Nunavut Suicide Prevention Strategy

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Suicide Prevention Strategy Working Group

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Contents

Acknowledgements ____ *i*

Introduction ____ *1*

Vision ____ *2*

Suicide in Nunavut: The current situation ____ *3*

Historical context underlying the current situation ____ *6*

Risk and protective factors for suicide ____ *8*

An approach to suicide prevention in Nunavut ____ *12*

Challenges to overcome ____ *13*

Implementing the Strategy: Commitments ____ *16*

Conclusion ____ *21*

References ____ *23*

Introduction

Suicide touches the lives of all Nunavummiut. The immense loss of lives – concentrated among Inuit youth – is well-known within the Territory. Few peoples have experienced the scale of death by suicide that Nunavut Inuit have in the last 40 years, and few jurisdictions have suffered the degree of suicide-related trauma that Nunavut has. Nunavummiut have been exposed so directly and repeatedly to suicide that they have come to accept the situation as normal. Despite this, it has been extremely difficult to talk openly about this issue in Nunavut, whether on the personal, family, community, or political level.

Even in the absence of a public debate about the best way to deal with the health and social issues surrounding suicide there has been action. Since suicide first emerged as a major societal and health issue in the 1970s, many dedicated, passionate, and tireless individuals and many different organizations have worked to prevent it. And they have done so in every community across the Territory. These intervenors may be teachers, coaches, health care professionals, elders, community-based organizations, or just thoughtful and caring individuals. They have been the first line of defence against suicide, and their actions have improved the well-being of individuals at risk and of their families.

Over the years, many of these dedicated people have called for a coordinated effort to prevent suicide. This collective effort would recognize and involve all partners, uniting people in their separate but interrelated activities. By supporting informed actions and interventions, it would give a common direction to the suicide prevention efforts of communities, organizations, and governments.

In response to this longstanding demand for a coordinated approach, in 2008 the Government of Nunavut (GN), Nunavut Tunngavik Inc. (NTI), the Embrace Life Council (ELC), and the Royal Canadian Mounted Police (RCMP) formed a partnership to create a Nunavut Suicide Prevention Strategy. Since then, the Partners have reviewed evidence-based research from many relevant sources, seeking information on methods that have

successfully reduced suicide in other jurisdictions. They have also sought input from Nunavummiut through a discussion paper[1], community consultations, and targeted discussions with all key stakeholders involved with suicide prevention.

The document that follows is the culmination of two years of searching for the best possible ways to prevent suicide in Nunavut. It begins with the Partners' vision for a healthier Nunavut – the vision that guided development of this entire Strategy. It then examines the current situation, and the historical and present-day factors that underlie and perpetuate it. This information forms the background for discussion of the Strategy's approach and core components, the challenges to be overcome, and the concrete commitments undertaken by the Partners.

Vision

Inuit are not predisposed by virtue of ethnicity to be at a higher risk of suicide than non-Inuit. Grounded in and encouraged by this truth, the Partners envision a Nunavut in which suicide is de-normalized, where the rate of suicide is the same as the rate for Canada as a whole – or lower. This will be a Nunavut in which children and youth grow up in a safer and more nurturing environment, and in which people are able to live healthy, productive lives because they have the skills needed to overcome challenges, make positive choices, and enter into constructive relationships. This will also be a Nunavut in which families, communities, and governments work together to provide a wide-reaching and culturally appropriate range of services for those in need.

A diverse group of stakeholders must be mobilized to achieve this vision. Every person and organization in Nunavut can have a role in preventing suicide, and in building a healthy

[1] The discussion paper is available on-line at http://www.gov.nu.ca/suicide/index.shtml and http://www.tunngavik.com/2009/04/14/using-knowledge-and-experience-as-a-foundation-for-action/

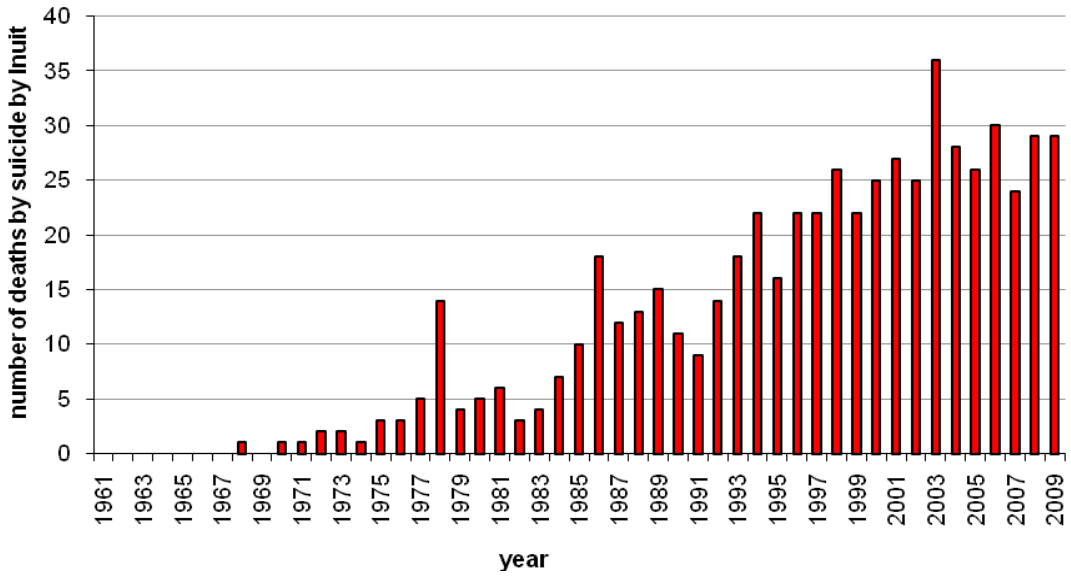
community. Once mobilized, these individuals and groups can all contribute meaningfully to the achievement of this common vision.

Suicide in Nunavut: The current situation

To understand the rationale for the bold commitments contained in this Strategy, readers will first require some background on the current situation in Nunavut. The data presented in this section paint a distressing picture, but demonstrate why an urgent, aggressive response is needed. They also provide a baseline against which progress can be measured as the Strategy is implemented.

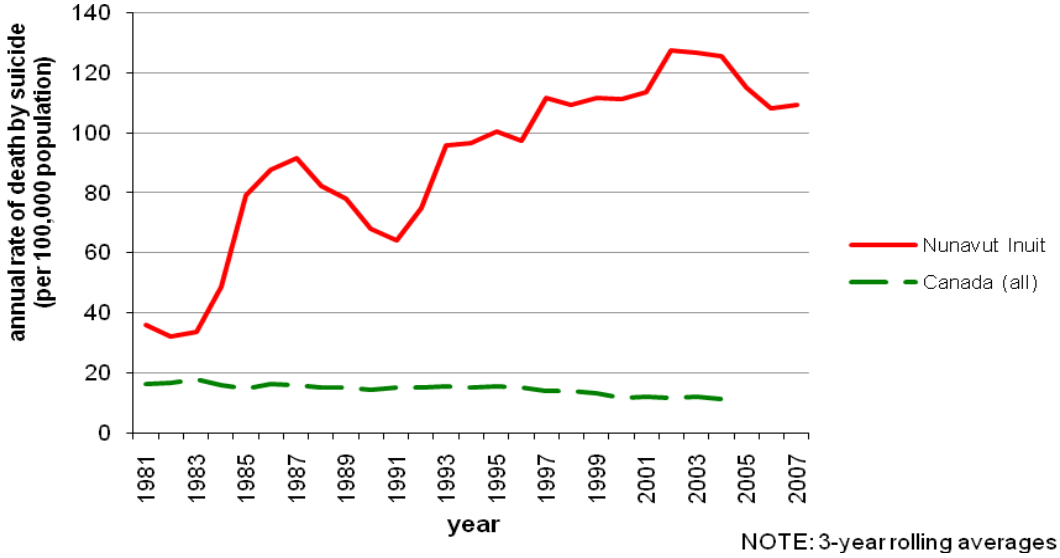
Until quite recently, Inuit society had a very low rate of death by suicide. While suicide occurred, as it does in all societies, it happened infrequently, and rarely involved young people. In contrast, in the last few decades, hundreds of Inuit in Nunavut have died by suicide, placing Nunavut's suicide rate far above the Canadian average (Charts 1–3). Young Inuit men make up the largest proportion of these deaths, although they are not the only group at risk. Inuit women in Nunavut die by suicide at a lower rate than Inuit men in Nunavut do, but the suicide rate among Inuit women in Nunavut is far higher than that of women in the rest of Canada.

Chart 1: Number of deaths by suicide among Nunavut Inuit, 1961-2009, by year



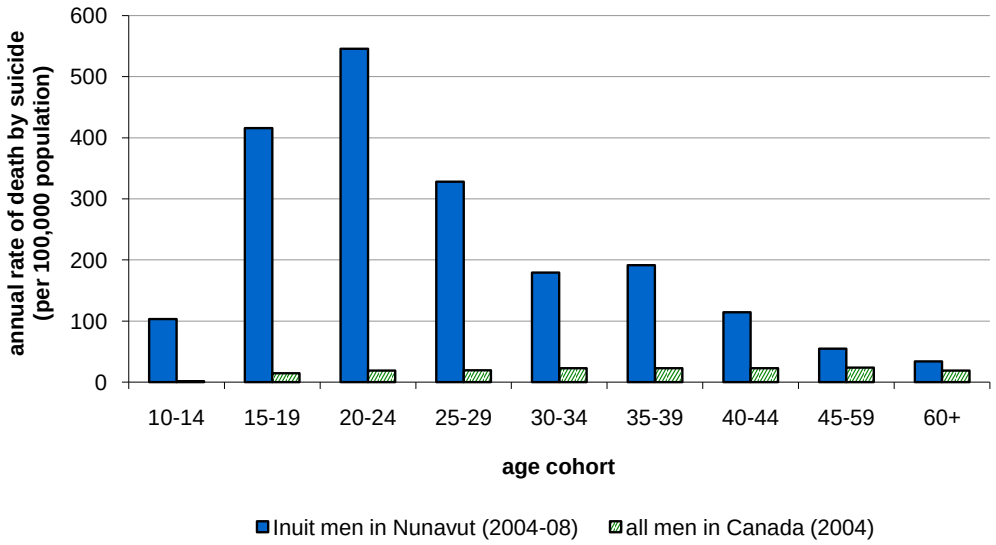
Source: Hicks, Jack, *The social determinants of elevated rates of suicide among Inuit youth.* Forthcoming external PhD dissertation, Ilisimatusarfik (University of Greenland). Based on data from the Offices of the Chief Coroners of the Northwest Territories and Nunavut.

Chart 2: Rate of death by suicide among Nunavut Inuit and Canadians as a whole, 1982-2008



Source: Hicks, Jack, *The social determinants of elevated rates of suicide among Inuit youth.* Forthcoming external PhD dissertation, Ilisimatusarfik (University of Greenland). Based on data from the Offices of the Chief Coroners of the Northwest Territories and Nunavut and from Statistics Canada.

Chart 3: Rate of death by suicide, Inuit men in Nunavut (2004-2008) and all men in Canada (2004), by age cohort



Source: Hicks, Jack, *The social determinants of elevated rates of suicide among Inuit youth.* Forthcoming external PhD dissertation, Ilisimatusarfik (University of Greenland). Based on data from the Office of the Chief Coroner of Nunavut and from Statistics Canada.

Beyond actual deaths by suicide, rates of suicide attempts and suicidal ideation (thoughts of committing suicide) appear to be very high in Nunavut. In 2009 alone, the RCMP responded to 983 "occurrences where persons are reported to be threatening or attempting suicide" in Nunavut. Frontline workers have estimated that women in Nunavut attempt suicide as frequently as men do. Similarly, data from the Qikiqtani General Hospital show that among people age 20–29, almost half the injury hospitalizations are the result of suicide attempts. [13] Information on suicidal ideation is less readily available, but a study conducted in one community in 2008 that found 43% of respondents had thought of attempting suicide in the previous seven days, and 30% had attempted suicide at least once in the last six months. [5]

In sum, the data on suicidal ideation, attempts, and completions in Nunavut reflect an unacceptable reality, one to which people, communities, and government must respond. But interventions to reverse these outcomes must be informed by what is known about the underlying causes of suicide in Nunavut.

Historical context underlying the current situation

Most people – experts and laypersons alike – trace the roots of the current elevated rates of suicide to the historical trauma suffered by Inuit in Nunavut. Almost all reasoning around the cause of the elevated suicide rate in Nunavut has to do with the rapid and radical societal change that has occurred here; and most discussions of suicide prevention focus on how to counteract these changes. This section outlines the historical events that transformed people's way of life and that continue to affect them today, thereby helping to create a social environment in which suicide has been normalized. These historical events provide a context in which the present-day risk and protective factors for suicide (discussed in the section following) can be understood.

While Inuit had differing levels of interaction with whalers, missionaries, and fur traders for centuries, most Inuit feel that the truly traumatic impacts on their society began after World War II, when Government of Canada policies coerced Inuit into moving from their seasonal camps into newly established communities. Southern values were imposed in these new communities: the wage economy was introduced; formal schooling of children was made mandatory; Inuit traditional justice was replaced by the Canadian justice system; inadequate and substandard southern-style housing was erected; and non-Inuit administrators tightly controlled the operations of each community. Inuit associate this transitional period with an overarching loss of self-reliance.

The cumulative effects of this massive disruption of Inuit society produced dramatic results. The first and all subsequent generations of children who have grown up in communities embody a fundamental transition in Inuit society, away from a traditional Inuit lifestyle and towards a mix of Inuit and southern values. The generations of Inuit who have been raised in communities since have struggled with the delicate balancing act of living concurrently in two very different cultures.

The new physical and social environments of communities affected Inuit health in many ways, but the rapid spread of infectious and respiratory illnesses, especially tuberculosis

(TB), had an especially significant impact on Inuit society. Tuberculosis was at epidemic levels in Inuit communities, and in the 1950s and 1960s Inuit were often sent by ship to southern institutions for treatment. Many died in the south, and others lost important social ties to their families and communities that were difficult to rebuild.

The settlement era also coincided with the imposition of the residential school system, which created an immense amount of trauma for Inuit children and their families. Many children in these schools lost their Inuit language, some because they were violently forbidden to use it even though it was the only language they knew. Students were denied regular contact with their families in their most formative years, which prevented them from learning skills that were fundamental to Inuit social life. Many were sexually, emotionally, or physically abused while at these schools.

Parents, older siblings and extended families were also traumatized by the residential school experience. When children returned to their home communities, they were greatly changed. Many had lost their ability to trust because of the trauma and abuse they had experienced at residential school. Further, because residential school students were indoctrinated with the belief that anything to do with Inuit cultural practices was wrong, these children were reluctant to accept the knowledge that their parents and grandparents were trying to pass on to them. Ultimately, the people in this generation never managed to build a strong foundation of Inuit social skills to live with and to pass on to their own children.

The trauma experienced firsthand by Inuit in the settlement transitional period has had an immense impact on all following generations, as many Inuit who were negatively affected in this period did not ever heal. This unresolved trauma compromised their ability to cope with stress in a healthy manner. Negative behaviour often followed in the form of alcohol abuse, sexual, physical, and emotional abuse, child neglect, and violent crime. It is important to note that elevated suicide rates emerged within the first generation of Inuit youth who grew up in communities. In the absence of an adequate healing process, a

continuous cycle of trauma has been created, which has been passed from generation to generation. This is referred to as the intergenerational transmission of historical trauma.

The understanding that historical trauma can be passed from one generation to the next does not excuse afflicted individuals who harm others; nor does the examination of the roots of historical trauma in Nunavut allow definitive blame for the current suicide rate to be placed on any single entity. Rather, understanding historical trauma and how it is transmitted from generation to generation is an imperative first step in breaking its cycle in Nunavut. This understanding will inform the development of optimal forms of care, and will ultimately allow for a better understanding of how to prevent suicide in Nunavut.

Risk and protective factors for suicidal behaviour

Suicide is not just a Nunavut concern: the World Health Organization calls suicide one of the greatest public health challenges of the 21st century, and estimates that as many as one million people worldwide take their lives each year. Because suicide occurs in all countries and provokes intense questioning by those left behind, much research has been devoted to the topic. This research clearly demonstrates that suicide is not a random act. There are recognized factors – some social, some mental – that place certain individuals at greater risk for suicide. Conversely, there are also factors that exert a protective influence.

Risk factors

A "risk factor" is anything that increases the likelihood that a person will consider suicide. It can describe a personal characteristic, a situation, or the person's larger social environment. Personal characteristics that have been found to be associated with suicide include major depression, deficits in problem-solving abilities, and abuse of alcohol or other substances. [7, 16, 3] Situational factors that increase the likelihood of suicide can include living in a troubled family, experiencing physical or sexual abuse, losing a parent or caregiver during childhood, and being exposed to the suicidal acts of family or friends. [7, 2,

1, 6, 3, 4, 11, 12] Social networks also play a major role: loss and breakup of relationships, isolation, and problems getting along with other members of the community are all among the predictors of suicide attempts. [7, 8, 9, 11] Finally, broader socio-cultural factors such as poverty, social disorganization, and loss of tradition also seem to contribute, either directly or through their influence on the situational and personal factors. [7, 8]

Because a range of developmental factors have been shown to be associated with suicidal behaviour later in life, suicide prevention programs sometimes focus on improving children's environment during the early years. Programs to improve parenting, reduce family conflict and abuse, and equip children with skills in coping, solving problems, and maintaining relationships, are all believed to give children a stronger foundation on which to build.

Risk factors can impact on each other in such a way that they amplify the combined risk. Having a number of risk factors operating in one's life at the same time (called 'comorbidity') is an important concept when trying to understand suicidal behaviour. Although suicide is sometimes associated with specific mental illnesses such as schizophrenia or clinical depression, there are also situations – such as Nunavut's – in which people are exposed to a multitude of risk factors. This can trigger mental disorders and lead to an elevated risk of suicidal behaviour.

Protective factors

"Protective factors" are those that reduce the likelihood that a person will consider suicide. Examples of protective factors are having a stable home life; being spiritually grounded; having strong coping and problem-solving skills; being educated; being employed; and receiving appropriate mental health care if and when needed. [7, 8, 2, 16, 3] Protective factors do not negate the risk factors in a person's life. Rather, they enhance the person's abilities to cope with them.

The effect of risk and protective factors on suicide

There is no one single reason why some people choose to try and end their lives. Research conducted elsewhere has shown that people who make their first suicide attempt when they are adults are likely to be suffering from major depressive disorders (single or recurrent). People who make their first suicide attempt in their teenage or young-adult years are less likely to suffer from a major depressive disorder, but more likely to have some combination of anxiety disorders, substance abuse and a personal history of emotional and sexual abuse. [15] Nonetheless, researchers agree that some of the known risk factors for suicide – such as alcohol abuse, personal or family problems, and being the victim of physical or sexual abuse – are more common in Inuit communities. For example, RCMP statistics suggest that the rate of sexual offences in Nunavut is more than ten times the national average. [14]

The high prevalence of these risk factors seems to be inextricably linked to the larger social changes that have taken place, and are still taking place, in the Territory. One recent study in Nunavut documented a wide range of stressors – from unemployment to high levels of domestic violence and substance abuse – and concluded that these stressors are "deeply interwoven with interpersonal, socioeconomic and societal changes." Mental health services in Nunavut, the study said, must go beyond the usual treatments and address broader social issues. [10] This research would seem to confirm the belief of many Nunavummiut that elevated levels of social risk factors, rooted in unresolved historical trauma, are a key factor underlying Nunavut's high rate of death by suicide. These risk factors weaken social and cultural ties and influence all residents, although not everyone is affected in the same way.

It is important to note that risk and protective factors are not destiny: not everyone exposed to risk factors will consider suicide, nor will having a range of protective factors guarantee complete safety. Each person has a mix of risk and protective factors active at any given time, and suicidal behaviour (or absence thereof) also depends upon each

individual's coping skills in any given situation. Exposed to a range of risk factors, some Nunavummiut suffer serious and complex trauma, while other individuals and families withstand the impact and lead happy and productive lives.

After reviewing the research on suicide and suicidal behaviour the Partners have concluded that:

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

   This implies 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, especially among young people, is probably 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.).

   This tells us 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 (particularly if substance abuse is included in the definition of "mental disorder"), it is reasonable to deduce that there are elevated rates of mental disorders in Nunavut society.

   This underlines the critical need to strengthen the full range of counselling and mental health services in Nunavut. In addition, research must be conducted to help us better understand the prevalence of mental disorders in Nunavut.

An approach to suicide prevention in Nunavut

"Suicide prevention" can be defined either narrowly or broadly. A narrow definition accepts only those measures that have been proven through evidence-based research to reduce the suicide rate of a particular place over a long period of time. A broader definition also allows for any "embracing life" activity, so long as it builds life skills or promotes healthy lifestyles. In recent years, suicide prevention in Nunavut has increasingly been linked with these "embracing life" initiatives, such as land-based camping trips, hip-hop workshops, or skill-building activities. These have dominated the public discussion as examples of interventions delivered to combat Nunavut's high suicide rate.

While this Strategy commits to supporting such community-development initiatives, the Partners also believe that significant investments are needed to expand mental health services and to emphasize evidence-based interventions. Accordingly, they recommend a Strategy built around three core components:

1. A full range of mental health services and supports.
2. Evidence-based interventions that have been shown in other jurisdictions to successfully decrease the rate of suicide.
3. Community-development activities (commonly known as "embrace life" or "celebrate life" activities) that promote individual and community mental wellness, build self-esteem and confidence, and give participants new skills to live healthier lives.

In addition to setting out the Strategy's core components, it is important to ensure that all aspects of suicide prevention are considered. Suicide prevention activities can be broken into three separate but interrelated scopes of work: prevention, intervention, and postvention.

Prevention captures the widest range of activities, including a focus on maternal and child health and on early childhood development. Prevention can also include other evidence-based measures to reduce the likelihood of suicide and suicidal behaviour within the community.

Intervention ensures that people at risk of suicidal behaviour are identified, and that programs and services are provided to help them. Intervention is more than just short-term risk assessment and assistance to stabilize an individual during a crisis: it also includes support, follow up, and services (e.g. counselling) over the short and long term.

Postvention efforts provide respectful support to families and communities after a suicide attempt or a death by suicide. The goal is to help those affected to cope with the event, and to reach closure. In addition to providing support for those who are bereaved, postvention includes services and resources to reduce the impact of suicide deaths. It also addresses concerns that a completed or attempted suicide may trigger further suicidal behaviours within a community.

Optimally, the Partners' approach to suicide prevention will build upon the three components and will encompass prevention, intervention, and postvention. This approach will provide a comprehensive set of programs and services. It will ensure that communities are proactively building community wellness; that governments are providing comprehensive mental health services; and that evidence-based research is informing and guiding decision-making on targeted interventions.

Challenges to overcome

As the vision for this Strategy is on the societal level, successful implementation will require a comprehensive and coordinated set of interventions. Engaging and mobilizing stakeholders across different age groups, professions, ethnicities, and jurisdictions will pose many challenges. These challenges are explicitly noted here so as to ensure that everyone understands them and recognizes that they must be dealt with in order to successfully implement the Strategy.

The need to evaluate outcomes and persevere

The Partners do not anticipate that any amount of short-term action will produce an immediate decline in suicidal behaviour in Nunavut. Many of the commitments within this Strategy, even if implemented promptly and effectively, will not produce their desired effects for years or decades. A transformation of society is necessary to achieve the vision of a low or "average" suicide rate. We must celebrate positive actions, but also ensure that outcomes are measured using objective data.

The need to ensure that all partners are involved in the implementation

In the community consultations, informants spoke at length about the lack of implementation of Government strategies, and were concerned that this one too would "sit on a shelf and collect dust." If the Suicide Prevention Strategy is to escape this fate, it must not be conventionally politicized. If the content of this Strategy becomes tied to a fixed group of individuals or political circumstances, it will surely be forgotten or replaced by the successive leaders who wish to create their own political legacy. Therefore, implementation must not rely on a single central implementation authority to control success or failure. Instead, communities must play leading roles in implementation, especially in ensuring that Territory-wide actions are undertaken in a respectful and appropriate way.

The need to utilize better Inuit Language terminology when referencing suicide

One of the biggest barriers facing the Territory-wide interventions is the stigma associated with the term "suicide" in the Inuit language. There is widespread discomfort with the term that is commonly used at this time. There are many different ways in which death is described or referenced to in the Inuit language, and traditionally there was a clear etiquette in regard to discussing suicide. In the community consultations, many Inuit voiced their concerns that the traditional terminology has been replaced by unsuitable and inappropriate slang, which has negatively influenced peoples willingness to talk openly

about the subject. Further discussion is required to address the way in which suicide should be referenced in the Inuit language.

The need to put a stop to the use of suicide threats as a manipulative tactic

Suicide has become so commonplace that people are using suicide threats to manipulate family, friends, or partners into giving them what they want. There must be a call for a more responsible and productive way to talk about suicide. There is also a need for constructive confrontation/intervention, so that individuals whose actions are harming themselves or others are told that their actions are wrong and must be corrected. Without overarching values that are enforced by society at large, people will take advantage without fear of consequences.

The need to lower rates of substance abuse and violence

The Partners recognize that Nunavut has elevated rates of sexual assault, physical and verbal assault, and alcohol and drug abuse in relation to the rest of Canada. These problems significantly raise the risk of suicide, and traumatize victims in ways that can affect behaviour for the rest of their lives. Without strong actions by communities and government that lead to decreases in sexual assault, physical and verbal assault, and alcohol and drug abuse, suicide-related interventions will be forced to focus on treatment rather than prevention. Accordingly, this Strategy contains ambitious but tangible goals to lower rates of substance abuse and violence. Accordingly, communities and governments must maintain and perhaps enhance their current efforts to reduce societal exposure to risk factors.

The need for strong coordination between organizations

The Nunavut health system must be functioning well, and in a coordinated manner, if a full continuum of mental health care is to be delivered. This poses challenges on a number of

levels. Limited capacity will be a concern for the foreseeable future; and with the current shortage of Inuit health professionals, providing culturally safe health care will continue to be a challenge. For the Strategy to succeed, community-based organizations, Inuit organizations, and Governments will have to work together to provide the best care possible at present, while working proactively to eliminate gaps in service.

Implementing the Strategy: Commitments

The vision of this Strategy is to reduce Nunavut's suicide rate to the Canadian average or below it. Achieving this vision will require support from communities, since communities, Inuit organizations, and government must work together towards a common objective. It will also require clear commitments from the various parties. Finally, it will require a concrete Action Plan. The Partners have tried to maximize the chances of success by devoting attention to each of these aspects.

First, the Partners have taken a public-engagement approach to development of this Strategy, in the hope that this will ensure community support for its implementation. Second, they have developed clear commitments (outlined later in this section) for each of the three core components of the Strategy. They are also planning to develop strong evaluation tools and processes so that progress can be measured and reported back to residents. Taken together, these commitments and evaluation measures will ensure the accountability of all parties in their promises to Nunavummiut. Finally, the Partners commit to finalize an Action Plan to be released within three months of the release of this Strategy.

The Partners will prioritize actions based on the previously mentioned three core components of suicide prevention in Nunavut, and will be diligent in providing supports within prevention, intervention, and postvention.

The Strategy's eight commitments are as follows:

Commitment 1: The GN will take a more focused and active approach to suicide prevention.

The GN has the ability to transform the way suicide prevention happens in Nunavut. While Health and Social Services will play the central role in mobilizing the GN, other departments such as Education, Justice and Culture, Language, Elders and Youth will be equally committed to implementing this Strategy.

Therefore, the GN commits to improving its overarching approach to suicide prevention by mobilizing its departments to do more in the area of suicide prevention, and ensuring that each department's activities fall within the action plan of this Strategy.

Commitment 2: The Partners will strengthen the continuum of mental health services, especially in relation to the accessibility and cultural appropriateness of care.

At present, some residents lack adequate access to mental health services. Providing a comprehensive continuum of care – from diagnosis to clinical counselling to community-based Inuit healing – will improve well-being and reduce the level of risk that these people face.

Therefore the Partners commit to working together to address the current gaps in service, to build a larger cadre of mental health professionals, and to improve the cultural appropriateness of mental health services. As part of this commitment, the GN will create and improve mental health facilities within Nunavut, revise its Mental Health Strategy, and review the Mental Health Act. The GN will also ensure that grief counselling is made available to all Nunavummiut who could benefit from it.

Commitment 3: The Partners will better equip youth to cope with adverse life events and negative emotions.

Considering that many youth in Nunavut grow up in difficult circumstances, much more can be done to ensure that exposure to adverse life events (such as relationship break-ups) or negative emotions does not lead to negative behaviour.

Therefore, the Partners commit to provide a stronger protective foundation for youth to realize their true potential, including but not limited to public campaigns against physical and sexual assault, and parenting classes. In addition, the Partners commit to provide training opportunities for youth to cope with negative emotions, such as providing anger management courses, mental health related school supports, and greater access to healthy activities such as sports or on the land camps.

Commitment 4: The GN will deliver suicide-intervention training on a consistent and comprehensive basis.

The Partners recognize that rates of suicidal ideation are high in Nunavut, and that some residents wish to be able to provide support to friends, neighbours, or clients who may be at risk of suicide. Training such people to recognize the signs of suicidal ideation, and equipping them with tools and techniques to talk to people at risk and link them with proper care, will help make Nunavut communities more responsive to suicidal behaviour.

Therefore, the GN commits to providing training to better equip people to help those at risk of suicide. Nunavut-specific suicide-intervention training will be delivered across the Territory to people who work with high-risk segments of the population, and to others who wish to be leaders in suicide intervention within their community.

Commitment 5: The Partners will support ongoing research to better understand suicide in Nunavut and the effectiveness of suicide prevention initiatives.

There are many gaps in what is known about suicidal behaviour in Nunavut, and there is also an unacceptable lack of evidence-based research on the effectiveness of suicide prevention initiatives. The Partners recognize that research regarding suicide in Nunavut is critical to better understand the issue, inform policy and program decisions, and allow for accountability based on results rather than on public or political perceptions.

Therefore, the Partners commit to undertake, support, and share research that allows for suicidal behaviour to be better understood. The Partners also agree to monitor and evaluate activities related to the implementation of the Nunavut Suicide Prevention Strategy.

Commitment 6: The Partners will communicate and share information with Nunavummiut on an ongoing basis.

Communication takes many forms, but in relation to this Strategy there are two main components. General information about mental health, suicide, and best practices in suicide prevention must be easily accessible to Nunavummiut. In addition, information about the ongoing implementation this Strategy and Action Plan must be communicated to Nunavummiut in an inclusive, and open manner.

Therefore, the Partners commit to continuing the public engagement process.

Commitment 7: The GN will invest in the next generation by fostering opportunities for healthy development in early childhood.

Prevention measures can start in many places, but the Partners recognize the primary role that maternal, newborn, and child health programs and parental involvement play in providing protective factors for Nunavummiut. Early childhood development opportunities, access to quality daycare, access to proper nutrition, and measures to ensure that children are protected from abuse and neglect will provide protective factors to Nunavut children that will stay with them throughout their lives, and break the cycle of historical trauma.

Therefore, the GN commits to implementing the Public Health Strategy, the Maternal and Newborn Health Strategy, and enhancing existing ECD programs provided by HSS. Additionally, the GN will ensure early childhood development programs are universally available to Nunavummiut, and that quality Inuit-specific curriculum is delivered within all childcare settings.

Commitment 8: The Partners will provide support for communities to engage in community-development activities.

The Partners agree that improving well-being is instrumental in preventing suicide. Communities must play a central role in all aspects of this Strategy, but a primary role will be to provide programs and services that encourage and build healthier individuals and families.

Therefore, to enable communities to identify and act on their own community-development priorities, the Partners will ensure that communities can access funding for

their social and cultural priorities, with an emphasis on increasing community development capacity.

Conclusion

With this Strategy, the Partners have tried to convey an overarching understanding about suicide in Nunavut and how to prevent it. The commitments in the previous section are informed by this understanding. The Partners believe that effective implementation of the broad strategy and specific commitments, will improve well-being and help to reduce suicidal behaviour in Nunavut.

In many ways, the commitments outlined in this Strategy dovetail with the goals of other Government of Nunavut strategies that have been released in recent years. In Nunavut, there is a longstanding consensus on the importance of maternal health and early childhood development, community social development, and Inuit societal values. After extensive research and consultation, the Partners now understand more fully how these broad areas influence suicide-related activity, and believe that significant investment in these areas is imperative to reduce suicide in Nunavut.

Equally important will be significant improvements to the continuum of mental health services and supports in Nunavut. Identification and diagnosis of mental health disorders, followed by treatment, and then supported by community-based protective measures, will allow more people to live healthy and productive lives.

Finally, the Partners recognize the importance of information to further understand suicide and guide suicide prevention efforts. Helpful information will allow communities to be more self-sufficient and proactive in preventing suicide. Research will inform policies and programs. Regular evaluation of how fully the Strategy's commitments are being implemented will allow for accountability of all partners.

Every action taken by the Partners since 2008 has been a best effort to answer the question, “How can we do more to prevent suicide in Nunavut?” While much still remains to be learned, it is essential that we begin now to implement these interventions and actions, which will help de-normalize suicide in Nunavut, lower the suicide rate, and allow people to live healthier and more productive lives.

References

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