

**Thinking Youth Suicide Otherwise and Outside:
A Nature-based CYC Approach to Life Promotion**

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Masters Project submitted in Partial Fulfilment of the
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We acknowledge and respect the ɫəkʷəŋən peoples on whose traditional territory the university
stands, and the Songhees, Esquimalt and WSÁNEĆ peoples whose historical relationships with
the land continue to this day.

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Abstract

Youth suicide is the second leading cause of death for youth aged 15-19 in Canada. Inspired by the work of Kouri and White (2014) to think suicide otherwise, this project aimed to explore the potential of thinking suicide otherwise and outside. An exploration of program design considerations of youth suicide prevention programs and outdoor therapy programs are examined through literature review. Final recommendations of future programming potential are offered to the project partner Power To Be Adventure Therapy Society.

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In 2020, suicide was second only to accidental death, as one of the leading causes of death for youth aged 15-19 (Statistics Canada, 2022).

Introduction

That statistic punches me right in the gut. I have a list, a list that I do not want to have; a list of youth and my own adult peers who have chosen suicide. I have a longer list of youth and friends who have turned to me for support when they have experienced thoughts of suicide. This project is dedicated to those who have inspired me, through their bravery to talk about their experiences with suicide, to think current practices differently. I am grateful for the work of Kouri and White (2014) who provide a simple request of practitioners to “think suicide otherwise” (p. 183); to think suicide other than the prevailing discourse on youth suicide, to make space for conversations about the possibilities of life instead of the risks of death. Thank you for providing me my *light bulb* moment. With this project, I would like to take their work one step further, and think suicide otherwise, and outside (i.e., nature-based).

In partnership with Power To Be Adventure Therapy Society, I addressed what I consider a real gap in services available for young people who choose, or are thinking about choosing, suicide. In the future, I aim to develop a program based on the findings and recommendations of this report. These recommendations are intended to provide a foundation for the development of a nature-based program for youth and their families who are seeking support with suicide ideation rooted in feelings that their lives are unlivable. In the end, what I uncovered was reassurance that Power To Be philosophies, practices and nature-based roots offer hopeful potential for delivering such a program.

Partnership with Power To Be Adventure Therapy Society

Since 1998, Power To Be Adventure Therapy Society (Power To Be) has been working to provide opportunities, rooted in nature-based practices, for folks living with self-identified

barriers in Victoria and Vancouver, BC. As an organisation, Power To Be strives to remain nimble and attuned to the needs of the community. With the current state of a global pandemic, the program team at Power To Be is endeavouring to recalibrate and refine program offerings to meet the needs of the community. In response to requests for inclusive mental health and wellness services from the community, Power To Be is creating space for nature-based wellness programs to complement the current offerings of nature-based recreation programs. This project represents an exploration of the potential offerings that could be presented within a nature-based wellness umbrella of services. Power To Be representatives Jason Cole, Chief Strategy Officer, and Carinna Kenigsberg, Director of Programs, served as the Power To Be supervisors of this project. The final program consideration section of this report is structured in a way that honours the core principles of Power To Be.

Who am I to do this work?

This project is intended to contribute to the conversation of youth suicide locally here on the unceded lands of the SENĆOTEN and Lekwungen speaking peoples. This place is known in English as Victoria, British Columbia. I am a cis-gendered female settler with Icelandic and Scottish ancestry. Growing up on the lands of the Ta'lammin peoples, my connection with land played a meaningful part of managing my own wellbeing as a teenager. I struggled with finding belonging in an isolated community where I did not “fit” with most of my peers. My fondest childhood memories are not of people, but spaces in nature where I found comfort and connection. I am happiest among the trees and by the ocean. The limitations of this project are subject to the context of my research findings, my social location and experience. While this work has no intention of universal applicability, I am hopeful that some aspects of my work will inspire others who possess different experiences and voices to consider aspects of this work in their own community.

For many years my Child and Youth Care (CYC) practice developed inside and outside the walls of treatment facilities, offices and schools. Natural settings provided by parks, seaways and wild spaces have always produced the most effective backdrop to my work supporting children, youth and families. While I spent the first decade of my career working in indoor settings, the past decade has been primarily situated in outdoor settings. I consider myself to be a nature-based practitioner. I consider nature-based practice to be tied to the “physical location – often nearby nature” in contrast to indoor spaces and places where therapeutic practices often occur (Harper et al., 2019, p.8). The physical location of my professional CYC work in these nearby nature spaces, spaces where I feel most connected and comfortable.

In more recent years, as a CYC practitioner, I have spent many hours listening to, comforting, caring for and supporting youth experiencing thoughts of suicide. Much of this support has been provided, generally at the request of the young person, and in an outdoor space. I have received phone calls or text messages from youth asking to go for a walk or a hike, to spend time in nature. Nature provides spaces where they report feelings of connection and safety. In my experience, the opportunities that the natural world provide to support a young person feeling disconnected from school, home and social life are abundant. A number of young people expressing suicide ideation, have informed me that being in nature saved their lives. A connection to water, to land, to something more than themselves helped them get through their dark days. Until recently, I did not explicitly make the connection that nature-based practices may have a place in the conversation regarding suicide prevention. After reflection and research for this report, I now see the potential for shifting suicide prevention practices outside.

My experience with suicide intervention developed through training in suicide prevention and years of employment in a court appointed treatment program. Much of this training involved detecting symptoms such as depression, sudden behaviour changes, isolation, and expressions of

suicide ideation by completing assessments of a young person's risk for suicide. Once the risk level was assessed, the treatment prescribed was often close supervision, psychoeducation, therapy, and in some cases medication. This approach always left me feeling like a piece of the puzzle was missing. This project is inspired by my ongoing desire to seek out that missing piece.

While suicide intervention training taught me to be a more attuned listener, a more self-aware and present helper, it did not teach me to look beyond presenting issues and examine the societal structures that are perpetuating the stigmas and disparities that exist for marginalised people in our community. By taking my practice outside, I reject parts of the model of care and treatment that I was trained in. In my opinion the young person asking to go for a hike is not just a sum of symptoms and identifiable risk factors, but a human-being seeking connection. I believe natural spaces are rich in fostering connection between human and more-than-human beings. These connections serve to nurture a sense of belonging in a world where many don't feel they belong.

I recognise that the completion of this project will not represent an ending, but rather a beginning. Nothing that I will present is new knowledge, but a reflection of my "ah ha" moment and an attempt to find something better or different. I do not propose that this program will be for all youth. If it provides hope to even one young person faced with alternatives failing to meet their needs, then I have done my job. As you read through this work, I invite you to think suicide prevention otherwise, and outside.

PART 1: Project Goals and Intentions

1. *Contribute to bridging a gap in available youth suicide prevention through community-based programs for youth in this region.*

Currently, a Google search for "Youth suicide support Victoria BC" produces limited results. Local organisations such as Foundry, Need2 and the Canadian Mental Health

Association are listed as services providers. Foundry offers mental health supports and counselling options, however they note that they are only taking on a limited number of new clients, specifically those with severe substance use disorders (Foundry, 2022). In addition, they are no longer offering a waitlist for gender affirming care (Foundry, 2022). The Canadian Mental Health Association (CMHA) has a list of programs that they “might” offer in the future (CMHA, 2022). Need2 (Need2, n.d.) has a list of resources (mainly hotline numbers and virtual web pages) and offering of youthspace.ca an online platform for youth to connect with a supportive volunteer via Messenger and Text functions, e-mail counselling and connections to resources (Need2, n.d.). Virtual options assume the youth has access to a phone or internet.

In my experience, the waitlists for accessible services in Victoria are long and often do not meet the immediate needs of youth who are either having thoughts of suicide or who are leaving the hospital after treatment for a suicide attempt. Child Youth Mental Health (CYMH), a branch of the Ministry of Child and Family Development (MCFD), does offer counselling supports but they too have waitlists and limitations on the length of service and support that can be offered to a family in need. There are a number of local organisations offering anxiety workshops (Vancouver Island YMCA, 2021) and grief support (Learning Through Loss, 2019) but none, that I can find, that focus on suicide or life promotion outside of hospitals. In addition, many of these programs are situated in Victoria proper, limiting access for youth on the Peninsula and Westshore Communities.

My vision of bridging the gap in service offerings includes the future development of a program that is available to youth in need of life-promoting care. The final section of this report outlines my recommendations for an experiential nature-based program, where from the beginning, youth and their families are centered as the experts of their own experiences and are

invited into hopeful offerings of tools, conversations and activities in a nature-based setting that foster connection and belonging.

2. *Provide accessible resources for Power To Be to share within their networks and develop programming for youth and families.*

Throughout my time in the CYC Master's program, I have worked full time as a CYC practitioner. This project honours practitioners, especially those practitioners who have mentored me and afforded me the opportunities to gain enough confidence in my practice that I would dare present my work at a graduate level. The late George Roy, an early mentor in my career, taught me that a well-rounded practitioner should be able to synthesize information learned in the academic world and figure out if it makes sense in the real world (Personal communication, George Roy, 2005). The final recommendations of this project are rooted in research *and* practical experience. In this particular period in time, within the context of a global pandemic and an opioid crisis, this work seems more important than ever.

The final sections of this report serve as an accessible resource for practitioners to inspire growth and develop professional practice and includes:

1. A literature review of suicide prevention programs for youth, and a literature review nature-based programs for youth,
2. Recommendations for developing a nature-based life promotion program rooted in the research literature and other relevant resources.
3. A Theory of Change (TOC) outline specifically for Power To Be that aligns with the organisation's program outcomes and evaluation processes.

The philosophies of inclusion and belonging are paramount to the Power To Be community. These intentions have been woven throughout the project, honoring the work of the people, places and practices of Power To Be.

PART 2: Key Concepts

This project is not intended to provide an exhaustive examination of the topics of suicide and nature-based therapeutic work (sometimes called outdoor therapies). Instead, I aim to introduce the following concepts in the context of how I have come to understand them and how they inform my work as a front-line CYC practitioner. Key concepts include: definitions and theoretical perspectives on suicide; perspectives on suicide intervention and prevention; life promotion and life affirming care; outdoor therapies; justice seeking in the outdoors; belonging; and theories of change.

Theoretical perspectives of thinking suicide otherwise

Much like my foundational training in suicide prevention, a sizeable portion of contemporary research related to youth suicide prevention is focused on risk-factor studies and are situated within quantitative research practices (Hjelmeland, 2016). Hence, much of the suicide research I reviewed for this project is rooted in statistical analysis of risk factors and studies and designed with replication in mind. It is important to note that there are growing numbers of qualitative and Indigenous methodologies being creatively employed to diversify understandings of youth suicide. In this section, I introduce a number of authors who are thinking suicide otherwise using methods rooted in a more qualitative approach. Kral et al. (2012) report that most suicide research is quantitative and focused on demographics, psychological and psychiatric variables; participants are rarely asked to speak about their life experiences. Some scholars have written how the lack of inclusion of the social context of suicide leads to a lack of understanding (Hjelmeland, 2016; Reynolds, 2012). The following is an overview of the perspectives that have shaped my learning and lens through which I view suicide.

Kouri and White (2014) insist on “working against any final, authoritative, singular, or essentializing determination of ‘what suicide is’, we aim to think with alternative theoretical and ontological frameworks that privilege difference, complexity, multiplicity, movement, and contradiction” (p. 181). I aim to avoid a concrete definition of suicide. Instead, my focus is on understanding suicide instead of explaining it. Explaining suicide vs understanding suicide is a concept that I was introduced to through Heidi Hjelmeland’s (2016) chapter in *Critical Suicidology*. While some researchers seek to *explain* suicide through pathology (level of mental illness) and risk other researchers are shifting focus to *understand* the social, political and cultural contexts that impact a young person’s feelings of belonging and connection and ultimately reasons for life and living (Hjelmeland, 2016).

In his critique of current research approaches to suicide, Marsh (2016) identifies the dominant thinking on suicide as pathological (mental illness), explainable by science (specifically western scientific research methods) and an individual act. He asserts that these “claims are often framed as unassailable truths, and they have dominated to such an extent that it is now hard to think otherwise about the issue, or to imagine suicide prevention practices not in some way diagrammed in relation to mental illness and its detection and treatment” (Marsh, 2016, p. 28). Briefly exploring the evolutionary construction of the current approaches to suicide is helpful in understanding the opportunities in which one can think suicide otherwise, other than the dominant pathological and individual characterisations.

Historically, Eurocentric perceptions of suicide have shifted on the social scale of what I would identify as a ‘shame scale,’ with each shift representing a new form of socially constructed shame associated with suicide. First, the religious context of a moral sin, then to illegal or criminal act, and most recently pathologized mental illness, ultimately leaving a person who is diseased and unable to take responsibility for their actions (Kouri & White, 2014;

Reynolds, 2012). These shifts in social definitions of suicide indicate that it is constructed within the context and time where authority over the definition belonged to whomever was deemed an “expert.” As society shifts, suicide explanations and understandings can shift. Shifting the focus of the cause of suicide from the individual to context of the society they inhabit, invites critique of the social structures and social constructs. Through critique of social structures and constructs, exploration of what makes some lives more *unlivable* (Cover, 2012) than others provides more freedom to think suicide otherwise.

My first experience with theoretical perspectives of suicide was reading Emile Durkheim’s work. Durkheim (1951) suggested that only sociology could make sense of suicide (Durkheim, 1951). I believe the sociology Durkheim refers to is not the big “S” School of Sociology, but rather considers that the answer to increasing suicide rates can be found in society, not within a medical model of disease identifying individual deficits or mental illness. Durkheim’s (1951) essential thesis was that people who take their lives are victims of suicide, they are expressing externally the nature of social conditions that “supplement and prolongate” in their lives (p. 263). Suicide is viewed as a disease of society, a result of a society structure where people face isolation or lack of integration in the social consciousness. This is counter to arguments that suicide is a function or symptom of an individual’s depression or mental illness.

For example, depression is often cited as a leading risk factor of suicide (Bennett et al., 2003; Gijzen et al., 2018; Runeson, 1989; Strickland et al., 2006). This is problematic because not all people who are depressed die by suicide and not all people who die by suicide are depressed. Reynolds (2012) introduces the concept that folks who die by suicide are “murdered by hate” (p.1) and that “hate is not a metaphor” (p. 3) but a real lived experience that leads to feelings of isolation, disconnection and feelings of not being normal. Notions of what is “normal” are created by the society, the proverbial we. Defaulting to a diagnosis of depression as

the root cause of suicide provides invitation to pass over what is happening, by-passing a social justice lens (Reynolds, 2012).

Perspectives suggesting that an individual's mental health status is not the sole cause of suicidal ideation or behaviour, challenge the contemporary ideals of scientific practices in psychology and psychiatry (Kral et al., 2017; Marsh, 2015). Critical suicidology is emerging as a theoretical perspective that calls this out and encourages new courses of action and approach (Kral et al., 2017). It provides a space for researchers and practitioners seeking to engage in a discourse that addresses the "ensuing hegemony of mainstream suicide studies" (Marsh, 2015, p. 66). By challenging the current discourse on the causes of suicide we can provide space to challenge the status quo of suicide research. Considering the rates of youth suicide have not drastically decreased with the current explanations offered by mainstream explanations, I lean towards research that seeks to understand the context, complexity and intersectionality of youth suicide.

Thinking suicide prevention 'otherwise': Life-promoting care

The concepts of intervention and prevention are seemingly intertwined in the conversation of youth suicide. Prevention implies a desire to stop something from happening (Merriam-Webster, 2022a) and intervention implies a desire to act on or influence the outcome (Merriam-Webster, 2022b). These terms imply that an actor is required to insert themselves in order to stop a process from happening. In the context of suicide, prevention is often tied to risk factor identification and removal of risk. Intervention is tied to clinical responses to life threatening behaviours. They are, respectively, an attempt to predict, and control.

As I leaned into this research project, I struggled with a question of whether my recommendations would be focused on prevention or intervention. I find the terms quite limiting in terms of youth-centered care. I recognise my own bias, I am more drawn to focus in on

practices that promote life or provide life affirming care that I was first introduced to by Kouri and White (2014). The authors suggest that life promotion practices think suicide in a way that repositions youth from passive recipients of knowledge to active creators of life and knowledge supports development of lives and thoughts worth living (Kouri & White, 2014). The challenge in moving away from the terms prevention and intervention is that much of the current research related to suicide programs for youth are situated in these approaches. Some researchers have suggested that suicide intervention still requires further research to provide evidence-based strategies to save lives (Gould et al., 2003; Robinson et al., 2013). My intention with this project is to fairly report the findings of prevention programs which dominate conversations about youth suicide. There is still information to be gained from understanding those practices. I also intend to highlight and recognise the ideas of others who are daring to think suicide otherwise.

White (2016) suggested that current prevention methods, specifically school-based prevention programs, focus on one-way dissemination efforts that often position the adult as the qualified expert. She further stated that youth are far more capable of supporting themselves and their peers if equipped with knowledge and support (White, 2016). To think suicide care otherwise would be to centre the young person as the expert and follow their lead and understand the expertise that they have about their own lived experiences. In my practice, care for those considering suicide begins with identifying the underlying frictions between the youth and the systemic issues they face.

In recent years I have witnessed the positive impact of centering a young person as an expert of their own experience and seeking to understand what is going on in their community and immediate ecosystem. Reynolds (2012) suggests that when we “look at suicide from a social justice perspective we resist the individualism of suicide” (p. 2). Social justice perspectives necessitate critical analysis of the societal structures that exclude and isolate marginalized

groups. For example, Cover (2012) identifies that while many queer youth live in a society where suicide is “thinkable” because of the isolation caused by a heteronormative environment, their deaths are often explained by claims that they were at risk of suicide due to their non-heterosexuality (p. 2). Reductionist claims of risk dismiss the reality that queer youth face isolation due to systemic beliefs rooted in heteronormativity. Suicide is thinkable not because the young person is queer, but because society is telling them that they do not belong because they are queer. While an attempt to overthrow heteronormativity may not be possible with the scope of this project, what is possible is creating a program and space where exploring youth’s experience with belonging is at the forefront of the intervention.

Laura Delano (2013), a suicide survivor, illustrates the harm in not thinking otherwise in stating:

when suicide is seen as something to be prevented, honest listening – which to me means listening without needing to act and without needing to find an immediate answer – is deemed irresponsible or even dangerous. Doctors are trained to see pre-emptive intervention as the only “responsible” course of action: to quickly diagnose and ramp up “treatment”, which, of course, only further buries the designated “safety risk” in the System. This was my experience, and I went along willingly, because I believed I needed to (para 20).

Because she believed she needed to participate in the “prevention” process, Delano was centered as the sole source of her suicide ideation, no room provided for exploring the context and her expertise of her own experience of a life she felt, at the time, was not worth living.

It would seem to me that *we* could all use some life-promoting care in our lives, care that provides hope, support and opportunities to consider the potential of a life worth living. Affirmation that *we* are capable, that they have potential, as Delano (2013) reminds us for “meaning, connection, purpose and peace” (para 25). This is the type of care I strive to provide

to youth who seek support, especially when they have been pushed in and out of other forms of “treatment” that are potentially oppressive and pathologize their current state of existence.

Outdoor Therapies

Recognition of the therapeutic benefits of contact with nature is by no means a new phenomenon. Many western scholars recognize the historical presence of nature in accounts of healing and wellbeing. For example, Capaldi et al. (2015) suggest there is growing evidence that supports the age-old belief that connecting with nature promotes wellbeing and positive mental health. Richards et al. (2019) recognise “Simply going outdoors isn’t a quick fix for complex mental health and psychological needs, however it can be a valuable part of the treatment of mental distress, mental health problems and mental illness” (p. 5).

For the purposes of this project. I am choosing to use the term outdoor therapies as an umbrella term to describe practices that take place outdoors and “combine mental health and well-being interventions with outdoor learning” (Richards et al., 2019, p.1). There are many different terms associated with nature-based practices including eco-therapy, adventure-based learning, outdoor education, adventure therapy, wilderness therapy, etc. As a self-proclaimed nature-based practitioner I resonate with aspects of each of these modalities but recognise my work in a more general term of outdoor therapy. Harper and Doherty (2020) recognize several common factors shared in some form by these approaches. Namely outdoor therapies are commonly place-based, feature active bodily engagement, and recognise nature-human kinship. I am hopeful that the inclusion of research of outdoor therapies the potential of opening minds to the idea that nature might be a valuable co-facilitator in the prevention of youth suicide.

Justice Seeking in the Outdoors

We are currently experiencing a geological epoch, the Anthropocene, where human actions, have altered aspects of earths systems (Taylor & Pacini-Ketchabaw, 2015) Our earth is

dying, plant and animals have gone extinct, others are close to extinction. Taylor and Pacini-Ketchabaw (2015) suggest that we should consider our ethical responsibilities to tackle interrelated injustices faced by all inhabitants of a radically altered world with an uncertain future. Nature-based practices seek to reconnect relationships between humans and the more than human worlds. Nature is not viewed as a resource but as a meaningful relationship that can facilitate healing and learning that in turn may also help to foster increased feelings of a person's ecological duty (Harper et al., 2019).

This ecological duty aligns with notions of social justice that parallel the themes of thinking suicide otherwise. Justice seeking in this case supports the intersection of thinking of not only the societal injustices within the human world but also the non-human world. In working towards creating a world worth living for humans, we are also seeking to create a world worth living for our non-human inhabitants of this world. I would argue that this deeper justice seeking connection helps to create a more solid feelings of belonging.

Intertwined in the conversation of justice seeking in the outdoors is the fact that many North American outdoor programs include activities and practices that have been appropriated from Indigenous peoples which could be considered extractive. This is tricky in a field that, in my experience, has been slow to acknowledge, beyond surface-level explanations, the Indigenous origins of several so-called tools of the trade. As Leanne Betasamosake Simpson (2013) describes it “the canoe, the kayak, any technology that we had that was useful was extracted and assimilated into the culture of the settlers without regard for the people and the knowledge that created it” (as cited in Klien, 2013). Tuck and Yang (2014) note that “it is rare to find explicit discussions of settler colonialism, decolonization, and Indigenous conceptualizations of land within environmental education research” (p. 2). As a non-Indigenous practitioner working in nature-based programs on traditional lands of the SENĆOTEN speaking

peoples, I am well aware of how my connection with the land and the connections that I encourage others to make, must be respectful and do not further reinforce colonial practices such as appropriation and extraction. Throughout my years working at Power To Be, I have been encouraged by Indigenous participants and parents relaying gratitude of our shared values and appreciation of the more than human world. In knowing that we can always do better, my daily commitment to reconciliation is to learn as much as I can about the Indigenous land, waterways and technology that my practice is rooted in. Last year I hired a local knowledge keeper to share his knowledge and stories of Indigenous plants and animals with myself and a few coworkers. This year I plan to connect with a local Indigenous canoe club to learn more about the history of the canoe within Coast Salish waterways. It is my justice seeking hope that by me seeking to learn from community members, other folks in my field will do the same.

Belonging and Connection

I was first introduced formally to the concept of belonging very early on in my CYC career. This definition of belonging was rooted in the Indigenous perspectives found in what I refer to as the little green book *Reclaiming Youth at Risk: Our Hope for the future* (Brendtro et al., 1990). Promoting the concept of the Circle of Courage, the authors identify the spirit of belonging existing within one of the four components of self-esteem: significance (Brendtro et al., 1990). Significance is “found in acceptance, attention and affection of others. To lack significance is to be rejected, ignored and not to belong” (Brendtro et al., 1990, p. 35). Belonging is viewed as universal need that is tied closely to kinship relationships with the more than human world (Brendtro et al., 1990).

A number of scholars have suggested that a sense of belonging provides reasons for living (Cover, 2013; Fisher et al., 2015; Reynolds, 2012). Reynolds (2012) imagines a world where everyone believes they belong as an “ethic of belonging,” a tool of social justice (p. 7). In

their study of psychiatric patients Fisher et al. (2015) found that patients who reported a lower sense of belonging were associated with greater severity of depression, hopelessness, suicidal ideation, and history of prior suicide attempts. Cover (2013) determined that one possible cause of youth suicide could be the *unbarability* of life gained through the sense of never quite being able to belong. A sense of belonging is tied to feelings of wellbeing and a life worth living requires it.

Humans are hardwired for connection, love and belonging (Brown, 2012). I would argue that true connection comes when you feel like you belong. Brown (2012) interviewed a group of eighth grade students about their thoughts on belonging and fitting in:

Belonging is being somewhere where you want to be, and they want you. Fitting in is being somewhere you really want to be, but they don't care one way or the other.

Belonging is being accepted for you. Fitting in is being accepted for being like everyone else. I get to be me if I belong. I have to be like you to fit in. (p. 232).

This understanding of the need for belonging is what drives my belief that suicide can be thought otherwise, and outside. The Wilderness School Program at Power To Be provides a prime example. In my introduction, the youth I made reference to seeking out nature for connection were part of this program. Youth aged 13 – 16 participate in a three-year nature-based program that focuses on building up bio-social-physiological health. Through programming rooted in progression and building confidence, youth learn about themselves and their connection to the natural world. One of the most common themes that is related by participants is that nature is one place where they truly felt like they belong, a place where they could be themselves. It is my sincere hope that with my combined experience and knowledge seeking in the area of youth suicide that the resulting guidelines developed through this project will provide the groundwork for programming that offers youth a sense of belonging alongside peers and with nature.

Power To Be's Theory of Change

After many years of tracking program statistics and participant satisfaction through rating scale questionnaires, the team at PTB determined that the quantitative methods of tracking program outcomes did not fully align with the organisation's value of relational practices. In 2018 through collaboration with Royal Roads University, PTB staff created a customised Theory of Change (ToC) model that is currently used to track, measure and share the impact that programs generate for participants and the community. For PTB, the ToC acts as both a process map and means to document and report outcomes. A ToC defines intentions and the collective narrative of an expected change, and the organisation's role in that change (Power To Be, 2018). Using the Outcomes Mapping (OM) framework developed by Earl et al. (2001), PTB and the Royal Roads team developed a comprehensive map of the goals and outcomes of change expected through programs rooted in the philosophies and mission of PTB.

Within this model outcomes are defined as “changes in the behaviours, relationships, activities, or actions of the people, groups, and organizations with whom a program works directly” (Earl et al., 2001). This framework was then situated in a larger ToC process which outlines the mission and vision; spheres of control, influence and interest; outcome statements; progression markers; and strategies (Power To Be, 2018). The final recommendations section of this report will utilize this framework to present suggestions for future development of a nature-based program addressing youth suicide.

PART 3: Knowledge Seeking Methods

As a practitioner working in non-profits with limited budgets, future program design projects will most likely not include access to academic database privileges. Acknowledging this fact, I endeavoured to balance the academic requirements of a master's degree with the realities of program development in the non-profit sector. I chose research methods that explored reviews

of suicide intervention programs and reviews of outdoor therapy programs. This process was chosen because of the efficiency it provided in accessing quite a bit of research that had been synthesised by professionals in the respective fields. The major limitation of this method is that I was not responsible for choosing the original studies chosen by the authors reviewing them. I selected reviews that, to my knowledge, employed systematic approaches to their review process. My goal was to glean the learned lessons from each set of reviews with the intention of informing a final program design. A combination of academic papers accessed through University privileged sites, publicly available journals and grey literature were used to inform the final report.

Using the University of Victoria Google Scholar search tool, articles will be selected based on the following criteria:

1. Written in English
2. Written between 2010 and December 2021
3. General Search key words: “review” AND “youth” AND “program”
4. Nature-based program key words: “Nature-based” OR “adventure therapy” OR “wilderness therapy”
5. Suicide related program key words: “suicide” OR “prevention”
6. Reviews key words: ‘review’
7. Include review of program content or curriculum overview.

Using the same search criteria as above, a search for articles and reviews in the publicly available version of Google Scholar were conducted. The presentation of findings will be provided in the literature review following this section. Contained in the review is a summary of lessons learned, program design considerations, and recommendations for future research. An annotated bibliography summarizing the articles found in the review is found in Appendix C.

The initial search for reviews was conducted in July 2020. Two additional papers were added in December 2021 after a re-check of the search criteria above was conducted, a third paper was added in February 2022 as suggested by a committee member. A search of youth programs related to suicide intervention was conducted first followed by a search of youth programs using outdoor therapies. Seven papers met the criteria of inclusion to represent reviews of Suicide prevention. Seven papers met the criteria for inclusion for Outdoor Therapy Program reviews. The papers were published in primarily English-speaking countries with the exception of one paper from Sweden that was published in English. It should be noted that this is not an exhaustive list but papers that met the search criteria above and are representative of the general themes that are found in reviews of the two topics. Last, and again reflecting a pragmatic approach to research, final project recommendations are supplemented with more recent articles and resources related to life promotion and outdoor therapy programs found on websites, practical guides and within Power To Be program guidelines and practices.

PART 4: Literature Review: Review of Reviews

As far as I could find, with the exception of land-based Indigenous programs such as Wise Practices (Wise Practices, 2022), there does not exist a nature-based program that primarily addresses youth suicide. Land-based programs are defined as a

culturally defined program or service that takes place in an urban nature-based, rural, or remote location, which involves cultural teachings and knowledge transfer, combined with any number of other activities or goals. Programs are informed by an Indigenous pedagogy wherein the land is the main source of knowledge and teaching (Redvers, 2020, p. 90).

While land-based programs are not explored in-depth in this project, it is important to acknowledge that non-Indigenous practitioners can learn from those programs. Ansloos and Peltier (2022) suggest that there is much to be learned about suicide through understanding

Indigenous social theories in non-Indigenous contexts as there is for Indigenous folks to learn from knowledge produced outside of Indigenous communities. Programs such as *Wise Practices* can offer both Indigenous and non-Indigenous practitioners, inspiration to thinking suicide otherwise and beyond the current offerings. I will include in my recommendations for Power To Be to thoughtfully study land-based programs and Indigenous social theories to enliven program offerings honouring local Indigenous perspectives.

The following literature review includes findings gathered through the knowledge seeking methods summarized in the previous section. For the purposes of clarity, the findings of this process will be presented in two parts. The first part presenting the findings of a papers related to youth suicide prevention programs, and the second part focused on papers related to outdoor therapies. For both Suicide and Outdoor Therapies reviews, papers were analysed for findings related to program design considerations and recommendations for future inquiry or consideration. These findings and the usefulness of the papers were summarized in concluding reflection and discussion at the end of each corresponding topic. The goal of this literature review was to glean ‘best practices’ from the reviews to inform current programs.

Review of prevention programs for youth suicide

In this section I will summarize seven published reviews related to suicide prevention programs for youth. Six of the reviews are rooted in qualitative research methods and one paper follows qualitative research methods. While recommendations from these reviews varied, consensus among all of the papers was that more research is needed in all areas. Table 1 outlines the articles by title, authors and context of each review.

Table 1

Suicide Prevention reviews

Authors	Country	Paper Title	Context
Bernet et al., 2014	USA	<i>A review of multidisciplinary clinical Practice guidelines in suicide prevention: Toward an emerging standard in suicide risk assessment and management, training and practice.</i>	Clinical guidelines and practices.
Calear et al., 2016	Australia	<i>A systematic review of psychosocial suicide prevention interventions for youth.</i>	Efficacy of school, community and healthcare-based interventions.
Grimmond et al., 2019	South Africa	<i>A qualitative systematic review of experiences and perceptions of youth suicide.</i>	Experiences and perceptions of suicide in people 25 or younger.
Robinson et al., 2013	Australia	<i>A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behavior in young people</i>	Efficacy of school-based universal intervention/prevention programs for suicide.
Bennet et al., 2015	Canada	<i>A youth suicide prevention plan for Canada: a systematic review of reviews.</i>	Canadian youth suicide prevention and informed-decision making strategies.
Kuiper et al., 2019	USA	<i>Examining the unanticipated adverse consequences of youth suicide prevention strategies: a literature review with recommendations for prevention programs.</i>	Unintended consequences of youth prevention strategies.
Wei et al., 2015	Canada	<i>Hot idea or hot air: A systematic review of evidence for two widely marketed youth suicide prevention programs and recommendations for implementation.</i>	Review of gatekeeper programs Sings of Suicide (SOS) and Yellow Ribbon.

The limitations of my search are best summarised by Kuiper et al. (2019) who acknowledged that many prevention strategies cannot not always be accurately assessed due to the heterogeneity of methodologies and approaches to assessing prevention programs. Robinson et al. (2013) suggests that overall evidence about what works in suicide intervention is limited but the evidence that does exists provides some “best bets” (p. 178). The best bets examined in

this paper are rooted in quantitative research practices. As Lakeman and FitzGerald (2008) suggest “qualitative accounts of the processes of suffering associated with suicidality might assist in the compassionate and empathically informed application of quantitative research and provide an emphasis on engagement and connection in the practice of helping” (p. 123). As a frontline practitioner I spend much of my time focusing on engagement and the connection part of helping and am often frustrated by the quantitative approaches (risk-factors) of the helping systems I encounter on a daily basis. This focused examination of quantitative reviews helped me to better understand the context from which those systems draw on knowledge. I feel somewhat better equipped to use this information to advocate for change. While I had hoped to gain more specific information about program design and implementation, the reviews examined in this section provided a good foundation of program design considerations and definitely inspire thoughts of potential areas for future inquiry.

Program Design Considerations

This section represents a summary of program design considerations relayed by the authors of the reviews. Through this review I was able to assemble suggestions for future program design that serve as footing for design with the intention of including additional supplementary resources in the final recommendations section.

I appreciate Wei and colleagues (2015) in their acknowledgment that “youth suicide is a complex phenomenon and reduction of youth suicide rates may require a comprehensive approach involving the social determinants of health and multi-sector collaboration among youth serving institutions, health and human services systems, families and communities” (p.14). Callear et al. (2016) provided a similar reflection suggesting the different types of interventions delivered in a range of settings can be effective in youth suicide prevention. Specifically,

programs that included both individual and group/family components reported effects for both suicidal ideation and attempts (Calear et al., 2016).

Many prevention programs are found in school settings with school staff trained as gatekeepers, individuals trained in recognising risk factor signs of suicide in youth. One challenge with this type of model is a lack of agreement in recommendations across core competencies, which may be improved by increased standardization in practice and training (Bernert et al., 2014), and research that offers conclusive evidence that they actually work (Wei, et al., 2015). Some authors posit that best-case scenario funds are wasted implementing an ineffective strategy, and in worst-case scenarios, the interventions may actually cause harm (Kuiper et al., 2019). The types of harm might include reductions in help-seeking behaviours (Wei et al., 2015), increase in suicide ideation (Kuiper et al., 2019). However, it has been found that overall the benefits of suicide prevention outweigh the unanticipated adverse consequences (Kuiper et al., 2019). Further, Calear et al. (2016) found that collective psychosocial interventions are unlikely to do harm are effective when a number of different interventions are delivered in a range of settings.

Many programs such as Signs of Suicide (SOS) and Yellow Ribbon (YR) are marketed to schools as a proven prevention strategy despite inconsistent evidence of efficacy. Wei et al. (2015) suggest that if the goal of intervention strategies is to improve knowledge and attitudes pertaining to suicide and similar results may be obtained without the purchase of costly add-on programs such as SOS and YR. Alternatively, Bennett et al. (2015) who identify themselves as a panel of youth suicide ‘experts,’ recommend specific gatekeeper training, skills training for youth and suicide awareness training with the caveat that there is limited evidence supporting any of these interventions due to the lack of rigorous research. This argument is troubling, as many scholars have suggested, knowledge seeking methods exist that employ different

perspectives and approaches which in turn might lead to more impactful results (Hjelmeland 2016; Lakeman & FitzGerald, 2008). Instead, the authors essentially endorse the programs as a way to standardize the approaches to youth suicide intervention strategies at the national (Canada) level (Bennett et al., 2015).

Kuiper et al. (2019) noted that the downside to school-based prevention was that trained adults often felt overwhelmed and overburdened if the schools had high needs and limited resources (p. 959). With training staff are able to recognise the need for support but with limited resources available they are not always able to provide the support that is needed. A potential remedy of follow up and mental health support for those who are providing care to young people expressing suicide ideation is offered (Kuiper et al., 2019). Providing mental health supports to staff does not alleviate the issue of lack of resources, but that is a conversation for another day. Kuiper et al. (2019) also found evidence that the more knowledge about depression and suicide a young person had, it increased their knowledge about where to get help for emotional problems and confidence in helping deal with suicide in their own friends (Kuiper et al., 2019). This opens up the potential for future research to focus on the abilities of young people, equipped with knowledge, to have less reliance on so-called adult expertise.

Outside of the school setting, Robinson et al. (2018) identified many studies examined prevention strategies that had been originally designed for adults and had little or no adaptation for youth. They suggest interventions that account for the developmental stage and “are both acceptable to, and ideally co-designed” (p. 86) with youth are necessary to support suicide prevention. This paper was the only one to include support for youth to be part of the program design process. It is also one of the most recent papers included in this review which might indicate a shift in the past few years to recognise the importance of centering youth voice in programs designed to support youth.

Family is also another area that was addressed in the reviews. Kuiper et al. (2019) identified that in one study they reviewed 39% of youth identified a parent as the “trusted adult” they would turn to for support. They expressed concern with parent willingness and the extent that a parent would feel equipped to support the youth with the care they needed. The authors suggest that parents and caregivers be invited to build understanding and skills around youth suicide prevention. Grimmond et al. (2019) further illustrated the value of parent involvement in recognising the family as both a source of distress and support. The authors reported findings that supports that improve the parent-child dynamic were discussed as methods in aiding in recovery (Grimmond et al., 2019).

Practitioner and front-line training opportunities were also suggested by many of the authors included in this review. Bennett et al. (2015) determined that interventions that increase contact between youth and trained professional show promise in preventing youth suicide attempts and suicidal ideation (Bennett et al., 2015). There was no clarity on the type of training that should be offered. To resolve some of the questions, practitioners may have about training and decision making with limited resources and direction, Bennet et al. (2015) suggest the creation of a national (Canada) research to practice network. They argue that such a program would make available universal recommendations for suicide prevention training and programming across the country (Bennet et al., 2015).

Bernert et al. (2014) reviewed clinical practice guidelines and discovered that the assessment of evidence-based risk factors for suicide was the only category addressed across all guidelines for practitioners. The authors noted that this represents a consensus, in their mind (as mainstream suicidologists), that a starting point to suicide risk management involves assessment of risk factors and warning signs known to be associated with suicide. Authors such as Hjelmeland et al. (2019) suggest that this idea of consensus is misleading. They argue that “due

to suicide's complexity, there is not, and probably never will be consensus in the field of suicidology" (Hjelmeland et al., 2019, p. 8).

Perhaps a non-consensus seeking way to understand the promotion of risk-factor screens is supported by acknowledging fear of liability practitioners tasked with supporting those presenting with thoughts of suicide may face. Kuiper et al. (2019) explored the role screening plays in prevention reflecting that is a necessity in some cases for liability, yet it has been shown to cause distress in some youth. In response some school staff found screening process too intrusive and often less accepted and completed by staff. Some reasons for the lack of acceptance is fear of liability for making a mistake in the assessment, and fear of an assessment making youth more susceptible to suicide ideation. The authors suggest that accommodations could be used with youth where not everyone goes through the screening process (Kuiper et al., 2019).

In addition to screening, safety planning (Bernert et al., 2014) was identified as a key area where more research related to youth could be studied. Kuiper et al. (2019) suggest that safety planning should include monitoring of youth during and post program is important to assess any unexpected outcomes either negative or positive that result from the intervention. Robinson et al. (2013) also recommends routine mental health screening or check-ups for students in a sensitive manner that does not specifically screen for suicide but overall mental wellness. The challenge the authors posit it is problematic to identify youth in need without adequate resources are available to support the young person. It would seem that an ethical part of program design would be to ensure prior to launch of said program that the capacity for additional resources and supports were available. Interestingly this is an area that as Robinson et al. (2013) notes is challenging in times when mental health budgets and resources are already overstretch.

A final note on program design considerations relates to economics. Bennett et al. (2015) report that suicide related behaviours (for all ages) in 2004 costs Canadians \$707 million in direct health care services costs and \$1.7 billion in indirect costs (societal and lost productivity). The authors make a case for more strengthened policy and programs to reduce the associated costs to health care in the country. They do not discuss how that number was reached but it does peak my thought process in considering the capacity, resources and availability of funding for a new program.

Recommendations for Future Inquiry

While most of the recommendations for future inquiry fall outside of the scope of this project, it is important to note that the authors of these reviews identified gaps that warrant future research and acknowledgement. One theme that consistently were shared was a need for front-line staff training practices (Bennett, 2015; Bernert et al., 2014; Robinson, 2013). Bernert et al. (2014) suggests that little is actually known about the training provided with a medical education. Robinson et al. (2018) identified General Practitioner doctors (GPs) as those most in need of consistent training regarding youth suicide prevention practices. GPs are seen as one of the adults that youth are referred to initially for mental health supports. In their review of clinical guidelines, Bernert et al. (2014) note that nearly all of the suicide practices guidelines they reviewed recommend evidence-based treatments for suicidal behaviours but provided few examples of treatments that could be selected. Front-line practitioners are left to find evidence-based options on their own. Training and supporting resources could go a long way in supporting physicians and other front-line practitioners in providing adequate care when someone presents with suicide ideation.

This review also identified a call for further examination of the potential harms of current prevention programs which need to be evaluated before widespread use (Bennett et al., 2015;

Kuiper et al., 2019; Robinson et al., 2013). In addition, competing requests for further research using large-scale methodologically rigorous studies (Robinson et al., 2018). In one review and a request that “programs are evaluated in ‘real world’ settings outside of the confines of a RCT” (Calear et al., 2016). Finally, an appeal for a national (Canada) research-to-practice network linking researchers and decisions makers to “eliminate the use of ineffective or harmful interventions” (Bennett et al., 2015, p. 246).

Conclusion

Throughout this review I found it particularly interesting the differing interpretations between authors on some forms of prevention. For example, Wei et al. (2014) suggests there is no conclusive evidence that the gatekeeper program Signs of Suicide (SOS) is effective, while Bennett et al. (2015) recommends it as a gold standard of front-line practitioner training. Another example of dispute is that some studies suggest school-based prevention programs are appropriate, while others argue that the clinical setting is the only place where prevention should take place (Robinson et al., 2013).

Missing from many of the studies reviewed was more in-depth reflection on the complexities of society and demographics. There was only one other mention of need for more research in specific demographics such as gender, LGBTQ2+ youth and Indigenous youth (Bennett et al., 2015). Grimmond et al. (2019) call for procedural reform in the approaches and perceptions of youth suicide. They argue further, that this procedural reform will only come when the societal perceptions of suicide has been identified and compared to the lived experiences of young people (Grimmond et al., 2019). My major take-away of this section of review is that there truly is a need to push the research outside of the boxes that it currently exists in. Perhaps a reverse of what Bennett et al. (2015) is calling for, a practitioner to researcher

network; A space where practitioners are directing the research needs and not waiting for some “expert panel” to impart some paper proof of their wisdom.

Five out of the seven articles reviewed for this project, characterised suicide as a “public health problem” (Bennett et al., 2015; Bernert et al., 2014; Caelear et al., 2016; Kuiper et al., 2019; Robinson et al., 2013). Situating suicide in this context leaves little room to consider the other problematic parts of societal structures that contribute to lives being considered unlivable by some folks. I really struggled to get through some of the articles where a young person’s distress was reduced to numbers and the study replication dreams of the authors. I did walk away from this exploration with good ideas, those ‘best bets’ referred to previously, and a keen sense of what not to do in future practice design. Doing this work reminds me of the ongoing squabble between my sister, the engineer, and my brother, the carpenter. My sister has theoretical design expertise of building construction while my brother’s expertise is the practicality of the build. They do not often agree. I filtered through some of the ideas with a practitioner’s lens knowing that I may not completely agree with some of the research methods and design but am able to glean what I need to best understand how it could potentially work in practice. I am hopeful that if I were to conduct this review again 10 years from now that the majority of papers published on youth suicide would not be primarily situated in quantitative research methods but demonstrate an acceptance of methods that truly seek to understand not explain.

Review of programs focused on outdoor therapy approaches to wellness

In this section I present the findings of the seven review papers that met inclusion related to outdoor therapy programs for youth. The articles included in this current review explore the range of outdoor therapies, from passive exposure to nature through to wilderness and adventure therapy modalities. The objective of this project is rooted in a desire to introduce the idea of supporting youth experiencing suicide ideation with a program rooted in outdoor therapeutic

practices. Through this review process I examined a variety of outdoor therapy approaches and, as with the suicide prevention literature reviewed above, I attempt to glean potential program design and implementation considerations and areas of future inquiry. Table 2 below outlines the articles and context.

Table 2

Review of Outdoor Therapies

Authors	Country	Paper	Context
Ferneer et al., 2017	USA	<i>Unpacking the black box of wilderness therapy: A realist synthesis</i>	Contexts, mechanisms and outcomes within wilderness therapy programs for youth.
Annerstedt & Wahrborg, 2011	Sweden	<i>Nature-assisted therapy: Systematic review of controlled and observational studies</i>	Nature-assisted therapies used as a treatment either alone or together with other evidence-based options.
Tillmann et al., 2018	Canada	<i>Mental health benefits of interactions with nature in children and teenagers: a systematic review.</i>	Accessibility, exposure and engagement with nature affects the mental health of children and teenagers.
Capaldi et al., 2015	Canada	<i>Flourishing in nature: A review of the benefits of connecting with nature and its application as a wellbeing intervention</i>	Effects of nature contact and nature connectedness, an exploration of how they relate to and promote flourishing.
Norwood et al., 2019	Australia	<i>A narrative and systematic review of the behavioural, cognitive and emotional effects of passive nature exposure on young people</i>	Exploration of the effects of passive nature exposure on young people's attention, memory and mood.
Bowen & Neil, 2013	Australia	<i>A meta-analysis of adventure therapy outcomes and moderators</i>	Adventure therapy outcomes in youth programs.
Cooley et al., 2020	United Kingdom	<i>'Into the wild': A meta-synthesis of talking therapy in natural outdoor spaces</i>	Talk therapy in outdoor spaces.

While all of the authors called for more research, all of the articles reviewed in this section found favourable results for outdoor therapy practices. Norwood et al. (2019) found that at a minimum, the risks of prescribing nature exposure are minimal. Additionally, Tillmann et al. (2018) found that programs that provide exposure to nature positively influence mental health.

Capaldi et al. (2015) found that much of the research supports the notion that repeatedly connecting with nature is associated with enhanced hedonic, feeling good, wellbeing. The authors further suggest that there is evidence that it can also be associated with the eudemonic, or *functioning well*, aspects of wellbeing (Capaldi et al., 2015). A life that includes feeling good and functioning well is potentially a good place to start when seeking out life affirming practices for youth experiencing suicide ideation. To start this process of exploration I turn to Capaldi et al. (2015), who reviewed a few of the theoretical explanations of the benefits of nature, they identified the concepts of biophilia, attention restoration and stress reduction.

Biophilia is referred to as an evolutionary concept that posits that connection to nature is an innate part of who we are based on it for dependence on our need food, water, navigating, and for predicting time to name a few things (Capaldi et al., 2015; Cooley et al., 2020). In exploring considerations for participant selection for outdoor talk therapy Cooley et al., (2020) identified that those patients who had an *attraction to natural spaces*, typically stemmed from either feeling at ease in nature, excited by it, or connected to it. For program intake it would be important that at minimum individuals had some level of desire to be outside and or in nearby-nature.

Attention restoration theory (Kaplan & Kaplan, 1989 as cited in Capaldi et al., 2015), suggests that directed attention, attention type required for executive functioning is a limited resource that is depleted overtime leading to negative emotional states and decline in cognitive performance. Natural environments are viewed as being restorative providing opportunity to get away and are rich in stimuli that engages our involuntary attention giving space for restoration of directed attention (Capaldi et al., 2015). In their review of the behavioural, physical and emotional effects of nature exposure, Norwood et al. (2019) reported findings of improvement in attentional capacity or reduced inattentiveness.

Stress-reduction theory posits that exposure to unthreatening natural environments elicit stress-reducing psychophysiological responses (Capaldi et al., 2015). Interestingly, two reviews identified that the stress reducing benefits of outdoor therapy was experienced by the practitioner. Cooley et al. (2020) identified that practitioners engaging in outdoor talk therapy experienced enhanced wellbeing, increases in physical activity and feelings of confidence in their therapeutic practice. Fernee et al. (2017) touted the benefit of a therapist being able to be a different version of themselves, perhaps one more at ease, around a campfire versus sitting in a clinical office. I recently listened to a podcast featuring Dr. Abi-Jaoude, a Psychiatrist working in Toronto (Spencer, 2022) who emphasised the importance for those supporting youth in distress to be not stressed themselves. As a practitioner, it is appealing to consider an option where self-care is built directly into therapeutic practice.

These three theoretical perspectives lay the foundational roots of the benefits of outdoor therapies and submit that humans have an innate connection nature which functions to provide restoration and stress reduction responses. A number of the papers reviewed in this section suggest that the practice of taking therapeutic supports outside could be a beneficial addition to providing effective mental health supports for those seeking support (Capaldi et al., 2015; Cooley et al., 2020; Fernee et al., 2017). With this in mind, I will continue this review in the next section focusing on program design considerations to incorporating outdoor therapy practices into youth programs.

Program Design Considerations

Outdoor therapeutic supports are not necessarily universal in their appeal. Determining an individual's receptiveness to outdoor experiences is an important part of the referral process. Cooley et al. (2020), found that some participants were drawn to outdoor therapies because of a discomfort with conventional therapies, outside options appealed because they were perceived as

being less formal. Fernee et al. (2017) noted in one study that many of the participants were experiencing major distress and were actively seeking support, thus having an openness to change and trying wilderness therapy. The authors also shared that resistance to other forms of counselling and treatment were cited as reason for referral to wilderness therapy (Fernee et al., 2017). Also, of note, the Fernee et al. (2017) review was the only one to mention suicidal ideation as a reason for referral to a wilderness therapy program. There was no expansion on the outcomes of that referral, but it was one reason identified for referral.

Informed consent and risk mitigation are key considerations in outdoor therapies. While Norwood et al. (2019) suggested a benefit of the ‘unpredictable’ nature of natural settings is increased creativity in areas such as problem solving, the unpredictable can create challenge for both practitioner and participant. Considerations of terrain, weather and potential risks to physical safety are common for outdoor-based practitioners. Unlike indoor setting with human made boundaries, practitioners do not have full control over the environment and what will potentially activate stress or fear (Cooley et al., 2020). Therapy outdoors was found to enhance the therapeutic relationship through a greater shared ownership of space and a more balanced power dynamic within the therapeutic (Cooley et al., 2020). Outdoors relational boundaries can shift to be more participant-centred and collaborative through identification what can and cannot be controlled.

One of the benefits cited by a number of the reviews was the dynamic nature of the natural environment which allowed for more variety in therapeutic approach. In some cases, the notion of stigma attached to mental health treatment dissolved in a wilderness therapy setting (Fernee et al., 2017). Cooley et al. (2020) found benefit in the variation of activities between low and medium intensity allowed for moderation of time spent in the comfort zone and time spent in eustress. The types and variety of activities can be varied and adjusted depending on the needs of

the participants. The distraction provided by dynamic scenery and physical exertion also proved to be supportive of *powerful and holistic integration of mind, body, spirit and place* (Cooley et al., 2020, p.10). Fernee et al. (2017) shared a finding where adolescents who had been formerly resistant to conventional therapy reported that wilderness therapy (outdoors + multiple days, often away from populated places) felt less like treatment and less intimidating, more natural.

Evidence of mood and emotional benefits of natural settings found by Norwood et al. (2019) who reported that young people with perceived poor behaviours benefit most in these settings. Bowen and Neil (2013) found results that indicate that adventure therapy (outdoors + risk-based activity) programs are moderately effective in facilitating positive short-term and long-term change in psychological, behavioural, emotional, and interpersonal domains. Capaldi et al. (2015) found similar evidence to support that wilderness and nature immersion experiences had a positive effect on psychological wellbeing like personal growth, self-esteem, self-regulation, and social competency. On the surface these benefits are promising. Fernee et al. (2017) remind us to consider that they are not a fool-proof solution. They further suggest that a participants' ability to make use of what is learned during wilderness therapy is what determines the more positive outcomes (Fernee et al., 2017).

While, wilderness programs provide young people with the skills to manage the hardships of life, they are not the fix that many are seeking, instead they may provide a "*pivotal step in a direction away from a destructive path*" (Fernee et al., 2017 p. 123). One explanation for this pivotal redirect is that natural settings reveal metaphor and parallel narratives for a young person's life experience. Cooley et al. (2020) illustrate the use of metaphor to encourage youth to tap into courage they used in hiking up a physical mountain into a perceived emotional mountain or barrier in their lives. This connection with the natural world also has led to improved community and environmental behaviours such as recycling and reduced consumerism (Cooley

et al., 2020). It would seem that one benefit of outdoor therapies is increased self-awareness of the interconnections of humans and the natural world can have positive impacts on a young person's wellbeing.

Future Research Considerations

Many of the authors cited in this review called attention to the belief that nature is an important resource for mental health care (Annerstedt & Warhborg, 2011; Capaldi et al., 2015; Cooley et al., 2020; Tillmaann et al., 2018). Annerstedt and Warhborg (2011) consider nature an important resource in public mental health care, a realm that is in need of further research in order to make a case for nature-assisted therapies to be considered in future policy. Capaldi et al. (2015) recognise that despite demonstrated benefits of nature-based interventions they are understudied and underutilized as a mental health strategy.

It was suggested the lack of a clear framework for outdoor therapy research makes future studies difficult to replicate (Fernee et al., 2017). Other replication challenges include a lack of widely accepted definitions of nature (Capaldi et al., 2015) and lack of specific outcome categories (Bowen & Neil, 2013; Norwood et al., 2019). According to Capaldi et al. (2015) future evidence for nature's benefits requires transparency and strong pre-registered methods. Some of the methods suggested by the authors in this review include broad sampling, random control (Capaldi et al. 2015) and longitudinal data collection (Capaldi et al., 2015; Tillmann et al., 2018), use of psychometrically valid assessment tools to assess participant wellbeing (Bowen & Neil, 2013) and deeper exploration of neutral or negative findings (Fernee et al., 2017).

These replication challenges have been identified as limiting to the future acceptance of outdoor therapies as a viable method of mental health support. Cooley et al. (2020) suggest that support for outdoor therapies is generally lacking support from the wider mental health profession, possibly because of the lack of policy guidelines, theoretical frameworks, practitioner

training standards and best practice guidelines within the field. The authors note that they hope their current review might inspire or instigate others in the field to develop such resources (Cooley et al., 2020). At the time of writing and collating the reviews for this project, I found a few such resources, but it remains to be seen if one gains universal acceptance of one over the others.

This lack of universal consensus may be due to the lack of recognition of culturally different relationships with nature (Norwood et al., 2019). Norwood et al. (2019) suggest that more diverse and decolonizing perspectives may provide further insight into the beneficial relationships between nature and humans. There is still a great deal of work to be done to include Indigenous perspectives in the work of outdoor practitioners. As I understand it, the decolonising perspectives that Norwood et al. (2019) refers to is exploring the assumptions and biases that researchers and practitioners have about human connections or disconnection to nature has deep roots in culture. I address this point within the recommendations section of this project paper.

Conclusion

I appreciated Fernee et al. (2017) asking if we should keep moving towards a more precise answer to why and for whom outdoor therapies work, if by moving closer to understanding, will we lose the *magic*? They argue that it is important to establish wilderness therapies as an acknowledged and viable treatment adding to the magic of a promising approach to mental health treatment (Fernee et al., 2017). As I work my way through this project the outcomes of outdoor therapies understanding magic seems to be becoming more tangible. At Power To Be, one of the evaluation methods used by staff is reporting observations of ‘magic moments.’ These moments are collected and evaluated and shared back to stakeholders alongside

other data collected through more conventional methods. I agree that this knowledge seeking is more likely to add to our tool box of supporting youth mental health.

It was clear throughout this review process that there is a hesitancy to explicitly announce outdoor therapies as a proven method of mental health support. I would argue that there really is no one method of mental health support that has been proven to be 100% effective. I feel that I have gathered enough supportive evidence to move forward in making recommendations that a program for youth based in the outdoors may have beneficial effects on their wellbeing both in feeling good and functioning well.

PART 5: Recommendations and Reflections on Power To Be Practices

Throughout this knowledge seeking process I have read and re-read a number of texts and have come to truly understand what Lincoln et al. (2011) meant when they suggest researchers can “reserve the right to either get smarter or just change their minds” (p. 116). To arrive here at the recommendations section of this project I had to make conscious choices and seek out feedback that guided my research, practice and program design in a good way. My recommendations are offered from a place of humility and recognition that I am only the expert of my own experience. I have changed my mind many times throughout this process and recognise that I will probably change my mind again as I grow and develop in my professional experiences. Broadly, the intention for the recommendations is that they will serve as a starting point as PTB engages in the process of developing their Wilderness Wellness stream of programs. Specifically, these recommendations are intended to provide a potential foundation for a life-promotion program for youth experiencing struggles with living.

Chandler and Lalonde (2008) suggest that preventative efforts have potentially far surpassed available knowledge concerning actual cases of youth suicide, the practice of “it is

better to do something rather than nothing” has taken over (p. 2). It was painfully clear in all of the reviews of programs that a redundant cycle exists within the current suicide prevention research. This cycle seems to be situated in a predominating requirement of expert knowledge and replicable results. In one paper, that found little evidence that specialized programs offered more than usual care and medication, the authors suggest “it is difficult to argue that developing additional programs to treat adolescent suicidality is the answer” (Corcoran et al., 2011, p. 2117). To me the answer might be found in not trying to prevent suicide but in working toward promoting life and living.

Ansloos and Peltier (2022) suggest that within the context of Indigenous peoples, "death by suicide is a question of justice, and perhaps, more than the prevention of suicide, so is the practice of promoting life in unlivable worlds” (p. 105). The authors further posit that by encouraging non-Indigenous and Indigenous practitioners to work collaboratively, by not settling for the world as it is, we might work towards justice by centering the ethics of desire, care, and love in a resistance to violence (Ansloos & Peltier, 2022). The following recommendations are an offering of considerations include the themes and practices that, based on the resources examined throughout this project that I feel are foundational to doing better. For me, doing better means justice seeking and contextualizing suicide in a way that recognises that some youth are struggling with living, and programs focused on promoting life and living are key to supporting them through this distress.

Considering of life-promoting care at Power To Be

I believe that Power To Be is already providing a basic level of life-promoting care to participants through inclusive nature-based practices that make space for all abilities. Many of these programs are situated within the context of adaptive recreation practices. Programs where individual needs may be addressed through adaptations in equipment, program delivery, fees and

or communication style. With self-identified barriers to participation removed, many participants report that they feel as if they belong and are able to participate in ways that they did not think possible. Life-promoting care is about nurturing the possible. As Power To Be explores programs that address the benefits of nature on wellbeing more opportunities to provide more intentional life-promoting care for youth will present themselves.

In preparation for making recommendations for future program delivery considerations, I reviewed a number of Power To Be documents related to program design and development. As I write this report, many of the documents are under review and it is my hope that some of the recommendations may also be included in the revision process. The documents include the Power To Be Program Standard Operating Procedures, Power To Be Participant Protection Policy, Power To Be Theory of Change, Power To Be 2021 Evaluations Q1-Q4 and the program streams recalibration documents which are currently in various states of draft form. In addition, some the recommendations I am making are rooted in reflection of my nearly 9 years of experience working at Power To Be. I own the bias that I have for the organisation's values and program delivery methods as they have shaped how I view inclusion and participant-centered practices.

Through my review of PTB documents I identified a number of key programming principles. I will use the Prepared, Present and Playful principle to outline my recommendations for future program delivery. For staff delivering outdoor programs, proper preparation is key. If we are prepared, we can be present, and if we are present, we can be playful providing an authentic and meaningful experience for participants. At PTB participants are also encouraged and supported in achieving these guiding principles through progressive learning opportunities. The recommendations and findings are summarized in Table 3 below.

Table 3

Summary of recommendations

	Prepared	Present	Playful
Staff Training and development	<ul style="list-style-type: none"> • Suicide Awareness Training • MCFD Guideline review • IOL Guideline review • Staff awareness of personal nature-connection • Indigenous Perspectives 	<ul style="list-style-type: none"> • Mandt RADAR • Feedback and program evaluation • Growth/Grown zones and spiritual dimension 	<ul style="list-style-type: none"> • Flexibility in attitudes and approaches • Playful and authentic practices
Youth-centred practices	<ul style="list-style-type: none"> • Informed Consent • Intersectional intake screening • Risk Assessment 	<ul style="list-style-type: none"> • Ongoing risk assessment • Opportunities for reflection • Collaborative stance 	<ul style="list-style-type: none"> • Flexibility in activity decision making • Challenge by choice
Program Delivery Considerations	<ul style="list-style-type: none"> • Clear scope of practice • Referral process for youth outside of scope 	<ul style="list-style-type: none"> • Activities adaptable to change and shift as needed 	<ul style="list-style-type: none"> • Ongoing monitoring of ToC • Activities that spark joy

Prepared

At Power to Be a central tenant of programs is that they are *Fun, Fair and Authentic* (Power To Be, 2021). Activities that spark joy and laughter help foster authentic relationships. Programs are designed to tap into hedonistic aspects of recreation and wellbeing while also making considerations for equitable access and support. Fairness refers to the desire to approach participants in a non-judgemental and ability-centred approach. This approach is well suited to being adapted to provide life promoting programming for youth.

In preparation to welcoming participants into program offerings staff start the process of building authentic relationships at the very first steps in the intake and referral process. Often participants contact PTB because they have exhausted other support options in the community. For programs specifically addressing the *functioning well* aspects of wellness I recommend that it is essential that staff assessing the initial needs of the participants have training and awareness of suicide in youth. Staff should be well versed in their own authentic relationship with living and dying if they are to be able to support youth who are struggling with living in a non-judgemental way. I would recommend PTB become familiar with a provincial resource created by Jennifer White (2014) for the Ministry of Children and Family Development (MCFD). This resource conceptualizes support for youth experiencing suicide ideation with consideration for *relational, social, historical, cultural or political dimensions* (White, 2014) that exist in their lived experience. Many of the reporting and safety assessment processes are outlined in this resource are covered within the PTB Participant Protection Policy (2018) but the policy does not specifically address considerations of participants presenting with suicidality.

I would classify much of PTB's current programing within a scope of practice similar to that of recreation-based programs with outdoor education leanings. It would be beneficial for PTB to clearly outline the scope of practice for each of its program streams. As was noted in the literature review there is a desire in the outdoor therapies world to build out practice guidelines in hopes practices might be become more widely accepted. In my search for such a guide, I found a relatively new one from the UK from the Institute for Outdoor Learning (IOL) called Outdoor Door Mental Health Interventions (Richards et al., 2020). The guide is intended to encourage all types of outdoor practice by ensuring that practices are "clear and transparent in the communication of their capacity and intent" (Richards et al., 2020, p. 6). The guidelines contain considerations of zones of practice, practitioner competence, and indicators of good

practice. Interestingly, many of the indicators of good practice align with the guidelines of practice provided by White (2014). I am definitely going to be exploring them further when actioning the program delivery recommendations in the future.

The literature review did not produce conclusive evidence that outdoor therapy programs produce measurable benefits. However, the fact that Power To Be has been offering nature-based support to participants in this region for nearly 25 years indicates that this type of care is supported by, and needed, in the community. Staff providing care within the wilderness wellness stream should be prepared with an understanding of their own relationship with nature. PTB considers nature a co-facilitator in program delivery. Every staff member is encouraged to spend time cultivating an authentic relationship with nature. Being in the present with nature allows facilitators to find opportunities for participants to expand their perspective and shift their mindset. Not only is PTB promoting human flourishing and life through its programs it is also promoting life of more-than-human co-facilitators through education, relationship-building and practices rooted in leave-no-trace principles. I would also recommend that Power To Be staff participate in regular training that includes Indigenous perspectives and land-based practices. Engaging local knowledge keepers would help to promote the practices of reciprocity and reconciliation that Ansloos and Peltier (2022) promote.

All participants seeking PTB supports are screened for Need/Fit/Desire (Power To Be, 2021). Need refers to a participant's self-identified barrier to accessing nature-based supports. Fit refers to a participant's self-identified goals and their alignment with PTBs 8 outcomes. Finally, desire refers to a participant's desire to engage in nature-based programming and to receive support (Power To Be, 2021). Essential to this process are specific guidelines for staff to consider that address the intersectional vulnerabilities, family dynamics and social structures that are present in an individual daily living. These are all areas that hold potential for a young person

to be struggling with living. In addition, Harper et al. (2020) encourage assessment of the individual's *ecological identity*, their connection and relationship with the natural world. For the wilderness wellness stream expansion of the desire dimension to assessment may help understand the potential for an individual to benefit from nature-based wellness programs.

Identifying eligibility for need would serve to recognise and assess when a youths presenting suicidology support needs is beyond the scope of the program and ensure proper referral to appropriate community resources. Many of the suicide prevention programs reviewed identified safety planning as a key part of the ongoing assessment and support for youth. Ongoing check-in and support beyond intake will also be essential part of the preparation process for each program session.

In preparation for all programs, participants are informed of the potential risks of outdoor activities and the steps staff have taken to mitigate risk. As policy, PTB does not ask participants to sign a waiver, instead, they are asked to review and sign an informed consent document indicating that provide their consent to participate. At each step in the activity process, participants are provided clear explanation about what will happen next and are provided the option to withdraw their consent at any time if they are not comfortable participating. This is a relatively simple process for activity-based programs that I feel can be adapted for wellness programs once guidelines for practice are developed.

Present

Being present includes being aware that a planned program may need to be shifted or changed based on the needs of the group at any given moment. When a practitioner is present, they have their RADAR on (The Mandt System, 2017). They are open to feedback, support and collaboration with participants. I would recommend that when evaluating the guidelines for staff to participate in wellness programs a present facilitator is one who has their RADAR turned on

themselves and co-facilitators, the participants and the environment. In my experience, the little *ah-ha* moments that youth encounter are the moments that spark hope, and learning requires an attentive facilitator.

At Power To Be individuals are viewed as the experts of their own experience. I would recommend that this expertise should continue to be valued over the so-called expertise of researchers and practitioners. It is not to say that there is no value in research and expertise, but universal application of such expertise may create barriers and a loss of faith in a person's abilities. Delano (2013) reminds us to consider the potential risks of failing to recognise the capacity of individual's expertise of their own care needs:

Missing from this, most of all, is the faith in the human condition and our capacity as human beings to survive and move through profound suffering and hopelessness. When an entire system of 'care' is founded upon this lack of faith, as today's system is, it makes it hard for those reaching out for help to have any, either (para 16).

The authenticity of the program delivery is participants potential is valued over their perceived barrier or limitations. By building authentic therapeutic relationships with participants, PTB staff are able to understand from the participants view how they can best be supported in the moment.

This concept of the faith in an individuals' ability to work through challenge is core to the values of Power To Be. Participant are encouraged to keep their "A.C.E" (Power To Be, 2021) card close by. A.C.E is the acronym that stands for A. accept all abilities, C. challenge yourself, E. encourage others. The A.C.E card philosophy sets the groundwork for folks to see that they are *accepted* and belong no matter how they show up. Using principles that facilitate the Growth/Grown Zone model (Power To Be, 2021) program staff recognize that *challenge* provides the sweet spot for skill development and achievement. PTB staff *encourage* participants to step out of their comfort zone and step into challenge, choosing to show up with whatever

ability they have that day as long as it does not send an individual into the panic/danger zone (Power To Be, 2021). Opportunities for reflection should be built into the program. A closing circle that offers a reflection question is often where many participants make the connection to the growth they experienced through a program activity.

PTB provides annual staff training in concepts of relational practice using a program called The Mandt System. The Mandt system is a person-centred, values-based process that encourages intentional and positive interactions with others (The Mandt System, 2017). The core concepts of Mandt are rooted a holistic approach that posits that an individual's overall wellbeing is rooted in their perception of the strength of their spiritual, physical, social and spiritual health (The Mandt System, 2017). Spiritual health refers to having *hope in a different future* (The Mandt System, 2017, p12). Currently, PTB growth/grown zone opportunities are focused on the foundations recreation with challenge being offered through activities that encourage physical, emotional and social wellbeing. I would encourage PTB, in developing programs focused on wellbeing, to explore how more intention paid spiritual dimension of human wellbeing could enhanced through use of the growth/grown zone model enhanced with understanding of how a young person might grow their spiritual comfort zone.

Kouri and White (2014) suggest that learnings and activities to engage youth in meaningful self-discovery supports them in generating possible futures. Participants who are struggling with life could benefit from care which includes acceptance of their current struggle and encouragement to better understand where the opportunities to grow their comfort with hopeful living. Holding space for such activities requires a great deal of presence and awareness on the part of program staff. Using their RADAR (The Mandt System, 2017) is essential for practitioners to know when to encourage a young person to step outside of their comfort zone and when to back off recognising that such encouragement might send them into a danger/panic

zone. In addition, both the IOL and MCFD guidelines indicate that a collaborative stance (White, 2014) or co-creation (Richards et al., 2020) is essential for working with individuals in need of support. With collaboration in mind, practitioners are cognisant of the potential for greater impact if the participant is involved in the creation of the program and can guide increase or decrease in the level of challenge.

Playful

A core value of PTB is Play. Every meeting, gathering, event and program has some element of a game or activity that promotes healthy relationship development among participants and team members. Engaging in play is helpful in regulating the nervous system and priming people for deeper connection with nature and bonding with each other (Harper et al., 2020). The MCFD guideline emphasises the importance of building therapeutic relationships that go beyond superficial friendliness but still maintain professional boundaries (White, 2014). Being playful aligns with this idea especially when paired with authenticity. As a practitioner I am much more comfortable engaging with youth when I can be myself encouraging them to do the same.

Because of the strong bonds between staff built upon collective preparedness and presence, staff at PTB are able to be playful in our approaches to programs. I would argue that Play has also provided much relief to PTB staff during the last two years of the pandemic, providing space to release tension and bond with co-workers at a distance. This playfulness does not just tap into the fun aspects of the program but also creates space for staff to be flexible and respond to changes as needed. This is especially important when providing a challenge by choice approach to program participation. Participants are given the option to participate in a way that feels good to them. This does not necessarily mean that they opt out all-together, but are offered choices, preferably three (The Mandt System, 2017), that adapt or shift the program option to meet their ability, comfort and needs of that day. This flexibility is important when working with

youth who are struggling with life, flexible and present staff are able recognise the need for shift are able to provide authentic care that validates the youths experience.

Another aspect of playfulness or nimbleness is openness to feedback. Fernee et al. (2017) suggest that much of the research related to wilderness therapies is focused with only the effects of therapy paying little attention to how those effects are produced. As mentioned previously PTB has invested in better feedback mechanisms and outcomes monitoring through a Theory of Change model. With PTB already implementing a program wide Theory of Change (ToC) measurement system it will be important to ensure that the inputs of the program are monitored as closely as the outputs. A sample ToC is included in Appendix B.

Final thoughts on recommendations

When I set out on this project journey, I intended for it to serve as a stepping stone to what was to come next. I was intentional in approaching Power To Be for this partnership. I knew that once I had fulfilled the requirements of the University of Victoria graduate degree the project would live on through my passion and commitment to my work at Power To Be. With that in mind I have dreamed out a potential program delivery outline for a life-promotion program (see appendix A). This outline reflects a number of the recommendations I made previously, my practicum experience at Human Nature Counselling and my previous experience designing youth programs. It represents a culmination of my work experience, practicum experiences and the learning journey I have been on through this master's degree.

During my practicum experience at Human Nature Counselling I was introduced to program design tied to the cycle of the seasons. Here in the northern hemisphere, where seasons can be differentiated between winter, spring, summer and fall, we are provided rich resources for metaphor and learning. Each season brings a different energy that can be reflected activities related to rest, setting intention, action and celebration. The timeline of January to May is

significant because it represents a shift from darkness to light. Parallels could be drawn in the shift between unlivable to livable and hopeful. I included family involvement with sessions for parents and individual family sessions to focus on communication and bonding. Core routines reflect a combination of Power To Be practices and Human Nature Counselling teachings. Special attention is paid to invitations to youth who self-identify in the LGBTQ2+, BIPOC and different abilities community. These are communities that are often underrepresented in outdoor programs and have been identified as having barriers to access in life promoting care.

Another intention of mine was to create resources that were intended to make research more accessible for CYC practitioners in the field. Appendix C is an annotated bibliography. This resource is not intended to be a replacement to reading the papers reviewed and resources shared, but a quick reference for easy access to information as needed. Included in the document is a brief summary of the article contents and findings. As a supervisor at PTB, I often engage my staff team in professional development chats where we explore an academic paper or professional resource and discuss the practice relevance on our work in the Wilderness School. I plan to keep adding to the annotated bibliography as we explore different resources.

While I was sure that this project would be a stepping-stone for what was next to come, I was not entirely sure where I would land. In my time at Power To Be I have always explored options to build-in more mental health components in staff training and program delivery. The ever-so-slight hesitation in my mind to take it further was more about timing than desire. I personally feel that Power To Be embodies the values, has access to the resources and a commitment to foster belonging that will create tremendous opportunities for the youth in this region. I initially set out to create one specific program targeted at preventing youth suicide. My second lightbulb moment was realizing that the person-centred and ability-centered values that Power To Be embodies are essential to life-promoting care. My final recommendation is for the

organisation to consider the impact that such care could have by providing life-promotion otherwise and outside.

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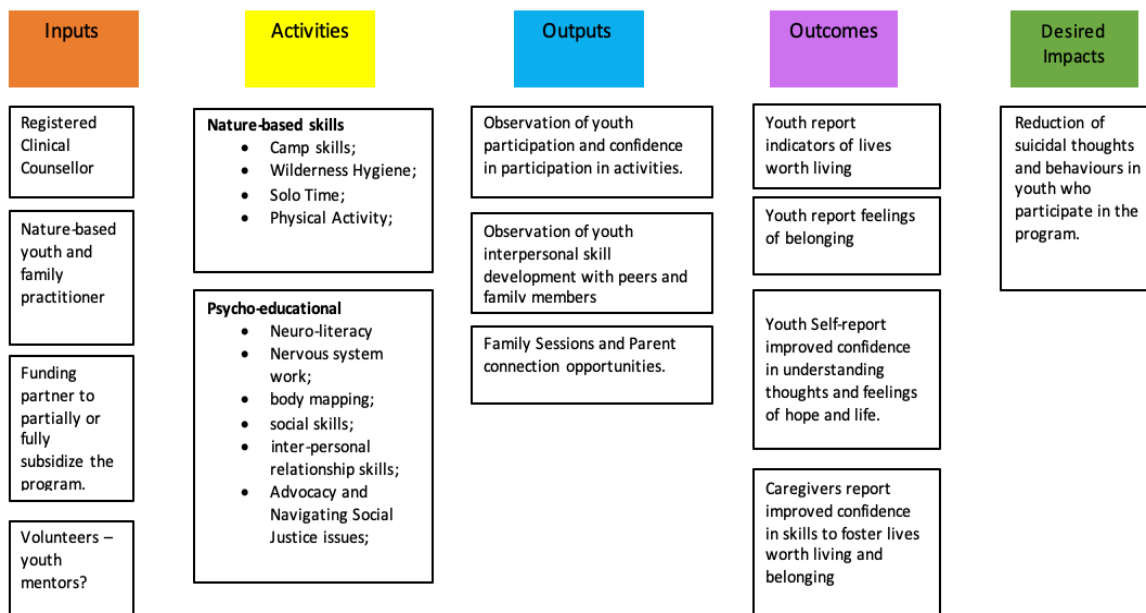
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Appendix A: Proposed Program Outline

Nature-Based Life promoting Care program at Power To Be

Youth Demographic	Age: 12-19 Geography: School district catchments: SD61, 62 and 63
Eligibility (Need, Fit, Desire)	Need: youth who could use support in connecting to life and living; self-referral or through a parent, community member or health professional. *LGBTQ2+; BIPOC and other self-identified barriers encouraged Fit: Willingness to show up and try something new, open to receive support. Desire: Desire to be outside
Time Line	Intake: December Start: January Programs: One weekend day/month; 1 evening/month; weekly drop-in virtual session for current youth and alumni. Parent Sessions: 1x Month evening – virtual session prior to youth’s weekend. Individual family Sessions: 2 x, 1 to start and 1 at the end – focused on play and bonding. Celebration: Overnight trip
Monthly Themes: Based on Natural cycle	<ol style="list-style-type: none"> 1. Introduction and intention (Hope) (Winter, North) 2. Planting Seeds (Mindfulness and bodyfullness) (Spring, East) 3. Tending to the brain garden (brain science) (Spring, East) 4. Action and Regulation (Justice) (Summer, South) 5. Celebration and harvest of skills (Fall, West)
Core Routines:	Opening Circle: Weather check-in Sit Spot: 15min to start working up to 2 hrs Hope: Activities to foster hope and joy Wise Council: Gratitude and reflection Closing Circle: weather check-out
Core Agreements:	ACE Other agreements to be determined through a group contract co-created with youth in the group.
Seasonality	10 group sessions over 5 months ending with a “wilderness adventure” overnight hiking expedition or kayak adventure. January – May. Darkness to Light.
Core Curriculum content	Brain Awareness; Distress and Eustress; Zones of Regulation; Mindfulness and Bodyfulness; Healthy Communication; Healthy Conflict resolution; Social Justice; Leave No Trace;
Program staff/volunteers	2 Power to Be staff, 1 with therapeutic background and 1 with outdoor education background. 2 volunteer mentors (potentially alumni youth)

Appendix B: Proposed Theory of Change



Appendix C: Annotated Bibliography

Outdoor Therapy Program Review

2020 United Kingdom Thematic Synthesis	<p>Cooley, S.J., Jones, C.R., Kurtz, A. & Robertson, N. (2020). 'Into the wild': A meta-synthesis of talking therapy in natural outdoor spaces. <i>Clinical Psychology Review</i>. (77), 1-14. https://doi.org/10.1016/j.cpr.2020.101841</p> <p>A thematic synthesis and review of multiple therapy professions with the intention to establish a framework for best practices for taking therapy outdoors. 38 articles published between 1994 and 2019 included the experiences of 322 practitioners and 163 clients in their experiences with outdoor therapy. The review concludes that the therapeutic experience was subsequently enriched by novel and embodied experiences provided by using nature as a backdrop to therapy.</p>
2013 Australia Meta-analytic review	<p>Bowen, D.J., & J.T. Neill. (2013). A meta-analysis of adventure therapy outcomes and moderators. <i>The Open Psychology Journal</i>. (6), 28-53.</p> <p>The study compared adventure therapy outcomes with alternative and no treatment groups. The authors analysed changes over multiple points in time. The results indicate that there is a positive short-term change in psychological, behavioural, emotional and interpersonal domains that appear to have lasting impacts in the long term. Further research is required to better understand the variability in adventure therapy outcomes.</p>
2019 Australia Narrative and Systematic review	<p>Norwood, M.F., Lakhania, A., Fullagarf, S., Maujeanc, A., Downese, M., Byrneg, J., Stewarth, A., Barberb, B., & E. Kendalla. (2019). A narrative and systematic review of the behavioural, cognitive and emotional effects of passive nature exposure on young people: Evidence for prescribing change. <i>Landscape and Urban Planning</i>. (189), 71-79. https://doi.org/10.1016/j.landurbplan.2019.04.007</p> <p>This study conducted using both narrative and systematic review of 6 papers exploring the ability of the natural environment to promote behavioural, cognitive or emotional change in young people. The authors concluded that passive nature exposure promotes positive changes in attention, memory and mood. They did not find evidence in this study to validate significant changes to behavioural changes or long-term outcomes. Suggestions for randomized control trials and qualitative research to provide diverse understandings of nature exposure are needed.</p>

2015 Canada Literature Review	<p>Capaldi, C. A., Passmore, H.-A., Nisbet, E. K., Zelenski, J. M., & Dopko, R. L. (2015). Flourishing in nature: A review of the benefits of connecting with nature and its application as a wellbeing intervention. <i>International Journal of Wellbeing</i>. 5(4),1-16. https://doi:10.5502/ijw.v5i4.449</p> <p>A review of the large body of research on the mental health benefits of connecting with nature. Two aspects of the human-nature experience were considered: Nature contact and nature connectedness. These aspects were considered in relation to how they relate to and promote flourishing. The authors identify numerous Canadian programs that are promoting human-nature connections. They conclude that the strongest evidence to nature's benefits will require transparent and "pre-registered methods".</p>
2018 Canada Systemic Review	<p>Tillmann, S., Tobin, D., Avison, W., & J. Gilliland. (2018). Mental health benefits of interactions with nature in children and teenagers: a systematic review. <i>Epidemiol Community Health</i>. (72), 958–966. http://doi:10.1136/jech-2018-210436</p> <p>The authors of this review focused on how accessibility, exposure and engagement with nature affects the mental health of children and teenagers. Papers for the review were selected based on incorporation of nature, children and teenagers, quantitative results and focus on mental health. Half of all reported findings revealed statistically significant positive relationships between nature and mental health outcomes; the other half reported no statistical significance. The authors concluded that findings support the contention that nature positively influences mental health but there is a need for more rigorous study designs and objective measures required to confirm statistically significant relationships.</p>
2011 Sweden Systematic Review	<p>Annerstedt, M., & P. Wahrborg. (2011). Nature-assisted therapy: Systematic review of controlled and observational studies. <i>Scandinavian Journal of Public Health</i>. (39). 371–388. http://DOI: 10.1177/1403494810396400</p> <p>The aim of the study was to systematically review the literature regarding effects of Nature Assisted Therapy (NAT), for patients with well-defined diseases, as a treatment option either alone, or together with other evidence-based treatment options.</p> <p>Using methods outlined in the Cochrane Handbook for systematic reviews the authors completed a review of 38 full-text documents. Noted were the challenges and limitations of a broad review of a complex intervention strategy such as NAT. One such limitation is the lack of conformity among studies. The authors conclude that while there is evidence that supports the effectiveness and appropriateness of NAT, there is a need to put more efforts into further research in this area.</p>

2017 USA Realist synthesis	<p>Ferneer, C.R., Gabrielsen, L.E., Andersen, A.J.W., & T.Mesel. (2017). Unpacking the black box of wilderness therapy: A realist synthesis. <i>Qualitative Health Research</i>. 27(1), 114-129. Http:// DOI: 10.1177/1049732316655776</p> <p>The authors of this study seek to answer the following questions: Which hypotheses regarding the “black box” of wilderness therapy have been proposed in previous in-depth qualitative inquiries? (b) What are the possible conducive combinations of the therapeutic contexts, mechanisms, and outcomes (CMO) within wilderness therapy according to the included studies? and (c) What is a plausible theory or model of wilderness therapy that can be tested and refined through these explorations into the “black box”? What they found was youth who had struggled in other settings did well in wilderness settings. The authors also questioned the potential for wilderness therapy to lose its magic if more time is spent shedding light on the black box. Conclusions and suggestions for future include reserch efforts moving beyond simple descirptios and continue to model relationships among key therapeutic factors and outcomes. They hope that more voices and research will add to the “magic” of this promising approach to mental health treatment.</p>
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Suicide Intervention and Prevention Program Reviews

2015 Canada Systematic Review of Reviews	<p>Bennett, K., Rhodes, A.E., Duda, S., Cheung, A.H., Manassis, K., Links., Mushquash, C., Braunberger, P., Newton, A.S., Kutcher, S., Bridge, J.A., Santos, R.G., Manion, I.G., McLellan, J.D., Bagnell, A., Lipman, E., Rice, M., & P. Szatmari. (2015). <i>A youth suicide prevention plan for Canada: a systematic review of reviews</i>. <i>Canadian Journal of Psychiatry</i>. 60(6). 245-257.</p> <p>Using an expedited knowledge synthesis (EKS), the authors of this systematic review of reviews set out to provide direction for facilitators of evidence-informed decision-making concerning youth suicide prevention. The authors proposed a national research-to-practice network that creates direct links between decision makers and researchers in order to eliminate the use of ineffective or harmful interventions. They suggest that such a system could position Canada as a leader in youth suicide prevention.</p>
2014 USA Systematic Literature Review	<p>Bernert, R.A., Horn, M.A., & L.W. Roberts. (2014). A Review of Multidisciplinary Clinical Practice Guidelines in Suicide Prevention: Toward an Emerging Standard in Suicide Risk Assessment and Management, Training and Practice. <i>Academic Psychiatry</i>. 38, 585-592. http:// DOI 10.1007/s40596-014-0180-1</p>

	<p>The authors of this study used a systematic literature review to examine clinical practice guidelines in suicide prevention across fields in order to inform emerging standards in clinical practice, research and training. The only commonality that they found was a consistent policy requiring assessment of evidence-based risk factors for suicide. They reflect that this indicates that there is consensus that risk management in prevention practices requires assessment of risk factors. Assessment of degree of intent and planning was also almost universally applied by policy. Restricting access to means was found across almost all policies as well as recommendation of use of evidence-based psycho-pharmacological and psychotherapy but not much detail was found regarding how to select the best option. Interestingly, the authors concluded that the extent to which clinical practice guidelines and/or additional resources are being utilized by providers and clinician educators, and their perceived utility, remains largely unknown.</p>
<p>2016</p> <p>Australia</p> <p>Systematic Review</p>	<p>Calear, A., Christensen, H., Freeman, A., Fenton, K., Grant, J.B., van Skijker, B., & T. Donker. (2016). A systematic review of psychosocial suicide prevention interventions for youth. <i>European Child and Adolescent Psychiatry</i>. 25, 467-482. http:// DOI 10.1007/s00787-015-0783-4</p> <p>Using systematic review methods, the authors in this study aim to identify randomised controlled trials (RCTs) of psychosocial interventions for youth suicide in school, community and healthcare settings. They state a goal of identifying what types of interventions can be effective and where future research efforts should be directed. Of interesting note it was found that over half of the programs reviewed had significant impacts on suicide ideation. 86% of programs that combined individual and family/caregiver programs were found to be effective, 50% of the combined individual and group programs and 50% of the group programs. Individual programs alone were found to be less effective. Another finding relayed by the authors was that the majority of effective programs were delivered to youth who were exhibiting risk-factors of suicide. The authors also found that individual level interventions affected change in suicide ideation while group interventions facilitated changes in suicide attempts. Overall the study supports the implementation of multimodal interventions to bolster prevention effects.</p>
<p>2013</p> <p>Australia</p> <p>Systematic Literature Review</p>	<p>Robinson, J., Cox, G., Malone, A., Williamson, M., Baldwin, G., Fletcher, K., & M. O'Brien. (2013). A Systematic Review of School-Based Interventions Aimed at Preventing, Treating, and Responding to Suicide-Related Behavior in Young People. <i>Crisis</i>. 34(3), 164–182. http://DOI: 10.1027/0227-5910/a000168</p> <p>The authors of this article used a systematic literature review of 46 publications with an aim to examine suicide postvention, prevention and early intervention, specifically in a school setting. Their conclusion was that</p>

	<p>gatekeeper and screening programs appear to be effective in the school setting, but more research is needed. Suggestions for future research included a disclaimer that in the absence of robust evidence indicating universal suicide approaches to suicide prevention remain grounded within mental health promotion activities and that prevention programs be left to clinical settings.</p>
<p>2015</p> <p>Canada</p> <p>Systematic Review</p>	<p>Wei, Y., Kutcher, S., & J. C. LeBlanc. (2015). Hot Idea or Hot Air: A Systematic Review of Evidence for Two Widely Marketed Youth Suicide Prevention Programs and Recommendations for Implementation. <i>Journal of Canadian Academy Child Adolescent Psychiatry</i>. 24, 5-15.</p> <p>The authors conducted a systematic review of two youth suicide prevention programs, Signs of Suicide (SOS) and Yellow Ribbon (YR), to determine if the quality of evidence available justifies their widespread dissemination. Final recommendations included a disclaimer that purchasers of these programs should be aware that there is no evidence that their use prevents suicide. The authors conclude that youth suicide is a complex phenomenon and the reduction of youth suicide rate may require a comprehensive approach involving multi-sector collaboration among youth serving institutions, health and human services systems, families and communities. They are most concerned that SOS and YR continue to be marketed as suicide prevention programs while there is no evidence that they prevent suicide.</p>
<p>2018</p> <p>USA</p> <p>Literature Review</p>	<p>Kuiper, N., Goldston, D., Dodoy Garraza, L., Walrath, C., Gould, M., & McKeon, R. (2018). Examining the unanticipated adverse consequences of youth suicide prevention strategies: a literature review with recommendations for prevention programs. <i>Suicide and Life Threatening Behavior</i>. 49(4). 952-965.</p> <p>The authors of this paper seek to better understanding of the unanticipated adverse consequences of suicide prevention programs for youth. Using a narrative but systematic review method, they review 22 papers and find that while rare, adverse consequences typically appear in the way of increases in maladaptive coping, and a decrease in help-seeking in youth. In addition, adverse consequences for staff in prevention programs were found to have increased suicide ideation and recognised the inadequacies in the systems to support service providers. The authors conclude that overall the benefits of programs targeting suicide prevention outweigh the unanticipated adverse consequences.</p>

2019	Grimmond, J., Kornhaber, R., Visentin, D. & M. Cleary. (2019). A qualitative systematic review of experiences and perceptions of youth suicide. PLoS ONE 14(6).
South Africa	
Qualitative Review	This study focused on experiences with suicide for persons 25 and younger. Focused on factors leading to suicide attempts, elements important to recovery beliefs within community and treatment/prevention strategies, the authors examined, the authors reviewed 27 qualitative studies that explored youth suicide. Sources for the studies included in this paper included a variety of research methods including individual interviews, focus groups, longitudinal studies to name a few. The authors found that shifts in societal attitudes and procedural reform is needed to provide effective treatment and support of young people experiencing suicide ideation.

Recommended Practice guides and Program Manuals

2014	White, J. (2014, March 13). <i>Practice guidelines for working with children and youth at-risk for suicide in community mental health settings</i> . Ministry of Children and Family Development. Government of British Columbia.
Canada	
Guidelines and best practices.	A comprehensive guide for BC's MCFD staff. The resource contains best practice guidelines for working with children and youth. Practical resources are included such as safety plan templates, outlines risk considerations, principles of a suicide risk assessment, and guidelines for documentation. The resources are suited for health care settings but serves as a good guide for community programs serving residents of British Columbia.
2019	Richards, K. Hardie, A., & Anderson, N. (2019). <i>Outdoor mental health interventions: Institute for Outdoor Learning statement of good practice</i> . Institute for Outdoor Learning.
UK	
Practice considerations for outdoor mental health supports	The authors of this guidebook provide an overview and outline guidelines for mental health interventions in outdoor settings. This comprehensive resource is intended to provide organisations and individuals who provide mental health and well-being services a model of service delivery. The guide includes a frame of reference; an Outdoor Mental Health Interventions Model which outlines zones of practice; guidelines for practitioner competence; indicators of good practice; and a map of how to apply the model.