

A photograph showing a person standing on a snowy or icy landscape, silhouetted against a bright sun. The sun is low on the horizon, creating a lens flare effect. The person is wearing a dark jacket and pants. The background is a vast, flat, white expanse under a clear sky.

NATIONAL INUIT YOUTH SUICIDE PREVENTION FRAMEWORK

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Foreword

Many young Inuit take their own lives and leave behind their friends, family and communities to mourn their loss. Youth suicide among Inuit in the Canadian Arctic is a serious problem and there is no indication the problem will disappear.

There is currently no shortage of research and documentation on the general issue of suicide, but there are no real answers or solutions. Recently, however, Inuit have been discussing suicide and suicide prevention more openly and there is a growing sense of urgency to take action.

The NIYC has adopted suicide prevention as one of their priority areas for action, and young Inuit across Canada's north are taking matters into their own hands and taking responsibility for the well-being of their peers through a variety of small local projects and initiatives.

The National Inuit Youth Suicide Prevention Framework is the product of hours of research, extensive reading and many discussions with friends, individuals, organizations and government representatives. It is a starting point for the National Inuit Youth Council (NIYC) and the Inuit Tapiriit Kanatami (ITK), as well as their partners, to take a serious and in-depth look at the issue of suicide among young Inuit.

Many great things are happening all across the north, yet there remains much to be done to stop people from cutting their lives short. More specific research is needed to better understand suicide from an Inuit perspective so that we can take appropriate action. Our society must make small changes to help each person understand their true value and contributions to our communities – to develop meaning in our lives. Inuit youth and elders must share together and ensure the wisdom and meekness inherent in the Inuit spirit is passed on, so that our people can once again be filled with the quiet pride of a people so closely connected to the land and all its fruits. We all need to recognize our ability and our yearning to take responsibility for our own affairs, while engaging in mutually beneficial relationships and partnerships with our fellow

individuals, families, communities, governments, organizations and other institutions. We must all stop counting the beans — and give everything we can to others, for the benefit of all life everywhere.

Suicide is an existential problem — there is not one solution that fits everyone — we all have our unique existence, our personal and shared beliefs and understanding of our place in “the grander scheme of things”. Governments are called upon to support local, small projects and initiatives that provide personalized instruments for young people to enjoy life. Specifically, we urge Health Canada to continue to provide assistance to Inuit Tapiriit Kanatami and the National Inuit Youth Council to address the issue of suicide.

Working on this framework has been quite educational, often fun, and frustrating at times. It is our hope that this framework will contribute positively to the work towards healthy communities.

"Suicide Prevention is not the responsibility of organizations or governments alone. It is for the people to discuss and to take action on. Organizations and governments must be there to make this be known, to provide resources and to assist the people in taking appropriate action for the betterment of all."

National Inuit Youth Suicide Prevention Framework

Introduction

This document describes the work and research undertaken by the Qikiqtani Inuit Association, on behalf of the Inuit Tapiriit Kanatami and the National Inuit Youth Council, on the National Inuit Youth Suicide Prevention Project. It also presents background information on how the project came about, how it has been managed and coordinated and presents recommendations for future action on Suicide Prevention for Inuit Youth. Any questions or comments on the work or this report can be directed to Qajaaq Ellsworth. Contact information is provided at the end of this report.

Background

The National Inuit Youth Council (NIYC) is working with the Inuit Tapiriit Kanatami (ITK) on developing a National Inuit Youth Suicide Prevention Strategy. Through the generous financial support of Health Canada (First Nations & Inuit Health Branch), ITK was able to secure funds for this project. The Qikiqtani Inuit Association, on behalf of Inuit Tapiriit Kanatami, hired and managed staff working on the development of a National Inuit Youth Suicide Prevention Framework. This report/framework presents the findings of work undertaken as a part of this contract between November, 2002 and March 31, 2003. Upon completion of the framework, the NIYC and ITK partnered up and have begun implementation of some of the recommendations contained in this report. For further information and updates on our activities, you can visit: www.itk.ca/inuit-youth/suicideprevention.

Objectives

The objectives as set out in the agreement between ITK and QIA are as follows:

To hire a National Inuit Youth Suicide Prevention Coordinator who will report to the National Inuit Youth Council. The duties of the Coordinator are as follows:

- Ensure that the National Inuit Youth Suicide Prevention Coordinator attends meetings of the NIYC;
- Ensure that Youth Coordinators and delegates participate in suicide prevention training and workshops;
- Review existing data related to suicide in Inuit communities;
- Validate “Suicide Prevention in Inuit Communities — Draft Report — A review of Capacity, Best Practices and Recommendations for Closing the Gap”
- Disseminate information on suicide and mental health to Youth Coordinators, elders and regional/national Inuit Organizations;
- Ensure that suicide prevention is discussed at the National Inuit Elder and Youth Conference;
- Examine links between suicide prevention and justice issues;
- Collaborate with Regional Inuit Associations;
- Consult with youth, elders, frontline workers and governments; and
- Prepare a National Inuit Youth Suicide Prevention Framework.

This document describes the work undertaken towards achieving these objectives.

Activities Undertaken

Contracting of two Individuals to Conduct Work

While efforts were made to hire one individual to fill the position of the National Inuit Youth Suicide Prevention Coordinator, it did not work out and we contracted two

individuals to conduct the work as described above. Lisa Stevenson and Pierre Wolfe are the two individuals QIA contracted to carry out the work.

National Inuit Elder and Youth Conference

The National Inuit Youth Council hosted the National Inuit Elder and Youth Conference in Inukjuak, Nunavik from March 11-14, 2003. Youth and elder delegates from Inuit communities gathered in Inukjuak for the conference along with members of the National Inuit Youth Council, one member of the Suicide Prevention Coordinator team, staff of the National Aboriginal Health Organization (NAHO) and a number of other guests and speakers/presenters. Several issues were discussed, including suicide/suicide prevention, and mental health. The NAHO facilitated a brief presentation followed by a break out discussion, in which the delegates split into small groups and discussed the issue of suicide. The delegates were asked to identify research priorities in relation to suicide and suicide prevention. The research priorities are listed and given further description in the Research Priorities section, below.

Circumpolar Suicide Prevention Workshop

From March 12 to 14, 2003, approximately 40 people from Nunavut, Greenland, Nunavik, the Northwest Territories and Alaska gathered in Iqaluit to discuss the progress of suicide prevention programs in the circumpolar world. These delegates were joined by health care professionals and researchers from southern Canada, England and Australia. Funded by Nunavummit Kiglisiniartiit (the Evaluation and Statistics division of the Government of Nunavut's Department of Executive and Intergovernmental Affairs), the workshop was intended to:

- bring together practitioners from within the circumpolar world who had experience with suicide prevention;
- summarize existing suicide prevention programs in the circumpolar world;
- discuss issues surrounding the administration

and evaluation of culturally appropriate suicide-prevention programs;

- identify 'best practice' from suicide prevention programs that might be appropriate for Nunavut; and,
- identify appropriate methods of evaluation for suicide prevention programs.

The discussions focused on the successful programs and program management in the various Inuit regions across the Arctic. Following is a highlight of the main points raised:

- Some participants felt that non-competitive funding sources were quite successful in soliciting proposals from communities.
- Not all projects were referred to as "suicide prevention", but programs dealing with community wellness fit under the umbrella of "suicide prevention" initiatives
- Communities that take control and responsibility for the prevention of suicide had a lower incidence of suicides than communities with fewer or no projects.
- We are currently lacking effective and dependable evaluation criteria with relation to community wellness programs and their role in contributing to the prevention of suicide.
- Despite the World Health Organization's recommendation that all countries have a National Suicide Prevention Strategy in place, some jurisdictions currently do not have suicide prevention strategies in place.
- While there are many assumptions made by individuals and organizations surrounding the issue of suicide, there is very little evidence-based knowledge to come to a common understanding of the problem and to take appropriate action.
- There is currently a lack of educational and promotional materials specifically designed to help young people develop an understanding of suicide and healthy lifestyles.
- Some materials are currently being developed in Greenland for introduction into the school system.
- Mainstream and popular music, etc. has been an effective method for raising awareness and

changing attitudes towards the issue of suicide in Inuit communities.

- Suicide prevention training has been perceived to be more effective when attention is given to the emotional needs of the participants and when discussions/workshops cover the issue of grieving the loss of loved ones.
- Suicide prevention training cannot be a one-time deal — further emphasis on ongoing support and continued follow-up training is required in order to continue to be effective.
- Regular gatherings of frontline workers is required in order to curb burn out and the feelings of isolation of the workers and to share new knowledge.
- Governments need to pay more attention to and incorporate traditional knowledge and practices into the formal systems.
- In order for any Inuit suicide prevention initiatives to be successful, Inuit must escape the colonial mode of thought and the bureaucratic system of approaching everyday issues.
- Funding, per se, is not always a problem. One of the major obstacles to developing and implementing effective suicide prevention initiatives is the lack of clear government vision and the fact that there are many differing views and opinions on the real problems and how they need to be addressed. It is difficult to bring the players to a point where we can develop a unified vision.
- The formal system—schools, health and social services, and the police — should see themselves as a support network for the primary, informal system of family and community.
- Intergenerational issues (pain or trauma passed on from one generation to another) play a role in creating an unstable environment for young people. The destruction of the family unit may in turn lead to suicide in later generations.
- Culturally specific indicators of “at-risk youth” need to be developed and adopted.

The participants at the workshop felt the discussions and presentations were very useful. It was felt, however, that the work accomplished there was just a start. The delegates called for more circumpolar workshops focusing on the issue of suicide prevention and

recommended the establishment of a circumpolar network of frontline workers and policy makers.

Traditional Healers/Counselors Workshop — March 31st/April 1st 2003, Pangnirtung, Nunavut

Facilitators: Abraham and Meeka Arnakak

The participants at this workshop (funded and organized by Nunavut’s Department of Health) came from many different communities in the Baffin Region of Nunavut. Led by two elders from Pangnirtung participants discussed Inuit-specific modes of healing from psychological pain. Two of the main themes of the workshop were the relevance of Inuit metaphors for illness and healing (e.g. a qamutik as a metaphor for the family and a meat cache as a metaphor for buried feelings) and the need to use a “talking cure” for emotional problems rather than relying on medication. Recurring topics of conversation at this workshop were:

- Gender issues. Specifically the way men have come to feel humiliated and inadequate in recent years and also the need to treat your wife “like glass”;
- The possibility of inter-generational transmission of psychological pain;
- The Inuit custom of spiritually and psychologically preparing for a child’s life while it was still in the womb;
- The extreme cultural bias of the current justice system. That is, the court system, by separating the victim and defendant and “speaking for” the victim through a third-party intrinsically violates Inuit belief that disputes should be settled face-to-face, and the prejudice of the court system against men.

Some key quotes from the conference:

“Since the 1960s women have had a higher status than men...Women are bringing men down too much, women consider themselves higher than men. We need to bring out the strengths of men. If women would be more proud of us... Women have a higher profile than men. Women have to be more appreciative of men...”

“If our parents went through something bad and terrible we can keep that inside ourselves too. Our ancestors, uncles, cousins, if they’ve had a really difficult life we can take that into us and carry it around.”

“We hear very little about this today. We don’t even touch pregnant bellies. That has been taken away from us. We planned for children while they were still in the womb. Many things we believed then have been left on the sidelines. The godparents would plan mentally how that person will grow up. People were trained right from the womb. This is Inuit Qaujimagatuqangit.”

“Today couples are forced apart and told not to meet by the courts. Inuit way is to bring the couple closer together to work it out. The courts help only one side. Even though that person could be lying. This can result in suicidal thoughts. People don’t think they’re good enough. Suicidal thoughts are not necessary. We are stuck between two worlds, the Inuit and the Qallunaat way.”

“Inuit and Qallunaaq ways are very different. In Qallunaaq law you don’t speak to the person you hurt. This even causes suicides. When they tell you not to talk, we listen. Better to talk about problems and try to get past them.”

“My young daughter was crying. I thought she must have a reason for crying. I just let her cry. I went to get someone from the airport. My son asked me to come over and told me my daughter had tried to commit suicide. She thought nobody loved her. Our lives are changing so fast our love for our children is dying too.”

“The whole earth is run by the sun. Even though we’re in the Arctic we have the sun. People who are hurt, are broken, the sun is shining on them. The same sun shines on the sick and the well people. It’s the same with love.”

“I used to try to hold in the tears. Make it to the throat but not come out. Stomach in a knot. Crying is a very good medicine for you to take. Qallunaaq say, ‘Don’t cry when you’re talking’. Inuit recognize that crying was the first language we ever spoke. When we left our mother and became a person what did we take with us? Nothing. What was our first language? Crying.”

Iqaluit Youth Suicide Prevention Video Group

The Youth Video Project is sponsored jointly by the QIA Youth Center (The Dome) and the City of Iqaluit Youth Center (MAKK). The primary goal of the project is to empower youth in Iqaluit to speak out about suicide and related issues. Since suicide is an issue that directly affects youth, we believe it is essential to listen to what they have to say on the topic.

One of the legacies of colonialism in the Canadian Arctic is the belief that answers to social problems come from southern experts. This project is designed to counter this assumption by providing a forum where youth can speak their minds and are encouraged to believe that they can make a difference in their communities. Thus we believe the process of making the video is as important as the finished product. Youth are encouraged to take leadership roles in every aspect of the project from determining the content and form of the video, to conducting and filming the interviews, to writing the screenplays for dramatic episodes, and finally to the editing process. The experiences youth have along the way are considered important opportunities to learn and build confidence.

Goals

- 1 To allow Iqaluit youth the opportunity to express themselves, their ideas and their feelings in relation to suicide and suicide prevention.
- 2 To provide a forum where youth can communicate their experiences, challenges and dreams to the larger community.
- 3 To learn from the youth in our community.
- 4 To use the Iqaluit video project experience as a pilot project for other communities.
- 5 To provide youth with valuable video production experience.

Accomplishments

The group has gotten together on a regular basis over the course of eight months and have produced a video which was launched at the Canadian Association on Suicide Prevention (CASP) Conference, held in Iqaluit. During their weekly meetings, youth talked about their personal experiences with suicide and supported each other throughout the process. The participants participated in training and learned about script writing, camera operation and shooting, editing and other aspects of video production. They then filmed and conducted several interviews in Iqaluit.

The video was launched at the CASP conference and the youth continue to work with video with the hopes of producing another video in the near future. In addition to talking openly with each other about life and about suicide and producing a video, some of the youth have gained employment with a local production company, further expanding their learning in the area of video production.

Examination of Links Between Suicide Prevention and Justice Issues

QIA met with officials from the Nunavut Department of Justice, Nunavut Tunngavik Incorporated and a student of the Akitsiaraq Law Program to discuss the links between the justice system and suicide and to think about some of the ways to address the issues of suicide. Conversation was passionate and piercing. The main themes of the meeting were:

- A critique of the justice system;
- The need to respond quickly and effectively to the Youth Criminal Justice Act;
- The role of language and culture loss in suicide;
- Clinical depression and its links to suicide; and
- The need for authentic community development as a counterpoint to suicide.

Overall, there was a desire amongst participants to address the issue of building healthy communities. As a group, it seems that our next step will be to ask:

How does a greater sense of community emerge? How can it be encouraged? Implicit in our conversation was the idea that an authentic community would allow individuals to explore the world creatively and to their fullest potential, creating both a sense of responsibility and possibility. The following recommendations emerged from the discussions:

- Research different models of community development;
- Facilitate more discussions at the community worker level;
- Create an agency to support people involved in the justice system. This would include support for the defendant and his or her family as well as the current support provided to victims;
- Ensure that community justice committees are strong and are networked across the North;
- Research Inuit traditional justice and ways to incorporate it into the justice system;
- Provide mandatory training in relevant aspects of Inuit culture to justice employees;
- Develop programs to teach Inuktitut to department of Justice employees;
- Evaluate hiring policies and practices of the Justice system and develop ways to encourage more Inuit participation in the Justice system;
- Evaluate current cultural programming for inmates at all Justice facilities and develop improved programming and secure necessary funding;
- Research the prevalence of clinical depression across the North as well as Inuit definitions of depression and Inuit specific treatment strategies;
- Research and design programs that address early childhood education;
- Provide parenting classes in the high school as an essential part of the curriculum;
- Support the development of Inuktitut curriculum for the schools;
- Support the arts as a positive mode of expression.

Questionnaire

A questionnaire was developed to solicit feedback on suicide prevention initiatives from frontline workers. The questionnaire was circulated to Regional Youth Coordinators for distribution to frontline workers in the communities across their regions. Feedback received has been incorporated into this report. A copy of the questionnaire is attached to this framework as an appendix.

Documents Reviewed

A number of key documents were reviewed to learn from research already conducted and to identify some common themes relating to suicide prevention. This section presents the documents reviewed and provides a highlight of the main themes of the documents.

Documents reviewed include:

- 1 Working together because we care: Final Report of the Suicide Prevention Regional Forums in the NWT.
- 2 Cultural Continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*
- 3 Inuit Suicide and Economic Reality.
- 4 "Risk Factors for Attempted Suicide Among Inuit Youth: A Community Survey."
- 5 Unikkaaqtuit: Meanings of Well-Being, Sadness, Suicide, and Change.
- 6 "Inuit Concepts of Mental Health: Uitsalik/Nuliatsalik and Uttullutaq."
- 7 First Nations and Inuit Suicide Intervention Training: Best Practices.
- 8 A Framework for Prevention: Establishing a National Suicide Prevention Program.
- 9 Inuit Specific Mental Wellness Framework.
- 10 2002 Suicide Prevention in Inuit Communities: A Review of Capacity, Best Practices and Recommendations for Closing the Gap.
- 11 Acting on What We Know: Preventing Youth Suicide in First Nations.

Working Together Because We Care:

Final Report of the Suicide Prevention
Regional Forums in the Northwest
Territories 1992

*“It is important to remember...
that the final responsibility for
living remains with the individual.”*

“Even if the government remains committed to addressing the issue over time, and provides necessary funds to follow up on the initial regional consultations, the road will be long and hard. It is probably unrealistic to expect an observable lessening of suicide rates, especially in the short term.”

This report on the regional forums on suicide has been a starting place for many interested in suicide prevention in northern communities. Participants in those regional forums tried to answer the question, “Why did the old people strive to live...and the young people now want to die?” Some of the factors they identified that create an environment for suicide include:

- alcohol, drug and substance abuse
- loss of spirituality
- family breakdown
- poor housing
- unemployment
- lack of recreation facilities
- economic downturn

The section on “Youth and Suicide Prevention” is particularly relevant to our framework. It describes the following priorities:

- Develop youth programs that stress positive activities and values.
- Interest and involve young people in the caring professions.
- Directly involve young people in addressing the suicide problem.

- Foster and encourage community youth groups to take part in promoting healthy lifestyles through role modelling, cultural activities, language, art, music and drama.
- Provide appropriate training to help young people become actively involved in suicide prevention early intervention with their peers and friends.
- Provide workshops that address topics such as self-esteem, peer pressure, and peer counselling.

As this report (as well as many others) emphasizes, it is essential that any suicide prevention plan target youth wellness in broad and creative ways.

Chandler, M. J. & Lalonde, C. 1998. Cultural Continuity as a hedge against suicide in Canada’s First Nations. Transcultural Psychiatry.

Two psychologists from British Columbia, Michael Chandler and Chris Lalonde, argue that people who do not see themselves as the same person throughout time (people who lack of a sense of “self-continuity” across time), may be at an increased risk for suicide. In the context of aboriginal communities, they argue that cultural continuity is a “hedge against suicide” because it provides a sense of collective continuity through time. Their approach has been to measure indicators of ‘cultural continuity’ in aboriginal communities and to demonstrate that individuals in communities with greater cultural continuity are less likely to commit suicide. However, it appears these researchers have a vague idea of what cultural continuity means. The indicators they measure actually indicate levels of local control rather than cultural continuity. Indicators sited include:

- Evidence that particular bands had taken steps to secure aboriginal title to their traditional lands.
- Evidence of having taken back from government agencies certain rights of self-government.

- Evidence of having secured some degree of community control over educational services.
- Evidence of having secured some degree of community control over health delivery services.
- Evidence of having established within their communities certain officially recognized “cultural facilities” to help preserve and enrich their cultural lives.

This report concludes that communities that have taken steps to regain local-level control over community matters have lower rates of suicide. As part of a broad suicide prevention initiative it makes sense for every Inuit community to examine levels of control over local affairs and to take steps to increase the sense of ownership and control over local issues.

3

Stevenson, Marc G. 1996.
Inuit Suicide and Economic Reality. Inuit Tapirisat of Canada.

This report correlates the suicide rates (provided by the coroner’s office) with the fluctuating price of seal skins during the 1970s and 80s. Stevenson concludes that suicide prevention requires a holistic solution, and that the division of government into separate departments makes it difficult to effectively address the issue of suicide. In particular, he states that suicide prevention requires the input and participation of economic development departments as well as health.

While it is important to note that correlation (in this case between suicide rates and economic indicators) is never causation, Stevenson’s paper draws our attention to the possibility that “Inuit suicide is, in part, a function of economic realities”. He argues that government efforts to improve local economic conditions have, in general, fallen short of the mark. It is a challenge for governments, Inuit organizations and communities to develop and implement economic development strategies, which will, in turn, play a role in the prevention of suicide in Inuit communities.

His argument highlights the fact that suicide is a result of multiple and complex factors in an individual’s environment and not simply a medical issue. In our view, it is necessary to make economic development a central part of any suicide prevention strategy.

4

Malus, Michael, Lawrence J. Kirmayer and Lucy Boothroyd. 1994.
“Risk Factors for Attempted Suicide Among Inuit Youth: A Community Survey. Culture and Mental Health Research Unit, Report # 3. Division of Social and Transcultural Psychiatry, Department of Psychiatry, McGill University.

A great deal of important epidemiological and ethnographic research has been done by teams of researchers from the Culture and Mental Health Research Unit at the Jewish General Hospital in Montreal. With regard to suicide, the most relevant research project was conducted by M.Malus, L.J. Kirmayer and L. Boothroyd over ten years ago (1992) in a community on the Hudson Bay Coast in Northern Quebec. 100 young people between 14-25 were surveyed to determine the prevalence and risk factors for suicide attempts. It was determined that individuals who had friends who had attempted or committed suicide were more likely to have thoughts about suicide. Additionally, the research team identified the following risk factors for suicide attempts:

- male gender;
- having a friend who had attempted suicide;
- experience of physical abuse, a history of solvent abuse; and
- having a parent with an alcohol or drug problem.

They identified the following protective/preventative factors:

- older age;
- a family history of having received treatment for a psychiatry problem;
- doing well in school; and
- more frequent attendance at church.

The researchers make several interesting recommendations in the course of this report. They discovered that many youth could not name persons to whom they would go for help in solving problems such as overwhelming anger and friendship break-up. In addition they report that in their review of the literature on suicide prevention for young people, they discovered that “rather than teaching the topic of suicide directly to students, schools should provide a health education curriculum for all students that builds basic skills useful for managing a variety of health issues”. They therefore suggest focusing on skills training in interpersonal problem solving and other life-skills.

Finally, they suggest that family therapy or social network interventions may be more useful than an individually centered approach to therapy. They also say that socioeconomic challenges must be dealt with simultaneously with psychological issues.

A significant discovery of the research was that none of the youth interviewed said that they would go to a doctor or nurse first for help with depression. This research points to the need for more research on attitudes towards, and definitions of, depression among Inuit. We don't believe that it is seen as a medical issue but rather an issue that should be dealt with through family and friends. This also points to the need to channel more support and funding into the informal helping sector.

5

The most recent research project on Inuit suicide conducted in Nunavut was *Unikkaartuit*:

Meanings of Well-Being, Sadness, Suicide, and Change in Two Inuit Communities.

This project was conducted on the participatory action research model, which means that there was an Inuit steering committee and Inuit involvement was sought at all stages of the research. This research took place in the communities of Igloodik and Qikiqtarjuaq in 1998. These two communities were selected as research sites because of the fluctuations in the numbers of completed suicides in each of the communities. Prior to 1984, Qikiqtarjuaq had one of the highest rates of suicide in Nunavut and Igloodik had one of the lowest. After 1984 these two communities switched, with Qikiqtarjuaq changing to become a community with one of the lowest rates of suicides and Igloodik changing to become a community with one of the highest rates of suicides. The purpose of the research was to identify the changes that took place in the communities to contribute to the dramatic changes overall.

The research consisted of a series of open-ended interviews, plus questionnaires on the subjects of well-being, sadness, suicide and change. Ninety Inuit between the ages of 14-94 were interviewed in the two communities. Sixty-six students completed the questionnaires administered primarily in classrooms. The recommendations made on the basis of this research include,

- providing more support to youth on the subject of romantic relationships;
- fostering Youth-Elder interactions;
- focusing on Inuit Qaujimagatuqangit; and
- developing more opportunities for community interaction.

One of the main findings of this research pointed to community members taking responsibility into their own hands and communicating loud and clear to the community at large that suicide will not be accepted.

6

Chris Fletcher. 1993.
“Inuit Concepts of Mental Health: Uitsalik/Nuliatsalik and Uttullutaq.” Paper Presented at CAMACAM Annual Meetings, York University, Toronto, May 8th.

This paper initially seems somewhat peripheral to the subject of suicide. However, Fletcher’s discussion of demon possession does raise the issue of who is responsible for mental illness. In the case of demon possession he notes that the individual is ultimately responsible for accepting or denying the demon’s presence. This raises a separate question that must be asked of suicide. In the Inuit worldview are suicide victims responsible for their own actions? In some conversations with elders suicide has been called an “evil spirit.” What consequences does this have for a suicide prevention plan?

7

Devlin, Arnold C. 2001.
First Nations and Inuit Suicide Intervention Training: Best Practices. Miminiska Associates.

First Nations and Inuit Suicide Intervention Training attempts to define “best practices” for suicide intervention and training. The author then uses those criteria to evaluate a number of existing programs.

The report also contains useful resource material including a list of audiovisual material on the subject of suicide.

Devlin admits that, “Best Practices is a bit of a misnomer because our knowledge of suicide prevention strategies that works in First Nations/Inuit communities is lacking. Comprehensive research as to what works and is effective has not been undertaken”. However, Devlin does identify a set of issues, which he calls “best practices criteria” which every suicide prevention program should consider and address. He outlines a set of issues that should be addressed by every suicide prevention program. These are:

- First Nations/Inuit Perspective on Suicide;
- Attitudes and taboos toward suicide and suicide intervention;
- Knowledge about the dynamics of suicide;
- Suicide intervention skills: What is the suicide screening tool or risk assessment used in the suicide prevention training? How many steps are needed to complete the risk assessment?;
- The role that cultural continuity, spirituality and cultural traditions that affect suicide prevention play; and
- Community development and the development of a support network of formal and informal resources.

This report makes it clear that a psychiatric explanation is not always adequate—we often need to look farther and probe more deeply to understand suicide. Devlin writes that, “Caution should be exercised in using a psychiatric construct that explains suicide as being a mental illness. While it is important to identify the personal psychiatric disturbance a person is experiencing, it is equally important to situate the meaning of suicide within the social and cultural forces within the community. These forces or dynamics contribute to shape a life-world where suicide becomes a possible life choice for a large number of First Nations/Inuit youth and young adults”.

Community development

“Community based suicide interventions should not only be directed towards individuals at risk, but be focused on interventions that address community level risk factors. The community development suicide prevention approach assumes that ultimately only solutions directed at the community risk factors will be successful in reducing the community based risk conditions and thus the incidence of suicide.”

All aboriginal communities are not the same!

A final caveat: this report makes the common mistake of presuming that there is a uniformity across all aboriginal communities. First Nations and Inuit are repeatedly considered as a whole, as if there was no difference between them. While we agree there are many similarities, ultimately, understanding the differences, and what makes Inuit suicide unique, may provide the key to successful suicide intervention and prevention strategies specifically for Inuit communities.

This report highlights the fact that there is not enough data to create “best practices” for suicide prevention. For us, this means that 1) Inuit communities cannot wait for there to be enough data, and 2) suicide may mean different things at different times and therefore every community and generation must define its own best practices.

8

MacFarlane, Clark 1999 A Framework for Prevention: Establishing a National Suicide Prevention Program. Shumacher, Ontario: Community Solutions.

While the title would indicate that this framework is national in scope it seems to have an aboriginal focus. It emphasizes the complexity and number of factors that go into the problem of suicide. Following the Royal Commission on Aboriginal Peoples, it categorizes these issues as:

- 1 Psycho-biological factors,
- 2 Life history or situational factors,
- 3 Socio-economic factors,
- 4 Cultural stress.

The author then goes on to break down these categories and to provide a model of how the various levels may interact to cause suicide. In this model external shocks, such as conquest and disease, lead to community and family disintegration which then leads to individual suffering such as loss of self esteem, which leads to triggering mechanisms such as quarrels and alcohol use which finally leads to suicide. The report encourages people to address these factors at the different levels of the community, the institution and the family.

The author argues that in order to be effective, a suicide prevention program must:

- Be broad in scope,
- Engage the community,
- Be tailored for the needs of the individual community,
- Deal with the underlying causes of suicide; and
- Involve all levels of prevention.

This framework reminds us that the different levels of individual, family and community must all be addressed if a suicide prevention strategy is to be effective. It also

points out that healing from historical traumas such as colonialism and conquest is a complicated process. It makes clear that events that happened generations ago still influence us today.

9

Inuit Specific Mental Wellness Framework:- (ITC March 2001).

At a Mental Health Strategy workshop held in Cambridge Bay in 1999 Inuit defined mental wellness as:

“Self-esteem and personal dignity flowing from the presence of a harmonious physical, emotional, mental and spiritual wellness and cultural identity.”

This is a comprehensive and valuable document which provides a clear strategy for promoting mental wellness in Inuit communities. Some of the barriers to wellness are: poor communication and coordination among and funding support, and relying on a medical model of health.

According to the report an Inuit-specific mental wellness framework for action has four elements, each with specific objectives and actions to be pursued over a three year period. They are:

- The Continuum of Community and Regional Services
Goal: A seamless continuum of mental wellness services that meet the identified needs of each Inuit community and region.
- Strengthening Capacity
Goal: To fully utilize existing community capacity and build new capacity to restore mental wellness in all Inuit communities and regions.
- Building Cohesiveness

Goal: To work together to connect people in need with services and supports that can help them restore mental wellness.

■ Evaluation and Communication

Goal: To improve understanding of programs and services that are helpful to restoring mental wellness among Inuit.

This framework looks at mental health from the service providers' perspective. It stresses the need for integration of services and evaluation of programs.

10

Acting on What We Know: Preventing Youth Suicide in First Nations.

Report of the Advisory Group on Suicide Prevention. 2002. Canada.

The recommendations made by the Advisory Group on Suicide Prevention fall under four main themes:

- 1 Increasing knowledge about what works in suicide prevention;
- 2 Developing more effective and integrated health care services at national, regional and local levels;
- 3 Supporting community-driven approaches; and
- 4 Creating strategies for building youth identity, resilience and culture.

Authors make the important point that suicide should be depoliticized (politicians promises will not solve the problem) and we should work towards politicizing youth instead. In the sections below I have elaborated some of the main points in each of the categories listed above.

1 Evidence-based Knowledge

This report stresses the need for evidence-based evaluations of suicide prevention programs. The authors feel that the lack of such evidence presents a major obstacle to reducing the prevalence of youth

suicide in First Nations communities. It recommends further research on the following topics:

- Suicide risk and protective factors at individual, family and community levels that can guide interventions;
- Evaluations of programs and interventions showing that they actually prevent suicide;
- Effective responses to families and communities that have experienced suicide; and
- Models of integrated professional health practices and traditional practices.

“In the absence of empirical evidence of what works, it is necessary to plan interventions based on what makes sense and is compatible with available resources and community aspirations. This pragmatic approach represents current best practices”.

The authors of this report recommend addressing suicide from many perspectives, “encompassing biological, psychological, socio-cultural and spiritual dimension of health and well-being”.

Some of their concrete suggestions are to:

- 1 Establish peer-counseling programs;
- 2 Institute a school curriculum that focuses on emotional and spiritual health and a variety of coping skills;
- 3 Create recreation and sports programs to combat boredom and foster a sense of belonging;
- 4 Develop parenting skills workshops;
- 5 Develop of a regional crisis line in each area; and
- 6 Develop a crisis center.

2 Integrated Health-Care

Acting on What We Know acknowledges that “no clear mandate for the provision of mental health services has been established” for First Nations peoples.” They

discuss some of the historic shortcomings of the services provided, including lack of culturally sensitive care, lack in confidentiality and lack of coordination of services. They also note that “resources tend to go to communities best able to command attention (through media or other political activity), rather than based on more valid measures of need applied equitably” Authors suggest that “a community crisis assessment guideline based on preconditions and risk factors needs to be developed and tested.” They stress the need for integrated service-delivery and for services and resources to be provided based on needs rather than formula-driven distribution. They recommend the development of a national resource bank of mental health practitioners and traditional healers with experience in the area of crisis intervention, suicide prevention, clinical practice and/or research. This group would meet regularly to do strategic planning as well as providing a resource for community workers.

3 Community Development

Acting on What We Know identifies the need for community-driven solutions to the problem of suicide and also indicates that suicide itself can become a rallying point for communities. The authors also see community development as a way to address the underlying causes of suicide, which they admit they do not address in their recommendations. The authors admit that “Best Practices” for community development are lacking and recommend that Health Canada provide communities with “funds to cover the costs of the community engagement process. The parameters for setting up pilot projects should give special consideration to the ideas of the youth and take into account community and regional differences across the country.”

4 Identity, Resilience, Culture and Spirituality

Acting on What We Know identifies issues of identity, resilience, culture and spirituality as central to the well-being of First Nations Youth. “The lack of a stable sense of identity in relation to other groups is a key risk factor for suicidal behaviour among First Nations and other

Aboriginal youth”. However the authors seem at a loss as to how to promote these aspects of life. They recommend:

- Convening a roundtable to reflect on their report and to respond to the ones that are most meaningful to youth;
- Determining best practices criteria for parenting and family wellness in First Nations communities;
- A media campaign to promote positive images of youth;
- Money be put towards the development of projects aimed at enhancing youth’s resilience, identity and culture; and
- Expanded vocational training in First Nations communities, and for economic development activities that enhance job prospects for First Nations youth.

This is a comprehensive report with many important recommendations. The idea that youth should be politicized and youth suicide be de-politicized is perhaps its most important contribution.

Research Priorities

“Little is known about efforts in various Inuit communities and regions that are achieving success in restoring mental wellness. Lack of evaluative information and communication of results is contributing to a sense of hopelessness among Inuit and a cynicism among service providers and funders about various approaches to mental wellness. Lack of evaluative information limits the ability of Inuit communities to plan for the future, revise approaches or targets, or to ensure that programs and services are culturally appropriate. In the absence

of empirical evidence of what works, it is necessary to plan interventions based on what makes sense and is compatible with available resources and community aspirations. This pragmatic approach represents current best practices.” (ITK Report on Wellness).

Throughout our discussions and meetings with a variety of key players in the area of mental health and suicide prevention, we have identified a set of priority research questions. In no particular order, provided below is a series of questions and issues for further study to better understand the issue of suicide and its roots.

- Why aren’t the people at risk being noticed?
- How can organizations/governments/communities effectively and meaningfully engage youth in dealing with the issue of suicide?
- Is there a unique Inuit definition of suicide?
- What is the significance of dream imagery related to suicide?
- Why do so many more males commit suicide than females?
- Role reversal of men/women.
- Analysis of Inuit traditional culture compared to now, and how these changes affect people’s coping/living skills.
- Cultural transition/Age — Marrying too young;
- What are the Organizations/governments involved in suicide prevention, what do they do and how does one gain more information on their work and services?
- What’s the best way to increase communication/awareness on suicide?
- How can elders’ concerns be more available to youth?, via local FM?, schools?, churches?, and others?
- Research on parents affected by suicide;
- What are the means people are using to attempt/commit suicide?
- What role does religion/spirituality play in suicide?
- Where do the souls of the suicide victims go?
- How can grievers, in particular friends of

- deceased, be best approached, so that no chain reaction occurs?
- Why do suicide clusters occur and how can they be prevented?
 - To what extent do socio-economic factors affect the Inuit population towards suicidal tendencies?
 - To what extent do family situational problems cause suicidal tendencies?
 - Will lack of community involvement lead to suicidal tendencies?
 - To what extent do “break-ups” between lovers cause suicide?
 - Does alcohol and drug consumption increase the suicide rate?
 - Will the rate of suicide decrease once communities strategize, rather than having only a regional or national approach?
 - Research on suicide in/or going through the justice system;
 - How effective are suicide hotlines?
 - How can parents be taught to recognize the signs of suicide?
 - How much do different cultural pressures (i.e. education, jobs, success) play a role in suicide?
 - How much does loss of language/culture influences youth to commit suicide?
 - Will communication with youth build up self-esteem and identity?
 - Will developing more youth centers and more youth programs with community involvement help in preventing suicide?
 - Why are there more youth committing suicide than adults? — Make comparison with Finland, where majority of suicides are committed by middle-aged adults.
 - Why do some parents have trouble talking to their children to help them cope?
 - What’s up with bullying and how can we address the issue of bullying?
 - Why do people drop-out of school and what methods can help them get back into school or feel part of the community?
 - Is there a connection between suicide and sexual abuse?
 - Psychologically, what do people who have committed suicide have in common?

- How can suicide prevention programs be evaluated to determine their success in attaining their goals?
- What communities have greater local-level control over their affairs and how do these communities compare with other communities with relation to suicide attempts and completed suicides.

Again, these questions and research topics are presented in no particular order. Future work and research on Inuit suicide should address one or a combination of these questions to further increase our understanding of the issue.

Partners Involved

Qikiqtani Inuit Association — The QIA is a non-profit, community based organization serving the Inuit of the Baffin region. QIA was contracted by ITK to oversee, coordinate and manage the project on ITK’s behalf. QIA’s Regional Youth Coordinator acted as Project Manager – contracted the workers; participated in the research, discussions and meetings; and assisted in the writing of the framework. QIA was also responsible for reporting on the project’s behalf. To learn more about QIA, visit their website: www.qikiqtani.nu.ca

Inuit Tapiriit Kanatami — ITK is the national Inuit organization in Canada, representing the four Inuit regions - Labrador, Nunavik (northern Quebec), Nunavut, and the Inuvialuit region in the Northwest Territories. Inuit live in the Canadian Arctic, the largest geographic part of the country. ITK assisted in the design of the project and entered into a contribution agreement with Health Canada for the delivery of this project. In turn, ITK contracted QIA to undertake the work involved with this project and assisted in the coordination and management of the work. To learn more about ITK, visit their website: www.itk.ca

National Inuit Youth Council — The NIYC was formed in 1994, to address the needs and concerns of Inuit youth across the Canadian Arctic. The NIYC is composed of one Regional Youth Coordinator and one

Regional Youth Representative from each of Canada's six Inuit regions. NIYC works closely with ITK and each of the Regions, through their Regional Youth Coordinators and youth representatives. The NIYC called for action on suicide, one of their top priorities, and assisted in the design and coordination of the project. To learn more about the NIYC, visit their website: www.itk.ca/inuit-youth

Health Canada (First Nations and Inuit Health Branch)

— Health Canada's FNIHB has been working with ITK's health department on, among other things, the issue of suicide prevention. Health Canada also contributed the funding to conduct the work reported in this document. To learn more about HC's FNIHB, visit their website: <http://www.hc-sc.gc.ca/fnihb-dgpsni/fnihb/index.htm>

National Aboriginal Health Organization —The NAHO, an Aboriginal designed and controlled organization, will influence and advance the health and well-being of Aboriginal Peoples through carrying out knowledge-based strategies. Staff of the NAHO partnered with the National Inuit Youth Council and facilitated a discussion group at the National Inuit Elder Conference on Suicide and Suicide prevention. One of the discussion groups helped to identify research priorities related to suicide prevention. To learn more about NAHO, visit their website: www.naho.ca

Major Findings

Throughout the course of our work, some key themes have resurfaced several times. Provided below is a list and brief description of the recurring themes related to suicide prevention:

- 1 There is no clear unified vision on what needs to be done to address the issue of suicide in Inuit communities.
- 2 There is little in the way of evaluation tools for suicide prevention/wellness programs.
- 3 There is not enough knowledge of specific risk factors and there is a need for a culturally specific risk assessment tool.
- 4 The lack of collaboration and communication between service providers in the area of mental health and suicide prevention reduces their ability to effectively serve the communities.
- 5 The medical model and approach of the health care system is insufficient and must be modified to reflect the Inuit culture.
- 6 A central database or network that will coordinate programs and research on Inuit/aboriginal suicide should be established.
- 7 Long-term support, ongoing training and multi-year funding are central to the success of any suicide prevention initiatives. Support, training and funding cannot be done on a one-time or irregular basis.
- 8 Many beneficial activities that contribute towards the overall goal of "suicide prevention" are not necessarily (nor should they be) referred to as "suicide prevention programs". This needs to be recognized by individuals, governments and organizations working in the area of community wellness.
- 9 Current government structures do not adequately reflect the Inuit culture and must be looked at and changed to reflect the values and beliefs of Inuit.
- 10 More attention needs to be paid to cultural identity and spirituality.
- 11 Young people today feel caught between two worlds. Youth are receiving conflicting messages from post colonial systems such as the school and the Inuit community.
- 12 An individual's or community's standard of living in relation to other individuals or communities affects their sense of self worth.
- 13 Economic development should be a component of suicide prevention strategies.
- 14 Existing community resources must be recognized, built upon and utilized.
- 15 Communities that take control and responsibility for their own affairs appear to have lower incidences of suicide.
- 16 Individuals and communities must take ownership of their problems and assume responsibility for solving them and must not rely on governments or colonial modes of thought to address their issues.

- 17 While they do play an important role in suicide prevention, governments and formal organizations must be seen as a support for the primary, informal systems of community and family.
- 18 All suicide prevention programs should have a community development component.
- 19 Suicide Prevention initiatives must be tailored to the communities for which they are targeted.
- 20 The current education system does not adequately teach life skills and does not help young people to develop an understanding of suicide and healthy lifestyles.
- 21 Within most Inuit communities, there is a great need for better early childhood education programs as well as assistance for new parents.
- 22 People need to be educated early about healthy relationships, particularly romantic relationships.
- 23 Intergenerational trauma and negative issues are often carried on and passed down to future generations, adding to the regular stresses of children and youth growing up.
- 24 Young people need more opportunities to express themselves and discuss their thoughts relating to life and death.
- 25 Many young people are not able to identify a specific person or place they would go for help.
- 26 Many young people see limited opportunities for a healthy and meaningful life in their futures.
- 27 Males commit suicide much more than females and we do not yet fully understand why.
- 28 Those working in the area of mental health and suicide prevention cannot expect to see results immediately.
- 29 We . . . have . . . to . . . slow . . . down.

Recommendations

Based on our research and discussions, and the recurrence of key themes relating to suicide prevention, provided below is a series of recommendations to address the issue of suicide.

Understanding What Suicide Means to Inuit

All stakeholders, including youth, adults, elders, governments, organizations must:

- Facilitate and participate in discussions with Inuit to develop an Inuit-specific definition of suicide.
- Support and undertake research into the prevalence of clinical depression across the North as well as Inuit definitions of depression and Inuit-specific treatment strategies.

Coming Together

All stakeholders, including youth, adults, elders, governments, organizations must:

- Communicate in a clear and accessible language (no jargon, and available in language of choice).
- Recognize that empowered individuals exist within all communities and take steps to engage these individuals in discussions and work on suicide prevention initiatives.
- Develop and support activities within communities that build bridges within the population — elders and youth, qallunaat and Inuit, long-term residents and newer-arrivals, etc.
- Recognize and foster the relationships between the formal systems (government, police) and informal systems (family, community).
- Ensure local committees are strong and are networked across the North.
- Participate in Annual Meetings of people working on suicide prevention around the circumpolar Arctic.
- Support regular meetings of volunteers and professionals in the field of suicide prevention (every 3 months).
- Network with, learn from and collaborate with Inuit in other regions of the circumpolar north.
- Hold regular gatherings of traditional healers in all Inuit jurisdictions.
- Develop a shared long term planning component/ emphasize sustainability and be specific about support and follow up.

Furthermore, the National Inuit Youth Council is directed to:

- Create a listserv of stakeholders working on suicide prevention in the circumpolar Arctic.
- Participate in Annual Meetings of people working on suicide prevention around the circumpolar Arctic.
- Establish an Inuit specific database of suicide prevention programs, statistics etc.
- Establish a relationship with Health Canada and Health-related agencies in each of the regions across the north.
- Continue to provide support and assistance to Regional Youth Councils and encourage their participation in suicide prevention initiatives.
- Continue to participate in the efforts of the Inuit Circumpolar Youth Council and share information relating to suicide prevention efforts in each of the circumpolar countries.
- Continue to prioritize suicide prevention work among Inuit youth across the Canadian Arctic.
- Lobby the Inuit Tapiriit Kanatami to hire a Mental Health Resource Officer (working within the ITK Health Department) to support regional mental health resources and lobby nationally for Inuit mental health issues.
- Lobby each of the Regional Inuit Associations to hire a full-time Mental Health Resource Officer to support communities to plan, access funding, develop and implement programs, and evaluate results.
- Take a leadership role in the work of Canadian Inuit Youth Suicide Prevention.

Taking Control

All stakeholders, including youth, adults, elders, governments, organizations must:

- Recognize that empowered individuals exist within all communities.
- Examine successful models of community development and help communities to move in more positive directions.

- Facilitate more discussions at the community worker level.
- Encourage and support the development of locally-driven youth groups, elder groups, women's groups, men's groups, self-help groups, crisis centres, etc. in all communities. Implement training programs for Inuit to provide services in their own communities.
- Establish peer-counseling programs in all Inuit communities.

Furthermore, the National Inuit Youth Council is directed to:

- Develop and implement an Inuit Youth Role Model campaign.
- Facilitate the development of an email listserv for interested youth to receive information and updates on opportunities, projects, activities, etc.
- Continue to provide support and assistance to Regional Youth Councils and encourage their participation in suicide prevention initiatives.
- Provide assistance to communities for the formation of local youth groups, where they do not currently exist.

Youth Empowerment and Involvement

All stakeholders, including youth, adults, elders, governments, organizations must:

- Be committed to listening to the ideas and perspectives of youth.
- Directly involve young people in addressing the suicide problem.
- Have a fully-privileged youth voting seat on their boards and committees.
- Provide appropriate training to help young people become actively involved in suicide prevention early intervention with their peers and friends.
- Develop a framework for reaching out to at-risk youth.
- Develop youth programs that stress positive activities and values.

- Make recreation and sports programs available to combat boredom and foster a sense of belonging among youth.
- Interest and involve young people in the caring professions.
- Foster and encourage community youth groups to take part in promoting healthy lifestyles through role modelling, cultural activities, language, art, music and drama.
- Foster networks of youth-helpers/activists.
- Support existing community programs for youth.

Furthermore, the National Inuit Youth Council is directed to:

- Lobby Inuit organizations and governments to establish fully-privileged youth voting seats on their boards.
- Expand its network of partners, particularly with organizations with a youth focus.
- In the long-term, continue its work in Suicide Prevention.
- Make training opportunities available to youth to increase the number of youth actively involved in their communities.
- Work on a public awareness campaign to highlight the positive activities Inuit youth across Canada are engaged in.
- Actively make its members available to assist in the development and implementation of future initiatives with a suicide prevention component.

Cultural

All stakeholders, including youth, adults, elders, governments, organizations must:

- Create varied culturally-appropriate programs of prevention, intervention and postvention.
- Incorporate Inuit Qaujimajatuqangit into modern bureaucracies- work to make the Governments more Inuit friendly.
- Develop and administer a risk assessment screening tool that is Inuit-specific which would:
 - identify behaviours that normally precede suicide attempt

- identify other risk factors
- identify appropriate measures to be taken to provide support
- Encourage and support families to discuss emotions and wellness of being as well as skills for coping with stress, rather than just giving control to the education system.
- Develop programs to preserve, promote and enhance Inuktitut across all regions of the Arctic.
- Foster Youth-Elder interactions.
- Provide cultural orientation for ‘imported’ care givers working in Inuit regions.
- Support, develop and implement programs which teach young Inuit traditional skills to restore pride in our culture.
- Make all materials and programs available in relevant languages.
- Understand that Inuit are culturally unique and strive to find Inuit-specific solutions.

Furthermore, the National Inuit Youth Council is directed to:

- Proceed with developmental work on the establishment of a Canadian Inuit Cultural and Heritage Centre.
- Contribute to the development of Inuit-specific programs and tools developed by other parties.
- Continue its important work building bridges between Inuit youth and elders.

Quality of life

All stakeholders, including youth, adults, elders, governments, organizations must:

- Change their emphasis from “the avoidance of death” to “the promotion of life and well-being”.
- Instead of focusing on problems, focus on building strong communities.
- Focus on questions of who are we? What do we want? What are our goals?
- Create outlets for discussions on spirituality, dreams etc.
- Support the arts as a positive mode of expression.

- Fund programs that provide artistic and creative outlets for youth.
- Research and implement ways improving self-esteem among young people.
- Address issues of housing issues for young adults.
- Make available transitional programs for young adults such as trade schools, high school equivalent.
- Address employment issues for young adults.
- Learn to value, promote and support other forms (besides wage economy) of survival and subsistence (e.g. hunting).
- Incorporate Economic Development measures into suicide prevention strategies.
- Provide greater opportunity for developing physical and mental/emotional well being.

Furthermore, the National Inuit Youth Council is directed to:

- Revisit the “Youth to Youth” project concept and discuss the possibility of its implementation.
- Participate in other discussions and projects of the ITK Socio-Economic Development Department.
- Develop a Public Awareness campaign delivering positive messages over various public media outlets.

Education and Training

All stakeholders, including youth, adults, elders, governments, organizations must:

- Provide appropriate training to help young people become actively involved in suicide prevention and early intervention with their peers and friends.
- Provide workshops that address topics such as self-esteem, peer pressure, and peer counseling.
- Provide healing circles for youth dealing with bereavement issues.
- Institute a school curriculum that focuses on emotional and spiritual health and a variety of coping skills.

- Research and design programs that address early childhood education.
- Develop and provide parenting classes, incorporating Inuit knowledge and practices, generally available within the community and in the high school as an essential part of the curriculum.
- Support the development of Inuktitut curriculum for the schools.
- Provide frontline workers with support and training on an ongoing basis.
- Provide mandatory training in relevant aspects of Inuit culture (including language) to non-Inuit living and working in the north.
- Develop an orientation package to educate new frontline workers as to the recent work done by stakeholders in the area of suicide prevention.

Furthermore, the National Inuit Youth Council is directed to:

- Support existing and developing education and training programs that provide benefit to youth and Inuit communities.
- Develop a database of successful education and training opportunities in the areas of suicide prevention, postvention and intervention; leadership; community wellness; self-esteem; peer pressure, etc.
- Act as an information clearinghouse for Inuit youth to learn about education and training opportunities related to suicide prevention and mental health.
- Contribute to the development of Inuktitut curriculum for schools.
- Conduct research into successful alternative education programs.

Communications and Awareness

All stakeholders, including youth, adults, elders, governments, organizations must:

- Directly address the stigma/fear of talking about suicide and agree to discuss the issue openly and

encourage the general public to discuss the issue openly.

- Steer clear of over-simplifying the issues of life, death and suicide (not everything is black and white).
- Support a “Positive Self-Image” media campaign, directed by youth.
- Instead of focusing on problems, focus on building strong communities.
- Fund programs that provide artistic and creative outlets for youth.
- Create comfortable and safe outlets for discussions about spirituality, dreams etc.
- Develop and administer programs designed to facilitate effective communication in interpersonal relationships.
- Teach dispute resolution skills in schools.
- Make information clear and accessible — no convoluted ambiguous jargon, available in appropriate languages as possible.
- Use the Inuit Suicide Prevention Network to communicate with each other on a regular basis about recent and upcoming activities and events/opportunities.

Furthermore, the National Inuit Youth Council is directed to:

- Coordinate the production of a “Life Book” — a collection of poetry, stories, artwork, etc. dealing with issues of life, death and suicide (submissions from Inuit across the north).
- Develop a Public Awareness campaign delivering positive messages over various public media outlets.
- Produce a series of radio clips about how elders and youth can work together in meaningful ways.

Evaluation

All stakeholders, including youth, adults, elders, governments, organizations must:

- Work together to develop a series of culturally appropriate evaluation tools to understand the

effectiveness of recent and existing mental health/suicide prevention programs in order to develop a set of “best practices” criteria.

Other

All stakeholders, including youth, adults, elders, governments, organizations must:

- Develop, support and advertise a regional crisis line in each area.
- Establish a youth/elder centre in each of the communities — a safe place for people to “take a time out” where they can have access to support personnel.

Furthermore, the National Inuit Youth Council is directed to:

- Work with governments, organizations and communities on the establishment of youth/elder centres in each of the communities across the Canadian Arctic.

For Further Information:

For additional information or to ask questions or provide comments, you can contact:

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Or visit our project website:

www.itk.ca/inuit-youth/suicideprevention

“The simple solution” — Often times, someone will speak publicly about topics such as suicide and encourage people to just be more loving and caring towards each other. Many people will dismiss the statements as being too simplistic — going with “the simple solution”. True enough, it can be quite simple to love a little more and be more caring. Yet few people take this message to heart and love a little more.

There are many recommendations presented in this report, but the most effective will be this “simple solution”. Give it a try for a week and see if you can see any “results”.

(If you don't get the results you want, go another week . . .)

Have fun, love life
and pass it on!



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