

COMMENTARY

Social Capital and Youth Suicide Risk Factors in First Nations Communities

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ABSTRACT

The paper presents a model of plausible mechanisms linking social capital to suicide risk factors among First Nations youth, informed by a study that explored the concept of social capital in First Nations communities, and by a study on mental health services in First Nations communities in Manitoba. The model incorporates several components of social capital. The plausible impact of social capital on protective and risk factors of suicide among youth is explored.

MeSH terms: Social capital; First Nations; suicide; youth suicide; ecological level, determinants of health

RÉSUMÉ

Cet article présente un modèle des mécanismes plausibles qui relie l'équipement social aux facteurs de risque du suicide chez les jeunes des Premières nations. Nous avons fait appel à une étude de la notion d'équipement social dans les collectivités des Premières nations et à une étude sur les services de santé mentale dans les collectivités des Premières nations du Manitoba. Notre modèle intègre plusieurs éléments de la notion d'équipement social. Nous analysons l'impact plausible de l'équipement social sur les facteurs de protection contre le suicide et de risque du suicide chez les jeunes.

La traduction du résumé se trouve à la fin de l'article.

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Disclaimer: The material presented in this paper does not necessarily reflect the opinion of the organizations involved in the studies.

This paper provides a conceptual review of the potential importance of a culturally grounded understanding of social capital in First Nations communities, with variations in youth suicide rates across communities. Some determinants of health are characteristics of individuals – for example, income, gender, or education. Other determinants are ecological, that is, characteristics of the place where people live – for example, levels of pollution or crime, or the degree to which neighbours help each other and work together in a community. Ecological factors may help differentiate otherwise similar communities. For example, while two communities might have similar numbers of people living in poverty, one may have ecological factors that help people stay healthier. Social capital has been suggested as an important ecological determinant of health. Based on the idea that communities function well or poorly in relation to the ways in which people interact, social capital emphasizes the quality of interactions among people in specific situations and places. The expectation is that the more social capital there is in a community, the better that community is for everyone's health.

Previous authors have identified the following elements of social capital: social relationships, networks, social norms and values, trust, and resources.¹⁻⁴ Based on a study we conducted with three First Nations communities in Manitoba,⁵ we formulated the following definition: *Social capital characterizes a First Nation community based on the degree that its resources are socially invested, that it presents a culture* of trust, norms of reciprocity, collective action, and participation, and that it possesses inclusive, flexible and diverse networks. Social capital of a community is assessed through a combination of its bonding (within-*

* Our use of the term "culture" has generated considerable discussion among our First Nations partners who have expressed concern that "culture" has a particular meaning in the context of First Nations traditions and worldviews. In the social sciences, there is a long history of using the culture concept to refer to shared values, norms and beliefs, and it is this more general understanding that has informed this analysis of social capital. "Culture" as a component of social capital refers to values and norms of trust, reciprocity and collective action. Values related to aspects of First Nations culture, such as spirituality, are not included in this definition. Similarly, culture in this paper does not refer to the idea that there are many First Nations "cultures" that have unique traditions and practices.

community relations), bridging (inter-community ties), and linkage (relation with formal institutions) dimensions.

Youth suicide rates among First Nations communities vary from very low rates to very high ones.⁶ An understanding of determinants of this variability can better inform suicide prevention policies and initiatives of First Nations communities, organizations and the government.

Kirmayer and colleagues, and the Royal Commission on Aboriginal People's Special Report on Suicide among Aboriginal People, provide us with a framework for understanding the risk factors associated with suicidal behaviour in Aboriginal communities: psychobiological factors; life history factors; situational factors; socio-economic factors; culture stress.^{7,8} Additionally, they list protective factors that can act to decrease the risk of suicide: a strong sense of the value and meaning of life; individual and collective self-esteem; belief in survival and coping; fear of suicide and moral objections to suicide; skills in stress management, communication and problem solving; support from peers and family; family responsibilities; community support networks; and a sense of belonging. With particular regard to adolescents and young adults, Kirmayer and colleagues state that there "are specific developmental issues...that contribute to making this age group most vulnerable to suicide in Aboriginal communities."⁷ They suggest that youth are involved in gradual differentiation from their families of origin and the development of a network of peer relationships. When families are troubled, this process of separation can be complicated and tumultuous. These authors also suggest that "in many Native communities, youth face economic uncertainty with limited jobs and opportunities so that they may have few positive expectations for the future...(and) most importantly, the transmission of culture tradition and identity has been disrupted by generations of cultural oppression." A study by Chandler and Lalonde has shown that local control and the preservation and continuation of culture among First Nations of British Columbia are associated with substantially lower youth suicide rates.⁶ 'Cultural continuity' may be contributing to a sense of self-continuity that may be vital for adolescents.

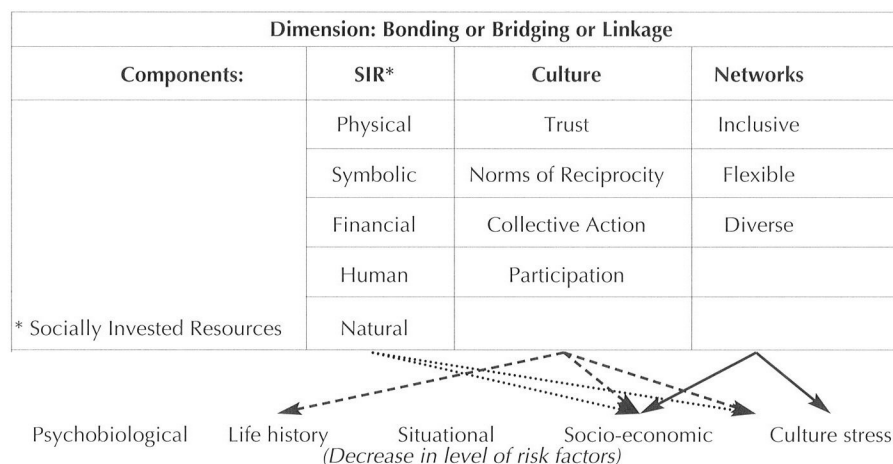


Figure 1. Social Capital and Suicide Risk Factors Pathways Model

* Socially-invested resources

Plausible linkages between social capital and youth suicide risk and protective factors

Figure 1 offers a synopsis of plausible linkages between components of social capital and a decrease in levels of youth suicide risk factors. Figure 2 offers a synopsis of plausible linkages between components of social capital and an increase in levels of youth suicide protective factors. The development of these pathways was informed by our Social Capital study⁵ and by a study we conducted on the mental health services in First Nations communities in Manitoba.⁹

Socio-economic risk factors refer to poverty at the individual and family level, community instability or lack of prosperity, limited opportunities for employment, lack of proper housing and inadequate sanitation and water quality.⁸ The more these resources are socially invested, even in situations of scarce resources, the more the possibility of mitigating the effects of poverty and increasing the social infrastructure that will reduce these types of risk factors.

A culture with significant collective action and participation, and with positive norms of reciprocity, is expected to reduce the sense of instability or hopelessness that particularly affects youth and leads to self-destructive behaviours. Networks that are flexible, diverse and inclusive across the three dimensions of social capital increase the opportunities of information and employment, and thus play a mitigating role among the socio-economic risk factors.

Culture stress factors are defined as "the loss of confidence by individuals or groups

in the ways of understanding life and living (norms, values and beliefs) that were taught to them within their original culture(s), and the personal or collective distress that may result."⁸ This includes loss of control over land and living conditions, breakdown of cultural values and belief systems, loss of identity and self-esteem, and discrimination, as a result of colonization and the trauma of assimilative policies and practices. The decision of a community to invest in cultural camps and Aboriginal language programs for their children has the potential of increasing the cultural identity of its youth, thus strengthening the community. One of the central effects of colonization was to disrupt the cultural continuity of First Nations and destroy their sense of pride as people. This resulted in serious effects on the well-being of generations. The resurgence of Aboriginal ceremonies, practices and values has already shown powerful healing qualities. The importance of symbolic socially-invested resources can be within the community (bonding), jointly with other communities (bridging), or in interaction with institutions (linkage).

A community with higher levels of social capital would be expected to have a culture of trust, participation, collective action, and norms of reciprocity. There has been increasing evidence in population health studies that individuals in communities in which people tend to trust each other, live under less stressful conditions. Stress has been recognized as an important pathway to health or illness. Trust among community members is one aspect of social capital (bonding). Trust among members of dif-

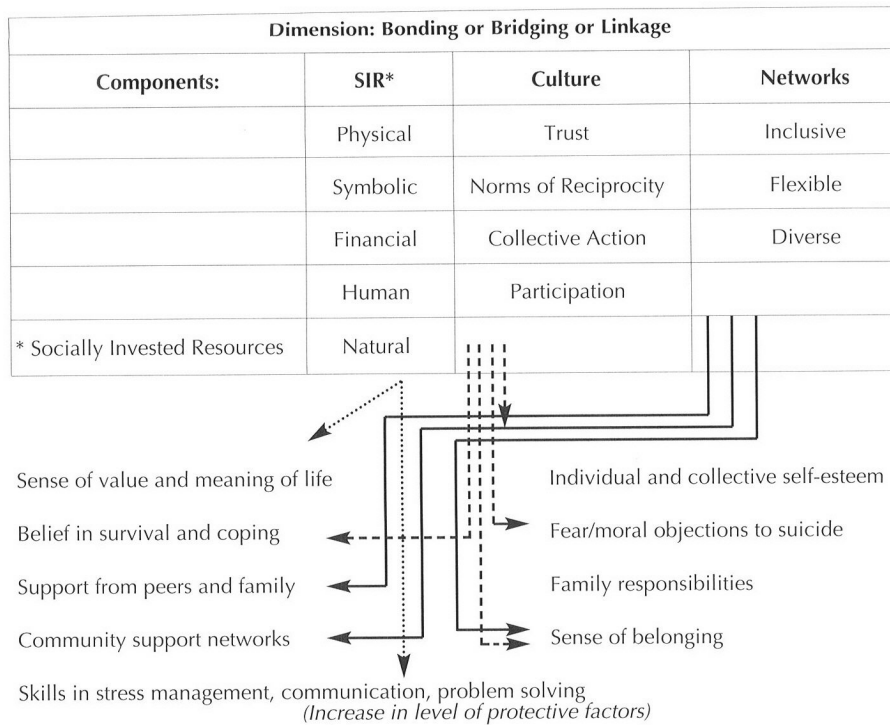


Figure 2. Social Capital and Suicide Protective Factors Pathways Model

The arrows indicate plausible mechanisms of components of social capital influencing risk and protective factor levels. The expectation is that higher degrees of social capital will decrease rates of suicides and suicide attempts.

* Socially-invested resources

ferent communities (bridging) can also have significant impacts. The possibility of learning from what others are doing, the willingness to share resources or information, and the enjoyment of positive relations with other communities impact the well-being of community members. An increase in bridging social capital would be linked to the strength of organizations like the Assembly of Manitoba Chiefs and Tribal Councils, that have the potential to create spaces of trust, participation, and collective action among communities; this in turn works to promote positive mental health outcomes in First Nations.

The quality of *social networks and communities* has been shown to have positive impacts on mental health. Rigid social networks and communities that exclude others from information or meaningful social contact are deleterious to emotional well-being. The feeling of exclusion or social isolation has a powerful impact on self-esteem, and the lack of access to information about resources or opportunities will limit the access to basic resources and thus to well-being. Communities with flexible, inclusive and diverse networks tend to develop a social environment that is more

conducive to health because fewer youth will be left out of opportunities, dialogue, information, and resources.

Life history factors are related to trauma in early childhood due to disrupted relationships with caregivers, unexpected death in the family, sexual and/or physical abuse, chronic family instability, family dysfunction, lack of religious/spiritual connections, etc.⁷ A *culture* where families can help each other due to strong norms of reciprocity, where different community sectors and leadership offer support to families in need, where youth sense that they can trust adults before or during moments of crisis, can have an important effect in diminishing suicide ideations and attempts.

In terms of protective factors, socially-invested resources can have an impact in the sense of value and meaning of life, and skills in stress management, communication, and problem solving, particularly when there has been a high investment in human and symbolic resources, like culture, language, education, parenting, relationship, and conflict resolution programs. Communities that have invested heavily in these types of initiatives among youth have

reported positive results in reducing feelings of anomie among youth, as well as violent or self-destructive behaviours. Additionally, higher levels of cultural norms of reciprocity and trust would be expected to increase support from peers and family, individual and collective self-esteem, fear/moral objections to suicide, and sense of belonging. Finally, more inclusive, flexible and diverse *networks* would be positively related to increased support from peers and family, stronger community support networks, and good sense of belonging.

CONCLUSION

Health is the product of multiple levels of influence. These include genetic and biologic processes, individual behaviours, and the context within which people live – the social environment. A multi-level approach to community health requires us to take into consideration social determinants. Social capital has been postulated as a characteristic of the social environment, and thus as a potential determinant of health. However, as indicated by Yen and Syme, “more research is required to draw causal inferences and to separate out the role of individual-level and area-level factors.”¹⁰ This paper presented a model informed by a grounded conceptual formulation of social capital in First Nations communities and the delineation of plausible mechanisms linking it to youth suicide risk factors. These are the first steps in a research program that will further refine the conceptual framework of social capital and the pathways model using evidence from empirical inquiries.

From a policy perspective, our understanding of social capital provides an initial framework from which to develop policies and programs. If future research confirms social capital as an intervening variable in youth suicide, it would point to the relevance of identifying levels of social capital in communities as components of mental health policy. Policy decisions, at whatever level, would need to take into account how they impact the communities’ social capital, because the risk of suicide among youth in First Nations communities would be impacted to a large extent by policies defined outside of traditional mental health policy and program areas.

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