prevention mean from an Indigenous perspective?

1.5 Thematic Analysis

We adopted a thematic analysis approach guided by Métis knowledge and practices to synthesize and summarize the findings. Our research team is composed of Indigenous (Métis) and non-Indigenous members. First, two researchers (W.G. and M.L.) independently read all the articles, annotated them, and identified broad topic categories (Appendix 3) and added categories as new topics emerged. The findings from academic literature and grey literature were mapped separately. Next, additional researchers (S.M., A.J., and R.B.) discussed each category and its contents until they reach consensus. After this team meeting, W.G. and M.L. compared and contrasted the various findings to identify recurrent and unique themes. At this stage, the findings from both academic and grey sources were merged and included within the appropriate theme. All researchers reviewed themes, discussed disagreements, and reached a consensus. Each term, phrase, and/or meaning used to build the categories and themes were confirmed with Métis knowledge holders.

References

1. Montesanti, S. R., & Thurston, W. E. (2015). "Mapping the role of structural and interpersonal violence in the lives of women: Implications for public health interventions and policy", *BMC Women's Health*. 15(1), 1-13.

2. Arksey H, & O'Malley L (2005). "Scoping studies: towards a methodological framework", *Int J Soc Res Methodo*. 8(1),19–32.

3. Levac D, Colquhoun H, & O'Brien KK (2010). "Scoping studies: Advancing the methodology", *Implement Sci*. 5, 69.

Appendix B: Community Engagement Methodology & Protocol

1.1 Study Design

Our project is guided by the National Aboriginal Health Organization (NAHO)'s Principles of Ethical Métis Research,[1] to prioritize understanding Métis context, Métis self-determination, and Métis governance within the research process.

Qualitative data was collected through facilitated engagement sessions on suicide through conversational methods (e.g., small group discussions) and activities such as the Card Storming (or Affinity Diagrams) technique.[2]

Cultural practices were incorporated into the engagement process depending on the needs, desires, and protocols of the participant group, including: opening and closing prayers by a Métis Elder, genealogical introductions, and inclusion of Métis symbols (e.g., Métis sash, red river cart, music, etc.) within the research setting.

The intention of these engagements was to create a safe space for Métis people to share their experiences, knowledge, and perspectives as it related to suicide and suicide-specific programming developed for their communities.

1.2 Study Setting

The MNA organized and led three suicide engagement sessions with Métis Albertans. Each engagement session took place in Region 4 (Edmonton), and was facilitated within a safe, accessible, and culturally appropriate space (i.e., MNA Provincial Office and the River Cree Resort) over a four-hour period.
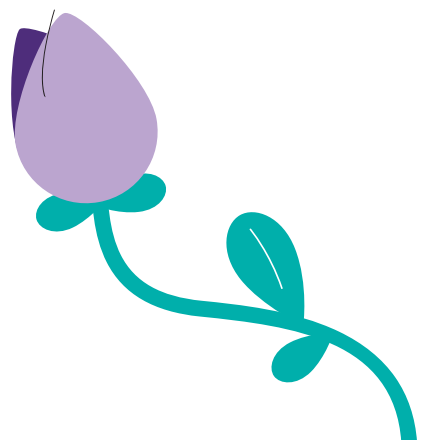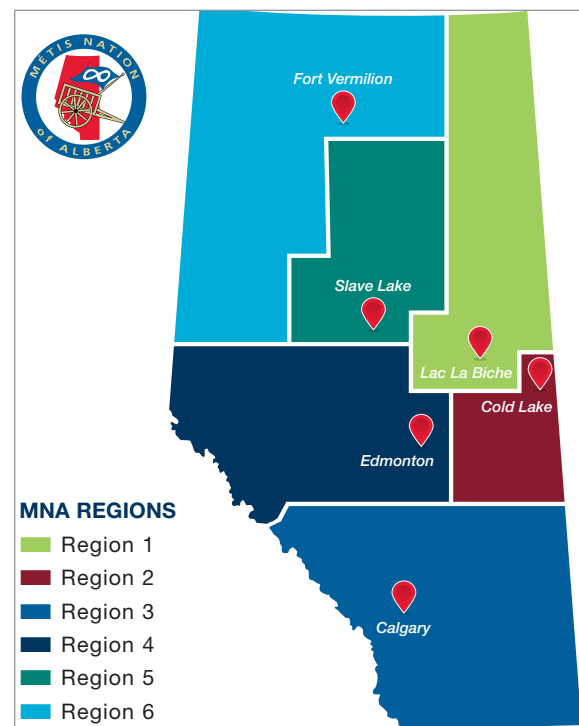
1.3 Study Participants

The MNA identified and invited 30 Métis Knowledge Holders (total) to participate in suicide engagement sessions. In the context of this project, Métis Knowledge Holders are defined as Métis Citizens who are standing members of an MNA governing committee or council.

The MNA invited members of the following MNA governing bodies to participate in suicide engagement sessions: MNA Health Committee, MNA Youth Council, and MNA Elders Council. These committees and councils are comprised of appointed or elected community representatives from each the MNA's six Regions, which span the province of Alberta.

Given the potential risks of discussing suicide in a population with various degrees of unresolved grief, the MNA decided not to engage the general Métis populace for the purposes of this project.

Identified participants were contacted by MNA staff via e-mail, phone, or in person.

MNA REGIONS
- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6

1.4 Study Procedures

Qualitative data collection for this study occurred through facilitated engagement sessions on suicide.

Prior to any data collection, participant information sheets and consent forms were reviewed with participants. Information sheets included the potential benefits and risks of participating in the study, project staff contact information, community resources, the voluntary nature of the engagement, reimbursements, and how participant data would be collected and handled. After this information was thoroughly explained by MNA staff, participants determined whether they would like to consent to the engagement processes. Elders received a $250 honorarium for taking part in the engagement, and all other participants received $100, as per MNA compensation protocols. Mileage, travel, and hotel costs were covered for participants travelling from outside of Edmonton to the engagement.

Suicide Engagements

The MNA Health Committee, MNA Youth Council, and MNA Elders Council were individually invited to participate in one of four engagements regarding their perceptions, experiences, and knowledge of suicide. Each engagement took place at a safe, accessible, culturally appropriate locale in MNA Region 4 (Edmonton).

Activity 1: Each engagement began with an introductory presentation on the project, preliminary research findings, and overview of participant information sheets and consent forms. Consenting participants partook in a small group discussion facilitated by two MNA staff members. Prompting questions included: "When you hear the word 'suicide,' what pops into your mind?"; "In what ways has suicide impacted Métis communities? Why?"; "Are the impacts of suicide in Métis communities different from other communities? Why?"; "What factors make the Métis experience different?"; "What are some sources of strength within your Métis community?"; "How can those sources of strength prevent suicide?" Small group discussions were held for approximately two to three hours.

Activity 2: The second component of the suicide engagement sessions included a Card Storming (or Affinity Diagrams) activity. Each participant was given a marker and a stack of large post-it notes. The group was asked to answer questions by writing down one idea per post-it note. Questions for this activity included: "What would you like to see included within a Métis-specific suicide awareness program?"; and "How would you like this knowledge to be shared?" The post-it notes were placed on a wall, collaboratively organized into themes, and given titles capturing the contents of each category. The Card Storming activity took place over one to two hours.

Each engagement was attended by two to four members of the research team. Métis and non-Métis staff from the MNA led and facilitated the engagement with assistance from University of Alberta partners where appropriate.
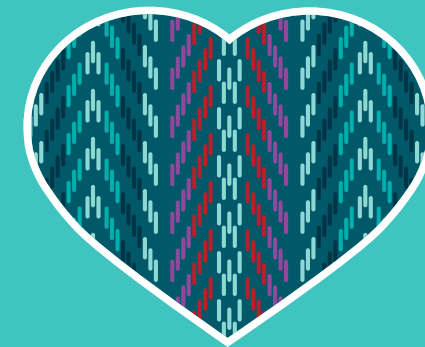
1.5 Data Analysis

When there was group consent, suicide engagements were audio recorded and transcribed by MNA staff. All potentially identifying information of participants and communities was removed from the transcripts. Participants validated the transcripts for accuracy and had an opportunity to supply additional comments or clarification regarding information shared. Participants were given two weeks to review the transcripts and inform the MNA of any adaptations, clarifications, or redactions they would like made.

When group consent was not given to audio record discussions, participants were asked if field notes could be taken. Field notes were compiled by MNA staff and University of Alberta partners and collated into a single "What We Heard" document. Staff at the MNA de-identified the field notes and shared them with participants using the same content validation protocol performed for transcripts.

MNA staff and University of Alberta partners collaboratively coded transcript data into overarching themes using NVIVO software. Codebooks were developed in iterations, individually reviewed, and approved by all project staff. Through this process, meaning was collaboratively derived from knowledge shared across engagement sessions.

References

1. Métis Centre at National Aboriginal Health Organization (NAHO). (n.d.). *Principles of Ethical Métis Research*. Retrieved March 3, 2020, from: https://fnim.sehc.com/SEHCFnim/media/FNIM/resources/M%C3%A9tis%20Centre/2011_04_ethics.pdf?ext=.pdf

2. International Association for Public Participation (IAP2). (2016). *Foundations in Effective Public Participation, Techniques for Effective Public Participation* (pp. 44). Denver, Colorado: IAP2 International Federation.