

Promoting wellness and preventing suicide among First Nations and Inuit – Principles to guide action

GUIDE

KNOWLEDGE TRANSFER

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FOREWORD

The Institut national de santé publique du Québec is a centre of expertise and reference in public health in Québec. Its mission is to support the Minister of Health and Social Services, Santé Québec, the Nunavik Regional Board of Health and Social Services, the Cree Board of Health and Social Services of James Bay and health and social services institutions.

This guide is intended to **support action and reflection on wellness promotion and suicide prevention among First Nations and Inuit.**

It is intended, in particular, for **public health professionals** working in mental health promotion and suicide prevention among First Nations and Inuit.

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CONTEXT

This guide first presents guidelines that position the roles of professionals working in mental health promotion and suicide prevention (hereinafter referred to as "promotion and prevention"), followed by seven **principles** intended to guide action in Indigenous contexts. These principles are drawn from a knowledge synthesis based on publications produced by Indigenous organizations or with significant Indigenous engagement.

In addition, to illustrate how the principles can be applied in practice, the description of the principles is accompanied by **opportunities for action, favourable conditions** and **examples of existing initiatives** in Québec. Two **case studies** also illustrate certain professional situations. These elements are drawn from two sources: 1) consultation with committees (see below) and with personnel working on integrating cultural safety within the Réseau de la santé et des services sociaux (RSSS) (Québec's health and social services network); 2) reference documents produced by recognized Indigenous organizations. It should be noted that the effectiveness of the proposed actions and initiatives was not formally evaluated, but unsystematic observations suggest positive effects or, at the very least, testify to their relevance.

The contents of the guide provide support for the process of adopting a **cultural safety approach** aimed at recognizing and transforming the power imbalances between colonial institutions and Indigenous Peoples (1,2). This process involves creating environments free from racism, where people feel safe, listened to and where they can participate in the decision-making process (Ibid.). It encourages the alignment of promotion and prevention actions with those implemented in clinical settings, which also target the determinants of Indigenous wellness. Moreover, the Act to establish the cultural safety approach within the health and social services network, adopted in 2024, stipulates that Santé Québec and the institutions of the RSSS must collaborate with First Nations and Inuit to implement culturally safe practices (3). The aim of this guide is to contribute to this process.

To ensure the rigorousness and relevance of its content, two different **committees** contributed to the guide's development. An advisory committee was composed of persons from Indigenous organizations, the RSSS and universities. A users committee was composed of persons from the public health network. These committees helped anchor the approach in the realities and needs of Indigenous Peoples, as well as those of professional staff working in mental health promotion and suicide prevention in Indigenous contexts (for more details, see Appendix 2).

HOW CAN THIS GUIDE HELP?

- ▶ **Improve understanding of the principles** underlying wellness promotion and suicide prevention among First Nations and Inuit;
- ▶ **Support the planning of** regional public health activities targeting wellness promotion and suicide prevention;
- ▶ **Promote shared understanding** during discussions with partners;
- ▶ **Help influence decision makers** to take action using organizational levers.

HOW TO POSITION YOUR ROLE IN PUBLIC HEALTH PROMOTION AND PREVENTION?

Public health action with respect to wellness and suicide can be represented in terms of **two complementary approaches**:

1	Promoting wellness	2	Preventing mental health problems and suicide
	Create conditions that promote empowerment and self-fulfillment — e.g., support the mobilization of partners around access to housing, which is a key determinant of wellness (inspired by 1,4);		Reduce risk factors, sometimes for a particular group — e.g., reduce isolation by supporting the creation of spaces for sharing adapted to people experiencing specific issues (inspired by 1,4).

- ▶ In general, wellness promotion contributes to suicide prevention (5,6).
- ▶ Suicide prevention can also take place in a **postvention** context, i.e., following a suicide death (e.g., supporting care activities that are community-based and culturally-rooted, as well as access to appropriate psychological help).

The *Ottawa Charter* (7) proposes **five areas for health promotion action**, within which the principles¹ can be applied:

- 1. Foster the adoption of healthy public policies** (e.g., document the effect of access to culturally safe, community-based education on wellness, to offer as evidence during consultations).
- 2. Create healthy living environments** (e.g., support the adoption of anti-racism practices in the workplace).
- 3. Strengthen autonomous community action** (e.g., support mechanisms for mobilizing community action aimed at identifying local priorities).
- 4. Develop skills that foster wellness** (e.g., support the promotion of intergenerational activities).
- 5. Reduce barriers to accessing health care and social services** (e.g., strengthen continuity and access to culturally-safe services).

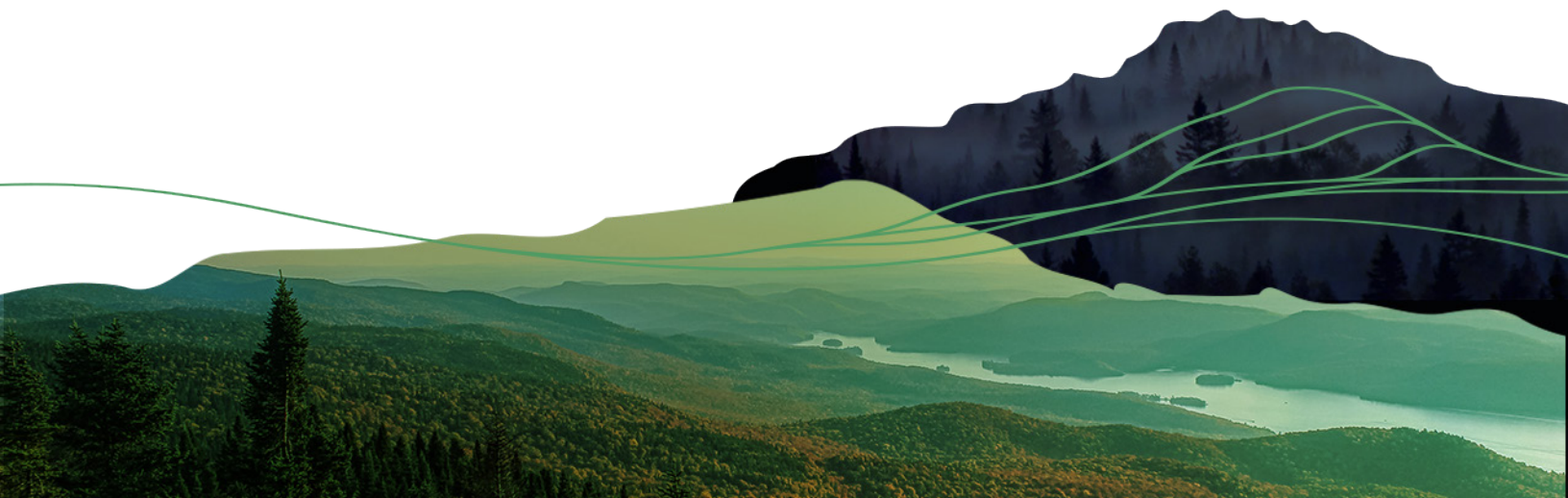
- ▶ Regional public health departments can offer support in these areas of action, while respecting the self-determination of Indigenous organizations.²
- ▶ Action in these five areas sometimes requires mobilizing other relevant partners: in clinical, workplace, community, school and early childhood settings, as well as in municipalities, government departments and agencies.

¹ The principles are presented on page 5.

² See Appendix 1 for alignment with the areas of action, principles and examples of action in the Ottawa Charter.

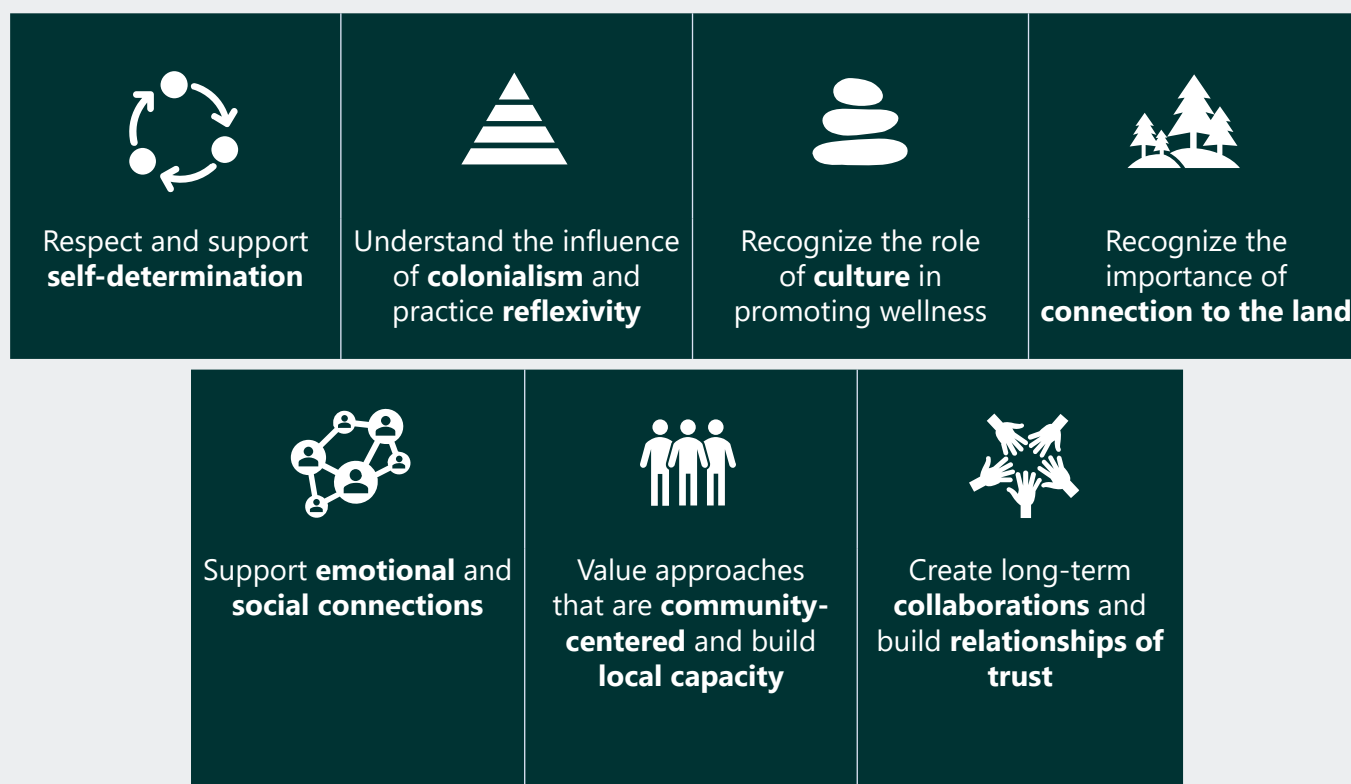
CLARIFICATION OF TERMS USED

- ▶ The term "**Indigenous**" is used in this document to designate all First Nations, Inuit, and Métis individuals and communities, as well as Indigenous Peoples from other territories and continents represented in the literature consulted. When referring to Québec, the term "**First Nations and Inuit**" is usually preferred. Note that no Métis group is legally recognized in Québec. Finally, we recognize that these terms have a homogenizing effect; they are used with the greatest respect for the rich diversity of Indigenous Peoples.
- ▶ An **Indigenous organization** can be defined as a structure or grouping of Indigenous persons, such as non-profit organizations, ethics committees, political representative bodies and band councils. These are organizations that define themselves as Indigenous and can act at a national, regional or local level. They can, for example, offer services to Indigenous populations, and promote the cultures, interests and rights of Indigenous Peoples (8).
- ▶ In common usage, the term Indigenous "**community**" refers to a portion of land inhabited by people united by historical, cultural, familial and linguistic ties, whose administration is governed by legal statute. The term community is preferred to "reserve," which retains a strictly legal meaning. A community can also refer to Indigenous groups in urban settings, composed of people who are not necessarily members of the same Nation, but who share common experiences.
- ▶ The term "**wellness**" is preferred to "mental health" or "well-being." In the view of Indigenous partner organizations, the notion of wellness is focused on healing and associated with an improved state of being.
- ▶ The expression "**life promotion**" is used alongside "suicide prevention," in particular because it is favoured by some Peoples. It reflects a more holistic view of health, moves away from a problem- or deficit-centered approach, and places greater emphasis on the strengths of individuals and communities. In this document, the expression "mental health promotion and suicide prevention" is used when referring to the field of public health practice.



SEVEN PRINCIPLES OF WELLNESS PROMOTION AND SUICIDE PREVENTION

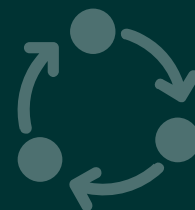
In this guide, a **principle** is defined as a **fundamental guideline that structures and directs** public health **action**. It can serve as a framework for designing, implementing and evaluating interventions. The following seven principles are presented in no hierarchical order.



The principle associated with self-determination is distinguished by its cross-cutting scope: it acknowledges the ability of communities to identify their needs, plan their actions leading toward wellness and implement practices relevant to their realities.

Moreover, although they can be implemented separately, the principles are best mobilized in a complementary manner. An integrated approach is therefore to be preferred, while taking into account the specific characteristics of each context.

RESPECT AND SUPPORT SELF-DETERMINATION



What do we mean?

Self-determination refers to the right of Indigenous Peoples to have the means necessary to control their own destinies (2). This implies that they can administer their own communities and territories, direct social, economic and health programs - where possible administering these themselves - and develop and maintain their own institutional structures, traditions and practices (2,9). This requires professional staff working in promotion and prevention, engage in meaningful consultation with Indigenous organizations that enable them to state their needs and decide on the actions that are right for them, at every stage, from design to evaluation (10,11).

When the needs, values and priorities of Indigenous Peoples are at the heart of decisions that affect them, health promotion and suicide prevention initiatives and programs are more relevant and uptake is easier (10). Studies have also shown that communities that develop, implement and manage their own initiatives ensure they are rooted in local traditions, needs and values, which is linked to lower suicide rates (12-14).



Opportunities for action

For the professional staff of regional public health departments (DRSPs), respecting and supporting self-determination could take the form, at the very least, of **avoiding initiating projects** unless they have been prioritized by the communities. Instead, recommended actions include:

- ▶ **Joining an existing consultative process**, which may be supported by those responsible for cultural safety in a health and social services institution and whose participants include people from Indigenous organizations and from the RSSS.^(*)³

3 (*) The asterisk indicates that this content is based on consultations with representatives of Indigenous organizations and with the RSSS.

- ▶ **Supporting the creation of a community of practice** composed of people representing communities and other organizations concerned with promotion and prevention (*).
- ▶ **Supporting existing initiatives** — e.g., raising awareness about them, supporting them logistically, sharing scientific knowledge (*).
- ▶ **Supporting initiatives aimed at fostering healthy public policy** (1,14-16) — e.g., disseminating portraits of the population's health status — or supporting Indigenous organizations in producing their own portraits, useful for drafting briefs aimed at highlighting local needs to the authorities.
- ▶ **Supporting the evaluation of initiatives carried out by Indigenous communities and considered by themselves to be effective** (1,14), particularly when such evaluations are based on data derived from the observation of practices — e.g., the number of people participating or the satisfaction expressed (1,11) (*).



Favourable conditions

Cultural safety practices can strengthen processes leading to self-determination, and vice versa (17,18). According to the professional staff of the health and social services network consulted, the following elements have proven decisive when attempting to implement this type of initiative:

- ▶ **Cultural safety is an organizational priority** and is supported by senior management (*);
- ▶ **The regional public health department** includes in its regional action plan a commitment to act, in partnership with local Indigenous organizations, to ensure its practices are characterized by cultural humility and a cultural safety approach (19);
- ▶ **The cultural safety team collaborates** with the wellness promotion and suicide prevention team (*);
- ▶ **Members of teams** from within health and social service institutions as well as representatives from Indigenous organizations jointly form committees as part of a cooperative process, which fosters change at the organizational level (*).



Case study

Toward a regional wellness action plan *by and for men in Nunavik**

** This case study is inspired by real events.*

Richard has recently joined the Nunavik Regional Board of Health and Social Services (NRBHSS). He is responsible for the areas of wellness and suicide prevention. The NRBHSS is in the process of revising its regional public health action plan, and Richard's manager has mandated him to identify actions promoting wellness and suicide prevention that are aligned with the needs, priorities and existing initiatives of local Inuit organizations.

Using various NRBHSS contact networks, Richard quickly forms relationships with local organizations. His respect and humility inspire trust. He learns that men's wellness has been identified as a priority for action by communities. He is invited to take part in the first major gathering of men's groups from different Nunavik communities, coordinated by a regional Inuk organization. The aim of this meeting is to identify the needs and priorities for action that can support men's groups, with a view to developing a regional action plan specific to men's wellness.

The meeting doesn't go quite as planned; the men participate actively, but the workshops and conferences initially planned soon give way to moments of shared experience and healing. This "change," in fact, represents what the plan aims to encourage: men speaking up and expressing themselves in a safe environment. In this sense, some of the plan's objectives have already been partially achieved through this meeting. Richard understands the importance of letting oneself be guided by what emerges in this type of context. That said, the content of the men's speeches is also highly relevant to the development of the regional action plan for men's wellness.

At the end of the event, the representatives of the participating groups express the desire to meet again on a regular basis, in order to continue to develop a shared vision of men's wellness, plan coordinated actions and inspire each other. However, organizing these meetings is a demanding task, and will require the involvement of several people. Although it would be desirable for the Inuk regional organization to be able to coordinate future meetings independently, the organization is understaffed and busy with another long-term project.

Given this context, the regional public health department provides the organization with support in searching for the funding required to hire the people needed to organize these meetings, while ensuring that decisions remain entirely guided by the Inuit actors.

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In several northern villages, local men's groups are already active. They meet in community facilities, on the land or sometimes at a member's home. Their activities, communicated by word-of-mouth or on social networks, include kayak-making, hunting, fishing, or sharing and healing workshops.



Examples of existing initiatives

A consultative process focused on cultural safety

Such a process can help improve access to care and social services, while providing a context favourable to the implementation of actions more specifically geared toward promotion and prevention.

- **Formation of a statutory regional committee** including senior management from the Centre intégré de santé et de services sociaux de l'Abitibi-Témiscamingue (CISSSAT) and management from the health centres of the seven Anishinaabeg communities. This committee enables health centre managers to share and prioritize the issues they face, and to develop possible solutions. As needed, CISSSAT representatives may be invited to sit on the regional committee or on local sub-committees, depending on the issues being addressed.
- **Sub-committees** were also formed locally, as required by the issues and needs specific to each health centre.
- **Examples of challenges:** improving the alignment and complementarity of services, clarifying the roles and responsibilities of members of different organizations, facilitating service "navigation" and facilitating access to English-language services.

Briefs produced by Indigenous organizations

Advocacy activities (such as writing briefs, a few examples of which are given below) can be relevant to strengthening Indigenous self-determination.

- *Self-determination, the key to First Nations wellness* - First Nations of Québec and Labrador Health and Social Services Commission (FNQLHSSC) | [Consult the brief here](#)
- *Vers une plus grande reconnaissance et un meilleur soutien de l'action communautaire* - Regroupement des Centres d'amitié autochtones du Québec (RCAAQ) | [Consult the brief here](#)
- *An Integrated Vision of Cultural Safety for the Nunavik Health and Social Services Network* - Nunavik Regional Board of Health and Social Services (NRBHSS) | [Consult the brief here](#)



Example of a role for DRSP staff

Provide data to support the writing process and contribute to the dissemination of briefs.

KEY

- **In green:** collaborative initiative involving a health institution and Indigenous organizations
- **In yellow:** initiative of Indigenous organizations

UNDERSTAND THE INFLUENCE OF **COLONIALISM** AND PRACTICE **REFLEXIVITY**



What do we mean?

Colonialism has shaped the historical and political contexts in which Indigenous Peoples evolve. It refers to "the attempted or actual imposition of policies, laws, mores, economies, cultures or systems and institutions put in place by settler governments," the intent being "to support and continue the occupation of Indigenous territories, [and] the subjugation of Indigenous Nations." These elements are structural determinants that can affect wellness (20). Colonialism has also imposed ideas, opinions and beliefs that lend the appearance of legitimacy to the oppression of Indigenous Peoples (21).

The negative impacts of colonialism on wellness and suicidal behaviour are well documented, in Canada and elsewhere in the world (14,22-24). The systemic processes of social exclusion generated by colonialism engendered collective traumas (25) linked to territorial dispossession, the loss of languages and cultures, the breakdown of community ties, racism and marginalization, which persist to this day (14,22).

Reflexivity, particularly with regard to one's own relationship to colonialism, belongs on the learning continuum leading toward cultural safety. This is part of an ongoing process of becoming aware of one's social position, privileges, unconscious biases, and ways of thinking and acting. The aim is to shed light on the mechanisms that maintain the power imbalances that disadvantage certain populations, including Indigenous Peoples (14). Reflexivity can be practiced at the individual, collective and organizational levels (26).



Opportunities for action

Understanding the influence of colonialism and practicing reflexivity within a regional public health department, could take the form of:

- ▶ **Learning** about the colonial history of Indigenous Peoples in Canada, contemporary realities, experiences of racism and discrimination, and other determinants of Indigenous health (23,27). The *Act to establish the cultural safety approach within the health and social services network* stipulates that ongoing education is mandatory for network professionals (3). Education can involve the use of resources recognized by Indigenous organizations, such as cultural safety training, readings, podcasts featuring Indigenous voices, mentoring, etc.
- ▶ **Reaching out to Indigenous persons and organizations** within the territory covered by the regional public health department, while taking into account their preferences and local protocols (1,11,28). This enables professionals to deepen their knowledge of Indigenous cultures and realities, and develop culturally-safe skills and attitudes. That said, it is normal for misunderstandings related to cultural differences to arise, and to feel discomfort related to these differences, or when certain "mistakes" or "faux-pas" occur (e.g., the significance of silences is misunderstood). However, this discomfort can lessen with regular exchanges.
- ▶ **Encouraging the establishment, within organizations, of spaces for reflecting** on how actions are carried out, such as feedback circles, regular reviews or end-of-project assessments. This practice makes it possible to analyze the quality of relationships with Indigenous organizations, recognize institutional biases and foster organizational learning (*).
- ▶ **Helping to evaluate the impact of cultural safety training** in the RSSS.
- ▶ **Supporting the advocacy activities of Indigenous organizations aimed at impacting the structural determinants closely tied to colonialism** (1,15, 16) — e.g., by providing data for the drafting of briefs aimed at ensuring Indigenous realities are taken into account in public policies.



Favourable conditions

- ▶ **Time and resources are dedicated to developing the skills of public health staff:** this presupposes these elements are included in work plans, along with concrete support from the health and social services organization or institution (29);
- ▶ **Time and resources are set aside for travel to Indigenous communities:** this requires work plans that take such travel into account, as well as the support of managers who encourage and value these relationship-building processes, when they are welcomed by communities (*);
- ▶ **Connections between public health and cultural safety teams are strengthened,** which supports the development and maintenance of meaningful relationships with Indigenous Peoples (*).



Examples of existing initiatives

Directory of training and awareness-raising workshops for the non-Indigenous population

According to the [Montreal Indigenous Community NETWORK](#) (30), this directory aims to help non-Indigenous allies:

- **Learn** about "what to do and what not to do when engaging in this anti-oppression work";
- **Examine** "issues of power imbalances from a systemic perspective";
- **Clarify** "the place of allies, alongside Indigenous communities." In this way, "Participants are invited to reflect on their positionalities, roles and impacts" (30).

Advocacy activities carried out by Indigenous organizations

Achieving cultural safety requires more than individual reflexivity: **acting on structural determinants** to reduce colonial biases can be undertaken to this end.

- [Position paper](#): A bill to be improved in light of the contributions of First Nations and Inuit to Québec society (RCAAQ)
- [Brief: Bill 32, Act to establish the cultural safety approach within the health and social services network](#) (FNQLHSSC)
- Joint declaration of the 14 mayors of [Nunavik](#):
 - "(...) urgently fund essential infrastructure—water, housing, and utilities—so Nunavik communities can effectively prevent and respond to TB [tuberculosis]"
 - "These statistics are a direct reflection of colonial systemic racism that continues to dictate health policy and resource allocation in Québec"



Examples of roles for DRSP staff

- Analyze the organization's training needs and design a cultural safety skills development program.
- Provide local and regional data — e.g., on barriers to accessing health care and services.

KEY

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RECOGNIZE THE ROLE OF **CULTURE** IN PROMOTING WELLNESS



What do we mean?

Culture can be defined as all aspects of a society's way of life, including languages, arts, behavioural norms, institutions, "beliefs, values and customs that are learned, shared, and transmitted through symbols" (31) from generation to generation (32). Culture provides reference points and contributes to the development of personal and relationship skills, especially for Indigenous youth who must navigate several cultural influences (First Nation, urban, etc.).

Moreover, **cultural continuity** - the ability of a community to preserve its collective cultural identity across generations (itself intimately linked to self-determination) - helps strengthen people's identity and sense of belonging (15). In this sense, it constitutes a structural protective factor against suicide among Indigenous Peoples (15).

Culture "as intervention or treatment" refers to promoting life and healing by reclaiming Indigenous culture and identity. Cultural practices such as dancing, singing, hunting, fishing and sharing ancestral knowledge foster cultural belonging and pride, both central pillars of wellness (1,12,16).



Opportunities for action

Within regional public health departments, recognizing the role of culture in promoting wellness could take the form of:

- **Supporting local initiatives that promote the intergenerational transmission** of knowledge and cultural practices. These activities can take place during community gatherings and be held in community centres or respite centers.⁴ It is recommended that translators, Elders and knowledge keepers be remunerated for their contributions (33).

⁴ A respite centre is a facility that provides temporary, often short-term, reception for people in need of care or support, enabling caregivers to take a break and recharge their batteries.

- ▶ **Encouraging initiatives that include land-based activities.** These can have positive effects on one's emotional state, self-esteem, sense of autonomy, sense of belonging, feelings of competence and positive relationships with others (34,35).
- ▶ **Helping to identify people who can contribute to the cultural life of the community** or collective, such as knowledge keepers, healers or artists. Help from others — e.g., in providing transportation or childcare — can also be sought to encourage participation in cultural activities (1,16).



Favourable conditions

- ▶ **Recurrent and flexible funding** for cultural activities (1);
- ▶ **Adapted and accessible spaces** for cultural activities in communities and in urban environments;
- ▶ **Access to the land or its resources** — e.g., sharing traditional food in an urban shelter or community centre.



Examples of existing initiatives

THE SOKERIMOWIN PROGRAM AT THE CENTRE D'AMITIÉ AUTOCHTONE CAPETCIWOTAKANIK (CAAC) IN LA TUQUE

- This healing and recovery shelter is designed for men struggling with problems related to justice, violence, substance abuse, housing or self-esteem. It has been open since 2022.
- Aims to help men reclaim their culture and their social role by teaching the Atikamekw way of living on the land.
- An Elder accompanies the men.
- No time limit on stays.



Examples of existing initiatives (continued)

Community postvention at the Mashteuiatsh Health Centre

- **Crisis response** rooted in the idea that a suicide affects the whole community; aims to reduce the risk associated with the ripple effect and offer comfort.
- **Fire vigils**, guided by a firekeeper, Elders or persons designated to provide cultural care and listening; also present is a community professional.
- **The informal, no-appointment**, no registration setting allows some people to feel more comfortable asking for help.
- **Promotes community ties**: some activities or ceremonies can last from a few hours to a few days. They include food, social connections and spiritual care.
- **Large turnout**: sometimes 100 participants per event, including young people.

Video campaign: "Speak your language, it is good for your kids!"

produced by the Regroupement des centres d'amitié autochtones du Québec (RCAAQ)

- Part of the "Early Childhood Campaign" which stresses the importance of acting early to assist Indigenous families in urban areas, to ensure the development, educational success and wellness of toddlers.
- Emphasizes the importance of languages for cultural continuity.
 - Video available [online](#)



Examples of roles for DRSP staff

- Include measures for supporting local initiatives when engaging in regional planning.
- Help evaluate the effects of initiatives and/or the implementation process.

KEY



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In yellow: initiative of Indigenous organizations



RECOGNIZE THE IMPORTANCE OF **CONNECTION TO THE LAND**



What do we mean?

Connection to the land is a fundamental dimension of Indigenous health and wellness (36).

Indigenous territories consist not only of land, but also of lakes, rivers, coasts, seas and ice, depending on the region. The land is a space for connecting with family, community, with other living and non-living beings and with the universe as a whole (37).

The land fosters cultural continuity and connection to ancestors. The land is a source of healing, learning, knowledge transmission, connection to ancestral practices and positive social relationships essential to wellness (10,14,38). The land is also a place for engaging in subsistence practices, which nourish both body and spirit (36).

In addition, **a sense of responsibility** toward the land can be expressed through community initiatives aimed at protecting it — e.g., protecting caribou and forests — can boost feelings of accomplishment, self-esteem and pride (38).



Opportunities for action

- ▶ **Supporting land-based cultural transmission activities** — e.g., hunting, fishing, gathering, travel, camp stays — and activities focused on the land itself — e.g., stories, songs, celebrations and teachings about sacred sites (16).
- ▶ **Supporting traditional food practices**, from gathering to preparation to consumption. This also includes supporting initiatives in schools and other institutions, both within and outside communities. These practices provide “a gateway to teachings, spirituality, language and meaningful relationships with the land and other beings” (16).
- ▶ **Including discussion of social-ecological issues** — and their links to wellness — when engaging in consultations with Indigenous organizations. This leads to a better understanding of their needs relative to such issues and of initiatives already underway (examples of issues include the impact of climate change, loss of biodiversity, environmental degradation, etc.). It also helps identify possible avenues for support.



Favourable conditions

- ▶ **Access to land** for community members as well as those residing in urban areas — e.g., access to riverbanks;
- ▶ **Funding for the integration of knowledge about traditional food** into school curricula (16).



Examples of existing initiatives

Nunami - *On the land program*

- **Developed by the Nunavik Regional Board of Health and Social Services (NRBHSS)**, Nunami is a program that promotes wellness and prevention through cultural activities and connection to the land.
- **By promoting traditional practices** such as hunting, fishing and food preparation, Nunami aims to reconnect people with their cultural identity, while boosting their self-esteem and community ties and creating healthy coping mechanisms and communication and problem-solving skills.
- **The program is part of a harm reduction and active lifestyle approach**, with a focus on revitalizing Inuit cultural heritage.

[More information here](#)



Examples of existing initiatives (continued)

Fall and spring cultural week in the community of Pikogan (Abitibiwinni First Nation)

- In autumn, community members hunt big game. In this way, children learn to live on the land in the traditional Anichinabe way.
- In spring, the same formula applies, this time for goose and small game hunting.
- Forest outings for young adults:
 - The Health Centre organizes forest outings for young adults aged 16 to 22 who don't have the opportunity to experience the forest with their families.
 - Two hunters go on two four-day outings with four young people. If the hunt is successful, they share the meat among themselves, as tradition dictates.

[More information here](#)

The Agence Mamu Innu Kakussesht (AMIK), a North Shore Indigenous fishing association

- The words *Mamu Innu Kakussesht* mean "all aboriginal fishermen" in Innu-aimun (Innu language).
- **AMIK supports seven Innu communities on the North Shore:**
 - By defending their interests related to fishing and the environment;
 - By developing commercial and FSC fishing (food, social, and ceremonial) and local processing capacity;
 - By carrying out resource conservation activities;
 - By integrating traditional knowledge into these activities.

[More information here](#)



Examples of roles for DRSP staff

- Support community-led evaluations and research groups examining such initiatives.
- Raise awareness of this type of initiative..

KEY

- In green:** collaborative initiative involving a health institution and Indigenous organizations
- In yellow:** initiative of Indigenous organizations

SUPPORT EMOTIONAL AND SOCIAL CONNECTIONS



What do we mean?

Indigenous Peoples generally view health from a holistic perspective, according to which **attachment bond, reciprocity and sharing** between a person and their family, community and environment are paramount (39).

Connections with family, community and Elders promote a positive sense of identity, reduce stress and foster a sense of belonging (14,39,40).

Involving young people in collective activities, with their families or in cultural or political events, for example, enables them to forge or strengthen a sense of belonging to their community and culture (10,14,22), both essential elements of wellness.



Opportunities for action

- ▶ **Supporting the participation of many community members**, including population subgroups and different generations, in life-promoting or socio-emotional development activities (10,39,41,42).
- ▶ **Promoting the importance of "multifunctional" community centres**, which offer activities that can have preventive effects on wellness — e.g., by deepening social relationships through crafts, Indigenous language classes, and community meals — and also provide services that meet urgent needs — e.g., clinical care, material assistance.
- ▶ **Supporting the creation of spaces and infrastructure that encourage meetings** — parks, public squares, campfire areas, community gardens, wharfs, playgrounds, soccer fields, community halls, youth centres, etc. (16).



Favourable conditions

- ▶ **Sustained financial support** — e.g., for "multifunctional" community centres;
- ▶ **Pre-existing intersectoral practices** — e.g., pre-existing links between regional public health departments and clinical, community, school, and municipal personnel, among others;
- ▶ **Public policies that promote the creation and maintenance** of suitable spaces and infrastructure.



Examples of existing initiatives

Inuit Siqinirmiut Quebecmi Ilaujut/Southern Québec Inuit Association (SQIA)

- Community organization offering a safe space for Inuit community members living in southern Québec; it offers:
 - **Community gatherings** and family programming (e.g., children's play area, computers, snacks, emergency clothing, toys and small household items);
 - **Wellness groups and workshops on various themes** (e.g., parenting skills, alcohol consumption, cultural celebrations, youth empowerment, combating food insecurity and creating support networks);
 - **Traditional food services** on occasion.

[More information here](#)

Montréal Autochtone/Native Montreal

- A community development centre, founded by and for Indigenous Peoples, whose mission is to support the holistic health, cultural strength and success of Indigenous families, individuals and community members living in the Greater Montréal area.
- Offers a wide range of health, wellness and social services under one roof, including:
 - **For young people and families:** a youth council, day camps, homework help and language courses;
 - **For adults and Elders:** craft circles and workshops and language courses;
 - **For access to care:** wellness navigators, primary care and psychosocial interventions.

[More information here](#)



Examples of roles for DRSP staff

- Contact "multifunction" centres to identify opportunities for regional public health departments to provide support;
- Help raise awareness of the positive effects of these centres on health determinants

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- In yellow: initiative of Indigenous organizations

VALUE APPROACHES THAT ARE COMMUNITY-CENTERED AND BUILD LOCAL CAPACITY



What do we mean?

Although certain realities are shared, **each nation and community has its own specific characteristics**. For example, several dialects of a language can be spoken within a single nation. Communities are also located in highly diverse environments, whether in the Arctic, on the coast, in the heart of the boreal forest or in urban areas. These characteristics give rise to their own histories and socio-economic profiles (11,28,43).

Promoting community-centered approaches to wellness promotion and suicide prevention means **recognizing this diversity** and striving to **understand the specific needs, strengths and priorities** of each community.

Such approaches may take the form of a community development initiative (1) based on Indigenous culture and knowledge, and a holistic concept of wellness. This type of approach builds on the strengths and capabilities of individuals, organizations and communities. It is community-led, adapted to the community's pace, and designed for long term sustainability.



Opportunities for action

- **Highlighting the strengths and capacities of communities in DRSP publications**, and avoiding presenting only their vulnerabilities. Indeed, a discourse focused on vulnerabilities tends to lay blame on individuals and communities, whereas the causes of many problems are structural. The aim is to highlight strengths, while recognizing the real challenges people face (2,16).

- ▶ **Supporting community-led efforts to mobilize the population, actively cooperating with community organizers.** The aim of such initiatives may be to:
 1. Produce an inventory of strengths and assets — e.g., material and symbolic resources, knowledge, attitudes, values, know-how, and willingness to act;
 2. Identify problems or risks that the community wishes to address;
 3. Prioritize the issues most likely to be positively impacted by drawing on the strengths identified (1).
- ▶ **Identifying and valuing stories of citizen and community participation (16)**, such as the Idle no more movement (45), the [Every child matters](#) annual honour walk in Maniwaki and Gatineau and [Puakuteu](#), a community organization in Mashteuiatsh, founded in 2012 by a group of women committed to their children's education.
- ▶ **Identifying times, places or events** where people, especially young people, seem to thrive, and the conditions and resources that might support them (16).



Favourable conditions

- ▶ **Having the essential resources** (funding, time, skills) to form work committees that represent the diversity of communities;
- ▶ **Having the reliable support of teams** whose composition, experience and flexibility are suited to the complexity of the problems to be solved (28).



Examples of existing initiatives

Development of an awareness campaign to promote life

"Ask for help. You're not alone."

- An initiative of the First Nations of Québec and Labrador Health and Social Services Commission (FNQLHSSC) that reflects the fact that the message of the annual suicide prevention campaign of the Association québécoise de prévention du suicide (AQPS) was out of step with how suicide prevention is viewed in many First Nations communities across Québec.
- The FNQLHSSC team supported the Winneway community, which mobilized around the project, to produce, among other things, a video that is representative of the community's vision, and features local actors.
- According to the FNQLHSSC, "The video shows in a simple manner that we can need help at any time and, above all, that we can have an impact on the lives of those around us."

See the [video](#); see the [poster](#)

Maison Tshimishtin (Tshimishtin House), a respite centre — an initiative of the Uashat Mak Mani-Utenam Band Council

- **Tshimishtin** means "the wind dies down" in Innu-aimun.
- **Non-profit organization offering 24/7 support** to First Nations, conceived of and funded by the community following a suicide cluster in 2015.
- **A meeting place** for people experiencing suicidal episodes, but also for those who need to talk and be listened to (including bereaved families).
- **Based on traditional knowledge**, services are offered in Innu-aimun, Naskapi, French and English. A Shaputuan - a large Innu gathering tent - and a sweat lodge are located outside.
- **Collaboration with other local organizations** — e.g., screen-use workshops, cultural medicine education, community dinners, beading workshops and traditional fruit-picking outings.

See the [facebook page](#) of Maison Tshimishtin



Examples of roles for DRSP staff

- Provide logistical support for this type of initiative.
- Contribute to documenting and raising awareness about this type of initiative.

KEY

- In green:** collaborative initiative involving a health institution and Indigenous organizations
- In yellow:** initiative of Indigenous organizations

CREATE LONG-TERM **COLLABORATIONS** AND BUILD **RELATIONSHIPS** OF TRUST



What do we mean?

Reaching out to Indigenous organizations and maintaining relationships over time makes it possible to build trusting relationships and gain an understanding of one another's needs and expectations (2,43).

Authentic relationships are built on reciprocity, patience and respect for the pace of communities (2).

Sustainable collaborations involve long-term commitment, which benefits all parties and outlasts one-off projects or funding (1,28,46).



Opportunities for action

- ▶ **Identifying organizations** working in mental health promotion and suicide prevention among Indigenous Peoples in the territory, and involving them in the implementation of initiatives — e.g.: federal prevention centres, RSSS institutions, community health centres within and outside of communities, Native friendship centres, Inuit organizations, community organizations, etc. (1,11,28,46).
- ▶ **Identifying the health needs of communities** and finding opportunities for meeting these needs by collaborating with key partners (46).
- ▶ **Paying careful attention to the quality of communication**, in particular by clarifying expectations at the beginning of a project and while it is underway (43).
- ▶ **Encouraging informal meetings** to extend relationships beyond day-to-day work issues (*).



Favourable conditions

- ▶ **The availability of sufficient resources and time** makes it possible to sustain ongoing relationships;
- ▶ **The roles and responsibilities** of the various organizations, programs and agencies involved are clearly defined and recognized(1);
- ▶ **Institutional structures recognize and value the importance of relational work**, even when it does not produce immediate results (*);
- ▶ **Team continuity is assured and expertise preserved**. This is to avoid rupturing the relationship between health and social service institutions and communities (1).





Case study

Engaging in collaborative efforts as a public health professional

Mathilde has just been hired by a regional public health department located outside major urban centres. She is responsible for promoting positive mental health and suicide prevention among First Nations and Inuit. Yet no one on her team is building relationships with the communities. She is aware of the importance of basing her actions on the needs expressed by community members, but where does she begin? How can she initiate relationships and build trust? What is her position within the ecosystem of organizations already working in this field?

In conversation with colleagues, she learns that a few months prior, her CISSS's Indigenous Liaison Officer (Jérôme) launched a **community of practice** bringing together management and staff from **local community health centres** and regional CISSS staff (workers in hospitals, home rehabilitation services, addiction services, etc.).

She contacts Jérôme to find out more about how the community of practice was set up, how it functions and whether she can join. Having had some previous experience working with First Nations, Jérôme explains that, when he assumed his new position, he contacted the health centre managers and visited one of the communities to meet them in person. Together, they identified the areas where coordination between community and CISSS services was most needed. Periodic meetings were set up and were being held at the health centres and in the communities. They enable health centre and CISSS managers and staff to gain a better understanding of each other's realities and constraints, to forge interpersonal relationships and, gradually, to put in place mechanisms that encourage community members to express their needs. These meetings are also aimed at identifying priority actions for improving cultural safety processes within CISSS departments.

Mathilde wishes to join the community of practice, even though it is focused on care and services. During discussions, it becomes clear to her that the public health department could provide support for meeting emerging needs in the area of mental health promotion and suicide prevention. Participating in meetings in the field also gives her the opportunity to talk informally with members of the community, to gain a better understanding of their realities and priorities, and to begin forging relationships with them.



Examples of existing initiatives

Establishment of a **community of practice** with participants from the CISSS Gaspésie and the Gesgapegiag - Baie des Chaleurs and Listuguj Health Centres

- **Composed of about thirty persons:** managers, clinicians and professionals from Mi'gmaq community health centres;
- **Half-day** in-person **meetings** every 6 weeks;
- **Ad hoc working groups** focused on specific issues;
- **Objectives:** improve ease of collaboration and build a network of CISSS teams that have developed culturally safe practices.



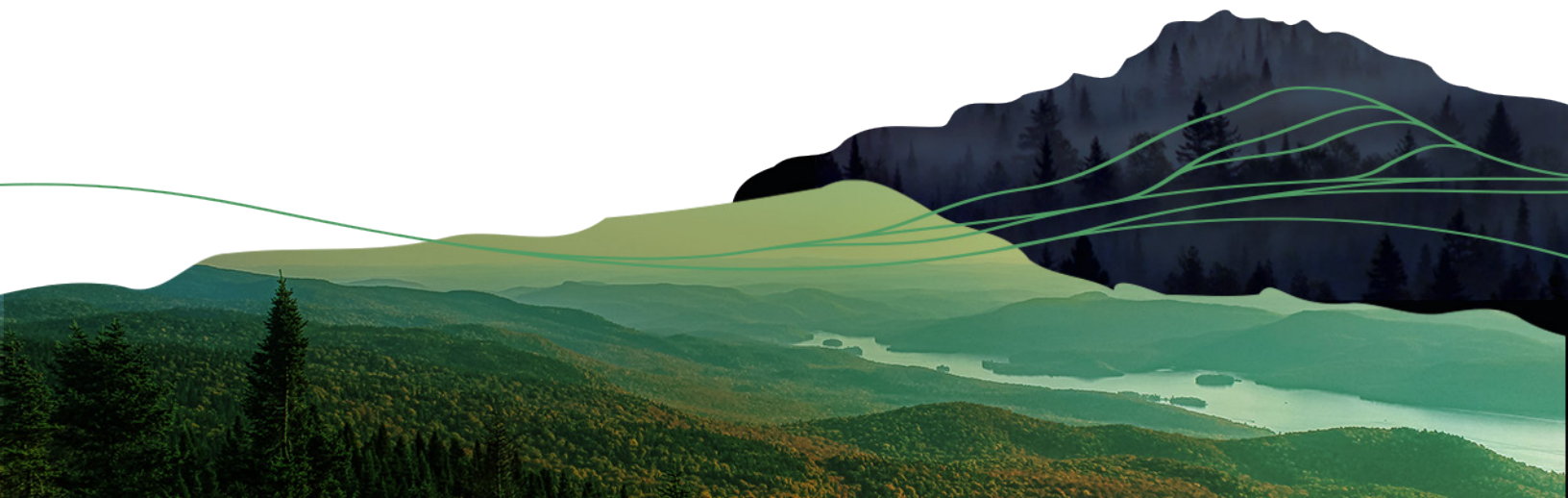
Examples of roles for DRSP staff

- Together with Indigenous organizations, co-construct the framework for a consultative committee or a community of practice: objectives, modes of functioning, rules governing exchanges, etc.
- If required, act as the committee/community of practice facilitator or provide support for facilitation and coordination;
- Circulate information from the committee/community of practice within the relevant health care institutions (e.g., needs, requests for changes in practices, etc.)

KEY

 **In green:** collaborative initiative involving a health institution and Indigenous organizations

 **In yellow:** initiative of Indigenous organizations



TO LEARN MORE

Promoting life and preventing suicide:

- ▶ Thunderbird Partnership Foundation (2015) → [First Nations Mental Wellness Continuum Framework](#)
- ▶ National Collaborating Centre for Indigenous Health (2013) → [Considerations for Indigenous child and youth population mental health promotion in Canada](#)
- ▶ Inuit Tapiriit Kanatami → [National Inuit Suicide Prevention Strategy](#)
- ▶ Centre for suicide prevention (2021) → [A suicide prevention toolkit : Indigenous people, trauma and suicide prevention](#)
- ▶ Wise Practices (2020) → [System-level change for life promotion](#)
- ▶ Wise Practices (2020) → [Action Guide for Communities: Bringing Wise Practices to Life](#)

Governance and self-determination:

- ▶ First Nations Information Governance Centre → [First Nations Data Governance Strategy](#)
- ▶ First Nations of Québec and Labrador Health and Social Services Commission → [First Nations in Quebec health and social services governance project](#)

Historical and political contexts:

- ▶ Truth and Reconciliation Commission of Canada → [Calls to action](#)
- ▶ National Collaborating Centre for Indigenous Health (2015) → [Aboriginal Peoples and historic trauma: The process of intergenerational transmission](#)
- ▶ National Collaborating Centre for Indigenous Health (2012) → [Challenging hidden assumptions: Colonial norms as determinants of Aboriginal mental health](#)

Importance of culture, land, family and community:

- ▶ Thunderbird Partnership Foundation (2018) → [Land for healing: Developing a First Nations land-based service delivery model](#)
- ▶ National Collaborating Centre for Indigenous Health (2013) → [Strengthening urban Aboriginal families: Exploring promising practices](#)
- ▶ First Nations Health Authority → [What is Land-Based Treatment and Healing?](#)

Cultural safety:

- ▶ Ministère de la Santé et des Services sociaux → [Particularités des services aux Premières Nations et aux Inuits](#) et [La sécurisation culturelle en santé et en services sociaux — Vers des soins et des services culturellement sécurisants pour les Premières Nations et les Inuits — Édition mars 2021](#)
- ▶ National Collaborating Centre for Indigenous Health (2022) → [A conceptual framework for Indigenous cultural safety measurement](#)
- ▶ National Collaborating Centre for Indigenous Health (2025) → [Indigenous cultural safety - An environmental scan of cultural safety initiatives in Canada - Chapter 8 - Cultural safety initiatives in Québec](#)

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APPENDIX 1 Links between opportunities for action, principles and areas of health promotion action

Table 1 Links between opportunities for action, principles and areas of health promotion action

	Areas of health promotion action (<i>Ottawa Charter</i>)				
PRINCIPLES	Foster the adoption of healthy public policies	Create healthy living environments	Strengthen autonomous community action	Develop skills that foster wellness	Reduce barriers to accessing health care and social services
 Respect and support self-determination	Support initiatives aimed at fostering healthy public policy (e.g., disseminate population health profiles relevant to these initiatives).	Support the creation of a promotion and prevention community of practice, including people representing communities and organizations.	Support the implementation of existing initiatives and raise awareness of them in communities.		Collaborative initiatives involving Indigenous organizations and health and social service institutions.
 Understand the influence of colonialism and practice reflexivity	Soutenir des Support advocacy activities aimed at influencing structural determinants (e.g., produce or support the production of health profiles that bolster this process).	Actions aimed at preventing racism toward Indigenous Peoples (e.g., training, organizational reflection).			Assess the impact of training on staff.
 Recognize the role of culture in promoting wellness		Support creation of spaces adapted to cultural activities that are accessible in communities and urban environments.	Support local initiatives that promote the intergenerational transmission of knowledge and cultural practices (e.g., community gatherings, cultural festivals, etc.).		Support the integration of collective “cultural care” activities, which complement appropriate psychological assistance in postvention situations (i.e., following a death by suicide).

Table 1 Links between opportunities for action, principles and areas of health promotion action (continued)

PRINCIPLES	Areas of health promotion action (<i>Ottawa Charter</i>)				
	Foster the adoption of healthy public policies	Create healthy living environments	Strengthen autonomous community action	Develop skills that foster wellness	Reduce barriers to accessing health care and social services
 Recognize the importance of connection to the land	Include discussion of socio-ecological issues when engaging in consultations with Indigenous organizations.	Support traditional food practices, from collection to preparation to consumption, particularly in schools.		Support initiatives that promote traditional practices such as fishing and hunting.	
 Support emotional and social connections		Support the creation of spaces and infrastructure that encourage meetings (park, public square, campfire area, etc.).	Promote the importance of "multifunctional" community centres that offer wellness promotion and suicide prevention activities, in addition to providing direct services.	Support initiatives that promote intergenerational relationships.	
 Value approaches that are community-centered and build local capacity	Support the mobilization of partners around the issue of access to housing.	Promote and support respite centres that also serve as meeting places and places of belonging for all members of the community.	Identify and promote stories of citizen and community participation.	Identify moments, places or events where people, especially young people, seem to thrive, so these observations can inform a community development plan.	
 Create long-term collaborations and build relationships of trust	Support Indigenous representation on the decision-making bodies of health care and social services institutions.		Include representatives from Indigenous health centres to improve understanding of local needs and realities.		Facilitate formation of a community of practice bringing together all local actors involved in wellness promotion and suicide prevention.

Note: These actions serve only as examples. They have not been formally evaluated.

APPENDIX 2 Methodological approach and Indigenous engagement

This section describes how the guide was developed. It details the steps taken and indicates the sources of information.

SYSTEMATIZED LITERATURE REVIEW

The **principles** of wellness promotion and suicide prevention presented in this guide are based on a systematized narrative review entitled [*Principles for promoting wellness and preventing suicide among First Nations and Inuit: State of knowledge*](#).

Most of the publications selected for this synthesis were produced either by Indigenous organizations or authors, or were the result of collaboration between non-Indigenous authors and Indigenous organizations.⁵ Indeed, including Indigenous knowledge, ways of being and ways of doing is a criterion indicative of the rigorosity of a literature review concerning Indigenous Peoples, and promotes the relevance of the results (47). The ATSIQAT⁶ grid was used to assess Indigenous engagement in the publications. The methodological quality of the publications was also assessed, using the following grids, recognized in the scientific community: SANRA⁷, AACOD⁸ and CASP⁹. For more details on the methodology of the literature review, see Chapter 2 of that knowledge synthesis.

ADVISORY COMMITTEE

An advisory committee also supported the INSPQ team throughout the development of the knowledge synthesis and guide. The committee was composed of experts, representatives of the INSPQ's Indigenous partner organizations, academics, and professionals from the health and social services network working in wellness promotion and suicide prevention. Its role was to provide feedback, suggestions and advice at every stage of the project, to ensure that the approach and content were consistent with the knowledge, values and needs of First Nations and Inuit.

The INSPQ team would like to acknowledge the richness of the exchanges that took place and warmly thank the members of the advisory committee from the following organizations:

- ▶ Bureau de la collaboration autochtone du CIUSSS Saguenay Lac-Saint-Jean;
- ▶ First Nations of Québec and Labrador Health and Social Services Commission (FNQLHSSC);
- ▶ Direction régionale de santé publique de Montréal du CIUSSS du Centre-Sud-de-l'Île-de-Montréal;
- ▶ First Peoples Wellness Circle;
- ▶ Nunavik Regional Board of Health and Social Services (NRBHSS);
- ▶ Regroupement des centres d'amitié autochtones du Québec (RCAAQ);
- ▶ McGill University, Division of Social and Transcultural Psychiatry and Division of Child Psychiatry.

⁵ Refer to the section "Clarification of terms used" for a definition of an Indigenous organization.

⁶ *Aboriginal and Torres Strait Islander Quality Appraisal Tool*

⁷ *Scale for the Assessment of Narrative Review Articles*

⁸ *Authority, Accuracy, Coverage, Objectivity, Date, Significance*

⁹ *Qualitative Studies Checklist*

KNOWLEDGE USERS COMMITTEE

The production of the guide is also based on consultation with a **users committee**, representing the target audience, i.e., professional public health staff working in mental health promotion and suicide prevention with First Nations and Inuit. Its role was to provide insights into the needs, constraints and context of the people using the guide, with a view to ensuring alignment between these and the contents of the guide. The participants were from 11 health and social services regions in Québec, chosen because of the greater Indigenous presence in these areas.

The consultation process began in the spring of 2024 with a series of **individual meetings** with committee members to whom the project was presented. These meetings also provided an opportunity to start gathering knowledge needs.

A needs **survey** was then carried out in June 2024 on the Voxco platform. This was sent to committee members (n=13) and included 15 questions. All participants responded. The results were analyzed by three people from the INSPQ. Subsequently, a **group meeting** was held in the fall of 2024 to present the survey results and confirm knowledge needs. Preferences for the type of activities and knowledge transfer tool were also discussed. Finally, a second committee meeting was held to validate the knowledge transfer plan.

The members of the user committee are affiliated with the following organizations:

- ▶ Centre intégré de santé et de services sociaux de l'Outaouais;
- ▶ Centre intégré de santé et de services sociaux de la Côte-Nord;
- ▶ Centre intégré de santé et de services sociaux de la Gaspésie;
- ▶ Centre intégré de santé et de services sociaux de l'Abitibi-Témiscamingue;
- ▶ Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale;
- ▶ Centre intégré universitaire de santé et de services sociaux de la Mauricie-et-du-Centre-du-Québec;
- ▶ Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal;
- ▶ Centre intégré de santé et de services sociaux de Lanaudière;
- ▶ Nunavik Regional Board of Health and Social Services;
- ▶ Naskapi local community service centre.

Professionals from the following Indigenous organizations, which fulfill roles similar to those of the RSSS, also participated in the committee:

- ▶ Regroupement des centres d'amitié autochtones du Québec;
- ▶ First Nations of Québec and Labrador Health and Social Services Commission.

COLLECTION OF EXAMPLES OF INITIATIVES IN INDIGENOUS CONTEXTS IN QUÉBEC

To illustrate the application of the principles, members of the advisory committee and the users committee, in addition to professionals working in cultural safety teams in the health and social services network, were invited to submit **examples of successful** wellness promotion and suicide prevention **initiatives**. This exercise was also aimed at contextualizing the principles, highlighting current achievements and inspiring regions and communities.

The initiatives described in the guide were selected using the following **criteria**:

- ▶ **Indigenous governance**: the initiative is initiated, adapted and/or led by Indigenous organizations or with their meaningful collaboration;
- ▶ **Availability of information**: information allowing the initiative to be described in sufficient detail is available;
- ▶ **Mentioned in the literature**: the type of initiative is referred to as encouraging or promising in the scientific or grey literature consulted;
- ▶ **Respect for principles**: the initiative respects the principles of wellness promotion and suicide prevention;
- ▶ **Diversity**: the initiatives, taken together, illustrate a diversity of:
 - nations and communities in Québec;
 - opportunities for action on the promotion and prevention continuum;
 - age categories of the target population;
 - environments (urban, rural, remote, territorial, school, work, community);
 - activities: some being more far-reaching and longer-term, and others being less far-reaching but easier to implement and carry out in the shorter term.

It should be noted that the initiatives presented in the guide were submitted to the advisory and users committees for their opinions.

Subsequent individual meetings were held with committee members or with the people spearheading the initiatives presented, to gather as much information as possible.

Once the initiatives had been selected and their description for the guide had been drafted, **feedback was sought from the people who had proposed the initiatives** so they could comment on and adjust the content.

DEVELOPMENT OF OPPORTUNITIES FOR ACTION, FAVOURABLE CONDITIONS AND PROMOTION AND PREVENTION ROLES

Opportunities for action were developed using two strategies:

- ▶ A general and synthetic description based on the existing initiatives collected;
- ▶ A summary of an action recommended in one or more "flagship" publications, i.e., publications produced by Indigenous organizations, sometimes in collaboration with non-Indigenous organizations, and often cited as references (e.g.: the First Nations Mental Wellness Continuum Framework produced by Health Canada and the *Thunderbird Partnership Foundation*).

Examples of roles for DRSP personnel were developed with the aim of proposing roles that reflect a posture of listening and of support for Indigenous communities. They were drawn from two sources:

- ▶ From the various committee consultations, and
- ▶ From publications on roles for promoting health in the general population, such as the [Référentiel de compétences en prévention et promotion de la santé et des services sociaux du Québec](#) (49) and the INSPQ webpage [Intervenir pour promouvoir la santé mentale de la population](#), whose content was adapted for Indigenous contexts and their associated initiatives.

The same process was used to develop the **favourable conditions**. Some elements, however, stem from logical deductions made by the project team, linking general knowledge of mental health promotion and community development with examples of initiatives proposed by those consulted.

LIMITATIONS

Although several mechanisms (described above) were put in place to encourage **Indigenous engagement** in this project, local Indigenous organizations (e.g., health centres and band councils), as well as individuals from local populations, were not directly consulted. Such consultations are known to be helpful for improving understanding of the needs and priorities of local populations. Moreover, they could have helped clarify the opportunities for action and the favourable conditions relevant to different contexts, in particular by adding knowledge of lived experience, which generally facilitates understanding. This decision was made following discussion with the advisory committee, composed of partner Indigenous organizations (see committee membership on p. 34).

In addition, the **examples of initiatives** provided in this guide are neither exhaustive nor representative of the full range of actions promoting wellness in an Indigenous context in Québec. Rather, their purpose is to facilitate understanding of the principles themselves, illustrate how the principles can be operationalized, and inspire public health professionals.

Finally, we would like to point out that, to the best of our knowledge, there has been no formal evaluation of the effectiveness of the opportunities for action, or of the existing initiatives presented. That said, they were selected because of their perceived relevance to the people consulted, based on, for example, their consistency with the principles of wellness promotion, the degree of Indigenous engagement and participation observed, and the level of acceptance they generated.

POSITIONING

The analysis and writing required for this guide were carried out by two authors who identify with the dominant (White) group. They are informed by their own culture, views regarding mental health and suicide, worldviews and ways of organizing information. Their social and cultural position is necessarily reflected in this guide.



Promoting wellness and preventing suicide among First Nations and Inuit - Principles to guide action

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