

## **Indigenous Parents and Healing from Youth Suicide: “I Don’t Know, I Just Pray.”**

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### **Abstract**

Worldwide, Indigenous teens die by suicide and have more suicidal attempts than any other adolescent population and are overrepresented in every suicide statistic category. This study provides a new lens to look at Indigenous youth suicide through the perspectives of their parents, thereby giving them a voice in prevention and interventions. The findings of this qualitative study show that to help with their healing process, Indigenous parents require a connection to spirituality and culture, social supports, and an understanding that healing is lifelong, after the death or attempt of suicide by their child. Recommendations from this study are that Western systems adapt to focus on spirituality and culture in healing, as well as promote the destigmatization of suicide within Indigenous communities so that social supports can increase for parents who have experienced loss by suicide or suicide attempts by their children. In addition, professional helpers require more training in loss and grief, culturally relevant healing practices, and need to centre Indigenous knowledge in the creation of future intervention and postvention services.

### **Introduction**

Among Indigenous (First Nation, Inuit, and Métis) people in Canada that are between the ages of 15 to 34, dying by suicide is second in leading causes of death (Government of Canada, 2012). Current Western interventions and research on Indigenous youth and suicide are not often culturally relevant, and the number of deaths of youth in Canada within these populations continues to rise (MacNeil, 2008). What is inherently missing in the current literature is the experiences and voices of Indigenous families, youth, and communities who are directly impacted by suicide, with most knowledge coming from professional helpers and government agencies. This research provides a new lens to look at Indigenous youth suicide through the perspectives of their parents, thereby giving these families a voice in prevention programs, strategies and interventions. This paper reports on findings from this study with a focus on First Nation parents’ perspectives of healing after a child dies by suicide or survives a suicide attempt. Hearing parents’ stories

regarding their familial history of colonization, intergenerational trauma and abuse, and suicidal ideation has provided the understanding that most current interventions happening within First Nations in Manitoba regarding suicide is not working to address the underlying factors of suicide or help in the loss and grief of parents and communities that follows. I argue that we need to create culturally relevant community driven resources that include the increase of recognition of spirituality and the destigmatization of suicide so that Indigenous parents can receive the support they need to move through their healing journey.

### **Literature Review**

Worldwide, Indigenous teens die by suicide and have more suicidal attempts than any other adolescent population and are overrepresented in every suicide statistic category (Mota et al., 2012; World Health Organization, 2018). Within Canada, suicide among youth continues to be a concern and Indigenous youth are at much higher risk than others. More than 20 percent of deaths among Indigenous youth are from suicide and Indigenous youth are also four to six times more likely to die by suicide than non-Indigenous youth (MacNeil, 2008; Advisory Group on Suicide Prevention, 2002; Lemstra et al., 2013). Unfortunately, death by suicide is the most serious consequence of this complex problem and suicide attempts are much more frequent. To put it in perspective, for every Indigenous youth who dies by suicide in Canada, there are six to eight suicide attempts (MacNeil, 2008).

Due to the complexity of suicide, it is hard to determine exact causes, however many contributing factors to Indigenous youth dying by suicide can be grouped into eight categories: colonization and identity, community factors, substance abuse, family and home influences, socio-economic factors and poverty, mental health, and loss and grief (Mota et al., 2012; MacNeil, 2008; Gosek, 2002; Lemstra et al., 2013; Centre for Suicide Prevention, 2013). In contrast, in preventing Indigenous youth suicide the literature explains the most important factors are strong Indigenous communities, use of traditional language, cultural continuity, and good attachment and quality of familial relationships (Chandler & Lalonde, 1998; Centre for Suicide Prevention, 2013; Mota et al., 2012; Lemstra et al., 2013; Truth and Reconciliation Commission of Canada, 2015). The final report from the Truth and Reconciliation Commission of Canada states the importance of intergenerational trauma and the impacts that residential schools within Canada have had on the familial and cultural structure of Indigenous peoples (2015). The qualitative study by Elias and

colleagues (2012) regarding residential schools, abuse, and intergenerational trauma demonstrated the connection between these factors and a familial history of suicidal thoughts and attempts; explaining that the mental health impacts of residential school are not only felt by those who attended, but also by their children and grandchildren (Elias et al., 2012).

With the colonial history of Canada in mind, it is important to understand that Western interventions for suicide are troublesome and often do not work because they are not culturally relevant and they focus on mental health from a medical model rather than the large number of underlying factors impacting Indigenous youth, such as: structural, environmental, familial, or social issues (Kuipers et al., 2016; MacNeil, 2008; Manitoba Healthy Living, 2008). Some key recommendations from both the Canadian and Australian national strategies to combat Indigenous youth suicide are (a) that prevention strategies for this population must involve and revolve around Indigenous people in designing, implementation and evaluating the programming; and (b) that a focus on Indigenous communities, holistic and family driven interventions started early, and a rebuilding of strong Indigenous communities is the best chance at success in decreasing youth suicide rates (Kuipers et al., 2016). The First Nation Mental Wellness Framework (Health Canada, 2015) provides guidance on how to move forward to provide healing within communities for positive outcomes. The framework lays out seven key aspects on a continuum that can help build healthy communities and these include: health promotion, prevention, community development and education; early intervention; crisis response; coordination of care and planning, detox programming, trauma treatment, and support/aftercare (Health Canada, 2015).

Unfortunately, even with this framework in place, after a completed suicide or attempt by a child, resources and services specifically for Indigenous loss, grief, and healing in Canada are rare, difficult to find, and underfunded. Within Manitoba, there is a First Nation suicide 'help line' provided through the First Nations and Inuit Hope for Wellness Help Line in addition to the Manitoba Suicide Prevention hotline and other national phone lines providing suicide counselling (Government of Manitoba, 2021). In addition, while there are services provided through Klinik for suicide loss and grief counselling, these in-person services are physically limited to the Winnipeg and Brandon region (Klinik, 2021). However, those living outside these areas are left with a lack of support services due to the lack of access. Even with the Manitoba Suicide Prevention Framework (Manitoba Healthy Living, 2008) in place, the support for those in Manitoba looking for mental health and grief services specifically for suicide is few and far between.

In addition to a lack of postvention resources within Manitoba, there is also a dearth of literature when it comes to the lived experience of grieving for Indigenous people (Dennis & Washington, 1998) which includes parents who have had a child die by suicide or survive a suicide attempt. In a study produced from South Australia, it was stressed that postvention services for Indigenous people who have experienced suicide loss is pertinent in lessening the negative effects of grief and suicide as well as preventing suicide contagion (Smith et al., 2013). These resources are extremely important when considering that Indigenous people in Canada have had their lives and cultures continually disrupted, and not only grieve losses on their own, but also on a community level as well (Dennis, 2021).

Moving forward, drastic transformations are needed in the way we look at Indigenous youth suicide as well as the responses that are in place. The literature shows that the solution for this problem lies within the communities and families, and for this reason, only by considering the all the values of Indigenous culture, the needs of the community, and the perspectives of those people who have been directly impacted by Indigenous youth suicide are we able to create a holistic healing balance and see some possible success in combating this issue (Advisory Group on Suicide Prevention, 2002; MacNeil, 2008).

### **Methods**

This qualitative study gathered the perspectives and experience of Indigenous parents from Manitoba who experienced suicidal behavior in their child(ren). Eight participants were recruited who met the following criteria: a) self-identified as Indigenous, b) had experience with having lost a child to suicide or have had a child survive suicidal behavior in the past, c) did not have a child who was currently suicidal, and d) are 18 years old or older. The participants consisted of four parents who had lost a child (three who lost two) to suicide, and four who had a child (or more than one child) survive a suicide attempt. The participants were mainly mothers, with seven mothers participating and one father. The eight participants were all First Nation peoples and identified themselves as Cree or Anishinaabe. The participants lived in varied areas in Manitoba, with four residing within the Winnipeg and surrounding area and four living within First Nation communities. The shortest time frame from when a parent had a child die by or attempt suicide was one year prior to the interview; some parents gave a time frame of up to 8 years after the suicide/attempt and others did not disclose.

Recruitment of participants took place by the circulation of a recruitment poster within Winnipeg, and through social media (Facebook, Instagram and LinkedIn). After contact by the participant, informed consent was obtained and data was gathered through one-on-one, in-person and private, semi-structured interviews utilizing an interview guide. Each interview took place in Winnipeg, lasted between 60 to 90 minutes, and was audio recorded and professionally transcribed. To focus the discussion on the journey following both suicides and attempts, participants were asked questions such as, “What has your healing journey looked like in the time since the suicide attempt? Has spirituality been a part of your process moving through this situation?” and “What kinds of supports (if any) have been available to you and your family since the attempt or death”? Tobacco was offered to each participant to signify the relationship between the participant, our working together, and the commitment to conduct this research in an honorable way. In addition, a \$50 monetary gift was given to each participant. This research was approved by the University of Manitoba Research Ethics Board. Prior to each interview, participants were asked to identify any supports they had in place if they required assistance after the interview. In addition, participants were provided a region-specific list of resources available for additional support, and I remained available to them through email and phone to help facilitate supports if needed throughout the research process.

Data was interpreted through thematic analysis where the transcripts were read, codes were identified and organized into themes. As a settler, it was extremely important that I respected the principles of OCAP (Ownership, Control, Access & Possession) through the process of this research (First Nations Information Governance Centre, 2018). Participants were given access to their data throughout the research process. The focus on relationship building in this research allowed myself and the participants to understand that the knowledge provided was owned by them; I was only a steward to pass forward their stories. Due to privacy concerns, authorship remained with the researcher due to participants wanting to remain anonymous. The participants were given the opportunity to review copies of their interview transcripts for clarification and approval at multiple stages prior to completion of the written work, and stakeholder checks were completed during data analysis to ensure the data was interpreted correctly. The result of this analysis includes reflections from parents on the importance of spirituality, a connection to culture, community, and the lifelong healing process for parents. At the completion of the study,

participants were again given access to the final thesis work, to acknowledge that this information was not mine to own, but only provided to me to help make this knowledge heard.

### Findings

Moving through a healing journey after the attempt or a loss of a child to suicide is different for every parent and family. As it is with loss and grief, healing is unique to the individual. One thing that is common when it comes to healing after a suicide loss, is that often it is a significantly complex journey. One participant shared the story of what their healing journey as an adult [from their own traumas and their children's suicide attempts] looked like for them:

...through those four and a half years of counseling there I did a lot of work on myself. And one of them was forgiveness for my parents. And all those ... relationships I was in with abuse. Addictions and ... Especially the ones that hurt me. I learnt that you can forgive but you don't have to talk to them more. You don't have to be their friend... As long as you forgive and heal...I also learnt that healing, it's a lifetime journey. It never stops. And I learnt grounding. How to stay grounded and stay in the present. And with the triggers, I learned lots about when I get these triggers, what to do. Because one person asked me, "How can you live with yourself with all this that happened to you and your kids, how can you live with yourself?" I told them, "It's hard, but I have to. And I'm doing it for my choice because I chose not to let my past do this to me no more. Because I wasn't the one doing wrong." I said, "I was the victim. I was the ... " But now I say, "I'm not a victim anymore. I survived all this. I'm a survivor." I said, "I'm not no longer going to let my past be in control of who I am." (P7)

As this participant experienced, healing can be done with help from counsellors, mental health professionals, and outside resources; however, most of the participants in this study stressed the importance centring spirituality and culture.

For the participants of this study who had children who have survived a suicide attempt, spirituality and a connection to culture is what they saw to have the largest positive impact on their healing journey. One participant who had both of their teen children survive suicidal ideation and attempts, noticed a significant difference between their healing and shared their thoughts:

So, they're both have gotten better, but there's a difference on [first child's] healing journey and [second child's healing]. [First child] has been doing spiritual work and [second child] hasn't, and you do see a difference...The spiritual stuff that [first child is] finding out about [themselves], and somebody telling [them]...the grandmothers are speaking to me about this...[They are] going back into stuff and healing. [They are] thinking about stuff that happened in [their] past. [They are] healing from that whereas [second child] is just in the here and now, and let's move forward. [Second child] doesn't seem to be making the progress that [first child has] made. What I think there...is a correlation there, because

[second child] doesn't seem to be dealing with anything that has bothered them from their past where [first child] has. (P1)

This lack of addressing previous traumas unfortunately happens with many mental health supports where focus is on how to function in the moment and brief treatment. This can be problematic for some who need to address previous traumas in order to heal and avoid future suicide ideation. However, a focus on one's own spirituality can help a youth work through and be a large contributor to healing.

In addition to spirituality, another parent who experienced their young teen attempt suicide multiple times shared that their child had found a new connection to their culture during their healing process. When asked if they thought this had made a difference, their response was:

I think it did. Because [they] would do the smudging. We got [child their] own bowl. We got [them] the sage. And [they said], "[Parent], I would really love to one day go sage picking." So, I said, "Okay, I think I know where I could find some, so we'll do that." [They] had a feast at [their] school, and [child] was doing the drumming. [Child] loved it...And [they were] so happy...They do a lot of cultural activities now, at [school name] as well. I pick [them] up, [they would] be smiling, "Hey, [parent]." I'm like, "How was your day?" [They are] like, "Awesome. We drummed today." So that's what brings and heals [their] spirit is learning that. (P3)

Not only does the experience of this parent show the importance of a connection to culture for First Nation youth mental health, but it also shows us how having cultural activities and ceremony as part of resource programming can greatly benefit the youth who attend. This parent was not the only participant who saw a change in their child when they started participating in cultural activities. Another participant who had their child attempt suicide talked about how a move out of the city back to their reserve community rekindled their child's connection to culture and ceremony:

[Their] grandmother's actually [has been helping them], since [their grandchild] passed, and well she dealt with her [child] murdered...I think she's going back into that way of traditional...actually, she said [participant's child] started being a fire keeper. So, I'm kind of thinking [child is] following her. For [them], I think it is being out there now [community], because [they] feel it out there. Whereas in [city], it's like we're all separated still. (P8)

This family, who has been separated by Child and Family Services, has had a difficult time healing because they cannot all be together. Through a return to their community, this participant's child has started to see a sense of purpose and they are hopeful that it helps them to heal.

While this connection to spirituality and culture is important, like all things it will look different for every person. One parent who is Christian explained how they feel youth should find a connection to spirituality in whatever way they feel drawn to in order to build a strong sense of identity:

...I think our young people, especially First Nation people do need a lot of help with finding out their sense of identity. Who they are. And to have that spiritual part be open, and help them, teach them, that it's okay to go traditional, to live on the land. But it's okay to go to church as well and believe. Whatever your faith is, have something... And that's one thing I told my kids. I told my kids, "Whatever you guys need that faith, whatever it is as spirituality, find it." (P7)

Connecting to spirituality is not only helpful for healing in Indigenous youth, but also for parents who are trying to help their children heal from a suicide attempt or healing themselves from the loss of a child to suicide.

### **The Help of Spirituality and Traditional Healing for Parents**

Seven out of the eight participants involved in this study shared that their spirituality has been the biggest part in healing after their experiences with suicide among their children. One parent explained what has gotten them through their grief to this point is praying and asking for help:

... just praying ... And helping, and if I probably didn't go that way, I'd probably be ... I don't even know where...I don't know where I'm getting the strength ... just to be here, especially with everything that goes on and just thinking and, you know. I said, "I don't know, I just pray and just keep on praying and ask someone to watch over me and help me." (P4)

Another parent when asked what has helped them to heal explained that it is through prayer that they keep going for their family:

It's my praying. And I speak up for my own help, and just ... when my kids all get together and I just look at them, and I know, "Okay, I know why I have to be here. Just to guide them and be here and keep pushing them to strive for more than what they have right now." (P3)

Prayer is a large part of spirituality, and seven out of eight participants mentioned praying to Creator or God for help while they are grieving and healing. For every person, where one prays or how they participate in spirituality, can vary. This depends on where one feels the most



comfortable and accepted. One participant shared their experiences of not being able to go to a church, but being able to find peace while praying in a sweat:

They told me God was everywhere, so he's in my home. I'll pray at home. I pray, but I won't dare go to ... Like, people tell me to go to church. No, I won't go to church. I can't even go to a clinic. I get bad ... my anxieties are bad. I faint a lot of places when there's too many people, or when I start to think of [child] then I get panic attacks and I'll faint. So, I don't really like to go to public places. But I can go to a sweat. I don't know why. I can sit in the sweat. (P2)

When asked how this participant felt after a sweat, they explained the following:

Tired. I just sweat. Tired, and I fall back asleep in peace. I'm in peace. I'll just sit there and think, pray. (P2)

Feeling moments of peace is one of the main reason participants shared for believing in prayer for healing. Another participant explained how they make it through the days where they feel intense grief through prayer and being on the land:

Prayer. I'm praying now to get that feeling out there. I say, "Here, you have it. I don't want it today." Then, I'll go cut grass or build something, then try not to think, but it always comes back... Sometimes I think my praying is for nothing. I ask him. "I asked you for something. Where is it? I don't see it." And I get angry about that. It's just like something is keeping me down here and that's why I made the move up because I move up there, I can do a lot. I know I can, but they want to keep me down here. And I tell myself, "No more." I say, "No more bullshit." (P5)

Even when believing in prayer, often individuals will go through feelings of anger and look to place the blame on a higher power, as this parent explained above. Another participant explained they wished they could pray but did not feel like they believed in someone to pray to. This reminds us of the need to respect all beliefs when it comes to spirituality because it is an individual choice and deeply personal on an individual level. One parent who had two teens die by suicide explained the following about their perspective:

...if I didn't have prayer...I wouldn't be here. I'd probably be dead. Christianity for me, I still respect that. I respect all forms of spirituality because as I understand it, Christian people believe in God. We believe in the Creator. Muslims and other people believe in Allah. There's Buddha, there's all the names, and he's God. He's Creator. He's the same guy. He made us. It's just said different nationalities. We all still pray the same way. For native people, we go into the sweat lodge and pray. One thing I tell people all the time is prayer; I was raised like you go to church and pray... Then some native people believe that they can only go to the sweat lodge to pray when in essence, you can pray anywhere. I pray when I'm driving, I pray when I go to sleep. I pray when I wake up. I'm praying when I'm

on my sewing machine...I pray lots, and that doesn't make me corny, messed up, traditional person or a crazy Christian, stuff like that. It's just myth. (P6)

As this participant describes, prayer can be used anywhere at any time by anyone, and this helps it be the most prevalent strategy that was brought up by participants as part of their healing journey. In closing on spirituality and healing, this participant added an interesting insight not heard by any other participants that is important to share:

Going through this is like being in bubble wrap. That's the best way to describe it. You're in this big thing of bubble wrap, and there's one little hole that you can get out of, but you're poking at that bubble wrap trying to find it, and if you don't find that hole, you don't get out. You're surrounded by the counseling and all these other things, but there's no way out until you find that hole. How you find that hole is through that prayer and that spirituality for yourself because this is what gets us through everything. That's how I see it. (P6)

This participant shares their belief of how important it is to have prayer and spirituality in some form for yourself, and to focus on doing the work for yourself, if you want to heal from a suicide loss of a child. In addition to prayer and spirituality, two other ways of healing participants found helpful was ceremony and connecting back to culture.

### **Ceremony and Connection to Culture**

For participants who chose traditional methods of healing, ceremony and a reconnection to culture were two factors that were explained to help parents with healing. When asked what was most helpful for their family in their moving forward from suicide attempts, one parent explained the following:

Finding out about my roots, and then trying to find out enough that I can share with my own family, and then try and get them to embrace the idea of finding out about their roots as well because I think that's really key. The language too, the language is a big one. I feel like we're a bit lost without our language... I'm hoping that things will change and that whole ... The idea of people having more access to Indigenous culture to heal. I really think that that's super important. (P1)

This participant who did not have connection to their culture growing up, has seen a lot of healing done within their family since they have reconnected with their traditional language and ceremony. Another participant echoed the importance of traditional healing and how ceremony was the most important piece for them in changing their viewpoint after their child's suicide attempt:

Probably the traditional stuff, because I went through a lot of sweats. And for my program too, the one I did, we did traditional things there too...The [participants] did drums...and

made their little bundles and strawberry pins, rock painting. So it was kind of like working with them has kind of made me see things differently...(P8)

This participant was able, through community programs, to reconnect with their culture, participate in ceremony, and see a positive change in their healing process. Unfortunately, traditional programs are not always accessible and other participants had stressed how they felt they would have preferred being given a traditionally based healing option when they sought out assistance. A participant who has reconnected with their traditional beliefs in the last few years offered the following advice:

I think that if people have the option of doing things that are cultural, instead of here's this pill that's going to help your depression...It doesn't feed your soul. It doesn't take away the pain from whatever your past is. I think that's another important thing too, is being able to talk about [it] in ceremony if you want to talk. I think, but you also have to try and find a comfort level there too. (P1)

This participant's ideas are to move away from the medical model when it comes to suicide, loss, and grief and move towards traditional methods that help you heal from the inside out. The need for connection to spirituality and ceremony by parents dealing with suicide in their children was shared by another participant:

Unless you've got professors and people that are in government and that have lost somebody to suicide, or lost a child, in fact, they're not going to get anywhere because they don't know. They don't know about the healing process; they're only suggesting, they're only guessing at what possibly could be done...The only thing that possibly could be done for our people is healing, ceremony, and getting back to this way of life. That's the only way a person is going to come out of this...(P6).

Regardless the method chosen by participants to heal, all methods looked different to each parent and as the participant above mentioned, it is up to those who have experienced suicide to decide what they feel would be most comfortable for them to try. The last common experience that was brought up frequently by the participants was the importance of social support while grieving and healing.

### **Social Support**

While discussing different healing strategies, three of the parents discussed how important their friends were during this time and that their experiences felt as if you were 'just doing what you need to get through the day':

...I relied on friends. I think my friends knew. My friends knew more than I knew, if that makes sense, about what was going on. You just go into survival mode I think. I think that's just all it really was. (P1)

Another participant felt they would be lost without their friend, who also had a child die by suicide:

...my friend helps me lots. And it's so weird. My best friend I'm always hanging around with, [they have] helped me go through this with my [child's] funeral. My [child] committed suicide [date]. [Date], [their child] did the same thing... We help each other lots. We have our days. Some days are harder for [them]. Some days I'll have a good day and [friend will] be having a bad day. We're together every day, from right after [they] get off work we're together, until [friend] goes home to go to bed. (P2)

Having the support of someone close to you who you feel comfortable sharing your grief with can be helpful to a parent trying to cope and heal from a loss. Connecting with people after a suicide or attempt can be a struggle for parents because no one truly understands what you are going through other than someone who has been through it themselves. Having the support of someone who has also lost a child to suicide can be extremely valuable for someone with a recent loss. Unfortunately, most participants felt that only their closest friends and family remained supportive during this time of loss and grief; others often made the participants feel marginalized within their own communities due to the stigma surrounding suicide. This stigma leaves parents feeling 'othered', and if they did not have anyone to talk to after the death or suicide attempt of their child, they found it very difficult to cope:

...when it happened to me, there was no one around. There was no one there or anything. You felt alone. You felt empty. I would think to myself, "Okay, everyone's going home, the funeral's over, I'm here." But then I'd look around and then I'd see that I have my other younger kids there, and then I said, "Okay, I'll get through this." (P4)

Another participant shared that it is now getting easier to talk, but other than their best friend it can be hard to talk to others; this parent fears that if they do not talk about their child, people will forget about them and they as a parent will be stuck not moving forward:

I cry when I talk about it. It's getting easier. As long as somebody's willing to listen, you know, I'll tell them, because I don't want anybody to forget about my [child], ever. That's what I'm afraid of...that one of these days nobody's going to even remember [their] name but me and my kids. Everybody's going to move forward. Everybody's moving forward and it feels like I'm stuck. It's like I take two steps forward, then one step back. (P2)

The fear that people will forget their children is significant, as are feelings of wanting to talk to others but struggling to have others listen. Another participant shared how they do not think that talking to others is what is necessarily helpful, but just having someone to 'be there' with them:

When I tell my story to people, I'm amazed at how many people have gone through the same thing I've gone through, because when you're going through this, it's only human nature to think you're the only one going through this, right? Because as you're grieving, you don't want to really talk about it. Me anyways, I don't want the pity. I don't want people to feel sorry for me. That's not my point. When I do talk to people, it's about maybe something I've said or could say will help them, and if I've helped one person, then I've done my job. I'm dealing with my grief the best way I know how, and all I want is for somebody just to come and sit with me. We don't even have to talk; we can sit and smoke, and we can ... Just be there, you know? Sometimes that's all we need. There is no real actual need because we don't need anything. (P6)

This participant explains that those grieving from a death by suicide are doing the best they can, and what they truly need is people who can show support without pity or judgement. All the participants stressed the importance of having social support to lean on through their grief and healing. In addition to social support, most of the participants acknowledged the idea that healing for them would be a lifelong process.

### **Healing is Lifelong**

Final thoughts on prayer, spirituality, traditional healing, connection to culture, and social support were asked, and one participant wanted to share the message that they shared with their children who are still healing from their past trauma:

And I told them [children], healing doesn't just happen in one day and you're done. Or you go to counseling for a month and you're done. It's a lifelong journey, lifelong process." And like I said, we talked about those triggers. Yeah, they hurt. But always for me, I get through it. To help myself get through these things I will just say to myself, "I'm okay. I'm okay. You're here. No one can hurt you no more." (P7)

Other participants talk to their child(ren) they have had die by suicide as much as they can and ask for guidance:

Yesterday I did a lot of thinking standing on the beach there. I thought of [child] and all the people that have passed. I look up at them. "I hope you guys are happy, safe where you are." ...you've got to be there for us. Try to counsel us too. (P4)

Given the absence of resources, our current society leaves parents feeling alone while they are working hard to try to heal. Healing is a different process for each parent, but one message that

has commonly been passed from each participant is that they know healing will be a lifelong attempt for them. Those who have lost a child do not believe they will ever be fully healed; however, they are continuing to work hard to move forward for the memory of their children, and to be there for their families.

### **Discussion**

The parents who participated in this study described three main components that have been important in their healing journey after the suicide of their child, or a child's suicide attempt. First, the connection and role of spirituality, specifically prayer, and how it helped them move through their process of grief. Secondly, how a connection to their culture (whether they had that connection prior to the suicidal behavior or not) helped provide a sense of identity and contributed positively to their healing process. Third, the participants shared the importance of social support and understanding they felt was needed among professional helpers, community, and personal networks for them to move forward in healing. Finally, participants shared the understanding that healing from death by suicide or a suicide attempt can be a lifelong journey that takes time, meaningful supportive relationships, spiritual work and understanding to move forward.

Due to the lack of literature in this area, we must move outside suicide to understand these findings provided by participants. Their shared experiences tie closely to the four major themes described by Dennis and Washington (1998) in their study on Elder loss and grief which included a description of Indigenous grief healing processes as: (a) living through grief, (b) employing Western or traditional strategies, (c) finding comfort in spiritual beliefs and practices, and (d) grieving as a community. A recommendation that came directly from all parents was that resources take into consideration their community knowledge and culture. Of these themes mentioned, spirituality for healing was something that none of the participants felt they were offered by Western systems. Spirituality is an aspect of healing that is not addressed by our current resources, and regardless of a person's spiritual background (traditional, Christian, etc.), or the help they received, those who have had a child die by suicide or attempt a suicide wished they would have had more access and connection to spiritual helpers. This relates to the findings by Dennis and Washington (1998) where Elders explained finding comfort in both Western and traditional spiritual practices after death. Practitioners interacting with parents and youth experiencing suicide

in their families should be competently addressing loss and grief and inquiring about spiritual connections.

In addition to focusing on spirituality interventions and postvention services, programs need to be created with the involvement of those directly impacted by Indigenous youth suicide: the parents, the families and communities. As explained by Dennis (2021), when Indigenous communities can support each other through grief utilizing traditional healing practices it collectively lessens the burden on individuals. By creating programs that link parents and communities managing all the dynamics related to suicide to spiritual helpers and/or traditional healers, we could decrease the amount of backlog in the current medical/mental health system; as well as possibly provide these parents and families with an alternative intervention that could work more efficiently in meeting their needs.

In order to create programs that can make meaningful change in Indigenous communities, those programs need to be designed and implemented from the knowledge of those directly impacted and the communities that Indigenous youth suicide affects. By putting the planning of resources into the hands of Indigenous communities, we would be increasing self-governance of communities and providing opportunity for cultural knowledge to be shared through service planning and implementation; both of which are related to protective factors of Indigenous youth suicide (Chandler & Lalonde, 1998; Truth and Reconciliation Commission of Canada, 2015). If Indigenous communities are given increased funding and control to create their own suicide intervention and prevention programs, they can plan them based on the specific needs of their community, instead of having a 'one size fits all' organizational structure which does not work for Indigenous parents living after a death by suicide or with a youth fighting suicidal ideation.

Final thoughts are that in addition to the above-mentioned strategies; we need to work to decrease the stigma that comes with suicide in Indigenous communities and increase the knowledge and training for professional helpers in cultural sensitivity, loss and grief, trauma, and postvention suicide responses so that if wanted, these communities can access the supports they require to move forward in their healing journey. While many informal supports were indicated by parents and stated as helpful to those who participated in this study, what was also mentioned was the stigma they widely felt from their communities, including helpers. Resources within communities that were utilized, regardless of if led by settler or First Nation individuals, left parents feelings alone, misunderstood, unheard, and did not meet the needs that they felt were

imperative. In closing, Indigenous youth suicide needs to be addressed through a collaborative, community led approach that centers the knowledge of those impacted by suicide if we truly hope to decrease the number of parents who are left to mourn the loss of their children.

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