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# Of Epidemic Proportions: Discovering the Historical Roots and Future Remedies of Indigenous Suicide in Canada

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Suicide in Canada

*Introduction:*

Recently, mental health has been on the forefront of healthcare advocacy in Canada. From the #BellLetsTalk campaign to Mental Health Awareness Week, over the past few years activists have placed ending the stigma as a high priority. However, when confronted with the suicide epidemics that took place in Cross Lake and Attawapiskat in March and April of 2016, respectively, there has been little engagement in activist groups to raise awareness about Indigenous<sup>1</sup> mental health, specifically. Both communities declared a state of emergency during the early spring, with Cross Lake seeing six suicides within a two month time frame and 140 attempts within two weeks of the declaration (Puxley 2016). Attawapiskat, on the other hand, saw eleven attempts in just one night, affecting people of all ages, from 11-71 years old (Rutherford 2016). Through the lens of Indigenous activism and decolonization, the goal of this essay is to understand the historical implications behind how and why Indigenous communities are at such high risk for mental health issues such as suicide. Furthermore, I will draw from current mental health advocacy groups as well as current Indigenous activist movements to theorize what a potential response movement to such tragedies would look like. While news of each suicide epidemic initially reached a national audience, there has been little discussion or activism that

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<sup>1</sup> For the purposes of this essay, I will use the terms "Indigenous" and "Aboriginal" interchangeably.

followed each state of emergency. My aim in this essay, then, is to ensure that the tragedies that took place in the communities of Attawapiskat and Cross Lake are given just consideration and acknowledgement; I want to start a discussion to ensure that Indigenous mental health is given adequate attention and to consider ways in which we may prevent future tragedies such as these.

*Understanding the Historical and Colonial Roots:*

It is difficult to have a conversation about Indigenous mental health without first considering the generations of trauma and abuse inflicted on Aboriginal bodies by the colonial settler state. Settler colonialism is a particularly ugly form of colonialism because, unlike other forms of colonialism, invaders choose to stay and inhabit Indigenous lands, thereby becoming - in a sense - the “new Native” (Tuck & Yang 5). Indigenous communities pose a ‘problem’ for settlers because the very existence of Indigenous populations continue to prove and emphasize that the land the rest of us reside upon is in fact stolen land. This reminder results in a desire to erase whatever remains of Indigenous culture, which Tuck and Yang speak to in their article

*Decolonization is not a metaphor:*

“These desires to erase...are all desires for another kind of resolve to the colonial situation, resolved through the absolute and total destruction or assimilation of original inhabitants. Numerous scholars have observed that Indigeneity prompts multiple forms of settler anxiety, even if only because the presence of Indigenous peoples - who make *a priori* claims to land and ways of being - is a constant reminder that the settler colonial project is incomplete” (9).

The tensions between settlers and Indigenous populations result in a gross overextension of power on behalf of the state. Historically, in Canada, this abuse of power has manifested itself in the form of cultural genocide and residential schools - demonstrated by the desire to see Indigenous populations assimilate into dominant settler cultures and ideologies.

Canada, in recent years, has undergone the United Nation’s Truth and Reconciliation Commission in an attempt to understand the full scope of the trauma that was inflicted on

Indigenous youth in the years that the residential school systems were operational - which was until as recently as 1996 (CBC News 2014). The residential school system mandated that aboriginal children as young as three years old leave their families and communities behind in hopes of gaining a 'proper' Western education; it was implemented to effectively 'kill the Indian in the child', teaching Indigenous youth to be ashamed of their own culture and language (Bombay 322). In addition to these violent attempts at assimilating Indigenous youth, the residential school system resulted in the deaths of many children, not including those who went inexplicably "missing". The legacy of these schools, however, is carried forward through those who survived the residential school system - children who were forced to endure years of neglect, as well as physical, sexual, and psychological violence (323). As such, these survivors, caught in a cycle of abuse face specific mental health challenges that have been passed down to future generations - generations who I will refer to as "residual victims" of the trauma inflicted by residential schools. According to the recent Truth and Reconciliation Commission, this intergenerational trauma has had lasting implications for Indigenous communities:

"the residential school system was an attack on the health of generations of Aboriginal peoples, an attack first made visible by the physical scars of sickness and abuse, but also one that continues to punish Aboriginal peoples with a legacy of marginalized lives, addiction, mental health, poor housing, and suicide" (140).

The recent suicide epidemics of Cross Lake and Attawapiskat, then, can be understood at least partially as a result of the residential school system; more than that however, as a result of settler colonialism and numerous violent assimilation attempts.

In reality, suicide is just one - arguably one of the more shocking - ways that Indigenous people may 'cope' with this intergenerational trauma that affects so many Aboriginal communities. While dominant news discourses covered the suicide epidemics of Attawapiskat and Cross Lake, the reality is that there are a myriad of other communities enduring this trauma, and members of

these communities who do not complete suicide; many are addicted to drugs, alcohol, and are caught in cycles of domestic and sexual abuse (Alfred 43). Suicide - and suicide epidemics specifically, for that matter - are simply the tipping point, the tragedies that happen to make the best news stories and draw in national attention.

*Current Methods and Best Practice:*

A major difficulty in providing services and resources to Indigenous communities such as Attawapiskat and Cross Lake has been their remote location. As such, the services available to remote reserve communities are limited, though they do exist. Currently, the Hospital for Sick Children in Toronto offers professional psychiatric services to Indigenous youth through telepsychiatry - therapy through a webcam - as “Astoundingly, the equivalent of only 2.5 on-site full-time child psychiatrists service the entire northern region of Ontario. To address this lack of mental health service for this region, the Ontario government has initiated a telepsychiatry program that is coordinated out of SickKids” (SickKids Hospital 2014). Similar initiatives have also been started in Alberta.

Upon news of the suicide epidemic in Cross Lake, Alberta, “the federal government [worked] with local and provincial authorities to address the crisis” (CTVNews 2016). However, while it is arguably excellent that proper resources were being sent into the Cross Lake community, this is ultimately a reactive rather than a proactive approach to tackling issues of Indigenous mental health and suicide. Data collected has indicated that Indigenous persons suffer from mental illness at much higher rates than the Canadian-settler population - rates that may be as high as 70% of the Indigenous population (Menziez 42). Data of this nature is essential because it provides an idea of the resources needed to address mental health issues in Indigenous communities that are *already occurring*. However, as Menziez outlines:

“the data collected on Aboriginals in most cases is not analyzed in terms of why Aboriginal peoples are continuing to experience these higher rates of mental health and social issues. Instead the data is presented as a matter of fact and not seen within the context of Canadian public policies” (42).

Refusing to acknowledge data of this kind through a lens that takes the legacy of colonialism into account runs the risk of naturalizing the belief that Indigenous peoples are simply more likely to experience mental illness, as a result of similar factors that are faced by the Canadian-settler population. Presenting and interpreting data in such a manner, essentially precludes any possibility of developing a proactive means of addressing Indigenous mental health; how can we attempt to prevent future mental health issues in Indigenous communities if we refuse to see the distinct historical causes of such widespread trauma that manifests itself in current generations in the form of various mental health issues?

Though it is difficult to say with certainty, it is not unreasonable to infer that if proper resources had initially been provided to communities such as Cross Lake and Attawapiskat, suicides of such epidemic proportions may have been prevented. Moving forward, a proactive method would not only prevent future suicides, but it may potentially be able to address and dialogue with current understandings of intergenerational trauma and the residual victims of the residential school system.

*Next Steps - Future Methods & Advocacy:*

A significant portion of establishing a response movement to the suicide epidemics that took place in Cross Lake and Attawapiskat and engaging with proactive measures will be comprised of Indigenous activism. This activism will require a thorough reexamination of Indigenous culture and healing practices, however, what differentiates this movement from other contemporary Indigenous activist movements is that the majority of activism will take place in the form of resurgence rather than resistance. It is difficult to imagine how this particular issue of

intergenerational trauma is something that could be ‘resisted’ in the literal sense of the word - there is no impending legislation, or in the case of the Dakota Access Pipeline, no impending project to halt or protest. Rather, this trauma is deep-seeded into Indigenous communities and affects past, present, and future generations of people who are or will be caught in this cycle of violence that was initiated by the colonial settler state. Using the theoretical framework provided in Jeff Corntassel’s article *Re-envisioning resurgence: Indigenous pathways to decolonization and sustainable self-determination*, this section will examine how a resurgence rather than a resistance movement could act as a proactive measure in addressing Indigenous mental health while employing decolonial methods that dialogue with the intergenerational trauma that many Indigenous communities have yet to recover from.

Corntassel’s article places great emphasis on practicing resurgence in a way that employs “everyday practices of renewal and responsibility within native communities today” (86). As such, one of the most important aspects of resurgence is that it is something that can be performed by anyone, anywhere, at just about any time. The concept of ‘resurgence’, then, is meant to be a means of revisiting traditional Indigenous practices in such a way that it acts as a means of resisting assimilating into the colonial settler state while celebrating Indigenous cultures. The need to do so, as Corntassel states, is because:

“Being Indigenous today means struggling to reclaim and regenerate one’s relational place-based existence by challenging the ongoing, destructive forces of colonization. Whether through ceremony or through other ways that Indigenous peoples (re)connect to the natural world, processes of resurgence are often contentious and reflect the spiritual, cultural, economic, social and political struggle” (88).

The need to connect to the land that was stolen from them is an integral part of understanding the intergenerational trauma that Indigenous communities face today, and as such, is essential in understanding forms of resurgence that can act as a way of healing the harms that have been

committed by the colonial settler state. An obvious means of rectifying past injustices and trauma is to deliver sovereignty and land back to Indigenous communities, however, as Cornassel highlights, the government of the settler state cannot be trusted in ensuring that the rights of Indigenous peoples are respected, as the state has its own interest in maintaining control over the land and the resources (profit) that it provides the settler state. The conflicting interest of the state thus ensures that “the rights discourse has serious limitations in terms of its potential as a remedial form of justice” (96). Resurgence, then, is something that has to come from within Indigenous communities with perhaps some help from non-Indigenous allies (which will be discussed in the next section).

Resurgence can act as a proactive measure towards addressing intergenerational trauma and Indigenous well-being. These acts of returning to traditional Indigenous customs facilitates connections to both the community and the land. In his article *Colonialism and State Dependency*, Gerald Taiaiake Alfred puts forth several recommendations for addressing Indigenous trauma which eventually lead him to consider the potential benefits of taking an activist approach through a resurgent means:

“The holistic reconnection of people to each other and to the land, affording reserve-based and urban populations the opportunity to engage with each other and their homelands, will be the foundation of individual psychophysical health and community resurgence. Once people have their basic connections re-established, they will have the strength and confidence and support to figure out ways that work for them and their communities to sustain themselves and begin to make empowering decisions that fit the circumstances of their lives and situation vis-à-vis the colonial regime” (57).

Taking a proactive measure towards preventing Indigenous suicide through resurgence will not only be a positive contribution to mental health, but it can also foster connections to both the community and to the land.



The idea of returning to traditional Indigenous customs and ways of living is especially important when considering the dictates placed upon Indigenous bodies in the years that the residential school system was operational. As stated in an earlier section, the primary goal of the residential school system was to essentially violently force Indigenous people to assimilate into dominant settler ideologies. As such, Aboriginal children were discouraged and shamed for using their traditional language and practicing traditional religious and cultural customs. In considering resurgence as a proactive measure towards healing intergenerational trauma, then, undoing or going against what had previously been prescribed by the residential school system may be an essential step in effecting positive change for Indigenous communities. This opposition to the doctrines of the residential school system in the form of resurgence can be something as simple as using traditional names for places - names that highlight the history of Indigenous connection to the land - or it could be something more spiritual, encouraging community members to participate in cultural events of great significance. It is important to understand that this idea of intergenerational trauma is something that can be addressed through resurgent practices because, first and foremost, it is essential that Indigenous people are able to connect to their communities and to the land once again. The government or the state cannot be expected to provide sites of healing for Indigenous communities because the state has a special interest in maintaining control over Indigenous lands; however, acknowledging resurgence as a movement by Indigenous peoples for Indigenous peoples does not mean that there cannot be support, resources, and allyship provided by settlers.

*Allyship - How to Support Indigenous Communities suffering from Intergenerational Trauma:*

The suicide epidemics that took place in Cross Lake and Attawapiskat differ from suicides completed by members of the settler population because the mental health issues that lead to Indigenous suicide are either stemmed from or compounded by historical atrocities and intergenerational trauma. However, while the primary site of healing must come from within Indigenous communities through resurgent practices, it is possible for non-Indigenous individuals to provide support, resources and allyship for these communities. Though settlers will never be able to fully grasp the scope of this particular kind of trauma,<sup>2</sup> that is not to say that there is no means by which we are able to act as allies to Indigenous communities and individuals in crisis so as to prevent future suicide epidemics.

Alfred's article puts forth several recommendations for addressing Indigenous mental health through resurgence while addressing the fact that the state cannot be adequately relied upon to provide adequate resources for Aboriginal communities, let alone try to rectify the historical injustices and present day ramifications of colonialism. Thus, he acknowledges:

“among all First Nations in Canada, it is the very foundation of their existence as Indigenous peoples that has been eroded by colonialism, and it is the rebuilding of this foundation that must be the focus of First Nations organizations and government policy efforts in order for First Nations to overcome the effects of colonization and to begin to engage the wider society and the world as self-sufficient and stable communities again” (57).

While it is attractive to believe that the government will be able to provide proper policy efforts and recommendations to address both historical injustices and intergenerational trauma experienced by Indigenous communities, it is not reasonable. However, that is not to say that Indigenous organizations and allies cannot place great pressure on the government to provide proper proactive measures towards Indigenous healing and mental health.

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<sup>2</sup> It is worth noting that as I write this paper, I am aware of my positionality as a non-Indigenous person / as a settler.

Earlier in this essay, I stated that it is imperative to understand poor Indigenous mental health as a distinct product of colonialism. As such, it is not enough to suggest that the events of Attawapiskat and Cross Lake are adequately addressed by initiatives made by settlers for other settlers - such as the #BellLetsTalk movement or Mental Health Awareness Week as initiated by the Canadian Mental Health Association. The issues of Indigenous mental health has its own unique causes and as such requires its own unique movement to address and attempt to rectify such causes. The importance of doing so lies in providing Indigenous populations with the support and resources needed to reconnect to the(ir) land and reconnect to their communities. An example of providing allyship to Indigenous peoples looking to use resurgence as a method of healing intergenerational trauma would be through supporting initiatives such as the Ogimaa Mikana Project in Fort William (Garrick 2016). This project was created by Indigenous activists and involves the effort to “reclaim space and reinsert Indigenous presence in place names and taking back the rights and responsibilities we have to our territories and doing it in a creative way” (Garrick 2016). Their efforts are manifested by erecting billboards that state the original Indigenous names for land and spaces that have now been renamed by the colonial settler state. Not only is this an excellent example of an Indigenous activist movement that utilizes the resurgence of Indigenous language as a means of reconnecting to the land and culture previously denied to Indigenous communities, but this is also an example of the kind of project that allies would be able to engage with, educating themselves and - if funds allowed - donate to the project. This kind of engagement from allies is ideal because it seeks to help Indigenous communities without taking control over or dominating Indigenous movements looking to employ resurgence as a means of reconnecting with the land and providing a proactive method towards positive Indigenous mental health.

*Conclusion:*

The suicide epidemics of Cross Lake and Attawapiskat were national tragedies that faded away from dominant news discourses fairly quickly once the story had been circulated. The resources provided by the government in attempts to prevent such future epidemics are admirable, but are ultimately not enough when considering ways in which a proactive measure can be taken to encourage and foster healing of the intergenerational trauma that many Indigenous communities are suffering from. The violence inflicted upon Indigenous bodies throughout the time that the residential school system was operational has had dramatic effects on Indigenous health and well-being, often condemning them to a cycle of violence, the effects of which people are still contending with today. As such, it is not enough to simply view the higher levels of mental health issues among Indigenous populations as something that results from similar contributing factors to the ones that the Canadian-settler society faces. Rather, a nuanced understanding of the residual effects of the residential school system is warranted, and Aboriginal communities may use methods of resurgence as a means of affecting positive change regarding Indigenous mental health. This intergenerational trauma was started by the colonial settler state and was meant to force assimilate the entire Indigenous population into settler society by removing them from their communities, their homeland, and their culture. From this, we can gather two essential pieces of information when moving forward: 1) the government cannot be relied upon to fix the problems that it has created for Indigenous populations and 2) by returning and reconnecting to traditional ways of life, there exists the hope that Indigenous communities may begin to heal.

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