

# **Decoloniality or bust: Pathways to Remedy Injustice in Indigenous Men and Father's Suicide Prevention.**

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## **Abstract**

This paper has three objectives. First, it troubles the concepts of modernity<sup>1</sup>, coloniality<sup>2</sup> and health, social science and psychological science's complicity in these trends. Second, it reviews and critiques current efforts in men's suicide prevention to address longstanding issues relevant to the life promotion and wellness needs of First Nations, Inuit, and Metis men and fathers. It ends by arguing decoloniality is central to Indigenous men and fathers' life promotion efforts, and outlines specific methods, approaches and considerations needed to rectify these inequities.

## **About the author**

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## **Introduction**

A decoloniality turn<sup>3</sup> has surfaced in diverse health and social science disciplines, such as public health, health promotion and psychology, following these fields longstanding complicity in perpetuating systemic violence towards marginalized communities (Clark & Hirvonen, 2022; Maldonado-Torres, 2017; Ramugondo & Emery-Whittington, 2022; Sonn et al., 2021). Common factors driving this violence is the refusal to socio-historically locate subjects, apoliticize distress, and enact epistemic injustice or epistemicide, the latter of which undermines non-Western ways of knowing – as reflected in positivist, disembodied worldviews and research methods that assume

<sup>1</sup>Modernity assumes the world is entirely disposable and designed for human consumption, degrading human and nature resources for capitalistic gains and expansions (Maldonado-Torres, 2007).

<sup>2</sup>Maldonado-Torres (2007) defines coloniality as the dark side of modernity which dehumanizes those who have been colonized and is enacted through dominant western ideological assumptions, interwoven with experiences of oppression and interwoven in community systems, institutions, policies, economics and nations.

universal and objectively verifiable truth claims (Fernandez et al., 2021; Teo, 2015). Also implicit within this violence is the obscuration and or use of academic fields to support pre-existing and colonial power structures that make colonialization of the oppressed possible (Pulido-Martinez & Tamayo, 2024). In this way, the hierarchization of power is closely interlinked with both knowledge and truth claims (Ramugondo & Emery-Whittington, 2022).

Within academia, this hierarchization also works by creating arbiters of wisdom whose values, methods, and assumptions upholds the interests of mainstream settler society and its rich and powerful inheritors. Within the field of psychology, Pickren's (2020) "manageriality of the self" serves the interests of those within existing systems of power by reducing people to "psychological subjects and easily intervenable populations" by which settler colonial government can easily exert control (p. 165, Pulido-Martinez & Tamayo, 2024). As a field born in modernity, theories of behaviour and the mind also construct psychologies of the other who are deemed backward, colonizable, and peripheral from settler-colonial ways of thinking, being, and doing (Pulido-Martinez & Tamayo, 2024). Also predicated on this atomized individualist psychology are ideas of personhood that emphasize personal blame and responsibility while obscuring the analysis of social issues (what some call the psychologist's fallacy) and reducing intervention to a series of individualized remedies or solutions amicable to free market capitalism, such as cognitive behavioural therapy (Brown et al., 2022; Esposito & Perez, 2014).

Consequently, some of the earliest attempts to unsettle this colonial psychology came through Fanon's (2008) investigation of attitudes – a core psychological phenomenon, which he argued are profoundly shaped by a kind of sociogeny: the intersection of subjective experiences (i.e., intersubjectivity), meaning-making, and power relationships within social structures – including master and slave dynamics, social and cultural arrangements. Such reconfiguration of these myopic subjectivities is also reflected in attempts to create intersubjective psychoanalysis, which integrates matters of race, social class, sociology, Freudian and Lacanian ideas and inclusion of those who have been marginalized (Pulido & Tamayo, 2024).

Within Indigenous suicide prevention, Ansloos (2018) has written about how these colonial dynamics play out in understandings of suicide, its prevention, and activities that are most funded, researched, and supported. Chief among these is a tendency to focus on psychiatric illness (i.e., depression, substance use disorder) - what Marsh (2010) calls a “necessary ontology of pathology”, suicide risk assessment, gatekeeper training and intervention, including involuntary treatment, police-intervention, and hospitalization (Davidow & Mazel-Carlton, 2020; Zero Suicide, 2018). These means of intervention: a) greatly amplify risks of suicide post discharge (Davidow & Mazel-Carlton, 2020), b) put the expertise of medico-legal authorities on the top of epistemological and decision-making hierarchy, c) produce significant traumas for racialized and Indigenous communities and d) give rise to punitive, carceral, and lethal outcomes (Ansloos & Peltier, 2022; Hey et al., 2024). Using 161 media reports, Hey et al (2024) found police-based mental health emergency response creates historical trauma for Indigenous communities and mental health sequelae stemming in part from pervasive inequitable protection, including gross negligence and dereliction of duties. Furthermore, these approaches fail to change rates of Indigenous and non-Indigenous suicide (Pollock et al., 2018; Torok et al., 2019; Yonemoto et al., 2019). Despite hundreds of millions of dollars of funding, one Senate Canada (2023) report concluded federal suicide prevention initiatives, the mainstay by which these colonial models are supported and funded, “produce little more than feel good words rather than evidence-based solutions.”

Correcting these trends thereby requires a decoloniality turn (Ansloos, 2018). Within Indigenous suicide prevention, Zantigh et al (2024) has argued for the reclamation of cultural knowledge and ways of knowing. Anderson (2021) wrote the need to contest colonialism as an artefact of the past and an ongoing process that must be confronted. Recognizing the highly heterogeneity of suicidality within and between Indigenous communities), there is a need to further contextualize the needs and realities of disparate “target” and “priority populations” (Chandler & Lalonde, 2022). Unlike a colonial psychology or suicide prevention however, this contextualization would not attempt to homogenize risk and protective factors to a series of generalized universal truth claims, instead of situating them within a set of highly localized conditions

(Ansloos, 2018; Pulido-Martinez & Tamayo, 2024). This process is referred to a “reverse universalization,” and is integral to decolonialization by subverting the imposition of one narrative or truth that rules out over others (Pulido-Martinez & Tamayo, 2024).

Arguably there is no population needing further contextualization for suicide prevention than Indigenous men and fathers. Fatherhood is a context overlook by most family and men’s health research programs – especially when they are from varied ethnic and racial backgrounds (Caldwell et al., 2019). Much Indigenous suicide prevention research understandably focuses on youth, despite the risks of intergenerational transfer following parental suicide (Ratnarajah & Schofield, 2008). While the Mental Health Commission of Canada recently identified First Nations, Inuit, Metis (FNIM) men and parents with children under the age of 18 as “priority populations,” this group has been characterized this group as the most marginalized group served (Ball, 2013). Grand Chief Edward John from Tl’azt’en Nation once said that “fathers are the greatest untapped resource in Indigenous communities in Canada” (NCCAH, 2011). This marginalization is also reflected in mainstream men’s suicide prevention with systematic reviews and priority setting initiatives that consistently overlook, fail to disaggregate or investigate the unique constellation of risk and protective factors inherent to this group (Bennet et al., 2023). This homogenization of risk is in glaring opposition of calls for more intersectional analyses of men’s suicide (MHCC, 2022) and 3-fold incidence rate of suicide among FNIM men/ compared to other men, even though the latter group remain most prioritized in terms of funding in suicide prevention research overall (Health Canada, 2003; Kirmayer, Simpson, & Cargo, 2003).

So, what does this decoloniality turn mean within the context of Indigenous men and father’s suicide prevention? And how might it inform the conceptualization of the issue, solutions proposed, methods and tools used to support investigation and amelioration? Though there are many emerging frameworks for decoloniality, within and beyond Indigenous suicide prevention, they may be upheld through attention to the following conditions:

**Cultural reclamation and reconnection to cultural traditions:**

Foremost, decoloniality requires recognition of colonialism as a historical and ongoing process (Anderson, 2021). Chief among this recognition is the awareness of how the imposition of settler values not only created intergenerational trauma but drove unprecedented changes in relationships. Following an anthropological study of Inuit in Nunavut, Kral (2019) observed these relational changes were most vividly witnessed for men and highly relevant to the study of suicide. According to Morgensen (2015), Indigenous men were most targeted by violent, colonial education programs – teaching the idea that raising children was “women’s business.” Such colonial disruptions also undermined long held egalitarian principles, relegated Indigenous men to menial roles within the family and frustrated many men’s realization of culturally and developmentally important milestones. For example, this frustrated ability to obtain roles like *angunasuktuq* (powerful hunter), or *isumatuq* (good husband and leader) has been traced to existential anomie, substance use, and violence against women (Antone, 2015; Reeves & Stewart, 2021; Wilson, 2019). While many Indigenous fathers now question the relevance, competence, and adequacy of their role (Ball, 2013; Prehn et al., 2021), disengaged Indigenous fatherhood has been linked to drug and alcohol use, and houselessness (Caplan et al., 2020).

Conversely, among houseless and underhoused Indigenous fathers in Canada, cultural reclamation has been linked to the re-establishment of ties with their children (Caplan et al., 2020). After all, family has been referred to as the “heart of Native American cultures” (NCCA, 2011), and the creation of healthy households is instrumental to the creation of healthy citizens, nations, and bands (Killsback, 2019). McCubbin et al (2013) observed that relational ties in North American Indigenous communities facilitate connections to place, provides continuity across generations, and traditions that form the foundation of “harmonious family life.” With the help of Elders, First Nations fathers in Canada are considered “vehicles to restore culture and tradition to the Indigenous family” (BC Tripartite First Nations and Aboriginal Maternal and Child Health Working Group, 2015).

From this perspective, powerful psychological, cultural, and developmental processes may be at play when fathers can re-connect with ancestral traditions, experience role fulfilment (arguably the remedy to the challenges of disconnected father as mentioned

above), while also supporting secure attachment, socio-emotional learning, academic, and occupational needs of their children (Ball, 2010; Bureau et al., 2016; Bureau et al., 2020; Farrell & Gray, 2019; McLanahan et al., 2013). There are also a multitude of mental health benefits for fathers who are actively involved with their children (Allen & Daly, 2007; McHale & Negrini, 2018; Cowan, Hawkins, & Cowan, 2022). Conversely, speaking of African American fathers, fathers living with mental illness who are not able to experience fulfilment in their role often exacerbates mental health symptoms (Doyle et al., 2012). Closely related to this role fulfilment, First Nations mothers who speak traditional languages at home halves the risk of suicide though research has not yet examined this dynamic for FNIM fathers (Barker et al., 2019).

Perhaps most crucially, such proactive (re-) engagement in the home and family life comes at a time when Indigenous scholars and activists are calling for a resurgence of Indigenous masculinities and retracement from the conditional conditions imposed upon them through centuries of violence, genocide, and erasure (Innes & Anderson, 2015). During the COVID-19 pandemic, FNIM mothers were most susceptible to unequal caregiving roles and inequities in workforce participation (House of Commons, 2021). Not only would re-engaged fatherhood help counter these trends, but it would also help unsettle FNIM mothers and children's needless contact and over-exposure to settler-colonial child welfare systems (Hahmann, Lee, & Godin, 2024), which has been linked to suicidality and houselessness (Barker et al., 2019; Evans et al., 2017).

### **Lived experience:**

Entire books have been written about the power of disrupting colonial academic institutions through lived experience (Higgins & Lenette, 2024). With the subjugation, dispossession and harm caused by the imposition of psy-discipline "experts" in mind, research is beginning to underscore the importance of engaging people with lived experience in suicide prevention initiatives – armed with the assumption that lived experience, rather than professional or specialist knowledge should trump investigative efforts (Krysinska et al., 2023). This orientation has been found to enhance the quality and relevance of research questions investigated while supporting the acquisition of professional and life skills and empowerment of those involved (Krysinska et al., 2023).

To realize these gains, Delphi processes have outlined relevant principles to incorporate, such as diversity and representation, collaboration and co-production, managing time, resources, and expectations (Krysinska et al., 2023).

Within the context of male suicide, a systematic review and qualitative meta-synthesis has said that the study of quantitative, discrete risk factors devoid of context or interactive effects – [the mainstay of colonial suicide prevention research] have failed to generate relevant theories about risk or recovery (Bennett et al., 2023). Instead, this group has called for “an open and frank conversation about the male experience,” recommending, along with others that a better understanding men’s suicidality can be best accounted for within the context of lived experience, socio-political environments, cultures and more intersectional accounts of power and privilege (Fitzpatrick, 2016; Bennett et al., 2023). By extension, engagement with lived experience has been found to be suitable to the exploration of adjacent topics such as men recounting their experiences with masculinities and mental health (Affleck et al., 2020).

Further, people who participate in suicide prevention research focused on sharing their experiences often report benefits to their mental wellness and their recovery (Wayland et al., 2020). Talking about suicide does not increase risks for it (Dazzi et al., 2014). In fact, discussing it in ways that meaningfully invite reflection on lived experience, with a supportive team of researchers and mental health professionals, increases the likelihood that people will access help when they need it and gain a wider range of mental wellness supports (Krysinska et al., 2023). This opportunity for enhanced health and social service provision is especially relevant for FNIM men and fathers who continue to face barriers to culturally safe or relevant mental health, parenting and social service supports (Ball, 2010; Panter-Brick et al., 2014; Reeves & Stewart, 2021).

Zantigh et al. (2024) has similarly emphasized the need to stress socio-relational conditions and lived experience in a decolonized, Indigenous suicide prevention. Watkins (2015) spoke about the cathartic power of privileging voices that have withstood long histories of discrimination and oppression, supporting the development of reparative actions that can heal histories, communities, and break the social costs of silence endemic to Indigenous communities impacted by colonial violence.

Consequently, lived experience engagement with Indigenous men and fathers may counter ongoing experiences of subjugation, displacement, and erasure by redefining whose knowledge “counts” (Ball, 2010; 2013; Higgins & Lenette, 2024). When such [unequal and historically inscribed] subjectivities of difference” become the focus of investigation, more exacting understanding of factors differentially impacting mental and social well-being can be realized as well as better tailored opportunities for intervention (Ramugondo & Emery-Whittington, 2022).

### **Storytelling:**

Closely linked with lived experience, storytelling coalesces with a rich oral tradition that honors relational Indigenous knowledge systems (Ansloos, 2018; Caxaj et al., 2015; Held, 2019; Kovach, 2021). According to Sonn et al. (2021) narrative and storytelling is at the heart of cultural approaches to psychology. It is individualistic, in that it introduces and enables the exploration of the idiosyncratic life worlds of beliefs, hopes, and desires, and it is community-oriented in that it formulates ideas of within-group identity and community-making (Sonn et al., 2021). Such collective storytelling by Aboriginal and Torres Strait Elders showcased Noongar ontology by discussing kinship (moort), country (boodjar), and culture (katitijin), which itself was linked to cultural reclamation, maintenance and renewal (Sonn et al., 2017). Similarly, such narrative recounting and storytelling has been considered as the highest form of evidence among the Inuit, as reflected in the concept *aajigatigiingniq* (Ferrazzi et al., 2019).

Within the context of Aboriginal Australians, such collective community narratives were able to demonstrate how different forms of dispossession and violence were used historically to sustain relations of power and domination (Sonn et al., 2017). In this respect, such narrative engagement affords consideration of political, relational, restorative and reflexive examination about power (Sonn et al., 2013). Life history approaches, one such form of storytelling and narrative engagement interrogates these systems of power by: a) locating everyday forms of racial and structural oppressions within peoples’ narratives (Boonzaier & van Niekerk, 2019), b) reframing individual traumas and psychological stressors within the context of larger social inequities



(Stewart & Reeves, 2021), and c) countering damaging colonial portrayals that stress father disengagement and absenteeism (ABC News, 2016; Prehn et al., 2021).

When participants, what some refer to as knowledge keepers' stories are kept intact, their underlying meaning, purpose, or lesson can be protected (Hallet et al., 2017), while rebuffing any potential opportunities of epistemic violence that occurs through repackaging the stories of those who have been colonized (Tuck & Yang, 2014).

Furthermore, when such narrative storytelling is centred on those who have been sidelined, excluded, or invisibilized (i.e., such as Indigenous fathers and men (Ball, 2013), it can provide a way to interrogate oppression and reclaim ways of knowing and acting “as sites of resistance, reclamation and transformation” (Sonn et al., 2021, p. 102).

Consequently, for Aboriginal and Torres Strait Islander (ATSI) fathers, storytelling has also been linked to healing the negative effects of colonialism and empowerment (Prehn et al., 2021). Shulman and Watkins (2001) similarly documented the role of psychologists in supporting healing from colonialism by developing “a capacity for deep, respectful, and empathetic witnessing in the present to the ancestral [ATSI] narratives and life experience of all those in our communities” (p. 8). From this perspective, storytelling is both a method of inquiry and intervention that may readily support the wellness needs of FNIM men and fathers with suicidality experiences.

### **Collaborative, non-hierarchical, and community-driven research methods:**

As coloniality and colonial psychology bifurcates conventional science from other ways of knowing, the integration and bordering of these knowledges – conceptually and practically is needed to support decoloniality. This process of bordering, based on partnership is referred to a psychosocial accompaniment (Watkins, 2015), and is integral for collective healing, the translation of traditional practices into scientific discourse that can transform social memories into therapeutic potential (Pulido-Martinez & Tamayo, 2024). Within a decolonialized Australian Aboriginal psychology, this practice facilitated the creation of dialogue of conventional psychological and ancestral knowledges that built mutual respect and understanding, promoted solidarity and contributed to the empowerment of marginalized “others.” (p. 324). Similarly,

within a decolonial approach to health praxis, such psychosocial accompaniment has helped marginalized and oppressed groups reclaim their power to diagnose problems affecting health in their own communities, with professionals resuming a position as “humble partners” (p. 205), and not experts on the top of a medico-legal ‘psy-discipline’ hierarchy (Ramugondo & Emery-Whittington, 2022).

Though based on a western life promotion model, a Western Massachusetts Recovery Learning Community (2018) which non-hierarchically brought persons with lived experience to gather in community forums, inverted power structures typical to suicide prevention efforts. This approach also gave way to more frank discussions that would have been thwarted under the banner of “safety,” discussing underlying reasons for suicide, interpersonal vulnerabilities, prejudices and discriminatory internalized messages that participants had received about their self-worth, such as based on their migration status, socioeconomic status and/or gender roles (Davidow & Mazel-Carlton, 2020).

Within the context of northern Y’upik people, a collection action Qasig model has been used to garner collective input and action on issues like suicide (Rasmus et al., 2019). Within Indigenous Pacific Islander communities, the culturally safe process, *Talanoa* invited collaborative discussions to support the cultural integration of information, stories, and emotions for producing relevant knowledge and possibilities for addressing Pacific issues (Naufahu, 2018; Vaioleti, 2013). Building upon the benefits of lived experience mentioned above, the collaborative sharing and co-theorizing of lived experience supported Indigenous sovereignty-building (commensurate with suggestions raised by Vivian et al (2017) while countering the continued imposition of outsider views (Higgins & Lenette, 2024).

Within a decolonialized Indigenous suicide prevention, collaborative, non-hierarchical engagement and community capacity building has been successful in countering the cultural proselytization, importation of monolithic, Eurocentric approaches to suicide prevention onto Indigenous groups and cultures (Allen, 2022). These approaches have also been found to build collective efficacy, foster social cohesion, which also accrue

significant benefits for behavioural health interventions (Rasmus et al., 2019; Wexler & Gone, 2012).

Though such idiographic, collaborative, contextually grounded work has been underway for Northern, Y'upik, Inuit populations, and various American Indian, Alaska, Australian Indigenous youth, it has not yet been expanded to Indigenous fathers (Allen et al., 2018; Kral et al., 2019; Rasmus et al., 2019). By expanding our focus to Indigenous men and fathers with experiences of suicidality, the possibility of advancing the procedural and distributive justice needs of this group can give rise to new opportunities for service, policy development (such as more targeted Indigenous father programs) (Clifford-Motopi et al., 2022), while supporting a long overdue decolonized suicide prevention agenda (Cardon, 2022; Sjoblom et al., 2022). Such inversion of longstanding power dynamics and more fulsome inclusion of often invisibilized FNIM men and fathers may counter injustice and invite pursuit for liberation and well-being (NCCIH, 2011; Prehn et al., 2021; Sonn et al., 2017).

**Recounting, including attention to traumas, hardships, adversity, but prioritizing strengths, protective factors and hope:**

Though pathology-ridden, deficit-focused suicide prevention might be easier to quantify and measure (such as impact of means reduction on suicide), frustration with these approaches have led to alternative models, such as the Western Massachusetts Recovery Learning Community (2018). Within this approach is a shift of orientation from being responsible *for* (keeping those at “risk” alive, agents involved concern themselves with becoming responsible *to* – being with each other through hard times) (Davidow & Mazel-Carlton, 2020).

This shift of social obligations is highly commensurate with Zantigh et al. (2024) articulation of a decolonized approach to Indigenous suicide prevention, which attends to socio-political, historical and ecological conditions that sustain life and “all-of-life” and “more-than-human” relations. Within Indigenous suicide, concreted attention is increasingly contesting the continued pathologization and medicalization of suicidal distress, with even good intentioned clinicians, researchers and media inadvertently perpetuating harmful stereotypes about Indigenous communities by

focusing on “what’s wrong” (Kasat, 2013). By extension, Dr. Jessica Ball, a predominant researcher in Indigenous men and fathers’ issues, has commented on the need to attend to general life experiences and to focus on strengths (personal communication, June 17<sup>th</sup>, 2024). Similarly, Wesley-Esquimaux (2020) once wrote that re-connecting with a past unadulterated by the plights of colonialization, resist dominant cultural structures and (re-)create positive life narratives that inspire hope and “guide people home” support paths to healing and rectification of historic[al] trauma.

To correct these tendencies, projects like decolonial enactments of place-based community research with Noongar Elders and communities in Australia, reframed stories of trauma, adversity – from troublesome family dynamics, violence, and suicide to renewed community narratives stressing hope and healing (Sonn et al., 2017). This was done primarily through the creation of “soundscapes,” containing individual and community narratives with solutions and answers. By extension, FNIM men and fathers with suicidality experiences might be best supported by having opportunities to share their own collective stories of hope and outline factors supporting the affirmation and continuation of life, such as relational, cultural assets and community resources (Allen et al., 2022; Richards, 2020; Wexler & Gone, 2012).

## **Conclusion**

Despite longstanding recognition of men and fathers for suicidality risks, contemporary mainstream efforts backed by a colonial psychology and suicide prevention field have failed to correct this issue. Meanwhile, suicidal rates have worsened while amplifying ongoing, historical trauma, violence and exclusion of Indigenous men, fathers, and families. Current men’s and Indigenous suicide prevention research converge on a series of methodological and ontological considerations suited to address these inequities. Each of these considerations are thoroughly steeped in or are highly commensurate within a decoloniality approach to life promotion and suicide prevention. Crucially, this article outlines several principles, methods, and approaches that can support cultural reclamation, resistance to oppressive colonial policies and systems while reinstating Indigenous men and fathers’ positions back into Indigenous families. Indigenous fathers matter. Let’s make sure they know it.

## Reference

- ABC News. (2016). Bill Leaks backs #IndigenousDads movement after penning controversial cartoon. <https://www.abc.net.au/news/2016-08-09/bill-leak-backs-indigenous-dads-movement/7710308>
- Affleck, W., Chawky, N., Beauchamp, G., Inukpuk, M. M., Annanack, E., Paradis, V., & Sequin, M. (2020). Suicides in Nunavik: A life course study. *International Journal of Circumpolar Health*, 80, 1-11.
- Allen, S.M., & Daly, K. (2007). *The effects of father involvement: An updated research summary of the evidence*. Center for Families, Work & Well-being, University of Guelph, Ontario, Canada.
- Allen, J., Wexler, L., & Rasmus, S. (2022). Protective Factors as a Unifying Framework for Strength-Based Intervention and Culturally Responsive American Indian and Alaska Native Suicide Prevention. *Prevention Science*, 23(1), 59–72.  
<https://doi.org/10.1007/s11121-021-01265-0>
- Anderson, B. (2021). The structural violence of Indigenous suicide prevention policies in Canada. *Anthropology in Action*, 28(3), 22–34.
- Ansloos, J. (2018). Rethinking Indigenous suicide. *International Journal of Indigenous Health*, 13(2), 1-21.
- Ansloos, J., & Peltier, S. (2022). A question of justice: Critically researching suicide with Indigenous studies of affect, biosociality, and land-based relations. *Health*, 26(1), 100–119. <https://doi.org/10.1177/13634593211046845>

- Ball, J. (2010). Indigenous fathers' involvement in reconstituting "circles of care."  
*American Journal of Community Psychology*, 45(1-2), 124-138.
- Ball, J. (2013). Chapter 12: Indigenous Fathers in Canada: Multigenerational Challenges. In J. Pattnaik (Ed.). *Father Involvement in Young Children's Lives*. Springer Science and Business Media. Dordrecht: Netherlands.
- Barker, B., Sedgemore, K., Tourangeau, M., Lagimodiere, L., Milloy, J., Hayashi, K., Shoveller, J., Kerr, T., & DeBeck, K. (2019). Intergenerational trauma: The relationship between residential schools & child welfare system among young people who use drugs in Vancouver, Canada. *Journal of Adolescent Health*, 65(2), 248-254.
- BC Tripartite First Nations and Aboriginal Maternal and Child Health Working Group. (2015). Promising Practices in First Nations and Aboriginal Maternal and Child Health Programs: Community Perspectives on What Works.
- Bennett, S., Robb, K. A., Zortea, T. C., Dickson, A., Richardson, C., & O'Connor, R. C. (2023). Male suicide risk and recovery factors: A systematic review and qualitative metasynthesis of two decades of research. *Psychological Bulletin*, 149(7-8), 371-417.
- Boonzaier, F. & van Niekerk, T. (2020). *Decolonial Feminist Community Psychology*. Springer: Cham, Switzerland.
- Brown, C., Johnstone, M., Ross, N., & Doll, K. (2022). Challenging the constraints of neoliberalism and biomedicalism: Repositioning social work in mental health. *Qualitative Health Research*, 32(5), 771-787.

- Bureau, J. F., Martin, J., Yurkowski, K., Schmiedel, S., Quan, J., Moss, E., Deneault, A. A., & Pallanca, D. (2016). Correlates of child-father and child-mother attachment in the pre-school years. *Attachment & Human Development*, 1-23.
- Bureau, J. F., Deneault, A. A., & Yurkowski, K. (2020). Preschool father-child attachment and its relation to self-reported child socioemotional adaptation in middle childhood. *Attachment Human Development*, 33(1), 90-104.
- Caldwell, C. H. (2019). Fatherhood as a social context for reducing men's health disparities. In (Eds.) *Men's Health Equity: A Handbook*. Routledge.
- Caplan, R., Nelson, G., Distasio, J., Isaak, C., Edel, B., Piat, M., Macnaughton, E., Kirst, M., Patterson, M., Aubry, T., Mulligan, S., & Goering, P. (2020). Indigenous and non-Indigenous parents separated from their children and experiencing homelessness and mental illness in Canada. *Journal of Community Psychology*, 48, 2753-2772.
- Cardon, K. (2022). Suicide justice: Adopting Indigenous feminist methods in settler suicidology. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 26(1), 66–80.  
<https://doi.org/10.1177/13634593211046837>.
- Caxaj, S. C. (2015). Indigenous storytelling and participatory action research: Allies towards decolonization? Reflections from the peoples' international health tribunal. *Global Qualitative Nursing Research*, 2, 2333393615580764.

- Chandler, M. J. & Lalonde, C. E. (2019). Cultural continuity and Indigenous youth suicide. In M. E. Button, & I. Marsh, (Ed.), *Suicide and social justice: New perspectives on the politics of suicide and suicide prevention* (pp. 53-70). Routledge: New York, NY.
- Clark, Y., & Hirvonen, T. (2022). Decolonising Australian Psychology: The Influences of Aboriginal Psychologists. *Decolonial Enactments in Community Psychology*. Springer International Publishing.
- Clifford-Motopi, A., Fisher, I., Kildea, S., Hickey, S., Roe, Y., & Kruske, S. (2022). Hearing from First Nations Dads: Qualitative yarning informing service planning and practice in urban Australia. *Family Relations*, 71, 1933-1948.
- Cowan, C. P., Hawkins, A. J., & Cowan, P. A. (2022). Responsible fatherhood programs: Children benefit from a more integrated family approach. Society for Research in Child Development. No. 14. Policy Brief.
- Davidow, S., & Mazel-Carlton, C. (2020). The “alternatives to suicide” approach. In *Alternatives to Suicide* (pp. 179–199). Elsevier. <https://doi.org/10.1016/B978-0-12-814297-4.00009-1>
- Dazzi, T., Gribble, R., Wessely, S., & Fear, N. T. (2014). Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence? *Psychological Medicine*, 44(16), 3361–3363. <https://doi.org/10.1017/S0033291714001299>
- Doyle, O., Joe, S., & Caldwell, C. H. (2012). Ethnic differences in mental illness and mental health service use among Black fathers. *American Journal of Public Health*, 102(S2), S222–S231.



Esposito, L., & Perez, F. M. (2014). Neoliberalism and the commodification of mental health. *Humanity & Society*, 38(4), 414–442.

<https://doi.org/10.1177/0160597614544958>

Evans, R., White, J., Turley, R., Slater, T., Morgan, H., Strange, H., & Scourfield, J. (2017). Comparison of suicidal ideation, suicide attempt and suicide in children and young people in care and non-care populations: Systematic review and meta-analysis of prevalence. *Children and Youth Services Review*, 82, 122-129.

Fanon, F. (2008). *Black skin, white masks*. New York, NY: Grove Press.

Farrell, W. & Gray, J. (2019). *The Boy Crisis: Why our Boys are Struggling and What We Can Do About It*. BenBella Books: Dallas, TX.

Fitzpatrick, S. J. (2016). Ethical and political implications of the turn to stories in suicide prevention. *Philosophy, Psychiatry and Psychology*, 23 (3/4), 265-276.

Hahmann, T., Lee, H., & Godin, S. (2024). Indigenous foster children living in private households: Rates and sociodemographic characteristics of foster children and their households. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/41-20-0002/412000022024001-eng.htm>

Hallett, J., Held, S., McCormick, A.K.H.G., Bird, S. R., Martin, C., Simpson, C., ...Trottier, C. (2017). What Touched Your Heart? Collaborative story analysis emerging from an Apsáalooke cultural context. *Qualitative Health Research*, 27(9):1267-1277. doi:[10.1177/1049732316669340](https://doi.org/10.1177/1049732316669340)

Health Canada, First Nations and Inuit Health Branch. (2003). A statistical profile on the health of First Nations in Canada. Ottawa, ON: Author.

- Held, M. B. E. (2019). Decolonizing research paradigms in the context of settler colonialism: An unsettling, mutual, and collaborative effort. *International Journal of Qualitative Methods*, 18, 1-16.
- Hey, B., Ansloos, J., Chowdhury, M., & Heakes, M. (2024). (Un)Covering Crisis: Using Canadian news media to understand police violence in mental health responses to Indigenous people. *International Indigenous Policy Journal*, 15(3), TBD
- House of Commons. (2021b). COVID-19 and Indigenous Peoples: Crisis Towards Meaningful Change. Report of the Standing Committee on Indigenous and Northern Affairs.  
<https://www.ourcommons.ca/Content/Committee/432/INAN/Reports/RP11143866/inanrpo6/inanrpo6-e.pdf>
- Kasat, P. (2013). Community arts and cultural development: A powerful tool for social transformation. Master's Thesis. (Unpublished).  
[https://researchportal.murdoch.edu.au/view/pdfCoverPage?instCode=61MUN\\_INST&filePid=13137009020007891&download=true](https://researchportal.murdoch.edu.au/view/pdfCoverPage?instCode=61MUN_INST&filePid=13137009020007891&download=true)
- Killsback, L. K. (2019). A nation of families: Traditional indigenous kinship, the foundation for Cheyenne sovereignty. *AlterNative*, 15(1), 34-43.
- Kirmayer, L. Simpson, C., & Cargo, M. (2003). Healing traditions: Culture, community, and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry*, 11, 15-23.
- Kovach, M. (2021). Story and Method in Indigenous Methodologies. In (Ed.) *Indigenous methodologies: Characteristics, conversations, and contexts*. University of Toronto Press.

- Kral, M. J. (2019). *The Return of the Sun: Suicide and Reclamation Among Inuit*. Oxford University Press. New York: NY.
- Krysinska, K., Ozols, I., Ross, A., Andriessen, K., Banfield, M., McGrath, M., Edwards, B., Hawgood, J., Kølves, K., Ross, V., & Pirkis, J. (2023). Active involvement of people with lived experience of suicide in suicide research: A Delphi consensus study. *BMC Psychiatry*, 23(1), 496. <https://doi.org/10.1186/s12888-023-04973-9>
- Maldonado-Torres, N. (2007). On the coloniality of being: Contributions to the development of a concept. *Cultural Studies*, 21, 240–270.
- Maldonado-Torres, N. (2017). Frantz Fanon and the decolonial turn in psychology: From modern/colonial methods to the decolonial attitude. *South African Journal of Psychology*, 47(4), 432-441.
- Marsh, I. (2010). *Suicide: Foucault, History and Truth*. Cambridge University Press.
- McHale, J. P., & Negrini, L. S. (2018). How the assumption of a coparenting frame will transform social work practice with men and fathers. *Social Work Research*, 42(1), 9-21.
- McLanahan, S., Tach, L., & Schneider, D. (2013). The causal effects of father absence. *Annual Review of Sociology*, 39, 399-427.
- McCubbin, L. D., McCubbin, H. I., Zhang, W., Kehl, L., & Strom, I. (2013). Relational well-being: An Indigenous perspective and measure. *Family Relations*, 62, 354-365.

- Mental Health Commission of Canada. (2022). Mental health and Suicide Prevention in Men: Evidence Brief. Ottawa, ON. <https://mentalhealthcommission.ca/wp-content/uploads/2022/06/Mental-Health-and-Suicide-Prevention-in-Men.pdf>
- Morgensen, S. L. (2015). Chapter 2: Cutting to the Roots of Colonial Masculinity. In Innes & Anderson (ed.). *Indigenous Men and Masculinities*. University of Manitoba Press.
- National Collaborating Centre for Aboriginal Health. (NCCAHA) (2011). With Dad: Strengthening the Circle of Care. Proceedings Summary. <https://www.nccih.ca/docs/health/RPT-WithDad-EN.pdf>
- Naufahu, M. (2018). A Pasifika research methodology: Talaloto. *Waikato Journal of Education*, 23(1), 15-24. doi: 10.15663/wje.v23il.635.
- Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., & Leckman, J. F. (2014). Practitioner review: Engaging fathers – recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal Child Psychology Psychiatry*, 55(11), 1187-1212.
- Pickren, W. E. (2020). Coloniality of being and knowledge in the history of psychology. In V. Balz & L. Malich (Eds.), *Psychologie und Kritik* (pp. 329–343). Springer
- Pollock, N. J., Naicker, K., Loro, A., Mulay, S., & Colman, I. (2018). Global incidence of suicide among Indigenous peoples: A systematic review. *BMC medicine*, 16(1), 145.
- Pulido-Martínez, H. C., & Tamayo, A. L. G. (2024). The relationship between psychology and coloniality: Interpretative repertoires. *Annual Review of Critical Psychology*, 17, 163-180.

Ramugondo, E. L., & Emery-Whittington, I. (2022). *A Decolonising Approach to Health Promotion. Decolonial Enactments in Community Psychology*. Springer International Publishing.

Rasmus, S. M., Trickett, E., Charles, B., John, S., & Allen, J. (2019). The qasgiq model as an Indigenous intervention: Using the cultural logic of contexts to build protective factors for Alaska Native suicide and alcohol misuse prevention. *Cultural Diversity and Ethnic Minority Psychology, 25*(1), 44–54.

<https://doi.org/10.1037/cdp0000243>

Ratnarajah, D., & Schofield, M. J. (2008). Survivors' narratives of the impact of parental suicide. *Suicide and Life-Threatening Behavior, 38*(5), 618–630. <https://doi.org/10.1521/suli.2008.38.5.618>

Reeves, A. & Stewart, S. (2021). Healing the Spirit: Exploring Sexualized Trauma and Recovery Among Indigenous Men in Toronto. *American Indian Alaska Native Mental Health Research, 24*(1), 30-60.

Richards, J. R. (2020). Applying Indigenous research methodologies to inform the development of an American Indian mother daughter preconception health intervention. Doctoral Dissertation. ProQuest #: 27964720.

SenCa+ Magazine (2023). Only evidence-based solutions can curb Canada's suicide rate: Senators Brazeau, Kutcher and Omidvar.

<https://sencanada.ca/en/sencaplus/opinion/only-evidence-based-solutions-can-curb-canadas-suicide-rate-senators-brazeau-kutcher-and-omidvar/>

Sjoblom, E., Ghidei, W., Leslie, M., James, A., Bartel, R., Campbell, S., & Montesanti, S. (2022). Centering Indigenous knowledge in suicide prevention: A critical scoping

review. *BMC Public Health*, 22(1), 2377. <https://doi.org/10.1186/s12889-022-14580-0>

Shulman, H. L., & Watkins, M. (2001). Silenced knowings, forgotten springs: Paths to healing in the wake of colonialism. *Radical Psychology*, 2(2), 1–19.

Sonn, C. C., Stevens, G., & Duncan, N. (2013). Decolonisation, Critical Methodologies and Why Stories Matter. In (Eds.). *Race, Memory and the Apartheid Archive: Towards a Transformative Psychosocial Praxis*. Springer.

Sonn, C. C., Kasat, P., & Quayle, A. (2017). Creative responses to social suffering: Using community arts and cultural development to foster hope. In M. Seedat, S. Suffla, & D. Christie (Eds.), *Emancipatory and participatory methodologies, peace, critical and community psychology*. Springer.

Sonn, C. C., Quayle, A. F., & Kasat, P. (2021). Accompanying Aboriginal Communities Through Arts and Cultural Practice: Decolonial Enactments of Place-Based Community Research. *Decolonial Enactments in Community Psychology*. Springer International Publishing.

Teo, T. (2015). Critical psychology: A geography of intellectual engagement and resistance. *American Psychologist*, 70(3), 243–254.

<https://doi.org/10.1037/a0038727>

Torok, M., Calear, A. L., Smart, A., Nicolopoulos, A., Wong, Q. (2019). Preventing adolescent suicide: A systematic review of the effectiveness and change mechanisms of suicide prevention gatekeeping training programs for teachers and parents. *Journal of Adolescence*, 73, 100-112.

- Tuck, E. & Yang, K. W. (2012). Decolonialization is not a metaphor. *Decolonialization: Indigeneity, Education & Society*, 1(1), 1-40.
- Vaioleti, T.M. (2006). Talanoa Research Methodology: A developing position on Pacific research. *Waikato Journal of Education*, 12, 1-15.
- Vivian, A., Jorgensen, M., Cornell, S., Rigney, D., Hemming, S. and Bell, D. (2017) 'Enlivening Indigenous methodologies in Indigenous public policy research', *Ngiya: Talk the Law*, 5: 47-74.
- Watkins, M. (2015). Psychosocial accompaniment. *Journal of Social and Political Psychology*, 3(1), 324-341. <https://doi.org/10.5964/jspp.v3i1.103>
- Wesley-Esquimaux, C. (2020). Narrative as Lived Experience. *First Peoples Child & Family Review*, 5(2), 53-65. <https://doi.org/10.7202/1068931ar>
- Wexler, L. M., & Gone, J. P. (2012). Culturally responsive suicide prevention in Indigenous communities: Unexamined assumptions and new possibilities. *American Journal of Public Health*, 102(5), 800-806.
- Wilson, D., Mikahere-Hall, Sherwood, J., Cootes, K., & Jackson, D. (2019). E Tu Wahine, E Tu Whanau: Wahine Maori Keeping Safe in Unsafe Relationships. Auckland, NZ: Taupua Waiora Māori Research Centre.
- Yonemoto, N., Kawashima, Y., Endo, K., & Yamada, M. (2019). Gatekeeper training for suicidal behaviors: A systematic review. *Journal of Affective Disorders*, 246, 506-514. <https://doi.org/10.1016/j.jad.2018.12.052>
- Zantingh, D., Hey, B. & Ansloos, J. (2024). Unsettling Settler-Colonial Suicidology: Indigenous Theories of Justice in Indigenous Suicide Research. In A. Dueck & L. Sundararajan, *Values and Indigenous psychology in the Age of the Machine and*

*Market.* Palgrave Studies in Indigenous Psychology. Palgrave Macmillan.

Zero Suicide in Health and Behavioral Health Care. (2018). Screening for and assessing suicide risk. [https://zerosuicide.sprc.org/toolkit/identify/screening-andassessing-suicide-risk#footnote1\\_aoqsrk2](https://zerosuicide.sprc.org/toolkit/identify/screening-andassessing-suicide-risk#footnote1_aoqsrk2).