

A ONE-PAGE SUMMARY OF THIS DISCUSSION PAPER

This discussion paper has been prepared by a small Working Group of staff from the Government of Nunavut, Nunavut Tunngavik Inc., and the Isaksimagit Inuusirmi Katujjiqatigiit (Embrace Life Council).

The goal of this discussion paper is to generate feedback from Nunavummiut on what they think needs to be done to reduce our territory's high number of suicide attempts and tragically high rate of death by suicide. This discussion paper shares what the Working Group has learned about why some people develop suicidal behaviour, and about what has been found to be effective in reducing the number of deaths that occur as a result of suicidal behaviour.

The steering committee has concluded that “life affirmation” or “celebrate life” activities are a core component of suicide prevention activities in Nunavut, but that other core components such as evidence-based targeted suicide prevention measures must also be developed to provide a full range of supports for those at risk, their families and their communities.

While we work on a long-term strategy to address the underlying social determinants of suicidal behaviour, in the immediate short term our society needs to take steps to reach out to our fellow Nunavummiut who are going through a difficult moment in their lives, and get them to help. This of course requires that trained counseling resources be available.

Based on our research and discussions, we believe that possible actions to be included in a suicide prevention strategy for Nunavut include:

- The territorial government could take a more focused and active approach to suicide prevention.
- Youth – our most at-risk group – could be equipped with better skills to cope with adverse life events and negative emotions, and suicide alertness skills as well.
- More Nunavummiut could become ‘mental health intervenors’, equipped with the skills to identify people at risk – and to connect them with the supports and services they need.
- Counseling and mental health care services could be strengthened.
- Community-based groups and initiatives could be given greater support.
- Nunavummiut could be provided with more information relevant to suicide prevention.
- We could learn more about many aspects of, and issues impacting on, suicidal behaviour in Nunavut – and what we can do to build resilience in our families.

We would very much like to know what you think should be done!

INTRODUCTION

The Working Group For A Suicide Prevention Strategy For Nunavut has met weekly since November 2008, reviewing what is known about suicidal behaviour and suicide prevention, reviewing actions taken in Nunavut to date, developing processes to ensure that all relevant knowledge and perspectives are considered in the creation of a suicide prevention strategy for Nunavut.

“Suicide prevention” is not a popular expression, but it is a practical term that accurately describes the purpose of our efforts. While there is no doubt that the terminology used in certain aspects of suicide prevention such as “celebrating life” and “embracing life” are essential in many contexts, it does not address the specificity or scope that is needed in order to describe the complete picture of what can be done. We want to be clear that in this discussion paper, and in the suicide prevention strategy that will follow it, we will attempt to outline specific actions intended to *prevent suicide*.

Few societies have experienced the scale of death by suicide that Nunavut has, and few peoples suffer the degree of suicide-related trauma (from attempts as well as completions) that Nunavummiut do. We know that until quite recently, Inuit society had a very low rate of death by suicide. While suicide occurred, as it does in all societies, it happened infrequently – and rarely among young people. But in last few decades we have lost hundreds of fathers and mothers, sons and daughters, brothers and sisters, husbands and wives, boyfriends, girlfriends, friends, schoolmates, co-workers, neighbours. We have lost far too many; every suicide profoundly hurts those left behind.

Our goal is to impact on ‘the big picture’; on the way that our society, and especially our government, addresses the factors that contribute to suicide and its prevention. By that we mean at the levels of policy, co-ordination, funding, programs, training, support to individuals and organizations and communities, and research.

We know that many Nunavummiut contribute in a very real way to suicide prevention. They take care of family and friends, they watch out for people they know are going through a tough time, they join groups that help people in their community. We know that there are many front-line workers – Inuit and non-Inuit; nurses and community health representatives and social workers and school counselors and teachers and police and more – who do the best job they can, and give a lot of themselves doing it. And we know that here are many ‘made in Nunavut’ programs making a difference in our communities being delivered by hamlets, non-profit community-based organizations, and Inuit organizations. NTI’s Qauma Mobile Treatment Centre, QIA’s Traditional Camping Program, the Embrace Life Council’s Inuusivut project, the Kugluktuk Grizzlies, the Ilisaqsivik Family Resource Centre in Clyde River, the community initiatives funded by the Aboriginal Healing Foundation and the Nunavut Kamatsiaqtut Help Line are just a few examples.

This discussion paper is one of many ways our Working Group will to engage with everyone who is trying to make a difference.

WHAT WE'VE LEARNED ABOUT SUICIDAL BEHAVIOUR GENERALLY

Suicide is not just a Nunavut concern. The World Health Organization (WHO) estimates that as many as one million people take their lives every year (World Health Organization 2008).¹ The WHO calls suicide one of humanity's greatest public health challenges of the 21st century.

The rates of death by suicide of some Aboriginal peoples are higher than those of the non-Aboriginal peoples in the same country, but this is not always the case. For example in Norway, the Sami have rates of death by suicide that are pretty much the same as those of the non-Sami population. Across Canada, some First Nations have much higher (or lower) rates of death by suicide than others – and within First Nations, some communities have much higher (or lower) rates of death by suicide than others have.

In recent years Inuit from Greenland to Alaska have suffered very high rates of death by suicide, although there are significant differences by region, sub-region, age and sex. It is worth noting that historically Inuit had very low rates of death by suicide. Statistics on deaths by suicide in Nunavut are presented in Appendix 1 of this discussion paper. The Inuit transition from a low-suicide society to a high-suicide society in a very short period of time is almost without parallel elsewhere on the planet.

Many people around the world have tried to learn more about why people try to end their lives. There is a large body of knowledge that is available to learn from. It tells us that suicide is not a random act. There are recognized factors which makes some individuals at greater risk for suicide. The careful medical research that has taken place allows us to understand suicidal behaviour in terms of risk factors and protective factors:

Risk factors refers to things such as any characteristic of a person (such as age), a situation (such as the severity of a traumatic event), or a person's environment (such as family life) that increases the likelihood that that person will eventually develop a disorder.²

Protective factors refers to anything that prevents or lowers the likelihood that a person will eventually develop a disorder.

Research has also shown that different cohorts of the population have different patterns of risk and protective factors. Among the elderly, for example, important risk factors include having a terminal illness, the death or departure of a long-time spouse or partner, financial ruin, etc.

¹ In Canada there are an estimated 3,665 death by suicide each year, of which about 500 are by persons between 15 and 24 years old.

² While the use of risk factor analysis is almost 1,000 years old, the term 'risk factor' was first coined by a researcher in 1961 who attributed a person's chances of developing heart disease to some of their specific characteristics – for example their blood pressure, cholesterol levels, and whether or not they smoke.

In contrast, a recent article by Dr. Stanley Kutcher, a leading Canadian researcher on youth suicide, notes:

“Psychiatric disorders are the most significant risk factor for youth suicide, with over 90% of victims found ... to have at least one mental health disorder. The most common psychiatric diagnoses include affective, conduct and substance use disorders. Multiple psychiatric diagnoses, family history of suicide and previous suicide attempts increase the risk of suicide. Because youth is the life stage associated with onset of major mental health disorders, it is not surprising that rates of death by suicide also rise in this age group.” (Kutcher and Szumilas 2008)

There is also a biological and genetic aspect to many suicides, often involving the concentration of serotonin in a person’s brain.³ (Turecki and Lalovic 2005).

Dr. Kutcher continues:

“In addition, a number of studies have attempted to link socioeconomic factors and suicide risk. Sexual orientation, social disadvantage, non-intact family of origin, parental history of mental health disorders, family history of suicidal behaviour, personal history of childhood physical or sexual abuse, and dysfunctional parent-child relationship have all been studied as risk factors for youth suicide. The causality or effect size of these factors is uncertain.”

Do risk factors differ between Inuit (and other Aboriginal) youth and non-Aboriginal youth? One last quote from Dr. Kutcher:

“Suicide risk factors among Aboriginal youth may differ from those influencing non-Aboriginals; however, substantial scientifically valid data regarding these issues are lacking, and there is a great need for rigorous research in this area.”

Another important concept is **comorbidity**, which is when a person has more than one significant risk factor operating in his/her life at the same time. Think of four young men, each of whom has recently suffered an unexpected relationship break-up which has hit them hard emotionally. Person 1 has no other significant risk factors in his life. Person 2 tends to drink heavily when under stress. Person 3 doesn’t have a drinking problem, but has a history of impulsive behaviour and has twice before attempted suicide after relationship difficulties. Person 4 tends to drink heavily when under stress and has a history of very impulsive behaviour and has twice before attempted suicide after relationship difficulties. Persons 2 and 3 are likely to be at greater risk of suicidal behaviour than Person 1, but Person 4 is likely to be at far greater risk because of his multiple risk factors – which can impact on each other in such a way that they amplify the combined risk.

On the positive side, we all have a range of protective factors in our lives. A deeply held religious or moral belief that suicide is not an acceptable thing to do has been shown to be a strong protective factor. The same can be said of having a caring and supportive family

³ Serotonin is a hormone that acts as a chemical messenger transmitting signals between nerve cells.

and/or network of friends, of being able to talk about one's problems with others, and of being willing to reach out for help when undergoing a period of distress. Having effective counseling and mental health services is also a protective factor at the community level, as are "celebrate life" programs that help people stay connect and supported.

It is important to note that within any given community, or family, or school class, some individuals may have very different kinds, and very different levels, of risk and protective factors in their lives. They may also need very different types of support. The needs of a young person who is agitated and aggressively 'acting out' as a result of having been sexually abused are different than those of a middle-aged person who has been dealing all their life with a treatable mental illness.

How does this help us understand the sharp increase in suicidal behaviour in Nunavut in recent decades? It cannot be explained by biology or genetics – those factors simply do not change that quickly – so the only possible conclusion is that there has been a significant change in the **social determinants** of suicidal behaviour, especially among younger people. The World Health Organization defines the 'social determinants of health' as the conditions in which people are born, grow, live, work and age, including the health system.

But sharp increases or decreases in rates of suicidal behaviour cannot be understood at the level of the individual – they have to be understood as changes in the entire society in which the individuals live. And as Nunavut Tunngavik Inc.'s *Annual report on the state of Inuit culture and society 2007/08* noted (referring to statistics for the period 1999 to 2003):

The rate of suicide by Inuit men in Nunavut between the ages of 19 and 24 is roughly 50 times that of all men in Canada in that age bracket, but there is no evidence that young Inuit men in Nunavut suffer from mental illnesses at anything like 50 times the rate at which their peers in the South do.

And indeed there are other examples of sub-populations within a country having widely differing suicide rates – differences that cannot be directly correlated with their rates of mental illness.

Recently, the idea of **historical trauma** as a key social determinant of suicidal behaviour among aboriginal peoples, including Inuit, has been advanced. Maria Yellow Horse Brave Heart (1999), a First Nations professor of Social Work, developed the concept of 'historical trauma' to refer to the cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma. In regards to suicidal behaviour, this might refer to socially traumatic events that in some cases contribute to later suicidal behaviour. Such socially traumatic events, which can have an impact across generations, may include having been coerced off the land by the government into settled communities, or having been sent to residential school. However, these larger social events can have differing effects across individuals, making some

traumatized while others appear unaffected or even gain positively from such experiences.⁴

Although we must have an awareness of the impact of the past, we must also keep in mind a caution expressed by one of the leading researchers and thinkers on suicidal behaviour among Aboriginal Canadians, Dr. Laurence Kirmayer:

“The location of the origins of trauma in past events may divert attention from the realities of a constricted present and murky future; which are the oppressive realities for many aboriginal young people living in chaotic and demoralized communities.”⁵

Following the approach of the Australian psychiatrist Robert Goldney (2003), we can combine all these different insights into an integrated understanding of suicidal behaviour in Nunavut:

- 1) Nunavut likely has roughly the same ‘base rate’ of suicidal behaviour as a result of biological factors that all human societies appear to have.

The implication for prevention is that we need to offer Nunavummiut mental health services, broadly defined, of the same range and quality as those available to Canadians living in the south.

- 2) The rapid increase in suicidal behaviour in recent decades is likely the result of a change in the intensity of social determinants – among them the intergenerational transmission of historical trauma, and its results (increased rates of emotional, physical and sexual abuse, violence, substance abuse, etc.).

The implication for prevention is that we need to identify and address the social determinants of suicidal behaviour in our society.

- 3) Since difficult life experiences can trigger the onset of mental disorders (especially if we include substance abuse in the definition of mental disorder), it is reasonable to assume that we actually have somewhat elevated rates of mental disorders in our society.

This makes the need to strengthen the full range of counseling and mental health services in Nunavut that much more critical.

⁴ For more on trauma and suicidal behaviour, see Danieli (1998), De Bellis and Van Dillen (2005), Evans-Campbell (2008), Kirmayer et al (2007b) and Wesley-Esquimaux and Smolewski (2004).

⁵ Kirmayer et al (2003).

WHAT WE'VE LEARNED ABOUT SUICIDE PREVENTION

Many people, organizations and governments around the world have tried to take actions that they hope will reduce the number of suicides. In some cases, these actions have been carefully evaluated to determine whether or not they have actually made a difference. Again, there is a considerable body of knowledge that is available for us in Nunavut to learn from. This has been our starting point – the fact that there is knowledge and experience that has not really been put to practical use in the development and implementation of suicide prevention measures in Nunavut.

Perhaps the most comprehensive review article on suicide prevention programs is Beautrais, Fergusson et al (2007). Their research concluded that “There is relatively little strong evidence for the efficacy of many existing suicide prevention initiatives, and this area has frequently been captured by strong claims about the effectiveness of programs that have not been adequately evaluated.”

After reviewing the various credible evaluations that have taken place, Beautrais, Fergusson et al developed a four-fold classification of suicide prevention initiatives based on an evidence hierarchy:

Initiatives for which *strong evidence of effectiveness exists* – Initiatives evaluated using a scientific research method and for which there is consistent evidence.

- Training for medical practitioners
- Suicide alertness and intervention training
- Restriction of (suicide) methods

Initiatives that *appear promising* – Some evidence of program effectiveness exists, but this evidence is not sufficient or consistent enough to classify the findings as strong.

- Providing support after suicide attempts, e.g. monitoring
- Pharmacotherapy (medication) for mental illness
- Psychotherapy and psychosocial interventions for mental illness
- Public awareness education and mental health literacy
- Screening for depression and suicide risk
- Crisis centres and crisis counselling
- School-based competency promoting and skill enhancing programs
- Support for family, extended family, and friends bereaved by suicide

Initiatives for which no evidence of effectiveness exists but which *may be beneficial in suicide prevention* – These initiatives span a range of society-wide, mental health, family support, and related programs that are believed to be beneficial in suicide

prevention by providing a context for encouraging positive health and wellbeing, but for which no direct evidence of suicide-specific program effectiveness exists.

- Improving control of access to alcohol
- Community-based mental health services and support services
- Family support for families facing stress and difficulty

Initiatives for which evidence of *harmful* effects exist – Concerns have been raised regarding their safety and there is reason to believe that they may risk increasing (rather than decreasing) rates of suicidal behaviour.

- School-based programs that focus on raising awareness about suicide (as opposed to programs that give students skills with which to intervene)
- Public health messages about suicide and media coverage of suicide issues
- No-harm and no-suicide contracts
- Recovered or repressed memory therapies

Their conclusion was that “While many [suicide prevention programs] are undertaken as public health campaigns with an explicit focus on universal, population-wide interventions, our current knowledge about suicide causation and prevention suggests that perhaps the most effective approach to reducing suicide may be highly targeted interventions that focus on those who have made suicide attempts who have a long term elevated risk of further suicidal behaviour, and a range of poor psychosocial and mental health outcomes which are likely to precipitate further suicide attempts.”

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The fact that there is evidence that some undoubtedly well-intentioned initiatives can have harmful effects leads us to emphasize that the point is not to do something or anything to try and prevent suicide, but to do the things that have been proven to be safe and effective in preventing suicide.

TOWARDS A PLAN OF ACTION

After reviewing all the material referred to in this Discussion Paper, and reflecting on our experiences over the years, our Working Group has agreed on the following:

- 1) It is clear that Nunavut has a crisis of suicidal behaviour among its young people – and not just among its young men. Young women in Nunavut attempt suicide at even high rates than young men do, but are less likely to die because they tend to use less lethal methods.⁶
- 2) Doing something about this situation is the responsibility of every part of Nunavut society, but especially of the territorial government – because it is the level of government that provides health, social service and education programs to the population. In every case we are aware of where rates of death by suicide have been lowered, assertive and sustained government actions have played a critical role. We believe that the federal government has an important role to play as well – as do municipal governments, representative Inuit organizations, and other groups in our society.
- 3) In addition to government investments of programs and services, communities have to try and take effective ‘life promotion’ action that they feel can make a difference. It is critically important that people in distress know that their loved ones and the community as a whole cares about them.
- 4) Since mental illness (diagnosed and undiagnosed) is a contributing factor in some suicides in Nunavut, as it is everywhere in the world, the mental health services available to Nunavummiut need to be of at least the same range and quality as those available to other Canadians living in the south. Given the scale of suicidal behaviour in Nunavut, it can be argued that Nunavut communities need more and better mental health services than the average community in the south.
- 5) The low rate of suicidal behaviour among Inuit elders can be attributed to the strength of the culture they grew up in, which provided them with very strong coping skills. The elevated rate of suicidal behaviour among young Inuit men and women in Nunavut today can be attributed in large part to high levels of unresolved historical trauma in our society – the legacy of pain from events that occurred in the 1950s, 60s and 70s, which has been transmitted from one generation to the next.
- 6) Since the people who most Nunavummiut first speak to about suicidal thoughts are their family members or friends, it is critically important that we raise the level of ‘suicide alertness and intervention’ skills among the entire population so that people in distress can be identified – and encouraged to seek help.

⁶ This is the pattern in most countries of the world – it is called ‘the gender paradox in suicide’ (Cannetto and Sakinofsky 1998).

- 7) Since many people do require help from trained counselors, we need to provide more training to both the medical professionals working in Nunavut AND to the individuals and groups that provide lay counseling in the communities.
- 8) Since counseling and medical intervention alone are not the answer, we need to increase support for the widest possible range of 'life promotion' initiatives that organizations such as the Isaksimagit Inuusirmi Katujjiqatigiit (Embrace Life Council) believe will have a positive impact on the mental health of Nunavummiut.
- 9) Since high rates suicidal behaviour cannot be understood in isolation from the high rates of other social determinants in our society – early dropout from school, alcohol and drug abuse (especially among youth), overcrowded housing, sexual abuse (both in childhood and later in life), unemployment and poverty, violence – all levels of government (including the federal government) must try much harder to address those underlying social determinants of elevated rates of suicidal behaviour in Nunavut.
- 10) 'Early childhood development' prevention and intervention programs (e.g. home visitation programs for young mothers, programs that help children learn how to better regulate their emotions, etc.) have been demonstrated to have had a positive impact in other jurisdictions. A holistic, culturally appropriate approach to improving the lives of young Nunavummiut could help prevent many kinds of problems from occurring later in life.
- 11) We need to know more if we are to make a difference. All initiatives undertaken in the name of suicide prevention could be carefully evaluated to determine whether they are effective (and cost-effective) or not. Issues relating to suicidal behaviour in Nunavut need to be researched, and the research findings need to be communicated to the society.

POSSIBLE ACTIONS TO BE INCLUDED IN A STRATEGY

Possible action: The territorial government could take a more focused and active approach to suicide prevention.

How could this be implemented?

The GN could establish an Office of Suicide Prevention. The mandate of this office could include:

- overseeing the implementation of a suicide prevention strategy, including co-ordinating an on-going program of suicide alertness and intervention training for GN employees and other Nunavummiut.
- providing expert advice and assistance to GN departments and agencies and other organizations in the territory.
- co-ordinating the activities of GN departments and agencies in all matters related to suicide prevention.
- networking with Nunavut Tunngavik Inc. and the Isaksimagit Inuusirmi Katujjiqatigiit (Embrace Life Council) on all matters related to suicide prevention.
- participating in national and international networks on suicide prevention, and disseminating lessons learned within Nunavut.
- overseeing the implementation of a research agenda on suicidal behaviour and suicide prevention in Nunavut.
- maintaining web-based resources on suicide prevention.

Possible action: Youth – our most at-risk group – could be equipped with better skills to cope with adverse life events and negative emotions, and suicide alertness skills as well.

How could this be implemented?

Suicide alertness and intervention training could also be delivered in all high schools, to both staff and students. Special effort could be made to deliver this training to youth who are no longer attending school.

Better coping skills could be developed in youth both in school and out of school, in part through peer counseling and support groups.

Possible action: More Nunavummiut could become ‘mental health intervenors’, equipped with the skills to identify people at risk – and to connect them with the supports and services they need.

How could this be implemented?

As a matter of priority, suicide alertness and intervention training could be made available to as many adult Nunavummiut as possible – especially persons who regularly come into contact with young adults. As Appendix 2 documents, a range of suicide prevention training has occurred in Nunavut in recent years – but there has been no overarching strategy to ensure that the training is relevant, efficient and effective. Learning from this experience, care should be taken to ensure that:

- the training package employed is culturally appropriate;
- the training can be delivered in Inuktitut;
- the training is made available to as many Nunavummiut as possible;
- a cadre of Nunavummiut are trained as trainers, with the delivering of this training incorporated into their job descriptions, and kept connected and supported after they take their training; and,
- the effectiveness of the training be evaluated on an on-going basis.

NOTE: The ᐅᓃᓃᓃᓃᓃᓃᓃᓃᓃ / Uqaqatigilluk! / Talk About It! program announced by the Government of Nunavut and Nunavut Tunngavik Inc. on March 12, 2009 is precisely the kind of suicide alertness and intervention training program we had in mind.

Possible action: Counseling and mental health care services could be strengthened.

How could this be implemented?

- The adequacy of the counseling services available in the communities, the training needs of front-line workers, and the training needs of lay counselors in the communities could be assessed, and weaknesses addressed. Particular attention could be paid to grief and trauma counseling and substance abuse treatment.
- Nunavut Arctic College's Nunavut Mental Health Diploma Program could be evaluated and expanded.
- A government-wide approach to promotion, prevention and early intervention in mental health for children and youth could be adopted, including detection and response to suicidal behaviour similar to the manner in which governments in Canada approach the promotion of positive physical health.
- Medical practitioners in primary care could be provided with training to enable them to better recognize and treat depression.
- The implications of the fact that the health care professional that most patients in Nunavut see is a nurse rather than a doctor could be evaluated. All newly-hired nurses and other medical practitioners could be provided with a solid orientation to the history and culture of Nunavummiut, and to the role that lay counselors play in the communities, with stronger links between providers.
- The support and services provided to families and friends *after the suicide of a loved one* could be thoroughly reviewed, and weaknesses addressed.
- The support and services provided to *persons who have themselves attempted suicide* could be thoroughly reviewed, and weaknesses addressed.
- The support and services provided to families and friends *after a suicide attempt by a loved one* could be thoroughly reviewed, and weaknesses addressed.
- A workshop of psychiatrists and psychologists working in Nunavut, selected Nunavummiut, and selected experts from outside Nunavut, could review the pharmacotherapy, psychotherapy and psychosocial interventions provided (or that could be provided) to Nunavummiut with mental illness.

Possible action: Community-based groups and initiatives could be given greater support.

How could this be implemented?

- Communities and organizations could be encouraged and supported to undertake initiatives that they believe will have a positive impact on the mental health of Nunavummiut.
 - Stable, long term funding needs to be available to support these programs, some of which have matured and become more effective over time.
 - The Nunavut Kamatsiaqtut Help Line’s hours of operation and scope of work could be expanded. It could be operated by a mix of paid staff and volunteers – in the same manner as fire departments. All workers need to receive all the training currently offered, as well as any extra training deemed necessary by the Board. This would require either extra funding being provided to the Board, or by government taking over the service.
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Possible action: Nunavummiut could be provided with more information relevant to suicide prevention.

How could this be implemented?

- A mental health literacy campaign could be initiated, including anti-stigma messaging.
 - The mental health risks of youth substance use must be made clear to both parents and young people.
 - Firearms safety campaigns could be strengthened.
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Possible action: We could learn more about many aspects of, and issues impacting on, suicidal behaviour in Nunavut – and what we can do to build resilience in our families.

How could this be implemented?

- A research agenda related to suicidal behaviour and suicide prevention in Nunavut could be developed and implemented. It is essential that we better understand what is causing suicidal behaviour to occur at elevated rates in our society.
- Data on suicide attempts could be collected and analyzed on a regular basis to determine trends.
- The cost to government of medivacs as a result of suicide attempts in the communities could be calculated, and communicated to decision-makers.
- A review of ‘early childhood development’ prevention and intervention programs that have been demonstrated to have had a positive impact in other jurisdictions (e.g. home visitation programs for young mothers, programs that help children learn how to better regulate their emotions, etc.) could be undertaken.
- Pilot projects of ‘early childhood development’ prevention and intervention programs could be undertaken, and their impacts evaluated.

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SELECTED WEBSITES

Australia: www.livingisforeveryone.com.au/ and www.beyondblue.org.au

New Zealand: www.moh.govt.nz/suicideprevention

Oregon (youth): www.oregon.gov/DHS/ph/ipe/ysp/index.shtml

Scotland: www.chooselife.net/home/Home.asp and
www.chooselife.net/Evidence/ResearchandEvaluation.asp

United States: <http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3517/> and
<http://www.cdc.gov/ncipc/dvp/Suicide/> for the country as a whole, and for states
<http://www.sprc.org/stateinformation/plans.asp>

Wales: <http://new.wales.gov.uk/consultations/healthsocialcare/talktome/?lang=en>

APPENDICES

Appendix 1: Statistical Data On Deaths By Suicide In Nunavut, 1960-2008

Appendix 2: Overview Of Suicide Prevention And Intervention Training Courses Delivered In
Nunavut 1994-2009

Appendix 3: What We've Learned About Suicidal Behaviour In Nunavut

Appendix 1:

Statistical Data On Deaths By Suicide In Nunavut,
1960-2008

prepared by Jack Hicks
jackooloosie@gmail.com
April 2009

This appendix summarizes statistics on 569 deaths by suicide in Nunavut for the 49-year period from January 1, 1960 through December 31, 2008. Only deaths deemed by Coroners to have been suicides are included.

Data for January 1, 1960 to March 31, 1999 was obtained from the archives of the Office of the Chief Coroner of the Northwest Territories via a 'request to access personal information for research purposes' through the GNWT Department of Justice. Data for April 1, 1999 through December 31, 2008 was obtained from the Office of the Chief Coroner of Nunavut. My thanks to everyone who helped make this research possible.

The ethnicity of the first eight suicides in the database, which occurred between 1968 and 1974, was not recorded. For the purpose of this analysis they are assumed to have been Inuit.

Since 1986 there have been six suicides by non-Inuit in the area we know today as Nunavut. Three of these have occurred in the past decade – all three were by men, and all three occurred in Iqaluit. They are excluded from the analysis that follows.

In some cases, Nunavummiut have attempted suicide in their home community, have been 'medivac'-ed to a hospital outside Nunavut, and have died there. From 1999 on, such deaths that we know of¹ are included in these records (and are deemed to have been 'deaths by suicide by Inuit *in* Nunavut'). For this reason, the counts in this document differ slightly from those released by the Office of the Chief Coroner of Nunavut.

Overall, the rate of suicide among Nunavut Inuit has declined slightly in recent years – from a rate of 119 per 100,000 for the 5-year period 1999-2003 to a rate of 111 per 100,000 for the 5-year period 2004-2008. That is roughly ten times the national rate.

In the past decade 83% (225 out of 272) of suicides by Inuit in Nunavut were by men. As we will see, most were young – 70% were less than 25 years of age. Between 1999-2003 and 2004-08 Nunavut experienced a significant decrease in the rate of death by suicide among 15 to 19 year-old Inuit men (see Figure 10)². Over the same period there has been an increase in the rate of very young suicides – in the past five years there were 11 suicides by youth 12 to 14 years of age.

210 (77%) of suicides by Nunavut Inuit in the past decade were by hanging. 52 (19%) were by firearms, and 10 (4%) were by other methods (including overdose). Among men the rates were 76% by hanging, 22% by firearms and 2% by other methods. For women the rates were 86% by hanging, 4% by firearms and 10% by other methods.³

There is no discernable pattern by month. The months with the highest numbers of suicides were July and August, while the lowest month was December – but the others varied widely from month to month. In terms of days of the week, the beginning of the weekend (Fridays and Saturdays) had the most suicides while the middle of the week (Tuesdays to Thursday) had the fewest suicides.

¹ And there may be others we are not aware of; especially young women who have overdosed.

² The number of suicides by 15 to 19 year-old men decreased from 51 over the 5-year period 1999-2003 to 32 over the 5-year period 2004-08. The suicide rate per 100,000 population fell from 850.0 to 415.6.

³ Canada-wide, 39% of suicides by men are by hanging – with 22% by firearms and 13% by overdose. For suicides by women Canada-wide the distribution is 34% by hanging, 31% by overdose and 7% by firearms. (source: Langlois and Morrison 2002)

Figure 1 shows us just how recent a phenomenon Nunavut's elevated rates of suicide by Inuit is. The Northwest Territories' coronarial records document just one suicide in Nunavut during the entire decade of the 1960s; we now average 27 a year.

Fig. 1: Number of deaths by suicide by Inuit in Nunavut, 1960-2008, by year

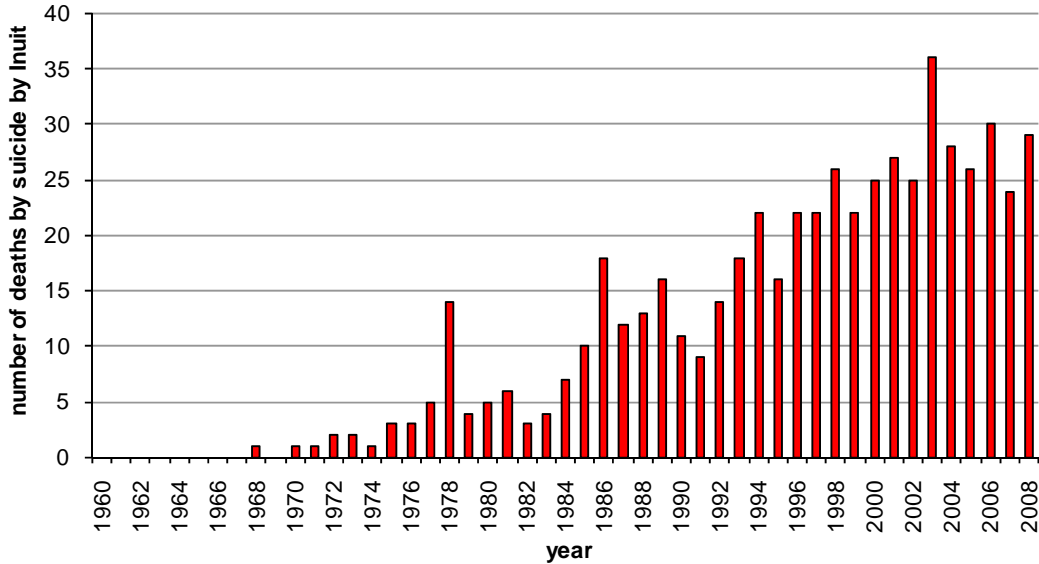


Figure 2 aggregates the data for individual years into 5-year periods

Fig. 2: Number of deaths by suicide by Inuit in Nunavut, by 5-year period

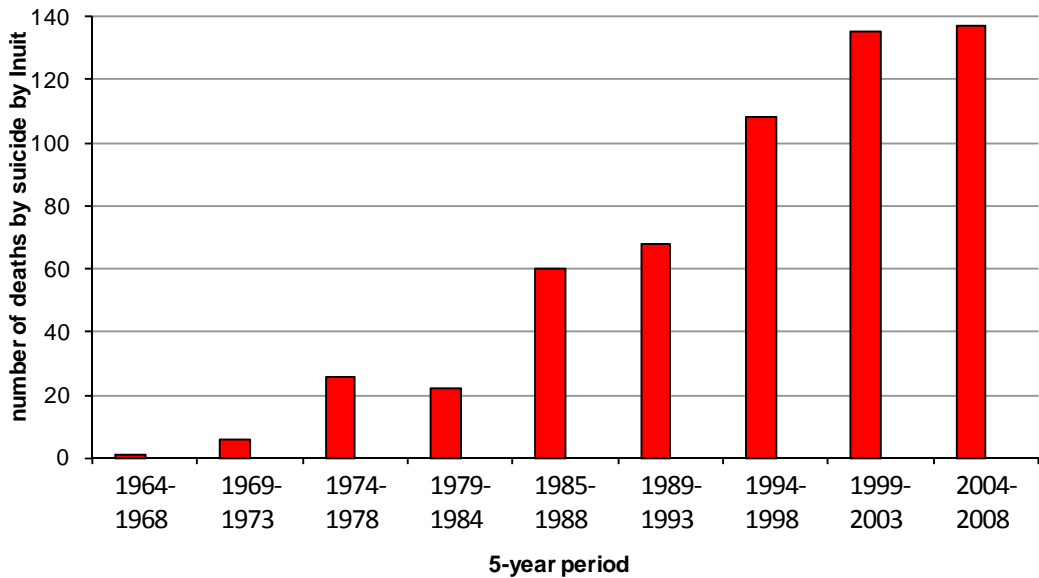
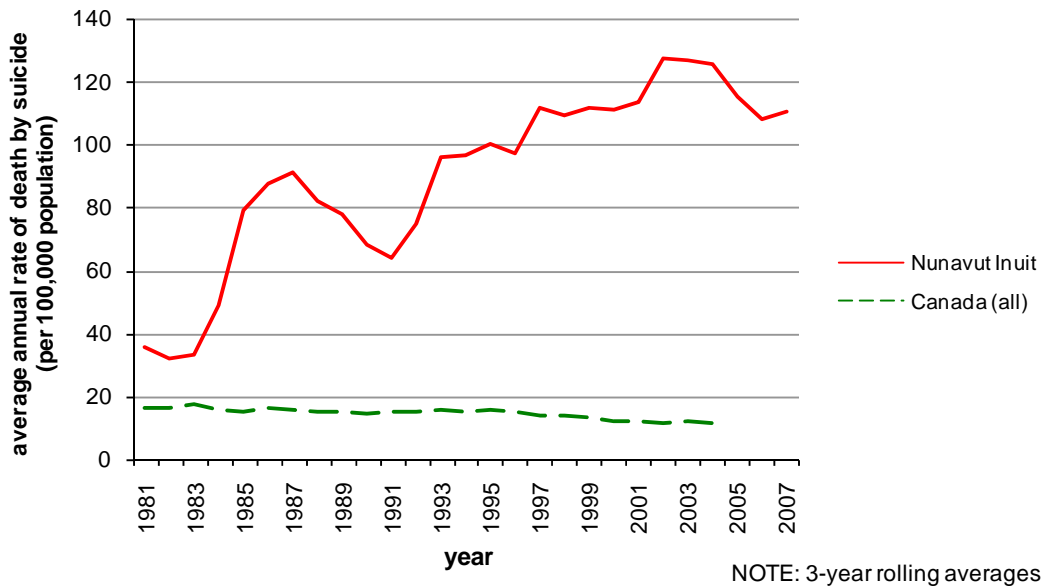


Figure 3 shows how the rate of death by suicide for Inuit in Nunavut has increased dramatically since the early 1980s – but decreased somewhat in the last few years. The

overall rate of death by suicide for the Inuit of Nunavut decreased from 119.4 for the 5-year period 1999-2003 to 111.2 for the 5-year period 2004-08.

Fig. 3: Rate of death by suicide among Nunavut Inuit and among Canadians as a whole



Nunavut's high rate of death by suicide is structured by age, sex, region and community. Figure 4 shows the ages of Inuit who died by suicide from 1999 through 2008. The greatest loss of life took place among 15 year-olds.

Fig. 4: Number of suicides by Nunavut Inuit, 1999-2008, by age at death

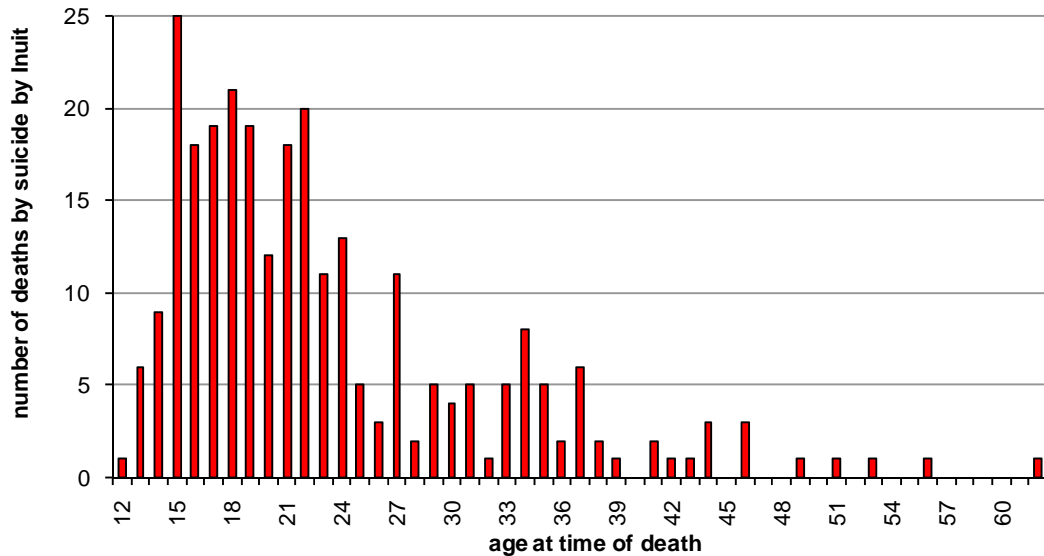


Figure 5 aggregates the data for individual ages into 5-year age cohorts, and shows the distribution by sex as well. It is clear that it is young men between the ages of 15 and 24 who have most frequently died by suicide in the past decade.

Fig. 5: Number of suicides by Nunavut Inuit, 1999-2008, by sex and by 5-year age cohorts

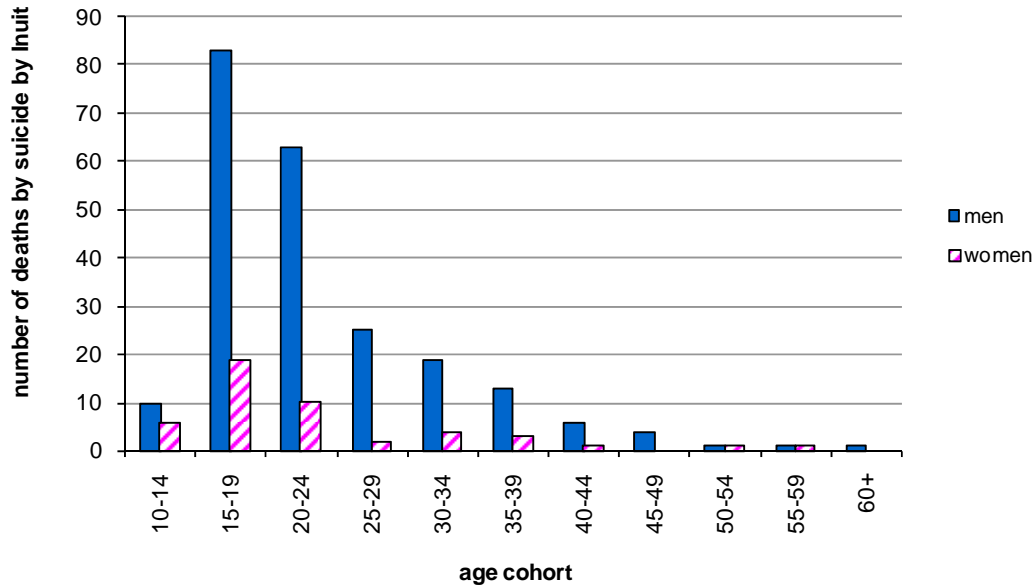


Figure 6 presents the same data as Figure 5, but as rates per 100,000 population. This is a conventional method of comparing the frequency of events between populations.

Fig. 6: Rate of death by suicide among Nunavut Inuit, 1999-2008, by sex and by 5-year age cohorts

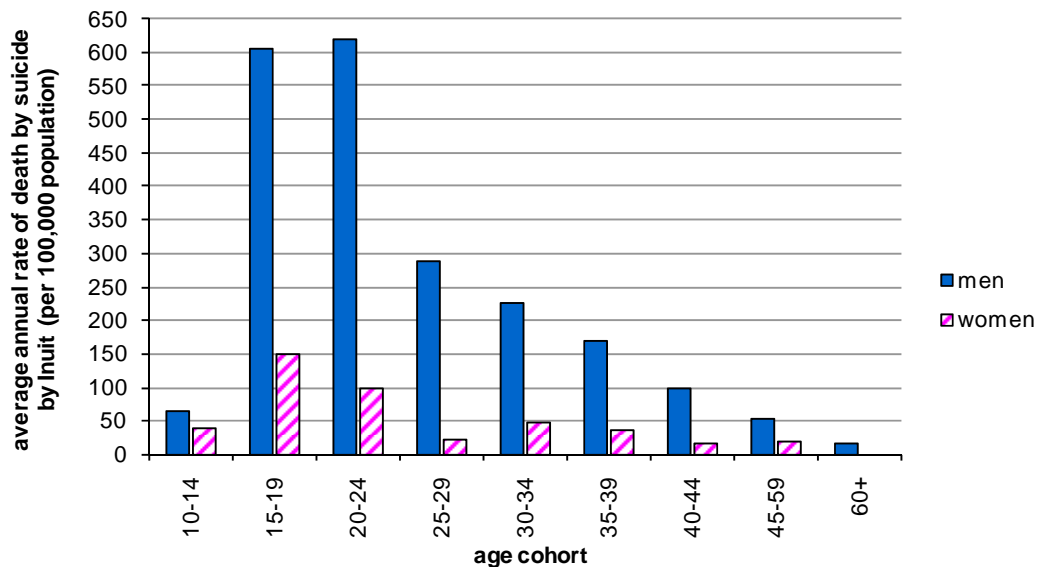


Figure 7 shows, for comparative purposes, the suicides rates for all men and women in Canada for the most recent year for which data is available from Statistics Canada.

Fig. 7: Rate of death by suicide among Canadians, 2004, by sex and by 5-year age cohorts

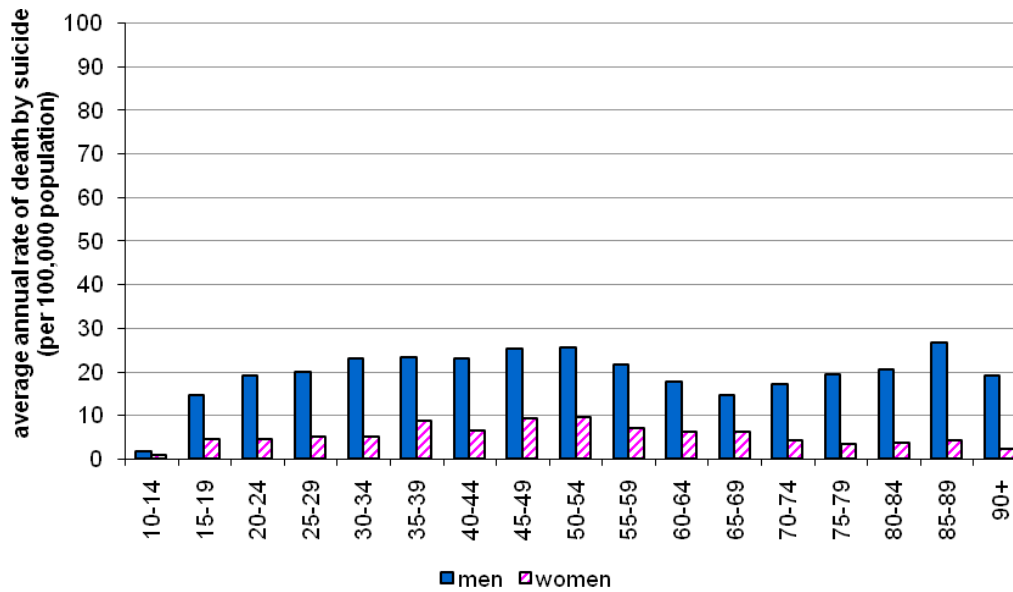


Figure 8 compares the rates of death by suicide for different age cohorts of Inuit men in Nunavut to men in Canada as a whole. The rate of death by suicide among 15 to 24 year-old Inuit men in Nunavut is **28 times** that of their peers Canada-wide.

Fig. 8: Rate of death by suicide among Inuit men in Nunavut (1999-2008) and among all men in Canada (2004) by 5-year age cohorts

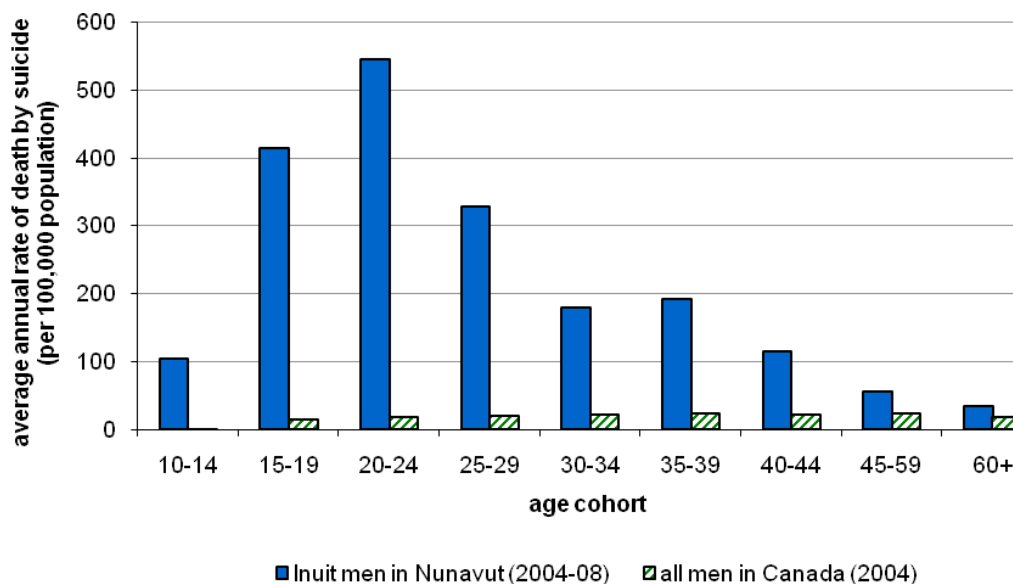


Figure 9 shows that the rise in Nunavut's rate of death by suicide from 1980 to 2003 was driven primarily by an increase in the rate of death by suicide among 15 to 24 year-olds.

Fig. 9: Rate of death by suicide among Nunavut Inuit, by age cohorts, for three time periods

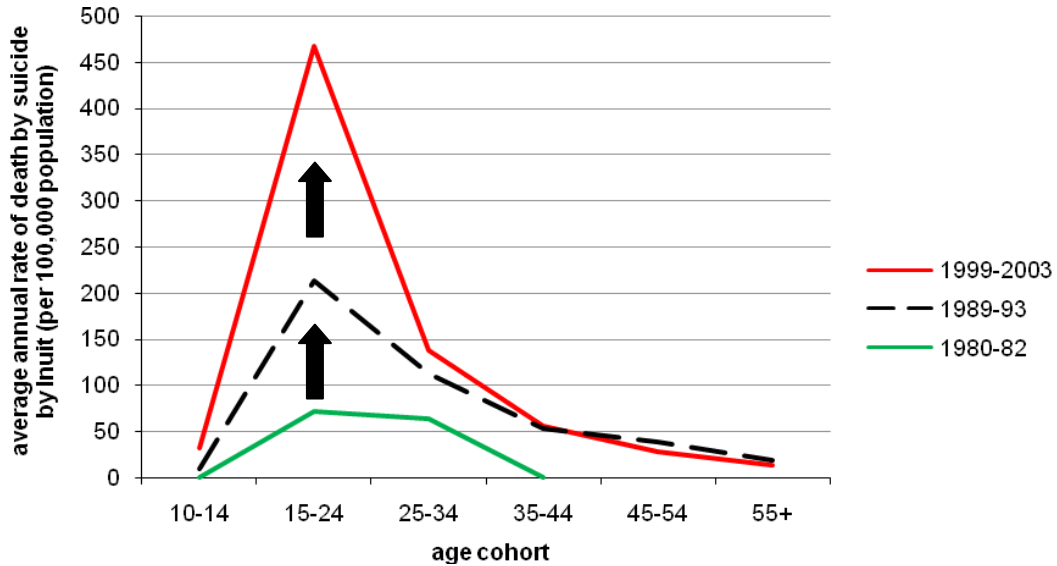


Figure 10 shows that the slight decrease in Nunavut's overall rate of death by suicide from 1999-2003 to 2004-08 was driven primarily by a significant decrease in the rate of death by suicide among 15 to 19 year-old men.

Fig. 10: Rate of death by suicide among Nunavut Inuit men, by age cohorts, over 20 years

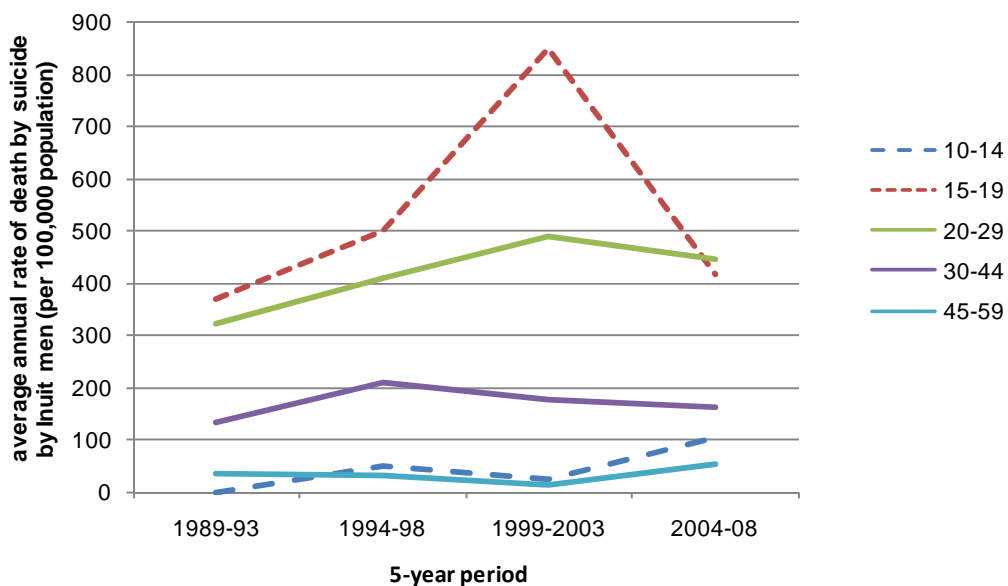


Figure 11 shows that the rate of death by suicide among men has been higher than it has been among women, although the rate among men has fallen somewhat in recent years.

Fig. 11: Rate of death by suicide among Nunavut Inuit, by sex

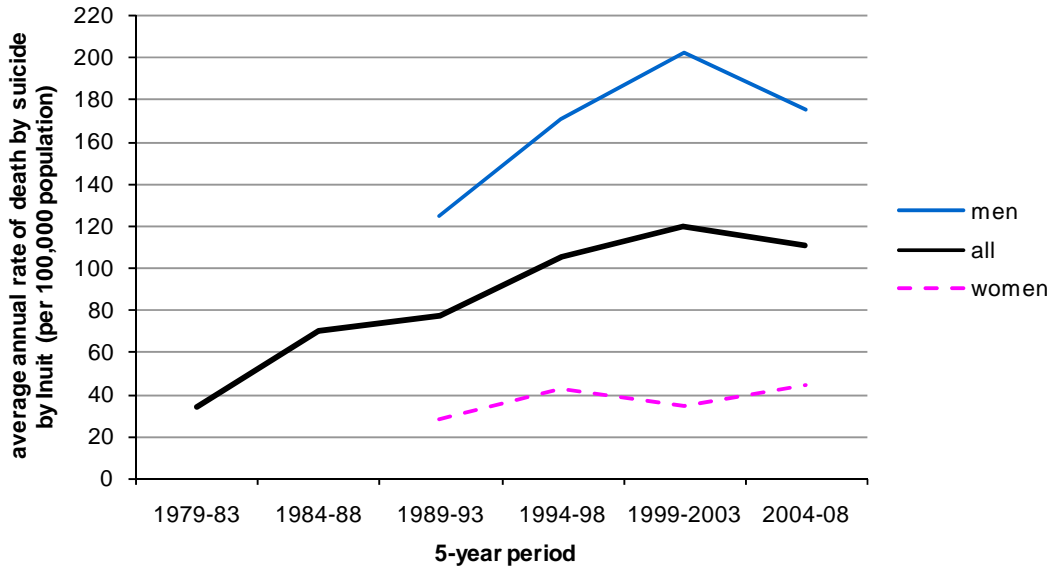


Figure 12 shows that the rate of death by suicide among Inuit in Nunavut has been higher in the Qikiqtani region than in the two other regions.

Fig. 12: Rate of death by suicide among Nunavut Inuit, by Qikiqtani region vs. the Kivalliq and Kitikmeot regions

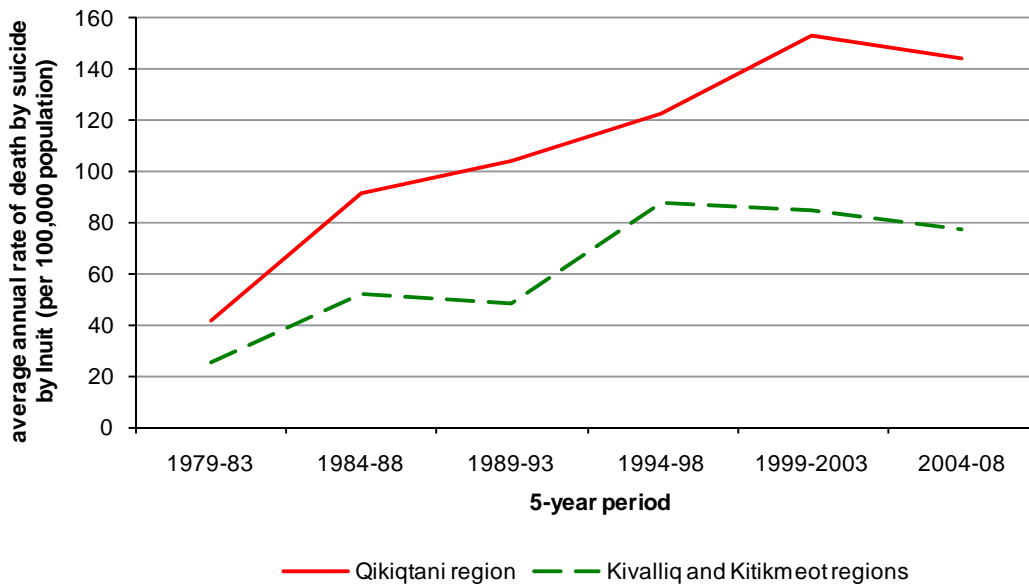


Figure 13 shows that these regional rates of death by suicides have fluctuated over time – especially in the Kitikmeot region.

Fig. 13: Rate of death by suicide among Nunavut Inuit, by region

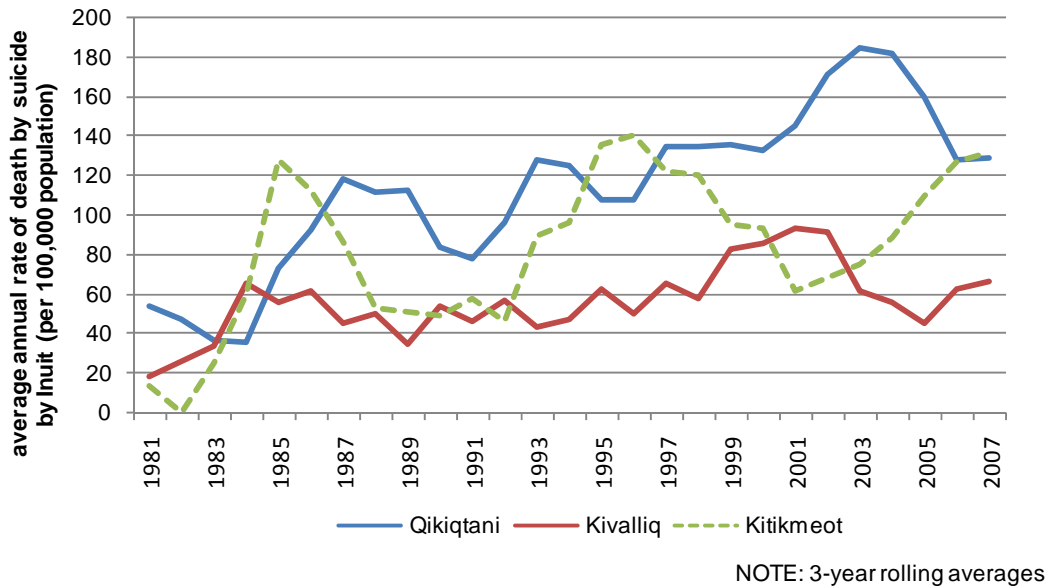


Figure 14 presents a breakdown by region and by sex.

Fig. 14: Rate of death by suicide among Nunavut Inuit, 2004-08, by region and by sex

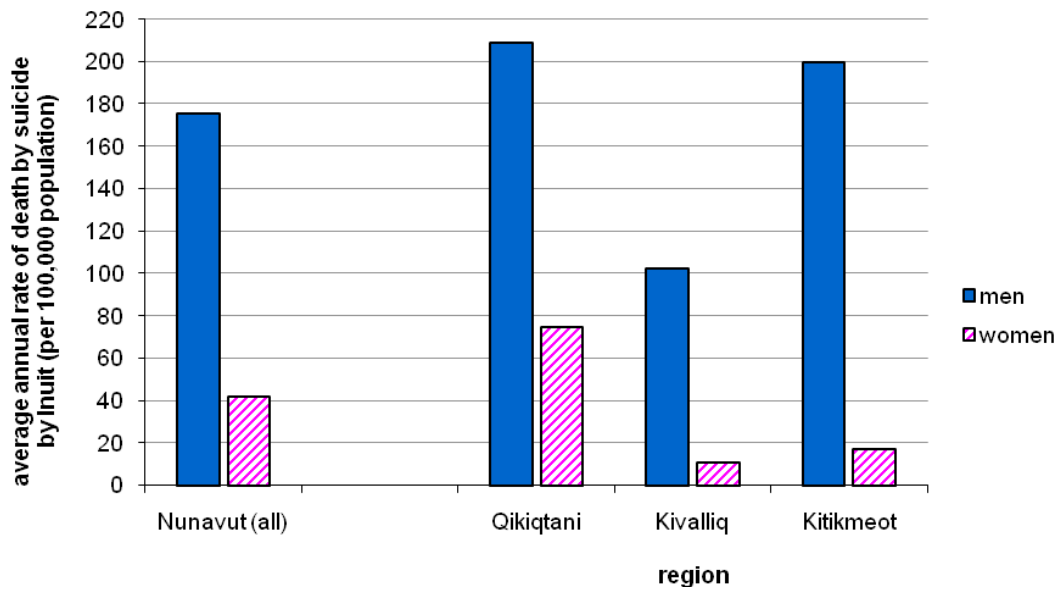


Figure 15 shows the ‘home community’ of suicides in recent years – the community in which the person grew up. This is usually the community in which he/she died, but there are a number of people who grew up in other communities and who took their lives in Iqaluit – having only been in the capital for a few years, months, or even days.

Fig. 15: ‘Home community’ of suicides by Nunavut Inuit, 1999-2008

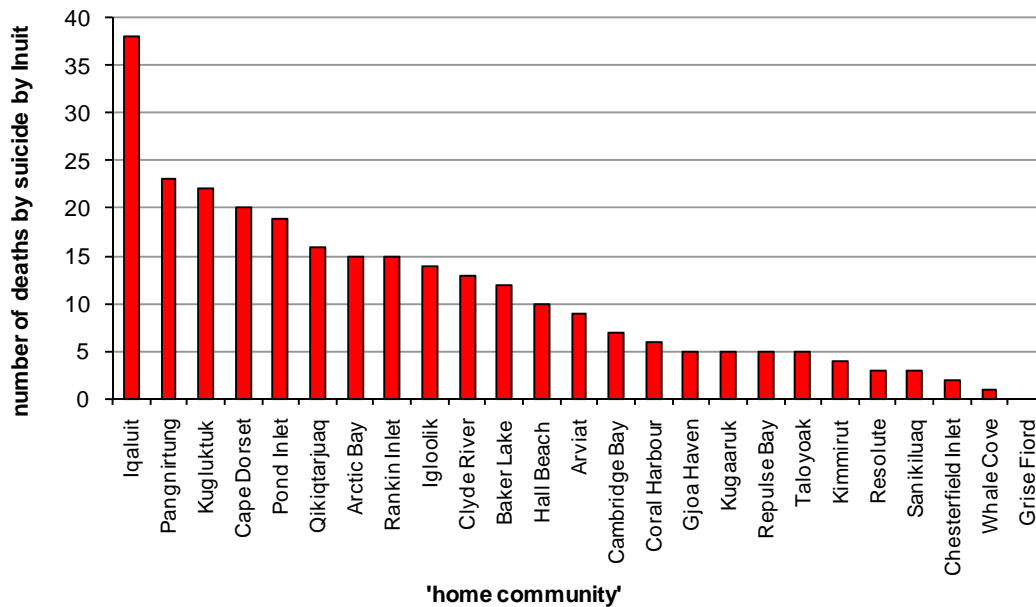


Figure 16 shows the above data as a rate per 100,000 of the communities’ populations.

Fig. 16: Rate of death by suicide among Nunavut Inuit, 1999-2008, by ‘home community’

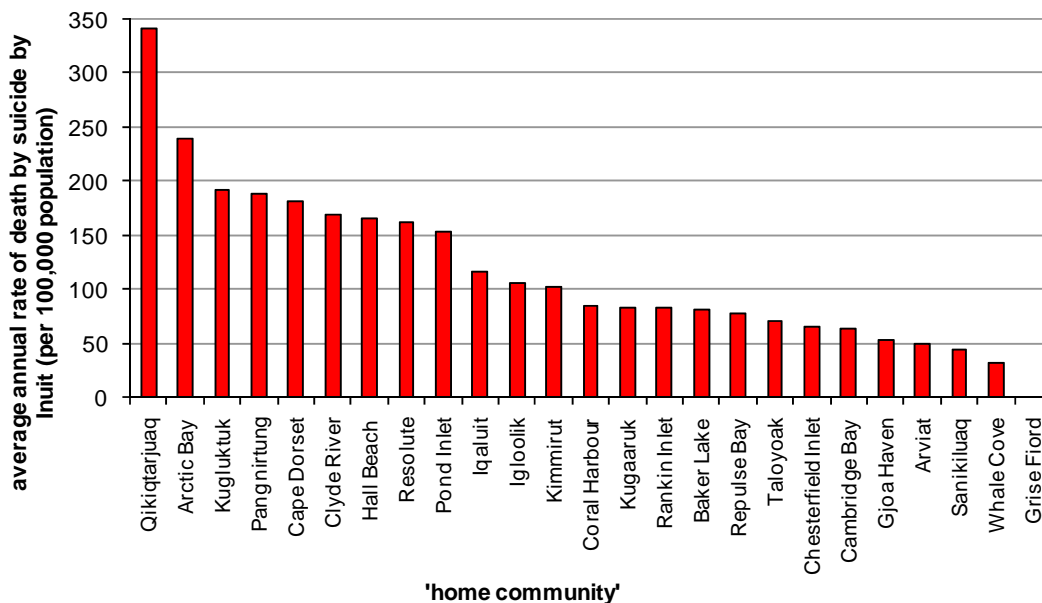


Figure 17 through 19 present statistics on ‘potential years of life lost’ (PYLL) due to suicide, per 100,000 population. PYLL is the number of years of potential life not lived when a person dies prematurely – ‘prematurely’ being defined as before age 75 – as calculated by Statistics Canada. The statistics for Nunavut (and for the other jurisdictions) are for the entire population, regardless of ethnicity.

Fig. 17: Potential years of life lost due to suicide, Nunavut and Canada

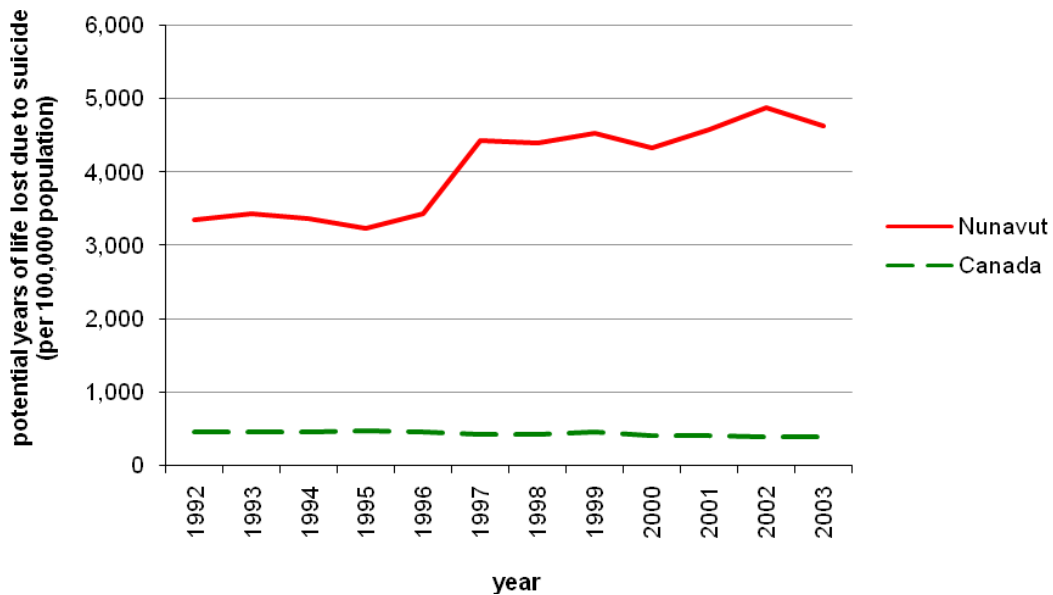


Fig. 18: Potential years of life lost due to suicide, Nunavut, by sex

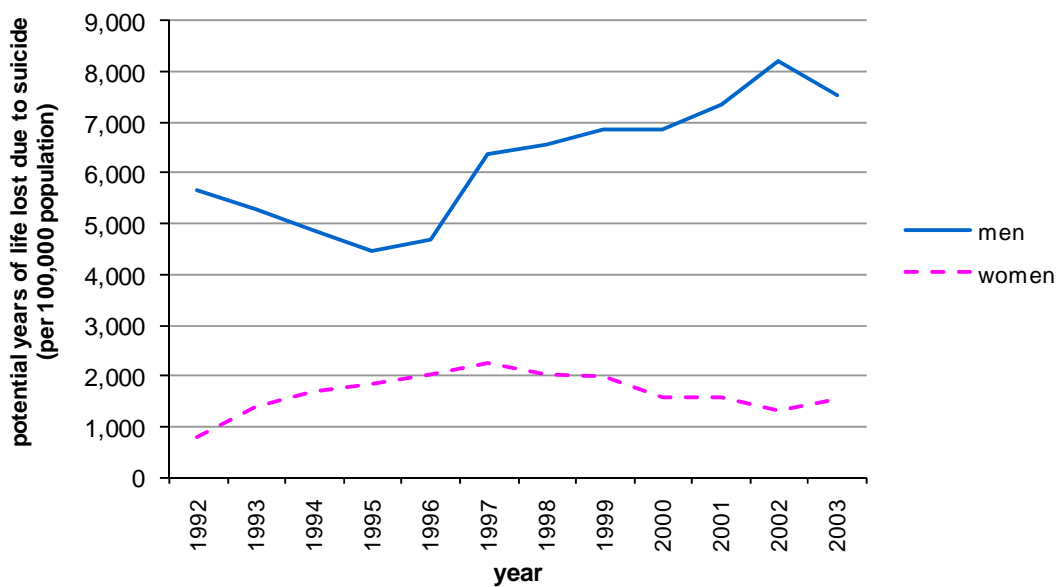
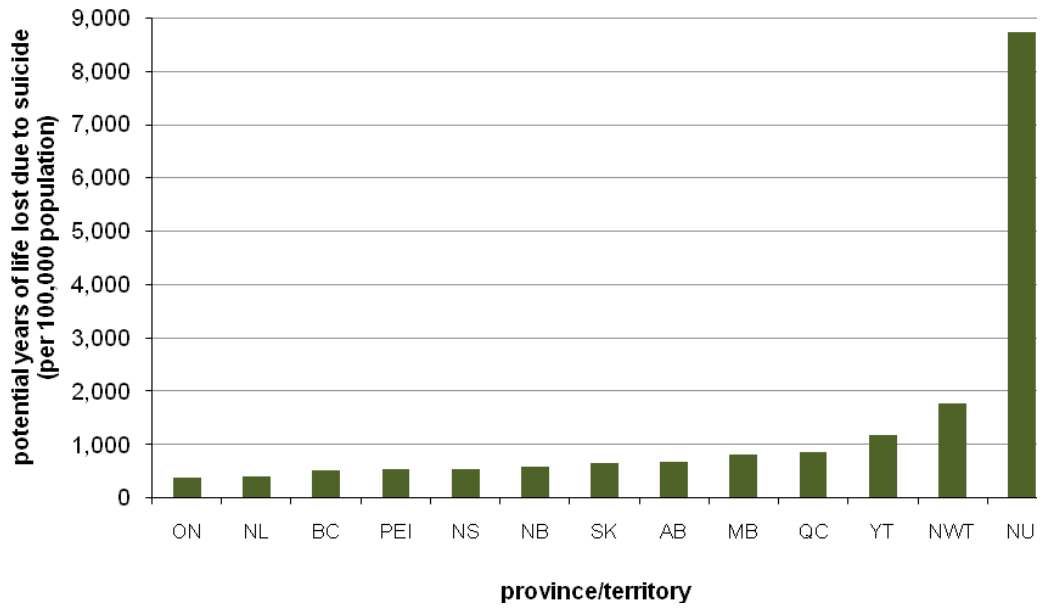


Fig. 19: Potential years of life lost due to suicide, 2003, by province and territory



Appendix 2:

Overview Of Suicide Prevention And Intervention Training Courses Delivered In Nunavut 1994-2009

March 6, 2009



Prepared by Nunavut Tunngavik Inc.

Methodology

To gather information for the report, I met with people known to be involved in the field of suicide study and prevention work in the territory. I had conversations with Sheila Levy, Jack Hicks, Caroline Anawak and Lori Idlout. Each spoke of initiatives they are or have been involved with and suggested others to talk to.

I inquired about courses for front line workers, including RCMP officers, teachers, and nurses. I also investigated whether or not teaching and nursing students were given suicide prevention training.

I spoke with staff members of the GN Departments of Health and Social Services, Justice, Education and Human Resources.

Each of the Regional Inuit Associations was contacted as were wellness organizations in the regional centres. I searched Nunavut newspaper archives to research past suicide prevention strategies and read publications on the issue from the GN and Embrace Life Council. I also asked colleagues about different courses they knew of that have been offered.

Finally, I approached well known suicide prevention organizations in southern Canada to see if they have offered courses within Nunavut or if any Nunavummiut have attended their courses in the south.

The depth of information presented for each course often depended on how much time an individual was able to provide me or how much information was available. Where there had been staff turnover or the course was discontinued, information was more difficult to find.

For this report to be comprehensive, information and comments from resource people who were unavailable in the time this report was written will have to be sought. Of note is the Coordinator of the Illisaqsivik Society in Clyde River.

If any suicide prevention and intervention training courses have been overlooked, it is the fault of the author.

Stephanie McDonald

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Introduction

There are many people throughout Nunavut who have worked tirelessly on the issue of suicide prevention. The various suicide prevention, intervention and postvention training courses listed in this report are the direct result of these people's determination to provide meaningful support for all Nunavummiut.

Several factors have dictated what courses have been offered in the territory over the past 15 years. A prohibitive factor for several organizations interested in hosting courses is the availability of funding. When funding has been found, courses were delivered, and when funding was not available, no services have been offered.

Staff turnover is another factor. Several suicide prevention courses that ran in the past are no longer offered, as the instructor moved onto a different position.

Few courses offered have been created in Nunavut, calling into question their cultural appropriateness. The most commonly offered suicide prevention course is the Applied Suicide Intervention Skills Training, by LivingWorks. Several other courses taught were developed for First Nations populations. Inuit have suggested that more courses are needed that take into account the Inuit way and are taught in Inuktitut. Inuit traditional healers and counselors must be involved in all aspects of delivery. Today, their skills are not often recognized.

Finally, several employers mentioned that they would like to offer suicide prevention training to their employees, but were unsure of where to find a course. A number of Nunavummiut have received training to offer suicide prevention courses, although there have been fewer training for trainers courses than regular suicide prevention workshops.

There are a great number of programs running in the territory that indirectly work to prevent suicide, such as cultural camps for youth and elders, on the land programs, sewing lessons and healing sessions. This report deals primarily with courses and programs that have suicide prevention as one of their core mandates.

Applied Suicide Intervention Skills Training (ASIST), LivingWorks

Where: Iqaluit, Cape Dorset, Igloolik, Arctic Bay, Pond Inlet, Arviat, Cambridge Bay

When: 1996-2009

Instructors: Nunavummiut and southern trainers

Targeted audience: Several government departments and nongovernmental organizations have provided ASIST courses for its employees and the public.

How many trained: 392 people have taken the training in Nunavut since 1996.

Methodology: The ASIST training takes place over two days and prepares participants to identify and respond to individuals at immediate risk of suicide. Included in the workshop are small group discussions, videos, and time to practice the new skills acquired.

ASIST trained caregivers will be better able to:

1. Identify people who have thoughts of suicide
2. Understand how your beliefs and attitudes can affect suicide interventions
3. Seek a shared understanding of the reasons for thoughts of suicide and the reasons for living
4. Review current risk and develop a plan to increase safety from suicidal behavior for an agreed amount of time
5. Follow up on all safety commitments, accessing further help if needed¹

Certificate awarded: Yes

Capacity building: A five day ASIST training for trainer course is also offered by LivingWorks.

Status of program: LivingWorks offers its courses in Nunavut when asked to.

Information from:

- Carole Thannhauser, LivingWorks
- The LivingWorks website, www.livingworks.net

¹ http://www.livingworks.net/LW_Pgrms.php

ASIST at the Cambridge Bay Wellness Centre

Where: Cambridge Bay Wellness Centre

When: The program is offered when funding is available. Workshops were delivered in 2005 and 2007. It is hoped that another workshop will be delivered during the 2009/10 fiscal year.

Instructor: LivingWorks

Targeted audience: Community members

How many trained: Between 20 and 24 people routinely attend the course.

Methodology: There is a two day workshop for community support workers, followed by a two day course for community members. In the latter, one day is dedicated to the issue of youth suicide and the other to grief and loss.

Certificate awarded: Yes

Capacity building: Most of the staff at the Wellness Centre has taken the ASIST course, but instructors are still brought up from Calgary to teach the course.

Status of program: Runs when funding can be obtained.

Comments: Anil Dhar said that the ASIST program is straightforward and geared towards the northern situation. He believes that the GN also hosts suicide prevention courses in Cambridge Bay. He said that the duplication of efforts and the lack of coordination between organizations do 'a disservice' to the community. Pooling resources would be much more efficient, he said.

'We don't have a complete finger on the pulse of this thing and many lives are lost,' Dhar said. 'I can't stress enough that the suicidal issues are not stand alone issues, but are related to alcohol and drugs.'

Information from Anil Dhar, counselor and relief for the Director, Cambridge Bay Wellness Centre

ASIST training for trainers

Where: Iqaluit

When: Various times

Instructor: LivingWorks

Targeted audience: Resource people

How many trained: Information not available at this time.

Methodology: The training for trainers is a five day course that prepares participants to be ASIST workshop trainers. Included in the five day course are lectures, seminars, coaching, independent study, and group presentations.

Certificate awarded: Yes

Capacity building: Yes

Status of program: LivingWorks offers this course in Nunavut when asked to.

Comments: Several people from within Nunavut have taken this course, including Sheila Levy. After taking the course, she provided workshops for teachers, correctional officers, RCMP members, community groups in Rankin Inlet and Cambridge Bay and wherever else she was invited.

Levy used to provide training at Nunavut Arctic College but hasn't been asked to do it in the past five years.

Information from:

- Carole Thannhauser, LivingWorks
- Sheila Levy, Guidance Counsellor, Inuksuk High School and President of the Kamatsiaqtut Help Line
- The LivingWorks website, www.livingworks.net

Canadian Association for Suicide Prevention (CASP) National Conferences

Where: Iqaluit

When: 1994 ('Suicide and the Community') and 2003

Instructor: The conferences were led by southern instructors from CASP and northerners.

Targeted audience: Information not available at this time.

How many trained: Information not available at this time.

Methodology: The workshops offered extensive suicide prevention training.

Certificate awarded: Information not available at this time.

Capacity building: Information not available at this time.

Status of program: Annual CASP National Conferences continue to run.

Comments: The 1994 conference was the first national conference ever held in the NWT. 'Not only did a broad range of attendees come from across Canada, but a significant number of northerners attended in what was described as the most supportive venue for suicide prevention, intervention and postvention information exchange and support ever convened,' the Baffin Help Line website said.

The 2003 event was the first national conference ever held in Nunavut. It was organized by volunteers, most of whom were teachers. The conference attracted 800 delegates from every province and territory and from overseas. It remains the largest CASP conference to have ever taken place.

Information from:

- Charlotte Borg VanderVelde, Vice-Principal and Student Support Teacher, Aqsarniit Middle School, Iqaluit
- Nunavut Kamatsiqitut Help Line website, <http://pooka.nunanet.com/~helpline/about.html>

Training for Youth Educators, White Stone

Where: Iqaluit

When: March 2002 and March 2007

Instructor: In 2007, the instructor came from the south and the course was delivered through the Centre for Suicide Prevention.

Targeted audience: For the 2007 workshop, two participants were invited from each Baffin community. The five day workshop is for youth between the ages of 18 and 25, not known to be at risk of suicide, and identified as leaders by service providers in their communities.

How many trained: 25 participants in both 2002 and 2007

Methodology: Training for Youth Educators prepares participants to present suicide prevention education sessions to other youth in their communities.

Sixteen hours are dedicated to youth suicide prevention curriculum, including information on beliefs around suicide, suicidal behaviours, risk factors, intervention skills and simulated practice. Another 19 hours focuses on gaining knowledge and experience in group dynamics, planning an Education Session, presentation skills, working with vulnerable youth, and community implementation.

Certificate awarded: Yes

Capacity building: Yes

Status of program: White Stone is still running.

Information from:

- Richard Ramsay, Centre for Suicide Prevention
- Lori Idlout, Executive Director, Embrace Life Council
- Whitestone website, www.suicideinfo.ca

‘We Have Something Important to Discuss,’ Dreamcatcher North of 60 Tour

Where: Sixteen communities in Nunavut. Scheduled visits to Igloolik and Kimmirut were cancelled due to weather.

When: April 25-May 13, 2004

Instructors: Performer Tom Jackson and Dave Masecar, then President of the Canadian Association for Suicide Prevention.

Targeted audience: Grades 9-12, all community members.

How many trained: All high school students in 16 communities in Nunavut.

Methodology: Jackson and Masecar visited the high schools in each of the communities visited to present a one-hour interactive workshop. The two would speak of how to identify the warning signs of stress and how it can affect a person, mental health and its connection to suicidal behaviour, and wellness and coping mechanisms.

Four questions were explored:

- i) What causes stress?
- ii) How can you tell if someone you know is stressed?
- iii) How can you cope/manage stress?
- iv) How can we help someone else?

The workshop included both activities and discussions.

Information regarding local resources for help, as well as brochures on stress, mental health and suicide were provided to the students during the presentation.

In the evenings, community members were invited to a concert Jackson put on. He would perform, explain the work he had done in the schools, and emphasize the need for communities to become involved in suicide prevention.

Certificate awarded: No

Capacity building: A two day workshop in Iqaluit that brought together caregivers from each of the communities that were going to be visited preceded the Dreamcatcher Tour.

Status of program: A onetime program.

Comments: The Dreamcatcher Tour first came to Nunavut in 2002 when Jackson and Nunavut singer Susan Aglukark spoke to approximately 400 young people at Inuksuk High School in Iqaluit and performed a concert.

Newspaper reports said that 16 communities were visited, although Tom Jackson remembers going to 23.

In speaking of the workshop, Sheila Levy said, ‘It was very well received... One girl told me, ‘I was really low and that project did me so much good.’’

The NWT hosted the Dreamcatcher North of 60 Tour in September and October of 2004. Organizers of the Nunavut tour provided help.

Information from:

- Sheila Levy, Guidance Counsellor, Inuksuk High School and President of the Kamatsiaqtut Help Line
- Dreamcatcher North of 60 website,
www.communitylifelines.ca/what_nunavut_youth_say_about_str.htm
- ‘Actor headlines at suicide conference,’ by Sara Minogue, *Nunatsiaq News*, April 30, 2004
- ‘Jackson fights suicide with workshops, autographs,’ by Sara Minogue, *Nunatsiaq News*, May 14, 2004
- Alison Jackson, Tom Jackson’s Business Manager

Nunavut Conference for Caregivers: Creating a Safe House

Where: Inuksuk High School, Iqaluit

When: April 23-25, 2004. The conference was held the weekend before the Dreamcatcher North of 60 Tour began.

Instructor: Various presenters

Targeted audience: Caregivers

How many trained: Approximately 60 people. Each community involved in Tom Jackson's Dreamcatcher Tour was invited to send between one and four participants.

Methodology: The purpose of the conference was to bring together caregivers to share information, network and develop communication skills to deal with issues related to mental health, suicide and violence in the community. Conference organizers also hoped the workshop would motivate participants to create community-generated solutions to suicide.

Participants chose four of out of the following six workshops to attend:

1. Listening and Empowering Youth- by Dr. Ian Martin
2. What Schools Can Do to Help Prevent Suicide. One School's Story- by Charlotte Borg, Sheila Hawley and Rosie Kopalie
3. Building Resiliency by Promoting Relationships- by Dr. Brenda Restoule
4. Suicide Intervention Skills- by Sheila Levy and John Vander Velde
5. Loss, Grief and the Community- by David Masecar
6. Stress and Relaxation Skills- by Brian Doherty

Five questions were examined throughout the conference:

1. As a caregiver, what things in your community cause you stress?
2. How do we know as caregivers, we are getting stressed?
3. When you are stressed, what resources at your disposal do you have to help you cope?
4. What can we do as a community of caregivers to help each other cope?
5. What is the action plan? How do we implement and realize comments and actions from #4?

Certificate awarded: Information not available at this time.

Capacity building: Yes

Status of program: A onetime conference.

Information from:

- Sheila Levy, Guidance Counsellor, Inuksuk High School and President of the Kamatsiaqtut Help Line
- Dreamcatcher North of 60 website,
www.communitylifelines.ca/knowledge_from_community_caregiv.htm
- 'Actor headlines at suicide conference,' by Sara Minogue, *Nunatsiaq News*, April 30, 2004

Nunavut Kamatsiaqtut Help Line volunteer training

Where: Iqaluit

When: Twice a year

Instructor: Sheila Levy

Targeted audience: Volunteers of the Kamatsiaqtut Help Line

How many trained: A few hundred over the years. There are currently 60 active volunteers with the Help Line.

Methodology: Training on communication and listening skills, crisis management, suicide prevention and intervention methods. The training is in line with the ASIST training and is recognized nationally and internationally.

Certificate awarded: In the past, certificates were given to those volunteers who took the course, but this is no longer done.

Capacity building: Yes. Volunteers are able to assist callers to the Help Line.

Status of program: Ongoing

Information from Sheila Levy, President, Nunavut Kamatsiaqtut Help Line

Peer Counseling, Government of Nunavut suicide prevention workshops

Where: Kugluktuk, Cambridge Bay, Kugaaruk, Repulse Bay, Arviat, Rankin Inlet, Igloolik, Pond Inlet, Hall Beach, Qikiqtarjuaq, Clyde River, Kimmirut, Iqaluit (at the high school and young offenders facility, and for teachers, the coroner, and recreation directors), Ottawa (six times to the urban Inuit population and caregivers)

When: 1999 until January 2002

Instructor: Caroline Anawak

Targeted audience: All age groups. Workshops were held in schools during the days and in the evenings community members were invited to another session. The latter would bring together health workers, municipal employees, residents, etc.

How many trained: Information not available at this time.

Methodology: The three, four or five day workshops included information on prevention, intervention and postvention. Anawak spoke to people of resilience, the signs of depression and suicidal behavior and taught coping mechanisms. Scientific explanations of depression were provided. 'It was always through an Inuit Pride lens,' Anawak said.

A variety of exercises were conducted in each community. For example, Anawak would ask for a volunteer and then get them to put on her winter jacket and walk around the classroom. It would most often be too big for the student and they would soon become hot and tired. Every few minutes Anawak would ask how the student was doing. Eventually the student would express discomfort, saying the coat didn't fit and it never would. The coat acted as a metaphor of a foreign culture being imposed on Inuit society. It was a departure point for the students to think about the changes that have occurred in theirs and their family's lifetime.

Another exercise involved each student thinking of a hero in their community. A hero was defined as someone who you would be happy to see walking down the street. Each student would be asked to report on who they had chosen and why. In this way, a so-called 'B-Team' was being created. MLA's, the mayor and other public figures made up the 'A-Team.' The 'B-Team' is always present in the community and available to help in times of need.

Certificate awarded: Yes

Capacity building: No

Status of program: When Anawak left the GN the program was discontinued.

Comments: Anawak said she spoke to the students in a way they weren't used to from an adult figure. She was frank and spoke openly of suicide, something she said the students were very receptive to.

The peer counseling manual used for the workshops, and left behind in communities, was created during a 'think tank' in Yellowknife, NT in 1992. Representatives from each region were at the meeting.

Information from Caroline Anawak, former Mental Health Specialist, Government of Nunavut
Department of Health and Social Services

Government of Nunavut multi-media suicide prevention campaign

Where: Territory-wide

When: 1999-2002

Targeted audience: All Nunavummiut

How many trained: N/A

Methodology: At a workshop in Kugluktuk, that gathered together people from each of the territory's regions, participants were asked to look at a list of suggestions of methods that would make them feel better, were they having suicidal thoughts. From their answers, a list of 25 items was selected. For 18 consecutive weeks, the items chosen appeared in the newspaper under the heading, 'You've told us.' Messages would include things like, 'If you have a sad secret, don't keep it to yourself, keep talking about it.'

Five other items were turned into posters that were displayed in all communities around Nunavut. The posters featured two hands holding each other. The posters read:

1. We asked you what is important and you said... Stay alive! Suicide is not the Inuit way. Survive your problems.
2. We asked you what is important and you said... Sometimes we have to look deep inside ourselves to see what hurts, and secrets are keeping us from becoming the good, caring people we were meant to be. Look inside. Reach out. Get help. Work through it. Life gets better when we pick up new and better ways of dealing with problems.
3. We asked you what is important and you said... Inuit values and beliefs help us every step of the way through life. Know them. Respect them and you respect yourself, and you respect life. These values tell us to survive.
4. We asked you what is important and you said... Inuit pride. Stay alive. Inuit survive.
5. We asked you what is important and you said... Everybody matters. Everyone is important. We need your energy, and your special gifts of time and concern to make this a healthier community. Volunteer. Let's work together!

The remaining two suggestions were turned into radio and television Public Service Announcements (PSA) that ran on CBC and APTN.

Certificate awarded: N/A

Instructor: The original exercise was led by Anawak and she spearheaded the newspaper announcements, posters, and PSAs.

Capacity building: N/A

Status of program: None of the materials are still in use.

Comments: Anawak said that the year (2002-2003) that this ‘social marketing strategy’ blitzed communities across the territory, the suicide rate fell. When the materials stopped being used, suicide rates increased and have yet to drop again. Anawak believes that the sustained effort, with initiatives on several fronts, produced results.

Information from Caroline Anawak, former Mental Health Specialist, Government of Nunavut
Department of Health and Social Services

Government of Nunavut Information Session on Suicide Intervention and Prevention

Where: Iqaluit

When: Pre-2005

Instructor: Marie Irniq, former Workplace Wellness Coordinator, Government of Nunavut Department of Human Resources

Targeted audience: GN employees

How many trained: Unknown

Methodology: Irniq presented a power point presentation that covered the following topics:

1. Personal attitudes of suicide
2. What can lead one to think of suicide
3. Recognizing signs of invitations to help (actions, thoughts, feelings)
4. Information on Fetal Alcohol Spectrum Disorder, personality disorder, schizophrenia, depression
5. Interventions
6. How to review risk

Certificate awarded: Unknown

Capacity building: No

Status of program: The course was last advertised in 2005, but no one within the Department of Human Resources is certain of the last time it was offered.

Comments: The new Workplace Wellness Coordinator is currently researching available courses on suicide prevention training. There are plans for the Coordinator to attend training courses to become a certified instructor.

After the training is complete, old GN suicide prevention materials will be reviewed and a decision made to either upgrade them or start from scratch.

Imo Adla said that offering suicide prevention training is ‘certainly on our radar screen.’ Currently, the Department of HR offers no suicide prevention courses.

Information from:

- Imo Adla, Manager, Workplace Health/Safety and Wellness, Department of Human Resources, Government of Nunavut
- Marie Irniq's power point presentation

Northwest Territories Suicide Prevention Training Program

Where: The workshop was offered in Iqaluit twice, in Rankin Inlet, Cambridge Bay, Kugluktuk and NWT communities.

When: Pre-division

Instructor: The course was developed by the Government of the Northwest Territories (GNWT), the Dene Cultural Institute, Inuit Tapiriit Kanatami and the Canadian Mental Health Association. Initial training of trainers in the Western Arctic was done by the Dene Cultural Institute. No records remain of who instructed a similar course for trainers in Iqaluit. Participants who completed the course would be the instructors in other communities.

Targeted audience: Community workers and caregivers

How many trained: In the first workshop, 12 of the 19 participants were from Nunavut. A great number of participants in subsequent workshops were from Baffin communities.

Methodology: In the first week of the three week course, participants examine their own grief and loss issues and develop support networks. Causes, myths, and risk factors of suicide in Aboriginal communities are examined.

Week two gives participants the skills they need to manage a suicide crisis in their community. They learn about suicide risk assessment, communication techniques and referrals.

The final week is meant to encourage participants to take a leadership role in their communities to address suicide. Each participant draws up a community action plan that promotes wellness and community development.

Certificate awarded: Yes

Capacity building: Yes

Status of program: The program is still running in the NWT. Communities that would like to host the program submit a proposal to the GNWT Department of Health and Social Services. The community must come up with half of the funds, and the Department of Health and Social Services will cover the other half.

Lessons learned: A seven page application process was put in place to ensure that appropriate participants were being identified. Initially, some people who were feeling suicidal signed up for the course, but the intention of the workshop is not to provide healing, but to train individuals.

The training is still seen as valuable, but some challenges with it have been identified, particularly regarding the length of the course. Some communities have been unable to provide the course, as trainers and participants often can't get three weeks off from work.

In response to this concern, the Department now offers two-day ASIST workshops, for communities looking for shorter training.

Comments: This workshop replaced a two-day course that dealt with suicide in principle. The course grew out of 1992 document entitled, 'Working together because we care,' by the Government of the NWT. The document was written after a series of regional forums on suicide prevention were held. The program is designed as a northern solution and was years in the making.

Participant feedback indicated that the content and learning style were appropriate. Recommendations included the need for follow-up training and support.

Information from:

- Report on the workshop on *Best Practices in Suicide Prevention and the Evaluation of Suicide Prevention Programs in the Arctic* (Workshop held in Iqaluit, March 14 and 15, 2003)
- Sara Chorostkowski, Health Planner, Mental Health/Deputy Public Guardian, Child and Family Services, Department of Health and Social Services, Government of the Northwest Territories

Government of Nunavut Department of Education initiatives

Where: Iqaluit, Rankin Inlet, Cambridge Bay, Yellowknife, NT

When: Most training occurred about two years ago.

Instructor: Department of Education staff, trained to provide suicide prevention workshops, or outside experts when local staff members are unavailable.

Targeted audience: Educators, School Community Counselors

How many trained: All teachers and School Community Counselors in Nunavut have received some training.

Methodology: The Department of Education provided suicide prevention workshops at each of the last regional teacher's conferences (Iqaluit, Rankin Inlet and Cambridge Bay). Training has also taken place at individual schools.

In 2008, the School Community Counselors from the Kitikmeot Region attended a Canadian Association for Suicide Prevention conference in Yellowknife.

LivingWorks training has been provided to School Community Counselors in the past.

Certificate awarded: No

Capacity building: No

Status of program: Further training for educators is scheduled for the fall of 2009.

Comments: The Department of Education, in conjunction with the territory's schools, has finished a draft Suicide Protocol and Manual. The Department will review the work of the Suicide Prevention Strategy Working Group to consider how it will impact its Manual.

Training for School Community Counselors, principals and teachers will be needed due to this new development. The Department hopes to start the training in the fall of 2009, in partnership with the Nunavut Teachers' Association.

Information from Brad Chambers, Director, Policy and Planning Division, Government of Nunavut Department of Education

Training for teachers at Inuksuk High School

Where: Iqaluit

When: February 2009

Instructor: Sheila Levy

Targeted audience: High School educators

How many trained: All teachers at the school. The training was mandatory.

Methodology: Levy has several different planned workshops that can run from two hours to two days.

Certificate awarded: No

Capacity building: No

Status of program: The session is offered whenever Levy is asked to give it.

Comments: The February workshop was for two hours. Many teachers commented that they wished it was longer.

Levy will also give workshops at regional and territorial teacher's conference in Nunavut. The training at the conferences is not mandatory but is for those who wish to take it.

Information from Sheila Levy, Guidance Counsellor, Inuksuk High School and President of the Kamatsiaqtut Help Line

‘It’s Cool to be Alive in Nunavut’

Where: The course runs in several Nunavut schools. The course has been taught regularly at Aqsarniit Middle School in Iqaluit since 2003.

When: 2003 to present

Instructor: Teachers deliver the program in teams.

Targeted audience: 12-15 year old students. This age group is targeted, as many Nunavummiut have lost someone to suicide by this age. Charlotte Borg VanderVelde also said that research indicates it’s the age of onset for many mental health illnesses and that many first suicide attempts are made at this age, particularly by boys.

How many trained: Information not available at this time.

Methodology: The program contains 10 lessons that take 30-40 minutes each to deliver. Each lesson has an energizer, ‘circle talk,’ a learning activity, reflection and a chance to express appreciation for other students.

Issues explored include recognizing the warning signs of suicide, how to help if someone they know is thinking of suicide, and the notion that suicide prevention is a community responsibility.

Certificate awarded: Information not available at this time.

Capacity building: No

Status of program: Still running in some schools across Nunavut.

Comments: This is one of the suicide prevention initiatives created between the Nunavut Teachers’ Association and the Department of Education. The program has been taught in schools and presented at three Canadian Association for Suicide Prevention conferences.

In the six years that the course has been taught at Aqsarniit, only one parent has objected to her child participating, as she considered suicide a sin.

Information from:

- Charlotte Borg VanderVelde, Vice-Principal and Student Support Teacher, Aqsarniit Middle School, Iqaluit
- ‘It’s Cool to be Alive in Nunavut’ website,
http://www.gov.nu.ca/education/suicide_prevention/index.html

Nunavut Arctic College Nursing Program

Where: Iqaluit

When: Two years ago

Instructor: A GN run ASIST program

Targeted audience: The ASIST course was open to nursing and mental health care worker students at the college as well as other GN employees.

How many trained: unknown

Methodology: (see ASIST fact sheet)

Certificate awarded: Yes

Capacity building: No

Status of program: A onetime program

Comments: Angela Luciani said that there is no formal suicide prevention training in the nursing program. She said that in the four year program there is not enough time available to offer one. What training does occur comes from her, when she presents scenarios to her students and asks what they would do and say.

Luciani said that whether suicide prevention training is needed depends on what environment the student will go on to work in. Those planning on working in small isolated communities should definitely seek out suicide prevention and intervention training, but if a nurse plans to work at the Qikiqtani General Hospital, they most likely won't need it. She said that others on staff at the hospital have formal training.

Information from Angela Luciani, Nursing Instructor, Nunavut Arctic College

Suicide prevention program, Young Offenders Facility

Where: Young Offenders Facility, Iqaluit

When: The suicide prevention program is a two week session that is taught every four months in the life skills and counseling sessions at the Young Offenders Facility.

Instructor: Saul Adams, Life Skills Officer

Targeted audience: Young offenders

How many trained: All youth that have gone through the facility.

Methodology: Throughout the two week session, the youth are encouraged to speak openly about suicide. They are told that it is natural to think of suicide and that most people think of it at some point in their lives. Yet, stress is put on the fact that it is a permanent solution to a temporary problem.

Youth are taught the warning signs of suicidal behavior, issues that can lead one to having suicidal thoughts, and how substance abuse can lead to and amplify this type of behavior.

Youth also hear about surviving suicide and what a person will be feeling after they survive an attempt to take their life.

Certificate awarded: No

Capacity building: No

Status of program: Ongoing

Comments: Adams acknowledges that he has a tough crowd and says that some of the young people will take to the message and others won't. He suspects it is more about personality than programming. He also mentioned that some of the youth have low cognitive skills, making teaching the course difficult at times. He said it can be a tough subject to speak about, as almost everyone in the facility has been touched by suicide and some have attempted it.

This program has been offered for the past 10 years and at least for the past year in its current form, since Adams began instructing it.

Yannick Girardin, the facility's clinician, is available to do one on one counseling for those who need it.

Adams is working to revamp the program. He has been in touch with the Embrace Life Council to learn how he can incorporate more traditional knowledge and activities into the suicide prevention program. Currently no traditional skills or on the land activities are offered as part of the project.

Adams ordered a book from the south on suicide prevention that is geared towards First Nations people. While some parts are relevant, others are not, he said.

Manager of the Young Offenders Facility, Glenn House, said, 'We try to make sure that all staff has some training in suicide prevention, although it is hard sometimes to find people who are running programs.' He said that training is a big part of the facility's plans for the coming fiscal year and he hopes that all of the new staff will receive training in early April.

Information from:

- Saul Adams, Life Skills Officer, Young Offenders Facility
- Glenn House, Manager, Young Offenders Facility

National Aboriginal Youth Suicide Prevention Strategy

Where: Funding available to all Nunavut communities.

When: For the 2008 fiscal year, Embrace Life Council has \$417,451 available in funding for communities. This is the third year funding has been available in Nunavut.

Instructor: Embrace Life Council administers the funds on behalf of the GN. The funding is from Health Canada.

Targeted audience: Projects for youth, although people of any age can apply for the funding.

How many trained: Thirteen projects have received funding this fiscal year.

Methodology: Communities send proposals for funding. Most are for on the land projects. There has been an influx of proposals for kite skiing programs. Lori Idlout is currently in talks with a consultant about starting bullying prevention programs in schools. In addition, one person has completed training in the south with the 'Returning to Spirits' First Nations program that will allow the individual to counsel residential school survivors. Two more will complete the training by the end of this fiscal year.

Certificate awarded: N/A

Capacity building: Yes

Status of program: Ongoing

Information from Lori Idlout, Executive Director, Embrace Life Council

Amaulikkut

Where: Cape Dorset

When: Three to four activities a year, some ongoing programming.

Instructor: There are over 14 people in the group.

Targeted audience: When the group first began, activities were targeted at young people, aged 12-18. It grew to include other age groups.

How many trained: Information not available at this time.

Methodology: The group offers counseling services, including trauma counseling for sexual assault victims. Healing and trauma counseling are available to parents of children who commit suicide. The group has a list of people that those having suicidal thoughts can call. Everyone on the list is a suicide survivor. The group works with sentencing circles and the justice committee.

Amaulikkut also organizes community feasts, especially during the holidays that include orphans and the homeless. Games follow the feast. They run a food bank from time to time and also provide country food when they can. Amaulikkut runs on the land trips.

Certificate awarded: No

Capacity building: Program leaders have received suicide prevention training.

Status of program: The group meets three to four times a year.

Comments: The group was formed after a number of community members took their own lives. Pitseolak joined the group after it was formed. She guessed that the group was formed between 1998 and 2000. There was a realization that services like those the group now provides was missing and was needed. The group has no ongoing funding. All members are volunteers. They occasionally receive funding from Embrace Life Council and donations from business organizations within the community.

The group has found that on the land trips provide an opportunity to teach land and survival skills as well as seasonal observations. The trips open up communication lines and allows for knowledge to be exchanged. Annie Manning Pitseolak said that when the group spends time with at risk youth, it is healing and soothing for the young people. 'It reconnects the soul,' she said.

The group has no future plans as they have no funding for staff and programs. 'We would like to see progress and fix all problems, but we are unable to,' Pitseolak said.

Information from Annie Manning Pitseolak, President of Amaulikkut. Interview interpreted by Jeannie Arreak Kullualik.

Baker Lake Suicide Prevention workshops

Where: Baker Lake

When: Community Workshops in 1999 and 2005. A Youth Workshop was also held in 2005.

Instructor: Barb Mueller

Targeted audience: The workshops were geared towards community members, and the Youth Workshop was specifically for young people.

How many trained: In 1999, approximately 100 people attended the workshop, including elders.

Methodology: The 1999 workshop focused on prevention, while in 2005, the focus was on suicide prevention and signs of youth depression. Sheila Watt-Cloutier's 1998 film, 'Capturing Spirit- The Inuit Journey,' was shown in the latter course. Organizer Barb Mueller said that the film was very culturally appropriate and identified stressors- drugs, alcohol, relationships and suicide.

The larger group was broken down into smaller ones for discussion and each had a facilitator.

Both workshops employed an interagency approach. Schools, religious organizations, social services, health, Mianiqsijit (community counseling project), Tunganiq (alcohol and drug project), hamlet councilors and the RCMP were involved.

The Youth Workshop was a result of the Community Workshop in the same year. Youth spoke of what they wanted and needed for a better life and to reduce feelings of hopelessness and helplessness. As a result of the workshop, the community Youth Group was revived as was engagement in the drop in centre at the community hall and in community sports and activities that were already available.

Certificate awarded: No

Capacity building: No

Status of program: 'My plans are more focused on the Kivalliq region as a whole and hopefully we will be able to do some training with nurses, mental health staff, social service staff, etc.,' Mueller said. 'This does not mean the community will be ignored. With the fast paced changes happening here, it would be good to do some refresher workshops.'

Comments: 'The main focus in Baker Lake has been to include the community and families in prevention, so we have completed very little professional training,' Mueller said. 'I do try to actively involve families when working with at-risk persons in the community. Family support is so important. That is the ideal and most of the time it works.'

Mueller stressed the fact that more professionals need to be trained to perform risk assessments.

Information from Barb Mueller, Manager, Addictions and Mental Health, Kivalliq Region, Government of Nunavut Department of Health and Social Services.

Programs offered by the Ilisaqsivik Family Resource Centre

Where: Clyde River

When: Since 2004 (Jake Gearheard started in 2004, so could only comment on initiatives that have been running since then)

Instructor: Trained counselors from the community.

Targeted audience: All ages

How many trained: To different degrees, approximately 20 people in Clyde River have been trained to provide counseling services. Some have taken one to five courses and others 10 to 20, including LivingWorks programs. Some have 12 years experience.

Methodology: The Wellness, Elder and Youth Counselors work full time, while the Family Counselor works on a part-time basis. Additional Elder Counselors are on-call. Suicide prevention fits into the work of each counselor, but it isn't specifically what they work on.

The Ilisaqsivik Centre runs approximately 30 programs. A counselor is present at each one. The counselors will sometimes lead sessions, but are primarily there for one-on-one sessions.

An example is the prenatal program. Nineteen mothers and approximately 20 to 30 kids, up to six years of age, currently attend six nights a week. The Centre runs land-based healing and cultural trips. There is a large one in the summer for all of the Centre's counselors and any community members that wish to attend. In 2008, 70 people attended. There are several shorter ones in the winter. A recent one was for 19 youth who the school singled out as not attending regularly or as having discipline problems. They went out onto the land with some of the community's men.

A hip hop program runs three nights a week. The Youth Counselor runs it and is available to talk to the youth that are considered most at risk. Some of the youth who attend the hip hop sessions don't attend any other activities in town, so the program is a good way to keep tabs on them. When an individual doesn't show up for practice, the Counselor and some of the other participants will go to his or her house to check in on them. Several times, in this manner, the Counselor has come across a young person thinking of committing suicide.

Gearheard said while the counselors are important, the focus is on getting kids interested in living. The Centre tries to provide creative outlets and different options for them, to foster resiliency and a network of people they can turn to when bad things happen.

Certificate awarded: N/A

Capacity building: Yes

Status of program: The Centre's programs are ongoing.

Comments: Counselors from Clyde River have just started visiting other Baffin communities, to share their services. Two were just sent to Arctic Bay after Baffinland asked for their help.

Gearheard said that there is a need for a network of counselors who can provide each other with professional support and advice. The counselors could swap communities once in awhile. 'We want counselors that know our communities and can speak Inuktitut,' Gearheard said. Swapping counselors between communities works well, as there are often confidentiality issues with local counselors.

Information from: Jakob Gearheard, Co-ordinator, Ilisqsvik Family Resource Centre

Appendix 3: What We've Learned About Suicidal Behaviour In Nunavut

A review of the Coroner's files for suicides in recent years reveals a number of risk factors for suicidal behaviour in Nunavut:

- Anger issues
- Bullying
 - At school
 - By a family member
 - When out in the community
- Childhood trauma
 - Abuse – emotional, physical, sexual
 - Coming to terms with things that have happened in the past
- Criminal activity
 - Becoming involved in drug trafficking
 - History of conviction for criminal offences
- Dropping out of school early on – limited job prospects later on
- Engagement with the justice system
 - Being charged with an offence
 - Having to testify against a friend or loved one
 - Return to home community after incarceration
- Exposure to suicide
 - Family history of suicide
 - Suicide by a family member or friend
- Financial problems
 - Money management issues
 - Own, partner's or parents' spending on alcohol and drugs, or gambling
 - Unemployment
- Inability to discuss problems with others
- Mental disorder
 - Depression
 - Emotional problems or personality disorders
 - Hearing voices urging person to kill him/herself
 - Mental illness such as borderline personality, psychosis, schizophrenia
 - Return to community after treatment for mental disorder

- Parenting issues
 - Having experienced neglectful or over-indulgent parenting
 - Having witnessed excessive fighting and/or violence between parents
 - Substance abuse by parents
 - Unhappiness with adoptive parents or family members providing care
- Prior suicidal ideation or suicide attempt
- Religious beliefs
 - Exposure to/belief in unusual religious beliefs
- Relationship problems
 - Infidelity and resulting guilt, or accusations of infidelity
 - Infidelity (or rumors of infidelity) by partner
 - Money problems
 - On again/off again relationship
 - Relationship break-up
 - Relationship forbidden because of age differences, family ties
 - Violence by partner
- Sexual assault
 - Coming to terms with long-ago sexual abuse, assault or rape
 - Recent sexual abuse, assault or rape
- Sexual orientation
 - Discrimination/intimidation/threats because of sexual orientation
 - Stress as a result of questioning one's sexual orientation
- Substance abuse – alcohol, drugs and/or solvents
 - Being drunk, stoned or high on solvents at a time of personal crisis
 - Fetal Alcohol Spectrum Disorder
 - Financial problems resulting from costs of habit
 - Escalating use of substances
- Traumatic brain injury
- Unresolved grief and loss

Because of the uneven detail and level of insight of Coroner's reports, it is not possible to use them to accurately assess how significant each of these risk factors are. All we can do at this point is note that these are some of the things that people who took their lives in Nunavut were dealing with – and also note that these are essentially the same risk factors that one would find elsewhere in the country.

We already know a great deal about the scale of suicidal behaviour in Nunavut:

- 1) A psychiatrist interviewed 111 residents in a Nunavut community and found very high rates of both suicidal ideation (thinking about suicide, but not actually attempting it) and suicide attempts (Haggarty et al, 2008):

Suicide ideation (past week) (*n* = 110)

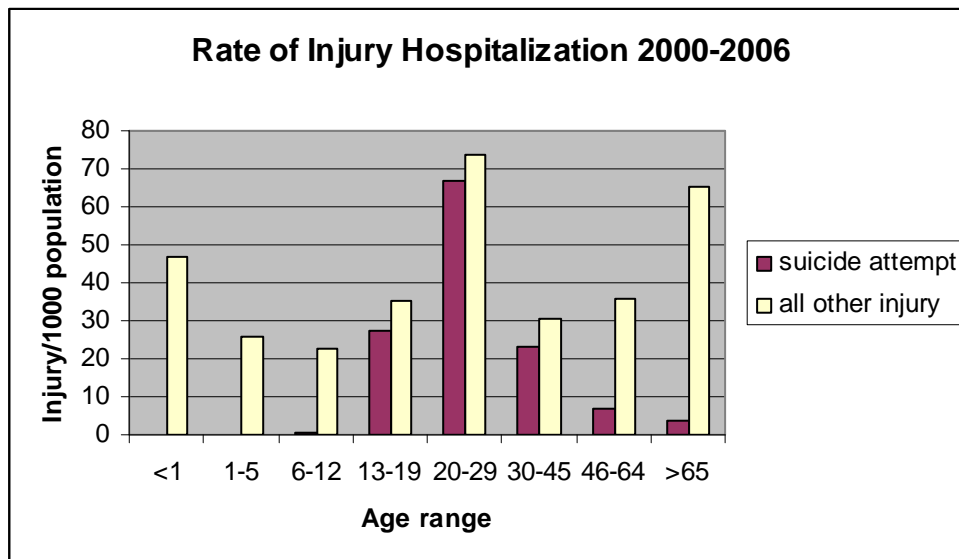
None	56.4%
Sometimes	40.0%
Very often	3.6%
At the time	0.0%

Suicide attempt (past 6 months) (*n* = 100)

Never	70.0%
Once	14.0%
Several	13.0%
Many	3.0%

The rates of both suicidal ideation and suicide attempts were higher among women than among men.

- 2) At the Qikiqtani General Hospital in recent years, almost half of the hospitalizations due to injury among persons in their 20s are due to suicide attempts.



Number of injuries per 1,000 population seen at the Qikiqtani Regional Hospital 2000-2006. The number of injuries are disaggregated by (1) injuries caused by a suicide attempt and (2) injuries NOT caused by a suicide attempt.

The rate of admission for suicide attempts was as high among women as it was among men.

- 3) In 2008, the RCMP responded to 1,080 “occurrences where persons are reported to be threatening or attempting suicide” in Nunavut communities.
- 4) Another psychiatrist, someone who worked at the Qikiqtani General Hospital for a year, recently reviewed the clinical and social characteristics of the clients he saw (Law and Hutton 2007). He concluded that the patients he saw in Iqaluit were referred to him for quite different reasons than the reasons his patients in Toronto were:

Interpersonal and socio-environmental stressors were found to be unusually extensive and the primary precipitators of psychiatric crises such as suicide attempts. Negative health determinants such as unemployment, overcrowding, domestic violence, substance abuse, and legal charges were also prevalent. Psychiatric issues in the Arctic appear deeply interwoven with interpersonal, socioeconomic, and societal changes; effective community mental health services must address a broad spectrum of psychosocial issues beyond the medical model.

- 5) The 2004 Nunavut Household Survey tells us that the people who Nunavummiut are most likely to talk to about suicidal thoughts they’re having are a family member or a friend:

53.8% of persons who said that they had thought seriously about committing suicide in the past 12 months reported that they had seen or talked to someone about it. The types of persons contacted were (as a % of all persons who said that they had thought seriously about committing suicide in the past 12 months):

Family member	45.4%
Friend	45.1%
Nurse	17.8%
Health professional other than nurse or doctor	15.9%
Elder	13.4%
Clergy or church member	13.0%
Doctor	11.3%
Teacher	5.6%
Social worker	4.8%

