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Principles for promoting wellness and preventing suicide among First Nations and Inuit

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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 in carrying out the Minister's public health mission. Its mission is also, to the extent determined by the task entrusted to it by the Minister, to support Santé Québec, the Nunavik Regional Board of Health and Social Services, the Cree Board of Health and Social Services of James Bay and the institutions in the pursuit of their public health mission.

The État des connaissances (State of knowledge) collection brings together under a single banner a variety of scientific productions that synthesize and communicate what science tells us about a given issue, using rigorous methods to identify and analyze scientific literature and other relevant information.

The present knowledge synthesis examines principles of mental health promotion and suicide prevention applicable in Indigenous contexts. A guide for public health professionals has been produced to facilitate the integration of a cultural safety approach into mental health promotion and suicide prevention actions in this context.

This knowledge synthesis was commissioned by the prevention and public health subdivision of the Ministère de la Santé et des Services sociaux (department of health and social services). The conferred mandate is pursuant to the implementation of measure 5.5. of the 2022-2027 Government Action Plan for the Social and Cultural Wellness of the First Nations and Inuit, which aims to integrate cultural safety into mental health promotion and suicide prevention initiatives for First Nations and Inuit. This measure is also part of the Stratégie nationale de prévention du suicide - Rallumer l'espoir (Quebéc's national suicide prevention strategy - rekindling hope).

This document is intended for professionals from the department of health and social services and from regional public health departments who are involved in mental health promotion and suicide prevention, particularly in an Indigenous context.

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HIGHLIGHTS

- The aim of a cultural safety approach is to transform health care and social services so that they better meet the needs and realities of Indigenous Peoples. To date, little has been written about its application within public health. This knowledge synthesis identifies the principles underpinning mental health promotion and suicide prevention initiatives.
- Seven principles put forward by Indigenous Peoples emerge from this analysis:
  - Respect and support self-determination;
  - Understand the influence of colonialism and practice reflexivity;
  - Recognize the role of culture in promoting wellness;
  - Recognize the importance of connection to the land;
  - Support emotional and social connections;
  - Value approaches that are community-centered and build local capacity;
  - Create long-term collaborations and build relationships of trust.
- The self-determination of Indigenous populations is a central, cross-cutting principle underlying the integration of cultural safety into mental health promotion and suicide prevention initiatives. When communities design, implement and evaluate their own initiatives, they see positive impacts.
- A cultural safety approach to mental health promotion and suicide prevention recognizes the influence of structural determinants such as colonialism, racism, marginalization and poverty.
- Opening up a dialogue about lived trauma is part of promoting life and wellness. For Indigenous Peoples, this process of reclaiming ownership of their narrative helps to re-establish cultural and social connections, and can help to break down taboos surrounding suicide.
- Strengths-based approaches to life promotion and suicide prevention value and mobilize the knowledge, skills and protective factors of individuals and communities. Culture is a case in point: Indigenous practices and languages, intergenerational relationships and connection to the land all promote wellness.

SUMMARY

CONTEXT

The state of mental health and high prevalence of suicide mortality among First Nations and Inuit in Québec call for culturally safe mental health promotion and suicide prevention initiatives.

The aim of a cultural safety approach is to transform health care and social services so that they are better aligned with the needs, expectations, rights and identities of Indigenous Peoples. It recognizes the power imbalances, attributable to colonialism, between Indigenous Peoples and actors in the health and social services system. The intention is to ensure that Indigenous Peoples have access to care and service environments that are free from racism and discrimination, where they can feel safe.

To guide the integration of cultural safety into mental health promotion and suicide prevention initiatives in an Indigenous context, this knowledge synthesis aims to identify the principles underlying such initiatives, as put forward by Indigenous Peoples.

METHODOLOGY

The scientific and grey literature reporting on Indigenous principles of mental health promotion and suicide prevention was reviewed using a systematized approach. A principle refers to a fundamental guideline that structures and directs the actions of communities and organizations.

MAIN FINDINGS: DESCRIPTION OF PRINCIPLES

The analysis, based on the 19 publications reviewed, identified seven principles put forward by Indigenous Peoples that should underpin mental health promotion and suicide prevention actions:

Respect and support self-determination

Self-determination refers to the right of Indigenous Peoples to have the means necessary to control their own destinies. This means being in charge of their own programs, from design to evaluation, that meet their specific needs. When mental health promotion and suicide prevention initiatives are guided by the needs, values and priorities of Indigenous Peoples, they are more relevant and appropriate, and therefore encourage participation.

Understand the influence of colonialism and practice reflexivity

Colonialism and racism are major determinants of Indigenous mental health and wellness. They negatively impact mental health, and can lead to behaviours that are detrimental to health and wellness, such as alcohol abuse, violence and self-harm. The documents selected emphasize the importance of reflexivity; that is, the ability to become aware of one's social position, privileges, unconscious biases and thought patterns. This includes recognition of the harmful effects on

mental health of racism and discrimination. This is an essential aspect of committing to health equity for Indigenous populations.

Recognize the role of culture in promoting wellness

Cultural continuity - the ability of a community to preserve its cultural identity across generations - is a protective factor against suicide among Indigenous Peoples. Participating in activities that integrate traditions and contemporary expressions of culture helps one to develop strengths, form connections, develop a sense of belonging, live one's culture and pass it on, all of which can positively impact wellness.

Recognize the importance of connection to the land

Although there is limited evaluation data, organizations implementing initiatives that offer land-based activities are likely to generate strong community involvement. Positive effects on wellness (self-esteem, sense of belonging, ability to cope with stress, for example) have been observed. Connection to the land, a space for connecting with family, community and other living beings, is central to the wellness of Indigenous Peoples.

Support emotional and social connections

Social, familial and informal relationships promote a positive sense of identity, reduce stress and foster a sense of belonging for the whole community. Thus, promotion and prevention initiatives targeting all members of a community can have wider positive impacts, and form part of a holistic view of health and a cultural safety approach.

Value approaches that are community-centered and build local capacity

Although certain realities are shared, each nation and each community has its own specific characteristics, hence the relevance of community-centered approaches. This encourages recognition of the diversity of contexts, and invites understanding of local needs, strengths and priorities.

Create long-term collaborations and build relationships of trust

The data collected highlights the fundamental significance of building relationships with Indigenous organizations and maintaining them over time. Sustainable collaborations based on long-term commitment can foster relationships of trust, which are essential to identifying community needs and realities, and then initiating relevant actions that respond to them.

IN SUMMARY

The self-determination of Indigenous populations is a central, cross-cutting principle of a cultural safety approach to mental health promotion and suicide prevention initiatives. When communities design, implement and evaluate their own initiatives, they see a positive impact on the mental health of their members. The pathway toward cultural safety must include systemic actions aimed at transforming public services, and must go beyond the training of individuals.

Structural factors rooted in power relationships (colonialism, racism, marginalization, poverty) have an impact on suicide rates. A cultural safety approach to mental health promotion and suicide prevention recognizes the influence of these structural determinants.

Opening up a dialogue about trauma is an integral part of promoting life and wellness. Indeed, reclaiming their historical narrative enables Indigenous Peoples to move away from an individualizing discourse, focused on mental disorders and unresolved grief, and toward a narrative that highlights collective and cultural strengths. It can also help break down the taboos surrounding suicide and encourage people to seek help.

Strengths-based approaches, which are integral to life promotion and suicide prevention initiatives that are culturally safe, value and mobilize individual and collective knowledge, skills and protective factors. Culture is a central protective factor for wellness, as expressed through Indigenous practices and languages, intergenerational relationships and connection to the land.

GOING FURTHER

Further efforts are needed to operationalize these principles, adapt them to local contexts and evaluate them according to criteria defined by the communities themselves. A guide for public health professionals accompanies this synthesis.

1 INTRODUCTION

In Québec, a law passed in 2024 obliges Santé Québec and institutions within the Réseau de la santé et des services sociaux (RSSS) (Québec's health and social services network) to collaborate with First Nations and Inuit to implement culturally-safe practices *(Act to establish the cultural safety approach within the health and social services network*, 2024). Prior to this, the Ministère de la Santé et des Services sociaux (MSSS) had begun work on implementing cultural safety in the RSSS by raising awareness among all personnel, board members, senior management and institution managers through online training and the publication of a guide (MSSS, 2021).

1.1 Cultural safety: an approach to improving access to care

Cultural safety, an approach developed at the turn of the 21st century by Irihapeti Ramsden, a Māori nurse and researcher, is aimed at transforming health care and social services such that they more thoroughly consider and better align with the needs, expectations, rights and identities of Indigenous persons (Croteau & Molgat, 2021; Tremblay et al., 2020). It is based on a recognition of the power imbalances between Indigenous persons and practitioners in the Western health care system, and on a commitment to addressing these. This means creating care environments free from racism and discrimination, where Indigenous persons feel safe and are inclined to access services (Wise Practices, 2019b).

In particular, it requires: 1) taking into account the diverse cultural realities, needs, and ways of doing things unique to Indigenous Peoples; 2) recognizing inequities and their relationship to colonial assimilation policies that have had persistent negative impacts on overall Indigenous health; 3) reflecting on health care workers' position of power, beliefs, prejudices, behaviours and attitudes inherited from colonialism; 4) building on Indigenous knowledge and the needs expressed by individuals and communities; 5) developing and maintaining relationships of mutual trust, and working with organizations concerned with Indigenous health (First Nations Health Authority, 2015; MSSS, 2021; Tahatikonhsontóntie' - Qc-NEIHR, 2024).

> A cultural safety approach refers to a process, whereas cultural safety is an outcome whose attainment can only be determined by Indigenous persons (Tahatikonhsontóntie' - Qc-NEIHR, 2024).

1.2 Cultural safety: an approach to recognizing and acting on the determinants of Indigenous health

A complex set of health determinants, that is, of individual, family, community, historical and social factors (MSSS, 2022), influence health throughout the life course. These determinants can negatively impact mental health, including by inviting suicidal thoughts and behaviours. A cultural safety approach involves recognizing the impact of health determinants specific to Indigenous Peoples and acting to address these.

For example, colonialism[1] is a major determinant of Indigenous health (Bergeron, 2022), particularly mental health. It is linked to territorial dispossession, loss of language and culture, breakdown of community ties, marginalization and racism[2] (Morris & Crooks, 2015; Sjoblom et al., 2022). Indeed, racism is not limited to individual relationships; it is embedded in social structures inherited from colonization and its policies (Atkinson, 2017; Bergeron, 2022; Greenwood et al., 2018).

Thus, in Canada as elsewhere, the research community is paying increasing attention to the impact of racism on the mental health of Indigenous Peoples: psychological distress, depression, anxiety and low self-esteem (Heard et al., 2022; Johnson & Sutherland, 2022; McVittie & Ansloos, 2023; Truong & Moore, 2023; Turpel-Lafond (Aki-Kwe), Mary Ellen et al., 2020). These mental health issues can lead to risk-taking behaviours, such as substance abuse, self-harm and aggression (Truong & Moore, 2023). International studies have established a link between racism and suicidal behaviour (Argabright et al. 2022; Goodwill et al. 2021 in Truong & Moore, 2023).

The consequences of racism and marginalization also manifest themselves in living conditions marked by interpersonal violence, family tensions, and material deprivation, as well as poor quality housing and infrastructure limiting, among other things, access to drinking water. These factors create environments where despair thrives, heightening the risk of suicide, particularly among children and young people (Atkinson, 2017; McVittie & Ansloos, 2023).

[1] Colonialism refers to "the attempted or actual imposition of policies, laws, mores, economies, cultures or systems and institutions put in place by settler governments." It is intended to "to support and continue the occupation of Indigenous territories, [and] the subjugation of Indigenous Nations." Colonialism imposed ideas, opinions and beliefs that lent the appearance of legitimacy to the oppression of Indigenous Peoples (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019).

[2] A complex system of ideas, structures, policies, practices and norms that reinforce each other to exclude and unfairly disadvantage some people and communities, and advantage others (Ahuriri-Driscoll et al., 2022).

1.3 Culturally safe population-wide initiatives

Given the current context in which the suicide rate remains much higher among First Nations and Inuit than in Québec as a whole, particularly among young people (MSSS, 2022), the Stratégie nationale de prévention du suicide – Rallumer l'espoir (Québec's national suicide prevention strategy – rekindling hope), of which this synthesis is a part, proposes approaching mental health promotion and suicide prevention interventions from a cultural safety perspective.

To date, efforts to integrate cultural safety have focused on clinical settings, although initiatives do exist in research and education contexts (Tahatikonhsontóntie' - Qc-NEIHR, 2024). To our knowledge, few scientific studies or reports exist concerning cultural safety in public health. One exception is the recent publication of an Indigenous engagement guide for Canadian public health agencies (Indigenous Primary Health Care Council, 2025). This knowledge synthesis aims to fill this gap.

1.4 Objective

To guide the integration of a cultural safety approach into mental health promotion and suicide prevention initiatives in an Indigenous context, this synthesis aims to identify the principles put forward by Indigenous Peoples as the foundation for such action.

In this synthesis, the term "**Indigenous**" is used 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. 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.

2 METHODOLOGY

On the basis of a systematized literature review, this knowledge synthesis aims to answer the question: what are the mental health promotion and suicide prevention principles put forward by Indigenous Peoples in Canada, Australia, New Zealand and the United States (CANZUS). These four countries were chosen because they share similar colonial, cultural and political histories.

2.1 Literature search strategy

A scientific literature search strategy, available in Appendix 1, was developed with a librarian from the Institut national de santé publique du Québec (INSPQ), based on the following concepts: *Indigenous Peoples; mental health promotion; suicide prevention; principles and guidelines (frameworks)*. The aim of the search launched was to identify peer-reviewed articles, written in English or French, from 2003 to the present. In addition, a filter for CANZUS countries was added to the search strategy to limit geographical coverage. Eleven databases were queried: Medline, Embase; PsycInfo; Global Health; CINAHL; Health Policy Reference Center; Political Science Complete; Psychology & Behavioral Sciences Collection; Public Affairs Index; Environment Complete and GreenFILE. After deduplication, the strategy produced a list of 2,714 items.

In addition, a grey literature search was carried out from November 2023 to May 2024. A librarian developed 28 queries that were launched in the Google search engine, the websites of Indigenous health and public health organizations, and grey literature databases.

The detailed methodology is presented in Appendix 1.

The term “**wellness**” is preferred in this synthesis. In the view of Indigenous partner organizations, this term is focused on healing and associated with an improved condition, as opposed to the term "well-being,” which is simply linked to a state of being. The term "**well-being**" is used in this report when citing an author’s own words.

Similarly, 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 term "mental health promotion and suicide prevention" is used when referring to the field of public health practice, and to report the assertions of the authors of the selected documents.

2.2 Document selection

To be selected, a document had to meet the selection criteria (see Table 2 in Appendix 1). For example, the authors had to have analyzed interventions and presented principles. A **principle** is defined as a fundamental guideline that structures and directs action in mental health promotion or suicide prevention.

An initial selection of scientific literature was performed manually by the author using Rayyan software (Ouzzani et al., 2016), based on titles and abstracts. This selection was validated by a collaborator, with a resulting 83 articles retained for full-text review. Based on an inter-rater agreement, seven scientific articles were selected.

To reach saturation of search results in the grey literature, the search continued until the author encountered a full page of 50 results, none of which were deemed relevant on the basis of title. This search identified 37 documents, to which four others were added at the suggestion of the advisory committee. After reading the full text of these 41 documents, twelve were selected. Thus, a total of 19 documents were analyzed.

2.3 Assessment of methodological quality and Indigenous engagement score

The methodological quality of the studies was assessed using three tools (SANRA, AACODS, CASP), adapted to the type of document (Table 3 in Appendix 1).

To determine whether the principles were put forward by Indigenous Peoples, an analysis of Indigenous engagement was carried out using the *Aboriginal and Torres Strait Islander Quality Appraisal Tool* (ATSIQAT) (Table 4 in Appendix 1). This tool makes it possible to assess whether Indigenous populations are directing and guiding research about themselves, whether local cultural protocols are being respected, and whether communities are deriving benefit from studies of which they are the subject.

No document was excluded on the basis of the scores obtained, either for methodology or for Indigenous engagement, but the assessment of the methodological quality and the engagement score of the documents selected were taken into account in the thematic analysis. Greater weight was given to publications by Indigenous authors or organizations when determining the choice of terminology and categorization of themes. Thus, this evaluation made it possible to recognize the value of Indigenous knowledge in supporting mental health promotion and suicide prevention initiatives.

The scores for methodological quality and Indigenous engagement are shown in Table 1. The detailed grids used for analyzing the methodological quality and Indigenous engagement of the selected studies are available on request.

2.4 Extraction and analysis

A data extraction grid including the following elements was developed: study identification data, country, type of document, study objective, methodology (including Indigenous engagement in the research), principles related to mental health promotion and suicide prevention presented by the authors, and limitations identified by the authors. It is available in Appendix 2.

After identifying the principles in the selected documents, a thematic analysis was carried out by the author and her collaborators using an iterative process. The intention was not to identify or enumerate mental health promotion or suicide prevention practices and their effects, but to identify the principles underlying them.

2.5 Advisory committee

Supporting the project team from the outset was an advisory committee composed of representatives and experts from Québec and Canadian Indigenous organizations partnering with the INSPQ, as well as academics and professionals from the health and social services network working in mental health promotion and suicide prevention. The committee's role was to provide advice aimed at ensuring content was consistent with the values and needs of First Nations and Inuit, in particular by confirming the choice of documents and validating the principles identified. The committee met five times during the production of the knowledge synthesis, to provide insights at various stages and to review a preliminary version (refer to the copyright page).

2.6 Peer review

In accordance with the *Cadre de référence sur la révision par les pairs des publications scientifiques de l'Institut national de santé publique du Québec*, a peer review was carried out. The reviewers were asked to validate the accuracy of the content of this synthesis, the relevance of the methods used and the appropriateness of the conclusions.

2.7 Positioning

The extraction and analysis of the results of this synthesis were carried out by the author and non-Indigenous collaborators, who identify with the dominant (White) group, and are informed by their own culture, experiences of mental health and suicide, worldviews and ways of organizing information. The data extraction and analysis may reflect this context.

3 RESULTS

In this section, we present the main characteristics of the selected publications, as well as the seven principles of mental health promotion and suicide prevention that emerged from the analysis.

3.1 Description of publications

Table 1 lists the 19 publications selected from the scientific and grey literature, among which are included 11 literature reviews. Nine of the documents were produced by Indigenous organizations in collaboration with government bodies (references followed by an asterisk* in the table). Some documents are based on extensive consultations with Indigenous groups and communities. Three Canadian documents were produced by the *Thunderbird Partnership Foundation*, an Indigenous organization working in the area of wellness and addictions, in collaboration with Health Canada. Four documents were produced by the *Australian Institute of Health and Welfare - Indigenous Mental Health and Suicide Prevention Clearinghouse*, a think tank specializing in issues surrounding suicide in Indigenous contexts and headed by an Indigenous researcher.

Regarding the specific emphasis of the sources identified, four (n = 4) focus exclusively on suicide among Indigenous youth (Government of Canada, 2003; Johns Hopkins Center for Indigenous Health, 2020; Okpalauwaekwe et al., 2022; Wise Practices, 2019a), nine (n = 9) on mental health promotion (Dudgeon et al., 2014, 2022; Fatima et al., 2023; Ministry of Health NZ, 2020; Okpalauwaekwe et al., 2022; Tagalik, 2009; Thunderbird Partnership Foundation and Health Canada, 2015; Wise Practices, 2019a, 2019b), seven (n = 7) on suicide prevention (Government of Canada, 2003; Inuit Tapiriit Kanatami, 2019; Kelley et al., 2015; Morris et Crooks, 2015; Redvers et al., 2015; Ridani et al., 2015; Sjoblom et al., 2022), and three (n = 3) on both mental health promotion and suicide prevention (Dudgeon et al., 2021; Groves et al., 2022; Johns Hopkins Center for Indigenous Health, 2020).

3.1.1 Quality of selected publications

The results of the assessments of methodological quality and of Indigenous engagement can be seen in Table 1.

The analysis, conducted using the SANRA tool,[3] indicated that the five peer-reviewed narrative reviews were of high quality (Morris & Crooks 2015; Okpalauwaekwe et al., 2022; Redvers et al., 2015; Ridani et al., 2015; Sjoblom et al., 2022). The ATSIQAT analysis of Indigenous engagement in research[4] was low for four of the reviews, which may be due to the format of the publications rather than to a lack of Indigenous engagement. In fact, the editorial formats of scientific articles do not always allow for identification of these factors. Scores for Indigenous engagement in the

[3] *Scale for the Assessment of Narrative Review Articles* (Baethge et al., 2019)
[4] *Aboriginal and Torres Strait Islander Quality Appraisal Tool*

other selected documents range from medium to high. In general, therefore, the results presented in this synthesis come from studies whose Indigenous engagement has been demonstrated.

The systematic review by Fatima et al. (2023), assessed using the CASP *Systematic Review Checklist,*[5] was found to be of medium-high quality. The qualitative study by Kelley et al. (2015) was found to be of medium quality using the CASP *Qualitative Studies Checklist.*[6] Lack of methodological rigour and the absence of information on participant recruitment explain this score.

For grey literature reports, analysis using the AACODS grid[7] indicates that they come from reliable sources and were produced by recognized Indigenous organizations in conjunction with government bodies. The main shortcoming of the studies classified as low and medium was a lack of details on their methodology.

5 *Systematic Review Checklist* (Critical Appraisal Skills Programme, 2018b)
6 *Qualitative Studies Checklist* (Critical Appraisal Skills Programme, 2018)
7 *Authority, Accuracy, Coverage, Objectivity, Date, Significance* (Tyndall, 2010)

Table 1 Characteristics of documents

	Methodology					Country				Mental health/suicide			
Author(s)	Literature review	Qualitative study	Extensive consultations	Theoretical article	Environmental scan	Canada	Australia	New Zealand	United States	Mental health	Suicide	Methodological quality score	Indigenous engagement score[1]
Scientific literature													
Fatima et al. (2023)												High	Medium-high**
Kelley et al. (2015)												Medium	Medium
Morris, M., & Crooks, C. (2015)						Inuit						High	Low
Okpalauwaekwe et al. (2022)												High	Low
Redvers et al. (2015)						Inuit						High	Low
Ridani et al. (2015)												High	Low
Sjoblom et al. (2022)												High	Medium-high**
Grey literature													
Dudgeon et al. (2022)*												Medium	Medium
Dudgeon et al. (2021)*												Medium	Medium
Dudgeon et al. (2014)*												High	Medium
Government of Canada and Assembly of First Nations (2003)*						First Nations						High	High
Inuit Tapiriit Kanatami (2019)						Inuit						ND	High
Johns Hopkins Center for Indigenous Health. (2020)												Low	Medium-high**
Kimberley Groves et al. (2022)*												High	Medium
New Zealand Ministry of Health (2020).												Low	Medium
Tagalik (2009)						Inuit						ND	Medium
Thunderbird Partnership Foundation and Health Canada (2015)*						First Nations						Medium-high	High
Wise Practices. (2019a)*						First Nations						Medium	High
Wise Practices. (2019b)*						First Nations						Medium	High

[1] ATSIQAT's analysis of Indigenous engagement. The ATSIQAT score should be interpreted with caution. Documents rated "low" may have been so rated because the editorial formats of scientific articles do not always allow these elements to be specified (e.g., methodological approach and Indigenous governance).
ND Quality was not assessed due to the type of document (environmental scan or theoretical article).
* Documents produced by Indigenous organizations in collaboration with government bodies.
** Medium-high score: to account for possible omissions in the description of the authors' approach, when the sum of the ATSIQAT score and the number of ND elements exceeded 10, the document was assessed as medium-high.

3.2 Principles of mental health promotion and suicide prevention in an Indigenous context

The seven principles drawn from the literature are presented in no hierarchical order, because they are interrelated. The cross-cutting principle of self-determination is presented first because it underlies all the others.

- Respect and support self-determination;
- Understand the influence of colonialism and practice reflexivity;
- Recognize the role of culture in promoting wellness;
- Recognize the importance of connection to the land;
- Support emotional and social connections;
- Value approaches that are community-centered and build local capacity;
- Create long-term collaborations and build relationships of trust.

3.2.1 Respect and support self-determination

Self-determination refers to the right of Indigenous Peoples to have the means necessary to control their own destinies (Dudgeon et al., 2021). This means being in charge of their programs, from design to evaluation, and implementing activities that meet their own needs (Dudgeon et al., 2022; Redvers et al., 2015). A community's degree of self-determination has an influence on the social and emotional wellness of its members (Dudgeon et al., 2014).

When health promotion and suicide prevention initiatives and programs are guided by the needs, values and priorities of Indigenous Peoples, they are more relevant and uptake is easier, which fosters population participation (Dudgeon et al., 2022; Inuit Tapiriit Kanatami, 2019; Okpalauwaekwe et al., 2022; Sjoblom et al., 2022; Thunderbird Partnership Foundation and Health Canada, 2015). Studies have shown that communities that develop, implement and manage their own initiatives ensure that they are rooted in local traditions, needs and values, and this contributes to suicide prevention (Groves et al., 2022; Ridani et al., 2015; Sjoblom et al., 2022).

Indigenous organizations play a leading role in promoting life and preventing suicide. They provide spaces for community engagement and local and regional governance in which communities themselves can define their strategy for promoting wellness. This is considered good practice in Indigenous contexts (Dudgeon et al., 2021; Kelley et al. 2015). By acting on multiple determinants of health, Indigenous organizations promote holistic models of mental health (Groves et al., 2022; Ministry of Health NZ, 2020).

It seems desirable to **support initiatives that Indigenous communities themselves consider effective**, based on data derived from observing such practices (Sjoblom et al., 2022; Thunderbird Partnership Foundation, 2015); this is the case even when initiatives do not always meet the conventional criteria for evidence-based practices (Redvers et al., 2015; Thunderbird Partnership Foundation, 2015). Indeed, evaluations of such promotion and prevention initiatives or programs remain rare, and rarer still are those associated with Indigenous-led initiatives, and/or that rely on evaluation frameworks that reflect Indigenous conceptions of effectiveness and success (Sjoblom et al., 2022; Thunderbird Partnership Foundation, 2015).

3.2.2 Understand the influence of colonialism and practice reflexivity

Colonialism characterizes the historical and political contexts in which Indigenous Peoples evolve. Colonialism and racism are social, cultural and economic determinants of mental health and suicide in Indigenous contexts (Morris & Crooks, 2015; Wise Practices, 2019a).

The lack of respect for human rights, the stigmatization and the poverty resulting from colonial policies such as residential schools have caused and continue to cause intergenerational trauma linked to the violence experienced (Groves et al., 2022). These traumas have negative effects on mental health and are linked to suicidal behaviour (Dudgeon et al., 2014; Morris & Crooks, 2015; Okpalauwaekwe et al., 2022; Sjoblom et al., 2022; Wise Practices, 2019a). Interventions that take these traumas into account[8] could help reduce addiction, violence and suicide (Morris & Crooks, 2015).

Reclaiming Indigenous voices by collectively telling the truth about the experiences of families and communities (Redvers et al., 2015) can help heal intergenerational trauma. For members of Indigenous communities, talking about trauma, abuse and violence, as well as residual anger related to colonialism, can restore dignity between generations (Dudgeon et al., 2021; 2022) and rebuild identity on positive foundations, such as culture and resilience (Dudgeon et al., 2022).

Reflexivity is part of the learning continuum leading toward cultural safety. This involves 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 (Sjoblom et al., 2022). Cultural safety requires ongoing personal (or individual) and organizational engagement, which entails becoming an ally, creating connections and giving a voice to Indigenous community organizations and people (Wise Practices, 2019b).

[8] *Trauma-informed approaches*, or "*culturally responsive and trauma-informed healing*" (Groves et al., 2022)

3.2.3 Recognize the role of culture in promoting wellness

Culture provides reference points and contributes to the development of personal and relationship skills (Morris & Crooks, 2015), especially for Indigenous youth who must navigate several cultural influences (national, urban, etc.) (Government of Canada, 2003; Okpalauwaekwe et al., 2022; Tagalik, 2009). The ruptures in cultural transmission brought about by colonization have led to the loss of a stable sense of identity, which is a risk factor for suicide (Government of Canada, 2003; Morris & Crooks, 2015; Ridani et al., 2015; Wise Practices, 2019a).

Cultural continuity, the ability of a community to preserve its cultural identity across generations, is a protective factor against suicide among Indigenous Peoples (Dudgeon et al., 2021; Government of Canada, 2003). It helps strengthen identity, providing cultural reference points and a sense of belonging (Ibid.).

A great diversity of cultures exists within different nations, communities (urban, rural, remote), groups, and among Indigenous persons (Dudgeon et al., 2014; Ministry of Health NZ, 2020; Thunderbird Partnership Foundation and Health Canada, 2015). However, **a majority of Indigenous Peoples share a holistic conception of wellness** which is thought to depend on a harmonious balance between physical, mental, emotional and spiritual factors, and on relationships with family, community, the land, ancestors and future generations (Groves et al., 2022; Morris & Crooks 2015; Sjoblom et al., 2022; Wise Practices, 2019a; Dudgeon et al., 2014; Dudgeon et al., 2021; 2022; Kelley et al. 2015; Okpalauwaekwe et al., 2022).

Culture "as intervention or treatment" refers to promoting life and healing by reclaiming Indigenous culture and identity. Thus, cultural practices such as dancing, singing, hunting, fishing and sharing ancestral knowledge are protective factors against suicide, as they foster cultural belonging and pride, both central pillars of wellness (Johns Hopkins Center for Indigenous Health, 2020; Kelley et al., 2015; Ridani et al., 2015; Thunderbird Partnership Foundation, 2015; Wise Practices, 2019a).

In many communities, **Elders are recognized as knowledge keepers who pass on culture and traditions** and help young and old to find their way, and to feel competent and useful (Government of Canada, 2003; Inuit Tapiriit Kanatami, 2019; Sjoblom et al., 2022; Tagalik, 2009; Thunderbird Partnership Foundation and Health Canada, 2015).

Life promotion and suicide prevention initiatives can benefit from the perspectives of a variety of actors, including Elders, youth, other knowledge keepers and traditional healers. There are benefits to integrating their experiential knowledge into public mental health actions (Wise Practices, 2019b).

3.2.4 Recognize the importance of connection to the land

Connection to the land is a fundamental dimension of Indigenous health and wellness (Thunderbird Partnership Foundation, 2015). The land is a space for connecting with family, community, with other living and non-living beings and with the universe as a whole (ibid.)

The land fosters cultural continuity (refer to the principle "Recognize the role of culture in promoting wellness") and connection to ancestors. The land is a source of healing, learning, knowledge transmission and connection to ancestral practices (Dudgeon et al., 2022; Fatima et al., 2023; Sjoblom et al., 2022). It is an important space, a familiar landscape in which to have positive educational experiences and to learn by doing (Government of Canada, 2003; Sjoblom et al., 2022). These experiences build positive relationships and connections with others (refer to the principle "Support emotional and social connections") and with nature, and they foster attachment, which is necessary for wellness (Morris & Crooks, 2015).

The land is also a place for engaging in **subsistence practices** (hunting, fishing, gathering), which provide food, but also enable participation in many cultural practices (Wise Practices, 2019a). Moreover, **a sense of responsibility toward the land**, which can be expressed through activities related to protecting its resources, strengthens a sense of accomplishment, self-esteem and pride (Fatima et al., 2023). As Fatima and colleagues (2023) have pointed out, the importance of connection to the land in promoting mental health among Indigenous Peoples is a very promising field of study that is as yet underdeveloped.

3.2.5 Support emotional and social connections

Within a holistic view of health, a person's **attachment bonds and relationships of reciprocity and sharing** with their family, community and environment are paramount (Dudgeon et al., 2021).

Connections with family, community and Elders promote a positive sense of identity, reduce stress and foster a sense of belonging (Dudgeon et al., 2014; Dudgeon et al., 2022; Okpalauwaekwe et al., 2022; Sjoblom et al., 2022; Thunderbird Partnership Foundation and Health Canada 2015). Social ties are factors that protect against despair, suicidal ideation, and suicide (Government of Canada, 2003; Johns Hopkins Center for Indigenous Health, 2020).

According to Dudgeon and colleagues (2022) social, family and informal relationships have a protective effect on the mental health of all members of a community. Thus, promotion and prevention initiatives that target all members of a community, for example by defining families in the broadest sense (including extended family members), can have a wider positive impact (Dudgeon et al., 2022).

Involving young people in collective activities, such as cultural or political events, enables them to forge or strengthen a sense of belonging to their community and culture (Dudgeon et al., 2022; Morris and Crooks, 2015; Sjoblom et al., 2022) — both essential elements of wellness.

3.2.6 Value approaches that are community-centered and build local capacity

Although certain realities are shared, **each nation and each community has its own unique characteristics.** Indigenous communities are also located in highly varied environments, whether in the Arctic, on the coast, in the boreal forest or in urban areas. These characteristics give rise to the specific realities, histories and socioeconomic profiles of communities (Inuit Tapiriit Kanatami, 2019; Kelley et al., 2015; Redvers et al., 2015).

The state of the population's health and wellness also varies from one community or urban setting to another. Suicide risk factors and mental health protection factors vary, and they combine and interact differently. Communities also have different lived experiences related to suicide and mental health (Kelley et al. 2015; Sjoblom et al., 2022; Thunderbird Partnership Foundation and Health Canada 2015), experiences that can cause trauma and grief, which must be taken into account so as to better identify needs (Kelley et al., 2015; Sjoblom et al., 2022).

Communities themselves are best equipped to anticipate the challenges related to mental health and suicide, and the strategies needed to address these issues (Inuit Tapiriit Kanatami, 2019). Promoting community-centered approaches to wellness promotion and suicide prevention means **recognizing this diversity** and striving to **understand the needs, strengths and priorities** specific to each community (Inuit Tapiriit Kanatami, 2019; Kelley et al., 2015; Ministry of Health NZ, 2020; Redvers et al., 2015).

Approaches that support **community development** (Thunderbird Partnership Foundation, 2015) and build on Indigenous culture and knowledge, as well as local strengths and capacities, are considered community-centered approaches. Flexibility makes it possible to adapt to a community's pace and promote projects that can be sustained over time (Inuit Tapiriit Kanatami, 2019; Kelley et al., 2015).

Anchoring promotion and prevention initiatives in strengths, i.e. recognizing and building on the capacities of individuals, organizations and communities in a positive way, facilitates a shift away from the study of risk factors and disease distribution, which emphasize problems and vulnerabilities (Dudgeon et al., 2014, 2022; Inuit Tapiriit Kanatami, 2019; Okpalauwaekwe et al., 2022; Redvers et al., 2015; Sjoblom et al., 2022; Tagalik, 2009; Wise Practices, 2019a) and away from discourses focused on mental disorders (McVittie & Ansloos, 2023).

The First Nations Mental Wellness Continuum Framework makes clear that communities that have developed their own wellness promotion and suicide prevention plans are particularly well placed to support other communities wishing to engage in this process (Thunderbird Partnership Foundation and Health Canada, 2015). Anchoring community development in strengths can also **facilitate knowledge exchange between communities, allowing them to share what works well and learn from each other's successes** (Redvers et al., 2015).

3.2.7 Create long-term collaborations and build relationships of trust

Some of the selected documents mention working in partnership, collaborating and establishing relationships of trust early on in a project with all the actors, local, provincial and national, who are involved in promoting wellness (Kelley et al., 2015; Ministry of Health NZ, 2020).

Reaching out to Indigenous organizations and maintaining relationships over time is a way to build relationships of trust and to learn about each other's needs and expectations (Kelley et al., 2015). For a non-Indigenous organization, this means allocating human and material resources, as well as the time required for the ongoing engagement of non-Indigenous actors with Indigenous communities (Inuit Tapiriit Kanatami, 2019; Redvers et al., 2015; Ridani et al., 2015; Sjoblom et al., 2022; Thunderbird Partnership Foundation and Health Canada, 2015).

Sustainable collaborations involve long-term commitment, which benefits all parties involved and outlasts one-off projects or funding (Indigenous Primary Health Care Council, 2025; Inuit Tapiriit Kanatami, 2019; Thunderbird Partnership Foundation, 2015).

4 DISCUSSION

Québec's national suicide prevention strategy indicates that it is essential to adopt a cultural safety approach toward mental health promotion and suicide prevention interventions.

This knowledge synthesis identifies seven principles supported by Indigenous Peoples — in Canada, Australia, New Zealand and the United States — to guide action in these areas:

- Respect and support self-determination;
- Understand the influence of colonialism and practice reflexivity;
- Recognize the role of culture in promoting wellness;
- Recognize the importance of connection to the land;
- Support emotional and social connections;
- Value approaches that are community-centered and build local capacity;
- Create long-term collaborations and build relationships of trust.

In this section, four findings that emerge from the analysis of the principles are presented: the centrality of self-determination, the impact of structural determinants on suicide, and the relevance of both trauma-informed and strength-based approaches. Finally, the strengths and limitations of the synthesis are outlined.

4.1 Cultural safety and a population-based approach: the centrality of self-determination

Cultural safety is an expression of the right of Indigenous Peoples to self-determination (NCCIH, 2021, 2024; Assembly of First Nations Québec-Labrador, 2023; Truth and Reconciliation Commission of Canada, 2015). It acts as a lever for the recognition of the legitimacy of their ancestral knowledge, cultural practices and worldviews. Integrating these dimensions into care and service environments, enables Indigenous Peoples to regain power over their health, wellness and life trajectories, factors that influence their wellness (Chandler & Lalonde, 1998; Dudgeon et al., 2014).

This analysis demonstrates that self-determination is a central, cross-cutting principle of mental health promotion and suicide prevention in an Indigenous context. Evidence suggests that when communities themselves design, implement and evaluate their initiatives, they see positive impacts on a range of psychosocial indicators (e.g., self-esteem, sense of belonging and coping skills) (Barnett et al., 2020; Lemaire et al., 2017; Perkins et al., 2025). These data align with previous work associating community autonomy with lower suicide rates (Chandler & Lalonde, 1998; Dudgeon et al., 2014, 2021, 2022; Groves et al., 2022; Ridani et al., 2015; Sjoblom et al., 2022).

Moreover, respect for self-determination can be grounded in multi-sector partnerships that are equitable, sustainable and beneficial to all parties (Indigenous Primary Health Care Council, 2025; Kelley et al., 2015; Ministry of Health NZ, 2020; Thunderbird Partnership Foundation and Health Canada, 2015). Health care and social services institutions, along with their partners and other organizations, have a key role to play: building partnerships based on sustainable structures that extend beyond the actions of individual professionals (NCCIH, 2024). They are also responsible for supporting the development of cultural safety competencies (MSSS, 2021), in particular through active learning. This may involve engaging with Indigenous Peoples in land-based learning (Inuit Tapiriit Kanatami 2019; Sjoblom et al. 2022; Thunderbird Partnership Foundation and Health Canada 2015).

4.2 Recognizing the structural determinants of suicide

The literature analyzed demonstrates that suicide in Indigenous contexts is influenced by structural factors rooted in power relationships (colonialism, racism, marginalization, poverty) (Thunderbird Partnership Foundation and Health Canada 2015; NCCIH, 2024). These factors limit opportunities throughout people's life trajectories and weaken cultural continuity in communities (Dudgeon et al. [2021]; Government of Canada, 2003).

The cultural safety approach to mental health promotion and suicide prevention helps make evident the adverse influence of these determinants on health and wellness, and leads toward more appropriate, relevant public health actions, implemented by or in collaboration with Indigenous Peoples.

4.3 Addressing trauma with sensitivity

Opening up a dialogue about trauma is an action that promotes life and wellness, because it enables Indigenous Peoples to reclaim their historical narrative. This process promotes the re-establishment of cultural and social connections, as was emphasized by both Dudgeon and colleagues (2022) and Redvers and colleagues (2015). Commissions of inquiry held in Québec and across Canada, most notably the Truth and Reconciliation Commission of Canada (2015), have specifically endeavoured to tell the story of colonial history and its effects on all the determinants of Indigenous health, through the lens of survivor testimony and expert findings (Truth and Reconciliation Commission of Canada, 2015; Viens, 2019).

Reclaiming history in this way can also help break the taboos surrounding suicide and encourage help-seeking (Wexler & Gone, 2012). However, these exchanges must be conducted with great sensitivity and with detailed knowledge of the local context to avoid reigniting traumas or reinforcing a feeling of powerlessness (Heard et al., 2022).

4.4 Building on collective strengths

A cultural safety approach values and mobilizes the existing knowledge, skills and assets of individuals, communities and Nations. This approach is consistent with the principles underlying mental health promotion and suicide prevention in Indigenous contexts, where emphasis is placed on building the capacities of individuals, organizations and communities, rather than on a damage-centered narrative or on mental disorders (McVittie & Ansloos, 2023). Focusing solely on vulnerabilities runs the risk of placing responsibility on individuals or communities, whereas many causes are structural. The challenge is therefore to build on strengths, while recognizing the real challenges that exist (Tahatikonhsontóntie' - Qc-NEIHR, 2024; Wise Practices, 2019a).

Culture is a collective strength. Cultural practices, Indigenous languages, intergenerational connections and connection to the land all contribute to wellness. Some initiatives identified through this analysis of the literature integrate culture as intervention, by mobilizing traditional knowledge in healing, education and prevention activities (Barnett et al., 2020; Lemaire et al., 2017; Perkins et al., 2025). Activities centered around collective strengths and culture are considered more relevant and acceptable by Indigenous communities than standardized Western models.

4.5 Strengths and limitations of this knowledge synthesis

This synthesis is based on a rigorous approach. It is worth highlighting the attention paid to certain criteria indicative of Indigenous engagement. An advisory committee, composed of experts from Indigenous and public health organizations, supported the project team throughout. In addition, assessment of the quality of the publications selected was not limited to the application of classic criteria specific to literature reviews: the level of Indigenous engagement was also evaluated and integrated into the analysis of the results.

That said, this synthesis does carry certain limitations. Because it focuses on the identification of principles without providing any - or very few - practical examples, the operationalization of those principles is only considered in relatively abstract terms. Moreover, the principles identified are formulated in somewhat general terms, and classified into categories that are not mutually exclusive, resulting in some overlapping of principles, which can make them more difficult to grasp.

Finally, despite the attention paid to this aspect, the effectiveness of the process of identifying Indigenous engagement proved limited.

5 CONCLUSION

This knowledge synthesis highlights the principles put forward by Indigenous Peoples to promote mental health and prevent suicide. These principles are:

- Respect and support self-determination;
- Understand the influence of colonialism and practice reflexivity;
- Recognize the role of culture in promoting wellness;
- Recognize the importance of connection to the land;
- Support emotional and social connections;
- Value approaches that are community-centered and build local capacity;
- Create long-term collaborations and build relationships of trust.

These principles are consistent with a cultural safety approach. However, further efforts are needed to put the principles presented into practice, adapt them to local contexts and evaluate them according to criteria defined by communities themselves. To support this move toward operationalization, a guide has been produced for public health professionals to accompany this synthesis.

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APPENDIX 1 DETAILED METHODOLOGY

Scientific literature search strategies

Eleven databases were queried: Medline, Embase; PsychInfo; Global Health; CINAHL; Health Policy Reference Center; Political Science Complete; Psychology & Behavioral Sciences Collection; Public Affairs Index; Environment Complete and GreenFILE.

The queries were made between November 24 and 27, 2023.

Medline search strategy (OVID platform)

#	Query	Results
1	"American Indian or Alaska Native"/ or exp "Indians, North American"/ or Indigenous Peoples/ or "Native Hawaiian or Other Pacific Islander"/ or (aborigin* or aleut* or (america* adj2 indian*) or amerind* or autocht* or eskimo* or (first adj (nation$1 or people*)) or indigenous or innu* or inuit* or inuk* or inupiat* or iroquoi* or kalaallit* or metis or tribal or tribe or tribes).ti,ab,kf. or ((isolated or remote or under-served or underserved) adj3 (band or bands or communit* or reservation* or reserve or reserves)).ti,ab,kf. or (abena* or "ai/an" or algonqui* or anishina* or apache* or arapaho* or assiniboine* or at?ikame* or beothuk* or blackf##t or cabazon* or caddo* or cherokee* or cheyenne* or chickasaw* or chippewa* or chitimacha* or choctaw* or cocopah* or "coeur d'alene" or comanche* or coushatta* or cree* or cri or cris or dene* or duwamish* or elwha* or flathead* or goshute* or ho-chunk* or hoopa* or hopi or hopis or huron* or jatibonicu* or jumano* or kalapuya* or kiowa* or kootenai* or lakota* or lemhi* or makah* or malecite* or maliseet* or maori* or mechoopda* or menominee* or miccosukee* or "mi'#maq" or "mi'#maw" or micmac* or mohawk* or mohegan* or muscogee* or nakota* or naskap* or navajo* or "nez p?erce*" or oneida* or "o'odham*" or osage* or passamaquodd* or pawnee* or "pend d'oreille*" or pequot* or pima or pimas or pomo or pomos or potawatomi* or pueblo* or quinault* or "s'klallam" or salish or saponi or saponis or seminole* or shawnee* or shoshone* or siletz or sioux or spokane or suquamish or taino or tainos or tlingit* or tohono or tunica-biloxi or tunicas or tuscarora* or umatilla* or umpqua* or ute or utes or waccamaw* or wampanoag* or washoe* or wendat* or wiyot* or yakama*).ti,ab,kf.	185,949
2	((((mental or emotional or psychological) adj3 (health or wellbeing or "well-being" or wellness or distress)) or flourish*) adj3 (promotion* or campaign* or strateg* or protection* or prevention* or practice* or principle* or action* or framework*)).ti,ab,kf.	10,410
3	(((suicid* not "assisted suicide*") or parasuicid* or "fatal attempt*" or ((attempt* or desir* or inten* or want* or wish*) adj2 die) or ((kill* or attempt* or destruction* or harm* or injur*) adj1 (themselves or oneself or self)) or (tak* adj2 "own li#e$1")) adj3 (promotion* or campaign* or strateg* or protection* or prevention* or practice* or principle* or action* or framework*)).ti,ab,kf.	9,816
4	(("mental health"/ or "suicide,completed"/ or "suicidal ideation"/ or "suicide, attempted"/ or "suicide"/) and ("Health Promotion"/ or "Preventive Health Services"/)) or "Suicide Prevention"/	13,280
5	(((mental adj (health or wellbeing or "well-being" or "wellness")) or (health adj1 promot*)) and (aborigin* or aleut* or (america* adj2 indian*) or amerind* or autocht* or eskimo* or (first adj (nation$1 or people*)) or indigenous or innu* or inuit* or inuk* or inupiat* or iroquoi* or kalaallit* or metis or tribal or tribe or tribes or ((isolated or remote or under-served or underserved) adj3 (band or bands or communit* or reservation* or reserve or reserves)) or (abena* or "ai/an" or algonqui* or anishina* or apache* or arapaho* or assiniboine* or at?ikame* or beothuk* or blackf##t or cabazon* or caddo* or cherokee* or cheyenne* or chickasaw* or chippewa* or chitimacha* or choctaw* or cocopah* or "coeur d'alene" or comanche* or coushatta* or cree* or cri or cris or dene* or duwamish* or elwha* or flathead* or goshute* or ho-chunk* or hoopa* or hopi or hopis or huron* or jatibonicu* or jumano* or kalapuya* or kiowa* or kootenai* or lakota* or lemhi* or makah* or malecite* or maliseet* or	682

	maori* or mechoopda* or menominee* or miccosukee* or "mi'#maq" or "mi'#maw" or micmac* or mohawk* or mohegan* or muscogee* or nakota* or naskap* or navajo* or "nez p?erce*" or oneida* or "o'odham*" or osage* or passamaquodd* or pawnee* or "pend d'oreille*" or pequot* or pima or pimas or pomo or pomos or potawatomi* or pueblo* or quinault* or "s'klallam" or salish or saponi or saponis or seminole* or shawnee* or shoshone* or siletz or sioux or spokane or suquamish or taino or tainos or tlingit* or tohono or tunica-biloxi or tunicas or tuscarora* or umatilla* or umpqua* or ute or utes or waccamaw* or wampanoag* or washoe* or wendat* or wiyot* or yakama*))).ti.	
6	1 and (2 or 3 or 4 or 5)	1,253
7	exp Canada/ or (alberta* or "british columbia*" or calgary* or canad* or charlottetown* or dalhousie* or edmonton* or fredericton* or halifax* or hamilton or igaluit* or inukjuak* or kingston* or kuujjuaq* or labrador* or laval* or manitoba* or mcgill* or mcmaster* or moncton* or montreal* or "new brunswick*" or "new foundland*" or newfoundland* or "northwest territor*" or "nova scotia*" or nunavik* or nunavut* or ontari* or ottawa* or "prince edward island*" or puvirnituq* or quebec* or queen's or "saint john*" or saskatchewan* or saskatoon* or sherbrooke* or "st john*" or sudbury* or toronto* or vancouver* or victoria* or whitehorse* or winnipeg* or yellowknife* or yukon*).ti,ab,kf. or exp Australia/ or New Zealand/ or exp "United States"/ or (america* or arctic or aotearoa* or australia* or "new zealand*" or "united states" or usa).ti,ab,kf. or us.ti.	2,668,984
8	6 and 7	1,042
9	(Afghan* or Africa* or Angola* or Angolese* or Angolian* or Armenia* or Bangladesh* or Benin* or Bhutan* or Birma* or Brazil* or Burma* or Birmese* or Burmese* or Boliv* or Botswan* or "Burkina Faso*" or Burundi* or "Cabo Verde*" or Cambod* or Cameroon* or "Cape Verd*" or Chad or Chilean* or China or Chinese or Colombia* or Comoro* or Congo* or "Costa Rica*" or "Cote d'Ivoire*" or Djibouti* or Egypt* or "El Salvador*" or Ecuador* or Emirati* or "Equatorial Guinea*" or Eritre* or Ethiopia* or Gabon* or Gambia* or Gaza* or Ghan* or Guatemal* or Guinea or Haiti* or Hondur* or India or Indones* or Iran* or "Ivory Coast*" or Japan* or Kenya* or Kiribati* or Korea* or Kosovo* or Kyrgyz* or "Lao PDR*" or Laos* or Lesotho* or Liberia* or Madagascar* or Malaw* or Malaysia* or Mali or Mauritan* or Mauriti* or Mexican* or Mexico or Micronesi* or Mocambiqu* or Moldov* or Mongolia* or Morocc* or Mozambiqu* or Myanmar* or Namibia* or Nepal* or Nicaragua* or Niger* or Panama* or Pakistan* or Palestinian* or "Papua New Guinea*" or Peru or Peruvian* or Philippine* or "Republic of Chile" or Rhodesia* or Rwanda* or Samoa* or "Sao Tome*" or Senegal* or "Sierra Leone*" or "Solomon Islands*" or Somalia* or "South Sudan*" or "Sri Lanka*" or Sudan* or Swaziland* or Syria* or Tajikist* or Tanzan* or Thailand* or Timor* or Togo* or Tonga* or Tunis* or Turkey or Turkish or Ugand* or Ukrain* or "United Arab Emirates" or Uzbekistan* or Vanuatu* or Vietnam* or "West Bank*" or Yemen* or Zaire* or Zambia* or Zimbabw*).ti.	1,249,920
10	6 not 9	1,197
11	8 or 10	1,209
12	11 not (case reports or comment or editorial or interview or letter or news).pt.	1,145
13	12 and (english or french).lg.	1,136
14	..l/ 13 yr=2003-3000	1000

Search strategies for grey literature

The query used in the following data sources was"mental health"|wellness|suicide|life promotion|prevention|principle indigenous|"first nation"|"first nations"|aboriginal|inuit|inuk|metis The 28 grey literature queries were made between January 23 and February 26, 2024. Assessment was based on document titles. To reach result saturation, the search continued until the author encountered a full page of 50 results, none of which were deemed relevant. Of the 41 (37+4) documents initially identified, 12 were retained after full-text consultation.	
Google This query was launched on Google in English and in French, and on the websites of Canadian organizations and governments.	(ext:pdf site:gc.ca site:org;), American (ext:pdf site:gov), Australian (site:org.au; ext:pdf site:gov.au) and New Zealand (ext:pdf site:govt.nz site:org.nz)
Websites of targeted organizations	Graduate School of Public Policy; Relevant Canadian health organizations; Ophl@: public health information in Canada; cdc.gov; apha.org; Relevant Australian Indigenous organizations; Relevant Canadian Indigenous organizations; National Collaborating Centre for Indigenous Health (NCCIH); Other relevant North American organizations.
Grey literature databases	Santécom; Érudit; Australian Indigenous Health-InfoNet; Native Health Database; Autochtonia; Documentation centre of the FNQLHSSC; Lowitja Institute Library; Indigenous Studies Portal (iPortal).

Document selection

Table 2 Document selection criteria

Dimension	Inclusion	Exclusion
Population (P)	Indigenous populations (First Nations, Inuit and Métis)	
Situation (S)	Principles, concepts, notions or mental health promotion (MHP) practices in an Indigenous context Principles, concepts, notions or suicide prevention (SP) practices in an Indigenous context	Clinical intervention aimed solely at mental disorders Mental health promotion (MHP) and suicide prevention (SP) interventions or intervention assessments that do not describe principles MHP and SP action plans and strategies that do not describe principles Protective factors/risks that do not describe principles Substance abuse prevention Epidemiology of suicide and mental disorders Implementation of MHP and SP interventions
Types of publications	Scientific literature (literature reviews, assessments of practices or interventions that include a description of principles, environmental scans, conceptual frameworks, theoretical articles, etc.) Grey literature (conceptual frameworks, practice guides that describe principles, intervention reports that describe principles, action plans that describe principles, etc.)	Cost-benefit studies, book chapters, opinion articles, editorials, case studies, research protocols, theses, symposium or conference proceedings, theoretical discussions that do not examine principles, etc.
Search period	2003-2023	
Language	English and French	
Place	Canada Australia New Zealand United States	

Quality assessment

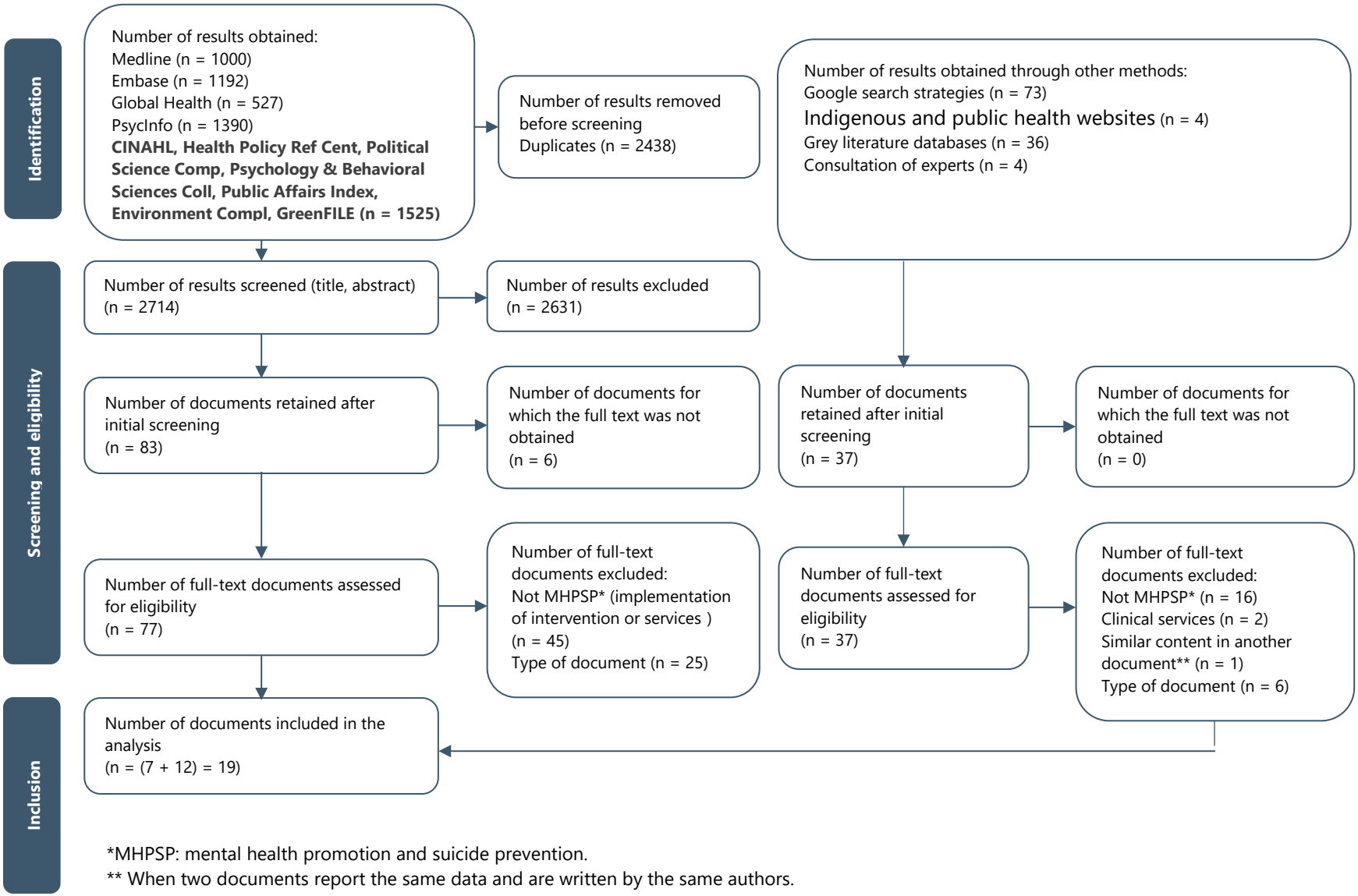
Table 3 Tools used to assess document quality

Type of document	Tool used	Elements measured	Unit of measurement
Narrative reviews	SANRA, *Scale for the Assessment of Narrative Review Articles* (Baethge et al., 2019) CASP Systematic Review Checklist.	Six questions assess readership relevance, methodological quality and scientific reasoning based on a scale of 0 (low), 1 (intermediate) or 2 (high) Ten questions are used to assess the validity and nature of the results and their usefulness locally, with "yes," "no" or "can't tell" answers.	Scores were assigned as follows: low (1 to 4), medium (5 to 8), and high (9 to 12). Articles were assigned a mark out of 10, depending on whether the score was low (1-3), medium (4-7) or high (8-10).
Grey literature reports	AACODS (*Authority, Accuracy, Coverage, Objectivity, Date, Significance*) (Tyndall, 2010).	A series of questions assesses six aspects of quality (authority, accuracy, coverage, objectivity, date, significance). Each aspect is given a rating of "1" or "0," with the maximum score being 6.	Scores are divided as follows: low (1 and 2), medium (3 and 4), and high (5 and 6).
Qualitative empirical study	CASP *Qualitative Studies Checklist* (Critical Appraisal Skills Programme, 2018).	Ten questions are used to assess the validity and nature of the results and their usefulness locally, with "yes," "no" or "can't tell" answers.	Articles were assigned a mark out of 10, depending on whether the score was low (1-3), intermediate (4-7) or high (8-10).

Table 4 Tool used to assess Indigenous engagement

Elements measured by the ATSIQAT	Unit of measurement
Grid of 14 questions concerning: 1. alignment of the research with the needs or priorities of communities; 2. community consultation; 3. respect for Indigenous research leadership; 4. respect for Indigenous research governance; 5. respect for local protocols; 6. negotiating and respecting community participation agreements that govern access to **existing** intellectual and cultural property; 7. negotiating and respecting community participation agreements that protect Indigenous ownership of intellectual and cultural property **created through the research**; 8. community control over the collection and management of research materials; 9. research being guided by an Indigenous research paradigm; 10. using a strengths based approach, acknowledging harm caused by certain research practices in the past; 11. translation of findings into changes in policy and/or practices; 12. benefits for participants and communities; 13. *empowerment* of individuals involved in the research; 14. opportunities for everyone involved in the research to learn from each other.	Interpretation of this grid classifies documents into three categories: low (1 to 3), medium (4 to 8) and high (9 to 14).

Figure 1 PRISMA-style flowchart



*MHPSP: mental health promotion and suicide prevention.
** When two documents report the same data and are written by the same authors.

APPENDIX 2 DATA EXTRACTION GRID

Data extraction grid

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Fatima et al. (2023)	Explore the application of nature-based approaches to the social and emotional well-being (SEWB) of Indigenous populations.	Systematic review of the scientific and grey literature. 4 studies included.	Indigenous Australian and Māori authors. The ATSIQAT Indigenous engagement assessment grid was used to assess the documents selected	• The land allows for connection with ancestors, fulfillment of cultural obligations and transmission of **knowledge and values to young people**. • The land enables healing through emotional, cultural and spiritual connection, and promotes an active lifestyle. • The community's efforts to take care of the land are vectors for **re-engagement and strengthening** of the bond. • Land management fosters pride, self-esteem and a sense of accomplishment. • **Connection to the land** as a factor promoting mental health is an under-developed field of study, but one that holds great promise for designing effective health programs based on the **holistic concept of health** and wellness, and its appropriation by the community.	Few studies available on the subject

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Dudgeon et al. (2014)	Determine the nature of mental health and social and emotional well-being (SEWB) programs and services adapted to the cultures of Indigenous populations, and determine the best ways to implement them.	Review of the literature and of Australian government policies and programs for health, mental health and SEWB. 4 studies included. "Closing the Gap Clearinghouse" approach	Indigenous first author. No other mention of Indigenous engagement in the text.	Defines 9 guiding principles underlying the concept of social and emotional well-being: 1) **Health is a holistic concept** (mental, physical, cultural and spiritual health). 2) The right to self-determination. 3) The need for cultural understanding. 4) Recognition of the **intergenerational effects of trauma** and loss. 5) Recognition and respect for **human rights** 6) **Racism**, stigma, environmental adversity and social disadvantage have negative impacts. 7) Recognition of the **centrality of family, kinship**, the bonds of reciprocal affection, responsibilities and sharing. 8) Recognition of individual and community **cultural diversity**. 9) **Recognition of the strengths** of Indigenous populations. Structural issues: Few mental health policies and strategies recognize the need to combat racism in services, and tend to present this discrimination as a consequence of mental illness.	Only Australian documents were considered

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Dudgeon et al. (2021)	Explore cultural factors that strengthen healthy connections to family and kin and act as protective factors in preventing suicide and promoting the social and emotional well-being (SEWB) of Indigenous persons.	Review of scientific and grey literature from 2010 to 2021 on cultural continuity and SEWB programs and interventions 23 studies included.	The studies included had to demonstrate Indigenous governance, be strengths-based and take into account cultural determinants. This document was commissioned for the *Indigenous Mental Health and Suicide Prevention Clearinghouse* Steering Committee.	1) The protective benefits of **cultural continuity and** local **Indigenous governance** have been demonstrated. 2) The importance of **family, community and social connections** in supporting attachment and resilience. 3) Cultural attachment and continuity strengthen resilience and protect against suicide. 4) **Self-determination** is the governing systemic principle, theory and mechanism that delivers best practices for suicide prevention policies and programs. 5) **Strengthening family connections** interrupts the transmission of historical trauma, reduces stress and strengthens identity. These connections are rooted in knowledge of **culture and land**, and pass on vital intergenerational knowledge, including stories that have been marginalized by assimilation. Strong family and cultural connections can lead to consciousness-raising and **truth telling** that rebuilds cultural dignity and respect across generations.	ND

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Dudgeon et al. (2022)	Examine the community connections that act as protective factors, strengthening the resilience and social and emotional well-being (SEWB) of Indigenous persons.	Review of scientific and grey literature from 2010 to 2021 on cultural continuity and SEWB programs and interventions that have demonstrated that community connections promote resilience, reduce stress, improve SEWB and reduce suicide rates and related behaviours. 15 studies included.	The studies included had to demonstrate Indigenous governance, be strengths-based and take into account cultural determinants. This document was commissioned for the *Indigenous Mental Health and Suicide Prevention Clearinghouse* Steering Committee.	• **Community connections** strengthen ties with family, culture and the land. • Interventions that promote **community connections** are universal interventions, meaning that they strengthen protective factors for both the community and the individual. • Community connections **strengthen the capacity of communities** to implement culturally relevant interventions locally. • **Telling the truth in stories about the past and present** helps build the cultural identity of the community and of individuals. This collective truth-telling is essential to healing intergenerational or historical trauma, and to strengthening community resilience. • **Connecting young people to the community through culturally rich activities** strengthens their sense of belonging, which reduces suicide rates. • Participation comes with responsibilities and obligations that create a sense of belonging. This may involve responsibility for the extended family, or **participation in community activities and policy making.** • These initiatives should be led by local communities, with **Indigenous governance** over the design, implementation and evaluation of all initiatives and interventions.	ND

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Government of Canada and Assembly of First Nations (2003)	Develop targeted, pragmatic short- and long-term suicide reduction strategies, based on a review of existing literature on the issue and an assessment of gaps in service provision.	Drafting of a report to support at-risk communities in developing their own suicide prevention measures. Report of an expert panel on suicide, and recommendations on short- and long-term suicide prevention strategies for First Nations youth.	The AFN Chief and the former Minister of Health established a committee of eight researchers and health professionals, both Indigenous and non-Indigenous, and mandated it to formulate a series of recommendations aimed at reducing suicide among FN youth.	1) **A stable sense of identity**: being conscious of the specific group you belong to, as characterized by its language, values, beliefs and practices. The absence of a sense of identity is a key risk factor for suicide. **Exchanges between young people and Elders** encourage the teaching of traditional practices, languages and traditions. 2) **The capability of individuals and systems to cope with major adversities:** family connectedness, support networks, community cohesiveness, problem-solving skills and a sense of personal autonomy foster resilience. Community resources must be accessible when family and friends are not available. Propose measures that interest young people and encourage them to look toward the future. 3) **Cultural continuity**: supports a sense of self and the will to live, particularly during periods of great change. It is tied to: – Language; – The land; – Kinship. 4) **Spirituality**: being in harmony with the whole of Creation creates a sense of belonging and purpose, as well as a feeling of being accepted and understood.	Focuses solely on suicide among Indigenous youth on "reserves" and in remote rural communities. The timeframe for drafting the report precluded the direct input, through consultation, of First Nations youth. The expert panel pointed out that the opinions and recommendations of First Nations communities had, however, been expressed on numerous occasions, and were included in the documents studied.

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Inuit Tapiriit Kanatami (2019)	Improve knowledge of risk factors, developing a picture of actions and interventions currently in place; gather and share information on effective or promising initiatives for reducing suicide rates. Effectively mobilize knowledge on the subject.	Environmental scan including: • Review of the grey and scientific literature • 20 interviews with key informants • Inventory of suicide prevention programs and actions in each region of Inuit Nunangat	The Working Group is made up of members from: • Inuit land claim organizations • Pauktuutit Inuit Women of Canada, • Inuit Circumpolar Council Canada • National Inuit Youth Council and Inuit Tapiriit Kanatami.	• **Importance of culture**: ensure that programs and services are culturally relevant. • **Rooted in the community**: community-driven program planning and development adapted to community needs. Hire and train local staff. • **Create relationships/partnerships:** commit to programs from the outset and allocate the necessary resources for ongoing community engagement. • **Flexibility and responsiveness:** when it comes to incorporating program changes and additions suggested by the community. Encourage voluntary participation rather than forcing people to participate. • **Access to services**: create an accessible and consistent continuum of care. Make programming accessible by covering all associated costs (e.g., transportation and childcare). • **Mobilize community strengths and build capacity**: build a team that reflects the complexity of the issues, and involve Elders and other local resources. • **Culturally safe program and assessment environments:** integrate trauma-informed care that is safe for participants and practitioners. • **Funding structures:** maximize funding opportunities by working with a wide variety of partners and funders. Demonstrate the benefits of the program to funders. • **Inuit self-determination and capacity building**: in the management of program funding and staff training. Start small and grow slowly.	ND

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Johns Hopkins Center for Indigenous Health (2020)	Bring together the voices of leaders from across Indigenous territory to prevent suicide and propel young people and future generations toward shared wellness, by harnessing the strengths of Indigenous cultures and communities.	The *Johns Hopkins Center for American Indian Health* spent six months (2018-2019) travelling through Indigenous lands to conduct listening sessions, including nine roundtables and eight individual interviews.	Over 60 Indigenous stakeholders took part.	1) **Family and community networks** foster belonging and protect young people from suicide. 2) **Connection to the land and to Elders** helps build a sense of identity and can be a source of healing. 3) **Traditional knowledge** and cultural practices strengthen resilience. Adolescence is a key period for developing a positive cultural identity, which protects against suicide and fosters the feeling of having a purpose and a future. 4) **Indigenous youth** represent the future of communities. Families and communities can elevate young people's voices and leadership. 5) **Self-determination** is a protective factor against youth suicide. Caring for young people protects them from suicidal thoughts.	ND

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Kelley et al. (2015)	To analyze a suicide prevention program carried out in an Indigenous community in Montana, and to make recommendations for developing a community-based approach to suicide prevention.	Data collected during the first 12 months of the program. They include monthly reports, interviews with key informants, funding agency reports, tribal program reports, meeting minutes, observations, evaluation of community events. Grounded theory and Atlas Ti+ software were used for the analysis.	Informants were selected on the basis of their involvement in the program and their varied perspectives: Elders, educators, caregivers, psychologists and community members. Local protocols and ethical standards of research with Indigenous populations were respected.	Community-based approaches to suicide prevention include emphasis on **leadership**, **community participation**, planning, implementation and **capacity building**. They are linked to **cultural values**, sharing, knowing, **support**, **family** and inclusion. These approaches promote a better understanding of suicide, both within the community and among partner institutions. Various recommendations are linked to these approaches: • Expand understanding of suicide. • Plan activities, raise awareness and identify the resources needed upstream. • **Uphold cultural** and community **values**. • **Build** administrative and community **capacity**, and infrastructure. • Respond to community needs. • Anticipate challenges and develop solutions. • Recognize the spiritual dimensions of the program. • Acknowledge that the needs and priorities of communities often differ from those of funding agencies, and that flexibility is required when navigating these differences.	ND

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Kimberley Groves et al. (2022)	Explore how Indigenous organizations embody and enable processes, structures, and institutions related to self-determination, and how these contribute to Indigenous social and emotional well-being (SEWB) and suicide prevention through a discussion of key issues, policies, frameworks and program evaluation.	Synthesis of knowledge about programs focused on Indigenous self-determination and its connection to mental health and suicide prevention. Search in scientific and grey databases between January and February 2021. Snowball method applied to reference lists of identified sources. 12 studies and programs included.	This document was commissioned for the *Indigenous Mental Health and Suicide Prevention Clearinghouse* Steering Committee.	The links between self-government and low suicide rates among youth have been reported in several studies. Indigenous organizations that are self-governing uniquely contribute to suicide prevention, because they: • offer better **access to services** and **continuity of care** within **holistic models of** MHP and SP; • apply **culturally appropriate models of well-being**; • use **cultural knowledge** in the **healing process**, **taking trauma into account**; • promote **personal and community empowerment;** • **act on the social determinants of** health through **advocacy** and enable **connectivity** within complex government systems.	Small number of programs identified, partly due to lack of funding for evaluation of programs carried out in an Indigenous context. The data collected is therefore not representative of everything that may be taking place in the field.

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Ministry of Health New Zealand (2020)	Propose principles and a framework for Indigenous mental wellness. These principles will be useful to organizations, governments, health boards, whānau (extended families), schools, businesses and anyone wishing to contribute to mental wellness.	An action plan that sets out a series of principles to promote the wellness of individuals and communities, with a focus on Indigenous communities.	A wide range of individuals, whānau and families, groups, organizations and government agencies contributed to this report. Comments from individuals, whānau and families, and communities were included.	1) **Uphold treaties** 2) Promote **equity** 3) **People and communities must be at the centre of** initiatives, and support must be accessible and adapted to their needs. 4) **Build on community strengths** which provide a foundation of support that is vital to mental wellness. A high degree of community self-determination allows for better implementation of solutions that respond to local needs. 5) Public authorities are responsible for **upholding human rights**, which are oriented around values such as partnership, participation, protection, safety, dignity, decency, fairness, freedom, equality, respect and wellness. 6) **Collaboration**, strong relationships and trust within and between organizations and individuals. 7) **Encourage innovation** by responding creatively to challenges and changing the way things are done.	ND

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Morris and Crooks (2015)	Explore literature produced by Inuit organizations to encourage social work faculties and professional bodies to recognize the importance of structural factors and culture when implementing suicide prevention programs among Inuit and other marginalized populations.	Descriptive and inductive thematic analysis of literature on suicide (publications, statements and audiovisual resources) produced by Inuit organizations and the Government of Nunavut. Inuit oral culture requires the inclusion of audiovisual documentation 17 documents included Identifies nine themes chosen by consensus.	The documents selected had to be produced by and for Inuit.	The emphasis must be on creating contexts and communities conducive to mental wellness, in which everyone has a role to play, is heard and valued: 1) Recognition of the **lingering effects of recent colonization** as the main cause of high suicide rates (e.g., the separation of children from family and their placement in residential schools to erase their culture, and the slaughter of dogs that were central to the way of life in Indigenous territory). 2) A **holistic** vision **of mental wellness and suicide prevention** that goes beyond individual symptoms. 3) A **positive cultural identity rooted in Inuit knowledge** to combat despair, addiction and violence. For young people caught between two cultures, it's important to feel connected to family, community and the land, while adapting to the contemporary world. 4) **Build resilience** to overcome the hardships that have always marked Inuit life. 5) The need for **Inuit-specific and Inuit-controlled services** based on traditional values and practices. 6) Foster connections between **Elders, young people and the community** through interventions that help bridge the generation gap. 7) **Share feelings** by talking about trauma, abuse, violence and unresolved anger, which can fuel addictive behaviours, violence and suicide. 8) Promote the development of **parenting and relationship skills**. These have been lost because families were separated and children were taught to disrespect Inuit culture. 9) **Adapt initiatives to** Inuit **priorities and realities**.	ND

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Okpalauwaekwe et al. (2022)	Explore strategies, approaches and ways to enhance health and wellness by, for and with Indigenous youth in Canada, identifying barriers and facilitators.	Scoping review using the *Joanna Briggs Institute (JBI) Guideline* and Arksey and O'Malley's methodological framework. The databases were queried for the period between 2017 and 2021. 20 studies included. Indigenous youth are defined as those between the ages of 10 and 24.	The authors report that seven (35%) of the selected studies integrated Indigenous research methods (e.g., the two-eyed seeing approach).	The main facilitators are: • Promoting **culturally relevant interventions** to engage Indigenous youth • Using **strength-based approaches** to engage young people in the community; elements include peer mentoring, self-determination, capacity building, empowerment, positive social connections, nature and the environment, showing kindness, and cultural activities. • **Relying on the wisdom of the** community's **Elders**. • **Taking responsibility for one's journey to wellness**. • Improving young people's access to health services and other supports (including traditional health services). The main barriers are: • Lack of resources and community support. • Structural and organizational barriers that prevent program continuity and increase instability related to governance, lack of services, and dogmatism and debates surrounding definitions of health care and health traditions. • **Discrimination, racism**, social exclusion and violence. • Addictions and risk behaviours. • Lack of cultural awareness among Indigenous youth. • Discordance between mainstream health systems and Indigenous approaches.	Grey literature was not included. The generalizability of the findings is limited by the wide diversity of Indigenous cultures. JBI Critical Appraisal Tools are not always suitable for evaluating Indigenous research designs and methods.

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Redvers et al. (2015)	To document the extent and scope of Indigenous youth suicide prevention initiatives in the circumpolar Arctic.	Scoping review of scientific and grey literature from 2004-2014 in databases and expert consultation. 19 items included.	ND	• **Community-based, culturally-guided** interventions and evaluations. • Promoting wellness and resilience, especially among youth. • Improving monitoring. • Adapting to **community needs**. • Integrating technology. • **Talking about it**. • Screening. • Considering gender differences. • **Partnerships between decision-makers, researchers and the community**. • Giving **communities control**. • Integrating **traditional and Western knowledge**. • Evaluating the effects of interventions in multiple ways, using an evidence base including evidence-based practice, practice-based evidence and local cultural and spiritual practices. • Increasing efforts **to share success stories across circumpolar regions**, to promote SP.	The studies selected concern Canada and Alaska only, and come mainly from grey literature. Only studies published in English were included. The term "suicide" may have limited the identification of studies focused on related concepts.

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Ridani et al. (2015)	Present an inventory of Aboriginal and Torres Strait Islander suicide prevention strategies to promote knowledge sharing and provide guidelines for future interventions and evaluations.	Review of grey literature in specialized databases, websites of Indigenous organizations, reference lists of selected documents and consultation with experts in the field. Documents published between 1998 and 2012 were selected. 67 studies included.	For the majority (38/67) of programs, Indigenous persons contributed significantly to content creation. A high proportion (21/67) were run entirely by Indigenous organizations. A small number of programs (8/67) were neither directed nor administered by Indigenous Peoples.	• Programs that include **cultural activities** (art classes, dancing events, theatrical showcases, cultural camps, and community activities) **foster a sense of community connectedness and cultural pride**. • Restoring a **stable sense of identity** is important for wellness. • **Communities** that wholly initiate, support and run their programs have lower suicide rates. • **Acting on all the determinants of health**, such as by reducing domestic violence, increasing resources for suicide prevention, educating young people, restoring language and culture, increasing access to employment, supporting parenting skills, and ensuring affordable housing and effective mental health systems. • **Systemic**, rather than individual, **change** is a major challenge facing communities. • The **dearth of evaluations** of Indigenous SP programs is related to the ad hoc and unsustained nature of **funding**. • **Sharing knowledge about what works well in SP between communities** can increase knowledge and promote SP.	The small number of evaluations of Indigenous SP programs.

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Sjoblom et al. (2022)	Examine how Indigenous knowledge and methods have been integrated into suicide prevention targeting Indigenous populations.	Critical scoping review based on the framework of Arksey & O'Malley and Levac, Colquhoun & O'Brien. Scientific and grey literature was retrieved from specialized and general databases for studies published up to November 2021. 72 items included.	The study was carried out by Indigenous and non-Indigenous researchers. A group of community leaders reviewed and refined the results. An assessment was carried out to determine whether knowledge about suicide was defined from the perspective of local communities, their level of involvement in projects and their authorship status. The assessment also aimed to document the integration of Indigenous knowledge into suicide prevention programs.	1) **Cultural engagement** has positive effects on mood, sense of belonging and coping abilities. The inclusion of culture in MHP and SP allows for the integration of Indigenous pedagogies (e.g., land-based learning and experiential approaches), **holistic** conceptions of wellness, **strengths-based approaches** and the integration of art, **languages** and cultural **values**: – **Strengthening connectedness;** interconnection and relationality are elements shared by many Indigenous cultures. **Relationships between youth and Elders** promote healing through cultural teachings, language, and connections to the land, spirituality and family. – **Cultural continuity** protects against suicide by facilitating resilience in the face of life's routine hardships. 2) **Integrating Indigenous knowledge**. 3) Defining suicide from an Indigenous perspective. 4) **Valuing self-determination and community involvement** increases the relevance, appropriateness, ownership and acceptability of initiatives within the community. It also influences participation and the willingness to invest the necessary resources, which is linked to the longevity of initiatives. 5) **Promoting decolonial approaches** and avoiding pan-Indigenous approaches. The prevalence of suicide can vary from one community to another, and it is important to be aware of the specific context, and the unique risk and protective factors of each. 6) **Decolonial approaches examine the power imbalances that disadvantage Indigenous Peoples**. Think critically about interventions that integrate cultural elements while remaining dominated by Western/colonial conceptions of mental health. The **practice of reflexivity** is recommended, where stakeholders, researchers and professionals actively reflect on their relationships, positions and privileges in relation to their obligations to the community. Also addresses **structural issues** related to program evaluation and **funding of** initiatives	Only initiatives that were documented and accessible to the public were found. A review of informal, oral or unpublished initiatives would be required to provide a more complete picture. Lack of studies from New Zealand on Indigenous sexual and gender minorities who are at greater risk.

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Tagalik (2009)	Theoretical article on the concept of *Inuit qaujimajatuqangit* (IQ), a key concept for understanding Inuit health and wellness.	ND	Inuk author Prepared for the National Collaborating Centre for Indigenous Health by Inukpaujak Consulting, Health Canada and the Government of Nunavut.	IQ is the term used to describe Indigenous knowledge of the Inuit, and translates directly as "that which Inuit have always known to be true." It is grounded in 4 fundamental laws that guide socialization: working for the common good; respecting all living things; maintaining harmony and balance; continually planning and preparing for the future. • Strength-based approaches are at the heart of IQ. • Inuit knowledge and the role of Elders in transmitting knowledge about wellness are central to IQ. But colonization led to the repression of this knowledge. Reviving the practice of sharing this knowledge can promote wellness. • The Inuktitut language is inextricably linked to contextual knowledge, providing access to cultural experiences, Inuit worldview and empowerment. • Cultural integrity: all Inuit now find themselves occupying a space between two cultures. Inuit culture has always provided the strength to overcome obstacles, and must not be diluted. • Spirituality is integral to Inuit cosmological and ethical beliefs.	ND

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Thunderbird Partnership Foundation and Health Canada (2015)	Respond to the mental wellness needs of First Nations, strengthen federal programming and support integration between federal, provincial and territorial programs. Support communities in adapting mental wellness programs and services to their own priorities.	A large number of initiatives, discussions, meetings and documents contributed to this work.	The Framework was developed jointly by Health Canada's First Nations and Inuit Health Branch (FNIHB), the Assembly of First Nations (AFN) and mental health leaders from various First Nations non-governmental organizations. Members of regional and national networks, who guided the process, shaped the document's vision and supported community involvement, one of the document's strengths.	Spirituality fosters **hope**, connections with family, community, land and ancestors, and a strong sense of **belonging**. Knowing who one is and where one comes from helps one understand life from an Indigenous perspective, and fosters a sense of **meaning**. An understanding of the unique First Nations way of being and doing fosters a sense of **purpose**. 1) Responding to the **diversity of** First Nations **communities**. 2) Defining **culture.** 3) Valuing **cultural competency, cultural safety and Indigenous knowledge**. Those involved need to be aware of their own worldviews and attitudes toward cultural differences. Indigenous knowledge is a strength and a resource for promoting mental wellness. 4) Proficiency in **Indigenous languages** provides access to other worldviews and ways of transmitting knowledge and culture. 5) **Community development, self-government and capacity building**: communities that control their own services respond directly to the needs of their population, in ways that are more relevant, efficient and flexible. Communities must be able to define their own wellness plans in partnership with local, provincial and federal stakeholders. They need to be able to define cultural safety within their own context. 6) **Learning from each other**, because communities that have successfully balanced the relationships between hope, meaning, purpose and belonging can support other communities working to this end. 7) **Flexible funding of services and** program **evaluations** defined by communities according to Indigenous conceptions of effectiveness and success. 8) Quality health care and **culturally appropriate services.** 9) **Collaboration with partners.** 10) **Self-determination** and other forms of increased community capacity and control are key to a healthy community.	ND

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Wise Practices (2019a)	Support the good work already underway in First Nations communities to help young people lead good lives. Drawing on the knowledge acquired through several community projects and combining it with the results of more formal research, aims to help communities build on their local knowledge and wisdom to find their own solutions for mental health promotion and suicide prevention.	Literature review with an annotated bibliography for many of the documents referenced provided on the Thunderbird Partnership Foundation website. The methodology and references are not clearly detailed.	Led by the *Thunderbird Partnership Foundation*, numerous organizations representing communities across Canada participated in the processes that guided the development of this approach.	**1) Drawing on** community **strengths**. **2) Healing through culture** and cultural continuity. **3) Changing the narrative** from one focused on deficit to one that **values the strengths of** the community and of each individual as an agent of change. **4) Strengthening Indigenous identity** among youth whose pride in their identity has been compromised by colonialism, racism and oppression. Supporting a strong Indigenous identity among children and youth can be a very powerful and healing way of connecting them to their purpose in life, to their community, and to a sense of hope for moving forward in life. **5) Being responsive to the community's culture** and paying particular attention to local wisdom, teachings and practices have helped members through difficult times. **6) Nurturing youth and youth leadership** by recognizing young people's talents and building on their skills, so that they see themselves as important resources in their communities. Their involvement in community life can in turn help others connect with themselves, their community and life. **7) Reducing problematic use of** psychoactive **substances**. This use can be a response to distress, poverty and discrimination, elements that need to be understood within the historical context of colonialism. **8) Regenerating traditional food systems** linked more broadly to holistic health and wellness, and to connections with ancestors and the land, in support of cultural continuity. **9) Centering Indigenous knowledge** on holistic health and wellness, which is intimately linked to the strongest determinants of health: the quality of relationships between people, the health of the land and environment, and access to the resources needed to live well. **10) Setting up for success** through planned, community-led initiatives, clear and transparent communication between all partners, support from allies, and flexible, long-term funding. Raise awareness and improve understanding of the historical and political contexts of suicidal behaviour and the various social determinants of Indigenous health. **11) Evaluating life promotion efforts.**	ND

Data extraction grid (continued)

Author(s)	Study objective	Methodology	Indigenous engagement	Principles of promotion and prevention	Limitations indicated by the authors
Wise Practices (2019b)	A guide for decision-makers who want to reduce barriers to services and amplify the good promotion and prevention work being done in many First Nations communities.	Document based on a literature review The methodology and references are not clearly detailed.	Led by the *Thunderbird Partnership Foundation*, numerous organizations representing communities across Canada participated in the processes that guided the documentation of this approach.	**Recognize the central importance of Indigenous knowledge and practices** to meaningful and culturally safe system-level change. In concrete terms: – Support traditional healers, culture practitioners, Elders, youth and other knowledge-keepers. – Understand the steps toward cultural safety and commit to taking them on an ongoing basis — personally and organizationally — by doing things differently. – Become an ally. – Form relationships with and give a voice to Indigenous organizations.	ND

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