

**Supporting Community-Based Suicide Prevention Strategies
Within Indigenous Communities.**

A Proposal

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Synopsis of Phase I

This project represents an extension of the work completed under Phase I, developed through the Kamatsiaqtut Help Line, and funded by the First Nations Inuit Health Branch, Health Canada¹. Phase I involved the production of the publication “What is Working, What is Hopeful: Supporting Community-Based Suicide Prevention Strategies within Indigenous Communities”. This guide provided a strengths-based approach to developing suicide prevention strategies. It incorporated stories of individuals and communities that have overcome suicide. These stories contributed to understanding a number of important features in supporting community-based strategies.

A unique feature of this guide was the development of a framework (CURE) for the work involved in supporting community-based suicide prevention strategies.

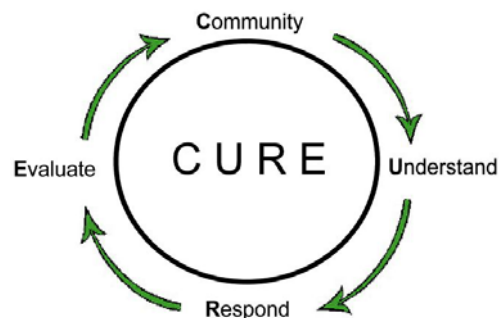
CURE stands for:

Community – knowledge about the community, identifying and developing community capacity (assets, skills and resources) and engaging community members from the start.

Understand – the problem, the community’s perception of the problem and the challenges that exist.

Respond – matching assets, skills and resources with activities, supporting deliberate and natural strategies.

Evaluate – identifying the value of what is happening, the knowledge that has been gained and then added to the community’s understanding of itself.



This guide will be available on-line and the distribution of 5,000 print copies through First Nations Inuit Health Branch, Health Canada.

Limitations

Self-directed educational publications, while helpful, are limited in their ability to increase knowledge about specific health and social issues. These limitations include:

- A target audience with a wide range of literacy and language abilities. If the information cannot be read or understood, nothing is learned.
- A wide range of learning styles – written publications reflect a singular approach to learning and change. .
- Information is not knowledge until you do something with it. The transition often requires an interactive approach within a sustained process.

¹ Developed under a one-time contribution agreement (#HQ0700249).

- There are no mechanisms for follow-up including matching knowledge with community strengths and challenges, consultation, problem solving and sharing of lessons learned.
- A one-time publication does not provide a mechanism for updating the knowledge base.

A single publication does not permit the continued development and refinement of any framework. There is no way to systematically evaluate the efficacy of this framework towards a reduction of suicides. Finally, continued single publications add to the disconnectedness of many prevention initiatives. Continued development of a framework will help to increase continuity of experience and allow for growth. This in turn will contribute to the development and retention of knowledge that is generated and shared increasing the chance that community-based suicide prevention strategies will be developed and sustained.

Proposed:

It is for these reasons that a second phase is proposed for the “What is Working, What is Hopeful” publication. The project goals are:

- To increase the use of many of the concepts, materials and activities available in the print publication.
- Continued development of the CURE framework as a contribution towards reducing the number of suicides within Indigenous communities.
- To evaluate the efficacy of the CURE framework.

Phase II

Phase II, developed over 28 months, will focus on three components. Although presented separately, there is considerable integration with developments in one contributing to the work in the other two.



Resources

- Continued availability of the print and PDF publication.
- An interactive DVD which includes a series of instructional “mini modules” based on the materials from the print publication in addition to other resources.
- Internet site which contains print materials, news updates, ongoing database of success stories, lessons learned, and forums for discussion of issues connected with supporting community-based strategies.

Training

Development and implementation of a training program based on the CURE framework. Those who participate in this training will be encouraged to become part of a mutual support network throughout the project. After development, testing, implementation and evaluation, a decision will be made regarding the development of a training for trainers program.

Research

A formal research protocol for continued documenting and understanding community success stories will be developed. The identification and continued development of this knowledge base will contribute to the ongoing development of resources, training and the CURE framework which can help communities to identify and support their community strategies

The process for the development of the above will include ongoing consultation with Indigenous communities, associations and organizations across Canada. The challenge is that what works in one community may be less effective or even counter-productive in another. Consistent with Phase I, the emphasis is not on creating a similar product for each community, but helping to build a process by which a community can discover what will work for it.

This approach promotes development based on the strengths that exist within a community and continued building on a knowledge base of successes. It allows for the continued development and evaluation of the CURE framework presented in the Phase I publication.

Project Structure

Project Administration

Phase II project funds will be administered through the Kamatsiaqtut Help Line – Iqaluit, Nunavut. Kamatsiaqtut was involved in the administration of funds for the first phase.

Project Coordinator

A full time position responsible for coordinating all activities associated with the project.

Consultation Process

Four one day meetings will be held across Canada for the purpose of receiving input into the project. In addition to these meetings consultation will also take place through internet surveys, phone interviews, and taking advantage of existing opportunities (conferences, meetings, etc.) to receive input.

Reporting

Progress reports will be provided throughout the duration of the project in keeping with the requirements of First Nations Inuit Health Branch. A final report will be completed at the end of the project.

Project Workplan and Deliverables

The phase II project will begin on December 1, 2006 and be completed by March 30, 2009. The following lists the activities and deliverables associated with the three components. A GANTT chart is provided below. All time frames are estimates and will be subject to revision throughout the project.

Component	Description
Resources - DVD	
Script Development	<i>Development of interactive "mini-modules" from the content of the print publication. Content will be scripted and expanded for audiovisual presentation. "Mini-modules" will be instructional in nature and allow for use by individuals and/or groups. This will allow a greater use for a wider range of learning and language issues.</i>
Production of prototype / pilot testing	<i>A limited number of DVDs will be produced and distributed to potential focus groups across Canada. Six focus groups will be convened for the purpose of feedback and evaluation.</i>
Revisions, production of 2,000 copies	<i>With feedback from the initial distribution and six focus groups, revisions will be made and 2,000 copies produced for distribution.</i>
Evaluation - ongoing	<i>DVDs will include an evaluation form (also available on-line) which will be collected throughout the duration of the project and become part of the final report.</i>
Resources - Internet	
Site on-line	<i>A web site will be developed where all materials connected to the project will be available to the general public. News and project updates will also be available.</i>
English and French publication on-line	<i>PDF format.</i>
Development of on-line database	<i>For continued collection of success stories, natural and deliberate strategies identified and developed.</i>
On-line forums	<i>Presentations on various aspects of supporting community-based strategies. Opportunities for feedback, questions and discussion.</i>
Evaluation - ongoing	<i>An on-line evaluation form will be available. Evaluation will help with the continued development of this web site. Results will become part of the final report.</i>
Training Program	
Training Framework & Content	<i>Development of a five day training program divided into a three day and a two day session. The three day session will cover the content of the CURE framework with the expectation that participants will commit to trying activities within their community. The two day session will be designed to serve as a refresher, attend to issues that arose and use a group problem</i>

Component	Description
Training	<p><i>solving process to help with their resolution. Additionally, the time will be used to formally evaluate the CURE framework with participants input.</i></p> <p><i>The training will be offered in ten locations with a minimum of three months between the three and two day sessions. Participants will be expected to make a commitment to attend both sessions. Phone and internet support will be made available to participants for the purpose of answering questions, locating resources and problem solving.</i></p>
Develop Evaluation Framework	<p><i>Evaluation will consist of the training that has taken place and of the impact in the community.</i></p>
Research	
Development of Framework	<p><i>With input from researchers connected with suicide prevention in Indigenous communities, Indigenous communities and associations, a framework for research will be developed. This framework will identify the knowledge that exists with respect to Indigenous community-based strategies, assist in identifying communities that have experienced a decrease in suicide rates and those factors that supported this (deliberate and natural strategies). This research framework will also help to support evaluation of the activities associated with phase II. This framework will help to shape a knowledge base that can be used to guide development of this project, and any future projects with the same themes.</i></p> <p><i>Until this activity is underway, identification of a knowledge base will be part of the Resources component.</i></p>

Efforts to have materials and training opportunities translated into Indigenous languages will be part of the activities that make up the phase II project. These efforts will consist of partnerships with those communities, associations, programs, etc. that express interest in having the materials available in their language. The phase II project will participate in proposal development.

What is Working, What is Hopeful.. Phase II (GANTT Chart)

Dec. 2006
 Jan. 2007
 Feb. 2007
 Mar. 2007
 Apr. 2007
 May. 2007
 Jun. 2007
 Jul. 2007
 Aug. 2007
 Sep. 2007
 Oct. 2007
 Nov. 2007
 Dec. 2007
 Jan. 2008
 Feb. 2008
 Mar. 2008
 Apr. 2008
 May. 2008
 Jun. 2008

Resources - DVD

- Script Development
- Prototype and pilot testing, revisions
- Production of 2,000 copies
- Evaluation - ongoing

Resources - Internet

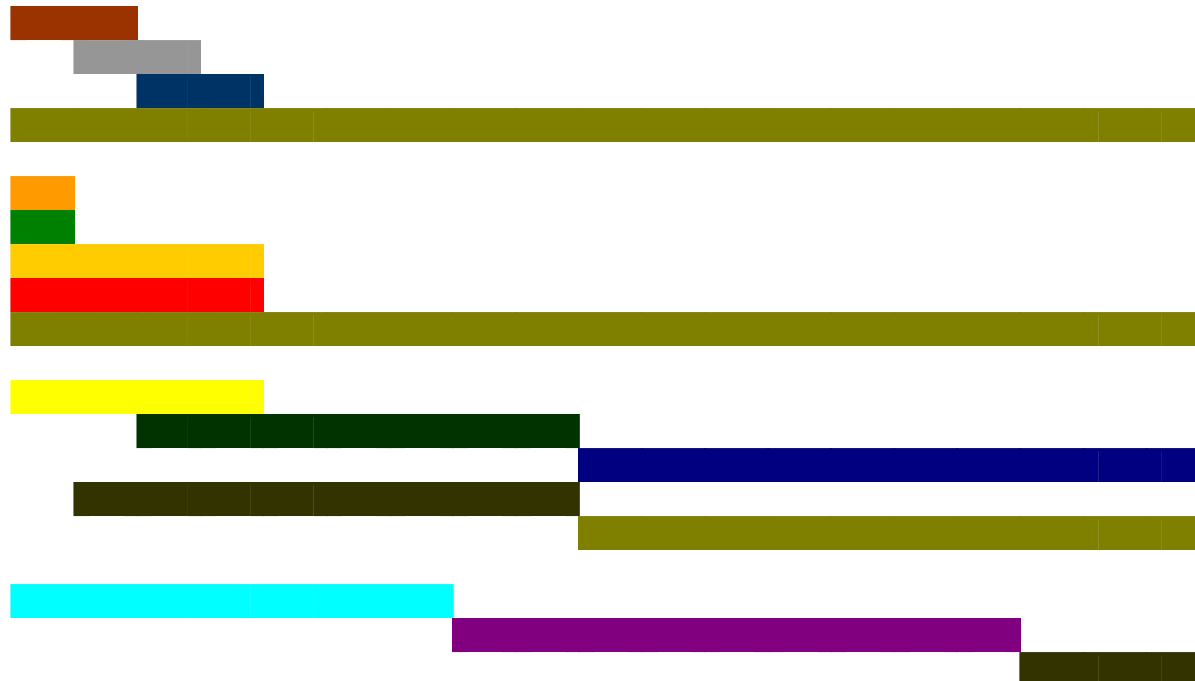
- Site on-line
- English and French PDF on-line
- On-line database
- On-line forums
- Evaluation - ongoing

Training Program

- Consultation Process
- Training Framework & Content
- Training
- Evaluation Framework
- Evaluation

Research

- Development of Framework
- Development of proposals
- Research



Sustainability after Completion of Phase II

There are a number of possibilities for sustainability after the twenty eight month funding period. These include:

- Integration into the activities of the Knowledge and Support Network being developed through the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS).
- Project transitions into a program operated by an Indigenous organization or association.
- Project transitions into an independent program with support from Indigenous communities, associations and organizations.
- A model of continued development similar to “Open Source” is adopted. Open Source refers to software development where the *code* is available for public use and development. Anyone is free to contribute and there are vast volunteer networks that contribute to the common good. Using this concept, “What is Working, What is Hopeful” would represent an approach, rather than a program or project. Similar to the practice of Participatory Action Research. The two year project would allow the fostering of interest from many sources helping with sustainability.
- Any combination of the above.