Towards the Development of a Nunavut Suicide Prevention Strategy:

A summary report on the 2009 community consultations

Nunavut Tunngavik Incorporated
P.O. Box 638 Iqaluit, NU X0A 0H0
Tel: (867) 975 4962
Fax: (867) 975-4949
Toll-free 1-888-646-0006
Website: www.tunngavik.com

Embrace Life Council
P.O. Box 2259 Iqaluit, NU X0A 0H0
Tel: (867) 975-3233
Fax: (867) 975-3234
Toll-free: 1-866-804-2782
Website: www.inuusivut.com

RCMP "V" Division
Bag 500 Iqaluit, NU X0A 0H0
Tel: (867) 975-4400
Fax: (867) 975-4666
Website: www.rcmp-grc.gc.ca

Government of Nunavut
Department of Health and Social Services
P.O. Box 1000 Stn. 1000 Iqaluit, NU X0A 0H0
Tel: (867) 975-5700
Fax: (867) 975-5705
Toll-free: 1-800-661-0833
Website: www.gov.nu.ca

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A summary report on the 2009 community consultations

Prepared for the *Working Group for a Nunavut Suicide Prevention Strategy* by:

Ellen Bobet
Confluence Research and Writing
Tel (819) 772-8920
Ellenbobet@sympatico.ca

Executive Summary

Nunavut has faced an unprecedented number of suicides and suicide attempts in recent decades, primarily among youth. Individuals, communities, organizations, and government departments have for some time been trying to change this picture. To this end, staff from the Government of Nunavut, Nunavut Tunngavik Inc, and the Embrace Life Council came together in 2008 to form a *Working Group for a Nunavut Suicide Prevention Strategy*. The Royal Canadian Mounted Police (RCMP) joined as a partner in July 2009.

To ensure that all perspectives on suicide were considered, the Working Group organized a wide-ranging consultation in Summer of 2009. A total of 54 consultation sessions were held across the territory, reaching more than 500 people, of whom 251 shared their views. This report describes what those participants said, dividing their comments into two groups: general comments on the factors associated with suicide and suicide-prevention; and comments dealing more specifically with seven possible strategies outlined in a Discussion Paper prepared for the consultation sessions.

General views on suicide and suicide-prevention

Culture was an omnipresent theme, forming a backdrop for almost all of people's reasoning around the causes of suicide and how it should be prevented. Participants said that people's living situation has changed rapidly and radically; that as a result, the traditional ways are breaking down; and that Inuit today are straddling two cultures and facing unique challenges.

What kinds of changes do people suggest in order to make culturally-appropriate services available? First, a great many people would like to see Elders consulted and involved more widely in community affairs, particularly youth programs. Second, land-skills programs are desired. Participants felt that such programs build self-esteem and confidence, and that there should be sustained funding for each community to have at least one good land-based program. Third, people wanted more Inuit counsellors and social workers, and more services to be available in Inuktitut. Finally, they spoke of a need for non-Inuit counsellors to be better versed in Inuit ways and in the customs of the community they are serving.

Beyond culturally-appropriate services, suggestions for dealing with the problem of suicide fell into three main groups: community activities to promote good mental health (such as traditional activities or "Celebrate Life" events); training in skills such as coping or parenting; and recommendations for specific types of therapy. These categories were not seen as exclusive: rather, participants suggested a mix of professional help and community activities. The same dual focus appeared in their suggestions for community facilities, which emphasized, on the one hand, the need for some type of healing centre to

which people can go when they are overwhelmed; and on the other hand, the need to provide recreational facilities and programs for youth.

Comments on the suicide-prevention strategies

How did participants react to the possible strategies put forward in the Discussion Document? The two most-discussed strategies were the need to strengthen the existing counselling services, and the need to support community-based initiatives. Participants supported better training for mental health workers, and agreed with the idea of training other community workers to recognize and treat depression. However, their largest concern was not with the *types* of service provided but with *availability* of services.

Some common threads

How can the results of this consultation help in the development of a suicide-prevention strategy for Nunavut? Clearly, there are diverse views across the territory. Yet there did seem to be some common threads and recurring themes. These include:

The need for a continuum of services

The area of greatest concern seemed to be the shortage of mental health counsellors. Yet it is also clear that Nunavummiut want community-based initiatives that emphasize traditional skills, and training in skills such as coping or parenting. Together, these findings suggest that Nunavummiut wish for a range of mental health services, from community initiatives focused on primary prevention through to professional care.

A greater integration of tradition into service models.

People are uneasy with the need to balance traditional and "western" ways of life, and believe that the balance has shifted too far to the western side. They would like to see more land-skills programs, and they would also like existing services to do a better job of including Inuit culture by involving Elders, offering care in less-formal settings, employing more Inuit staff, and offering cross-cultural orientation to their non-Inuit staff.

Recreational facilities and programs for youth

Many people spoke of the need for more recreational facilities and programs in the community. They believe that such programs would give youth a constructive way to fill their time, would help them develop skills and social networks, and would bring them into regular contact with adults who can provide advice or guidance if needed.

Better access to mental health services

Concerns about counselling services focus not so much on their type or quality as on their *availability*. Nunavummiut would like to see more mental health positions, and greater efforts to attract and retain staff for the existing positions. They also want mental health centres—physical facilities to house programs and workers, to which people could resort when they feel overwhelmed.

Contents

Introduction

> "We need to help people learn that all people are good.
> We aren't meant to commit suicide."

Few peoples have been confronted with rates of completed and attempted suicide as extreme as those Nunavut has seen in recent decades. The statistics paint a bleak picture of high and rising rates, and a society in which some young people—particularly young men—are at much greater risk of suicide than other Canadians. Individuals, communities, organizations, and government departments have for some time been trying to change this picture. The time has now come to co-ordinate these efforts, and to develop a unified strategy to address the problem of suicide. To this end, staff from the Government of Nunavut, Nunavut Tunngavik Inc, and the Embrace Life Council came together in 2008 to form a *Working Group for a Suicide Prevention Strategy for Nunavut*. In addition, the RCMP joined the working group in July 2009 as full members.

The Working Group has met regularly since November 2008, reviewing evidence-based literature about what is known and developing ways to ensure that everyone's views will be heard as we develop a strategy. As part of these efforts, in April 2009 the group released a Discussion Paper[*] and organized a wide-ranging consultation with people throughout Nunavut. In formats ranging from radio call-in shows to public forums, from email to face-to-face meetings with key participants, Nunavummiut commented on the factors underlying suicidal behaviour and the potential solutions. They also gave their views on the specific strategies put forward for consideration in the Discussion Paper. This document summarizes what they told us.

The discussion is organized into four parts. The first describes the consultation process and methods—who was consulted and how. The second looks at the main themes that emerged, and provides a statistical overview of how often each theme was mentioned, and what types of people emphasized each theme. The third and fourth sections describe in more detail what people said, first about suicidal behaviour in general, and then more specifically about suicide-prevention strategies for Nunavut.

[*] Working Group for a Suicide Prevention Strategy in Nunavut (April 2009). *Qaujijausimajuni Tunngaviqarniq. Using knowledge and experience as a foundation for action: a discussion paper on suicide prevention in Nunavut.*

About the consultations

The consultation process

The consultations took place between April 22 and August 18, 2009, and took many different forms. Some were as informal as conversations, email exchanges, or drop-in sessions; others were more structured, involving "town hall" sessions with the general public, or meetings with key stakeholders and community members. Information was gathered from

- 4 conversations
- 12 email exchanges
- 2 drop-in consultations
- 13 radio call-in shows
- 7 group discussions with the general public, typically in a "town hall" format
- 16 group meetings with key stakeholders and community members

Every region of Nunavut was covered, and some communities were consulted in several different ways (Tables 1 and 2). All told, there were 54 separate consultation sessions, involving people from 24 different communities in Nunavut. On average, these sessions lasted 1 ½ hours.[*] The number of participants varied with the type of consultation, ranging from one (for the emails and some of the conversations) up to 60 for the largest town-hall session (Table 3). In a few cases, the number of participants was not recorded; but based on what was recorded, we can see that at least 494 different people took the opportunity to participate in the consultations. Of these, 251 provided comments and suggestions. These comments were entered into a database, and later grouped by theme.[†]

A word is needed about the choice of themes. The consultation had a twofold purpose: first, to ensure that all perspectives on suicide and suicide prevention were considered; and second, to gather feedback on seven specific strategies put forward for consideration in the Discussion Paper. Accordingly, the themes chosen fall into two main sets. The first set contains broad, general themes, such as "culture" (people's views on cultural change) or "skills" (thoughts on skills needed to resist suicidal urges, or to assist suicidal people). The second set is organized more specifically around the seven strategies outlined in the Discussion Paper.

[*] This average of course excludes the email consultations. It also excludes one meeting and two call-in sessions for which the duration was not recorded.

[†] A few of the comments—17 in all—were classified to more than one theme.

Table 1: Consultations sessions by region

Region	No. of sessions
Kitikmeot	7
Kivalliq	12
North Qikiqtaaluk	15
South Qikiqtaaluk	15
Not stated (e.g. email)	5
Total	**54**

Table 2: Consultation sessions by community and type of session

Community	Type of consultation(s)
Arctic Bay	Group meeting, radio call-in show, 2 conversations
Arviat	Radio call-in show
Baker Lake	Radio call-in show
Cambridge Bay	3 community discussions
Cape Dorset	Email, 2 group meetings
Chesterfield Inlet	Radio call-in show
Clyde River	Group meeting, radio call-in show
Coral Harbour	Radio call-in show
Gjoa Haven	Group discussion, radio call-in show
Grise Fiord	2 group meetings, 2 conversations
Hall Beach	Group meeting
Igloolik	Group meeting
Iqaluit	3 group meetings, 3 emails
Kimmirut	2 group meetings
Kugluktuk	1 community discussion
Pangnirtung	Email, group meeting
Pond Inlet	Community discussion, radio call-in show
Qikiqtarjuaq	Group meeting
Rankin Inlet	2 drop-in sessions, email, radio call-in show
Repulse Bay	2 radio call-in shows
Resolute Bay	2 group meetings
Sanikiluaq	2 group meetings, radio call-in show
Taloyoak	Community discussion
Whale Cove	Radio call-in show
Ottawa	Email
Not stated	Email

Table 3: Consultations by type and number of persons attending

Type of consultation	No. of sessions	Total no. of attendees*	Avg. no. of participants per session*
Group meeting	19	209	11
Radio call-in show	13	113	11
Email	12	27	2**
Community discussion	7	171	29
Conversation	4	5	1
Drop-in	2	n/a	n/a
Total	**57**	**525**	**10**

*These figures exclude 1 group discussion, 3 call-ins, and 2 drop-ins for which the number of participants was not recorded.
**Emails usually involved only 1 participant, but there seems to have an instance in which 16 participants in a group session were also contacted by email.

Who participated?

With a format that included radio call-ins and town hall sessions, it is impossible to say exactly who was present at the consultations. We can, however, say something about the characteristics of those who provided comments. This group contained a high proportion of women (142 women vs 75 men and 34 people whose sex was not recorded). The commenters included 15 youth, 6 young adults, 132 adults, 55 Elders, and 43 people of unstated age.[*] Although it is possible that some younger adults were simply listed as "adult," these figures nonetheless suggest that the group most at risk of suicide is somewhat under-represented in the comments. However, Elders appear to have been very present in the consultations, possibly because they were among the key stakeholders invited to group meetings. Judging by the language in which comments were provided, the consultation process succeeded in reaching large numbers of Inuit: 169 of the comments were in Inuktitut, 54 in English, and 8 in a combination thereof (language was not recorded for 20 of the comments).

[*] The age was as estimated by the session's facilitator. Broadly speaking, "youth" refers to participants between the ages of 13 and 20, while "young adults" are people in their early twenties.

Themes emerging from the consultations

General themes

Participants' comments revolved around several broad themes: culture, health/wellbeing/suicide, forms of support, skills (in dealing with emotions or other people), emotions, and the community infrastructure needed to prevent and treat suicidal behaviour. Of these, the ones mentioned by the greatest numbers of people were culture, health/suicide, and support (Table 4).

Did people with different demographic characteristics emphasize different themes? As might be expected, there were some differences by language and region, with Inuktitut-speakers mentioning culture most often, while English-speaking participants tended to speak first of the types of support needed. Residents of Kitikmeot region were somewhat less likely than others to speak of culture, and somewhat more likely to discuss skills. There were also some age differences, with youth and young adults tending to reflect on the causes of suicide and offer personal experiences. Interestingly, there were few or no gender differences: the men and women in this consultation emphasized very much the same themes.

Table 4: Number of individuals mentioning each theme

Theme	Number	Percent
Culture	106	25%
Health, well-being, and suicide	105	25%
Support	84	20%
Skills	57	14%
Community-based infrastructure	40	10%
Emotion	27	6%
Total	419	100%

Note: Some participants made multiple comments on the same theme. To avoid weighting the results to the people who had a lot to say, the figures in this table and the ones that follow show the number of *individuals* who commented on a given theme, not the number of *comments* on the theme.

Comments on the seven themes presented in the Discussion Paper

The Discussion Paper for these consultations raised seven possibilities for intervention, and various participants chose to comment on these possibilities. The two most frequently-mentioned themes reflect the dual preoccupations of participants in these consultations: on the one hand, the need to strengthen the existing counselling services, and on the other, the need to support community-based

efforts to improve and maintain mental wellness. (Figure 1 and Table 5) At the other extreme, the suggestions for an Office of Suicide Prevention, and for more research on suicide and resilience, received little attention. It is hard to say whether this is because people had no quarrel with these ideas and therefore felt no need to comment on them, or because they disagreed with the suggestion. It does, however, suggest that participants' primary focus is on the services available in their own community, rather than on the broader planning and organizational aspects of the suicide prevention strategy.

Figure 1: Percent of participants who commented on each Suicide Prevention strategy

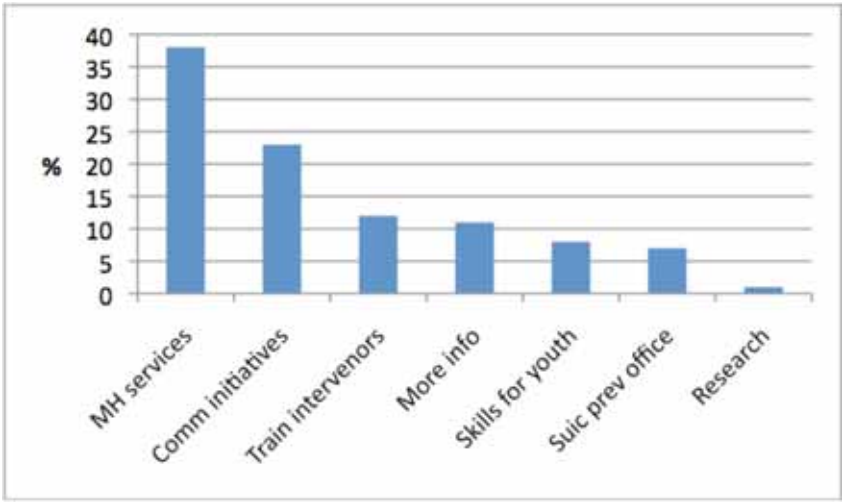

Table 5: Number of individuals commenting on each suggested strategy from the Discussion Document

Suicide Prevention strategy	Number	Percent
Strengthen counselling and mental health services	52	38%
Greater support for community-based groups and initiatives	31	23%
Train more Nunavummiut to be mental health intervenors	16	12%
Provide Nunavummiut with more information on suicide prevention	15	11%
Equip youth with coping skills and suicide-alertness skills	11	8%
Active Government Approach (Office of Suicide Prevention)	10	7%
Research on factors that affect suicide and resilience	2	1%
Total	**137**	**100%**

As with the broader general themes, there were few variations by sex in which of the seven Strategy Themes people chose to comment on. The variations by language were also minimal, although there was a slight tendency for those who spoke in Inuktitut to emphasize community-based initiatives more often. There were, however, some variations by age: none of the youth and young adults commented on either the need for an Office of Suicide Prevention or the need for public-information campaigns on suicide; but they were more likely than older people to comment on the need to equip youth with coping and suicide-alertness skills. There were also some variations by region, with speakers from North

and South Qikiqtaaluk more likely to talk about strengthening counselling services, while those from Kivalliq and Kitikmeot were somewhat more likely to mention support for community-based initiatives.

Table 6: Number of comments on Suicide Prevention themes, by age group

Possible suicide-prevention strategy		Youth	Young Adult	Adult	Elder	Not stated	Total
1 – Active Government Approach (Office of Suicide Prevention)	No.	0	0	6	2	2	10
	%	0%	0%	7%	13%	8%	7%
2 – Equip youth with coping skills and suicide-alertness skills	No.	2	1	4	1	3	11
	%	33%	50%	5%	6%	12%	8%
3 – Train more Nunavummiut to be mental health intervenors	No.	1	0	12	1	2	16
	%	17%	0%	14%	6%	8%	12%
4 – Strengthen counselling and mental health services	No.	1	1	32	8	10	52
	%	17%	50%	36%	50%	40%	38%
5 – Greater support for community-based groups and initiatives	No.	2	0	21	2	6	31
	%	33%	0%	24%	13%	24%	23%
6 – Provide Nunavummiut with more information on suicide prevention	No.	0	0	11	2	2	15
	%	0%	0%	13%	13%	8%	11%
7 – Research on factors that affect suicide and resilience	No.	0	0	2	0	0	2
	%	0%	0%	2%	0%	0%	1%
Total	No.	6	2	88	16	25	137
	%	100%	100%	100%	100%	100%	100%

The next sections describe in greater detail what participants told us, first on the broad general themes, and second on the Strategy Themes that were specifically raised in the Consultation Document.

Description of the broad themes raised in the consultations

Culture

> **"We lost the bond with our parents, our culture, and language in only one generation. (…) The people we can learn from are still there, but our lives are so different from them that it is hard to link their lives and our lives together because of the gap."**

Cultural change and uncertainty

Culture was an omnipresent theme in these consultations, forming a backdrop for almost all of people's reasoning around the causes of suicide and how it should be prevented. All told, one person in four mentioned culture. Although the comments covered a wide range, there does seem to be a common thread in the reasoning. Briefly, this is that people's living situation has changed rapidly and radically; that as a result, the traditional ways are breaking down—or being actively broken down by "western" structures; that Inuit today are straddling two cultures, and having great difficulty doing so; and that because they are caught between two cultures, parents either do not know what to teach their children, or the children are rejecting what is being taught.

Several people commented on how the change to a wage economy is affecting family practices. As one participant said "There are a lot of people that experience financial issues and this becomes a huge burden on the individual and the family. The stress experienced now is different from what older generations have experienced." Another lamented that "[W]e are losing valuable time with our children. We are focused on earning money and paying bills" while children are learning all kinds of desirable and undesirable things at school.

Such changes, said participants, are breaking down traditional roles and protections, such as expectations about the skills that people had to master before they were considered ready for marriage and parenthood.

> **"We now see couples and single people becoming parents with no parenting skills to properly rear their children. We were not allowed to show anger towards our children, but children are now exposed to it on a daily basis, when they were protected from those things. Our generation, our parents brought us up with unconditional love."**

Rules around acceptable parenting practices, and customs around gender roles—such as the perception that boys "belonged" to their fathers, and girls to their mothers—were also seen to be changing. Nor are all these changes to be found in the past: in some cases, modern structures such as the justice system are believed to be an active barrier to parental involvement.

Perhaps more important than past changes is the current balancing act between Inuit and western culture that preoccupied so many of the participants in this consultation. Participants spoke of living a western way of life during work hours and an Inuit way of life at home. Some saw the answer as returning to a more Inuit way of life; others spoke of reaching a balance between the two in which Inuit culture is respected. All concurred on the difficulty of dealing with two sets of expectations:

> **"We also give crazy messages to people: 'Be a traditional hunter Inuk….oh yeah…get a good white GN job so you can afford to be a traditional Inuk.' "**

Taken together, the rapid changes and the conflict between cultures are seen to create large gaps between generations, and great uncertainty about what to teach the young. One participant commented that although Elders and knowledge holders are available, their lives are so different that it is hard for the current generation to make the link. Another noted that youth have no interest in learning the customs and practices that their parents were taught. At the extreme, the juggling of cultures is seen to have produced a vacuum:

> **"Inuit were told, let go of our culture and learn a new one. *Inuit qaujimatjatuqangit* was forced out, but we are now hearing a different story from our government. This has resulted in Inuit not knowing what they want and with no desire to set goals and directions for the youth."**

Other participants, more optimistic, merely pointed to the difficulties of raising children in a bicultural fashion:

> **"Younger people are now trying to raise their children in both cultures and sometimes this doesn't work out too well. (…) And if your child is suicidal it may become more difficult to help that child."**

Providing culturally-appropriate services

What kinds of changes do people suggest in order to make culturally-appropriate services available? First, a great many people would like to see Elders consulted and involved more widely in community affairs, particularly youth programs. Of the 251 people whose comments were recorded, over 40 (about one person in six) recommended greater involvement of Elders. Elders' input was seen as valuable in all areas, but was mentioned particularly often in connection with mental health counselling, youth counselling, and justice/policing. Their role is generally described in terms of passing along traditional teachings and values, and instilling roots, pride, and a sense of identity.

> **"Elders are a very important part of the cycle, for them to educate young people. (….) Need to coach the students to give them an understanding of where they are coming from. Some issues need to be addressed on a daily basis, education, healing, etc, but also need to start understanding that you are living a life where you have a sound foundation to stand on. For some young people, especially young adults, notably those who have problems of consumption, suicide becomes part of the picture. There**

needs to be much more education among these at-risk people, in order for them to become aware of who they are and be proud of where they come from."

Other participants advocated a more complete return to traditional ways. Some spoke of strengthening *Inuit Qaujimatjatuqangit* and returning to the extended family structure and traditional gender roles; one asserted that we need to return to historical governance structures in which the Elders lead the community: ""Inuit Law/Governance will share values of community, family, culture. This in turn would reflect itself through policies and fix the suicide, alcohol, drug issues." More broadly, participants suggested that traditional knowledge needs to be incorporated into suicide-prevention programs, and that the territorial government needs to recognize Elders for their life experience and expertise.

Land-skills programs are also desired—again, mainly for youth, but also for single parents, low-income families, and the population at large. Participants said that having traditional skills boosts self-esteem and confidence, and helps "reset your course in life." Some pointed with pride to the inclusion of yearly "land camps" as part of the school curriculum in their community.

"Spring and Summer time our family/household would go out on the land and those trips would rekindle our family relations, make our family whole again, and make our lives feel complete, until it was time to go back to the community and back to work."

However, there was an explicit recognition that camps and other land-based activities require money for fuel, food, boats, skidoos, hunting gear, and camping equipment. Participants said that each community needs enough funds for at least one good land program, and that these funds should be available on an ongoing basis.

Besides involving Elders and including traditional activities, there are calls for mental health services to include more Inuit counsellors and social workers, and for more services to be available in Inuktitut. One participant suggested that Inuit workers should "shadow" the current mental health counsellors. People also spoke of wanting services that better reflect Inuit ways, and that are less surrounded by the trappings of professionalism like formal offices and titles. They believe that clients would find Inuit helpers and informal settings less threatening. They also think that Inuit approaches are more effective in some instances:

"Titles tend to intimidate people from seeking help."

"Health workers are not able to reach out to family members when dealing with an individual (due to confidentiality). There are conflicts with existing systems and Inuit ways. Inuit tend to reach out to family and community members."

And, of course, people suggested that Inuit counsellors would be able to communicate in Inuktitut, and would be familiar with local practices.

Finally, people spoke of a need for non-Inuit counsellors and intervenors to be better versed in Inuit ways and in the customs of the community they are serving. Cross-cultural

"There need to be more opportunities taken to teach people from outside of Nunavut what they are going to encounter when working inside of Nunavut."

orientation was seen as an obvious first step, but there were also suggestions to assign community members as assistants to counsellors and police, as is apparently done in countries like Australia. These assistants, it was felt, could help the counsellors respect local ways of approaching matters, and acquaint them with individual and family histories. Several non-Inuit participants echoed these calls for cross-cultural orientation, with comments such as "I would like to learn more about *Inuit Qaujimatjatuqangit* practices" and "I would like to have routine orientation for new teachers entering Nunavut."

Health, well-being, and suicide

Naturally, many of the comments in this consultation revolved dealt directly with suicide—its possible causes, how it might be prevented, and the types of support that families need after losing a loved one. Participants were well aware of the magnitude of the problem in Nunavut, and many issued urgent calls to "do something now!" A considerable number reflected on their own experiences of having children, parents, or siblings commit suicide: their comments reflected grief, shock, guilt, and—often—bewilderment that they could have missed the signs that their loved one was in trouble. Comments like "He never said anything about wanting to take his own life" and "We don't know when people want to take their own life" recurred in the descriptions. One woman reflected "My son took his own life and only after his death did I learn that he did things I never thought he could."

Causes of suicide

> **"We live in a time now where people have different types of expectations. (….) We are going toward a Qallunaq way of life. Suicide is the result of the lack of identity, loss of pride, fear of failure."**

People in this consultation identified a wide variety of factors that contribute to suicide, many of them consistent with what is found in the scientific literature. The most frequently mentioned cause was trauma from the residential school experience, which is blamed for loss of language, for creating a generation gap, and for producing "lost" people with reckless habits. One placed the residential schools in a broader context of cultural dislocation and a shift from sharing and holism to self-interest and judgement: "Suicide is not from Inuit. When Qallunaq ways began to show. We need to help people learn that all people are good. We aren't meant to commit suicide."

Besides cultural dislocation, participants frequently pointed to socio-economic conditions—poverty, housing shortages, poor education systems, family breakdown, and unemployment—as contributing to suicide. Others mentioned the "copycat" effect, and suggested that it is unwise to broadcast messages about suicide: "The people in the community feel that doing work speaking of suicide prevention rather than taking a positive approach keeps it around and promotes suicide." Several spoke of suicide being committed as a way to rejoin

> "I sometimes believe we have taught an identity of suicide in Nunavut…"

loved ones who are dead. Others pointed at a wide range of individual risk factors, from poor self-esteem to poor coping skills to a history of abuse.

There was widespread recognition that abuse of alcohol and drugs is common, and that it contributes to the high suicide rates. Many participants expressed alarm that drug use is becoming "normal" among youth; a few reflected that many adults abuse alcohol, and that an intergenerational cycle of alcohol and drug abuse has been created. Yet the perception seemed to be that addictions are more of a symptom than a direct cause. As one person summed it up, "One major sign [of suicide] is over-drinking. They are seeking help, or something in their life needs attention, when they are drunk out of their minds."

Preventing suicide

Given this analysis of the causes and contributing factors, what did people think would help prevent suicide? The suggestions can be broadly divided into three groups: community activities and events; organized prevention activities other than professional counselling; and suggestions for specific types of therapy. Having said that, it seems that most participants were picturing a balance between structured interventions (school programs, mental health workers) and community activities.

> "Include a mix of professional help and community-based initiatives."

1. Suggestions for community activities. The view here was that a wide variety of community events can contribute to mental wellness. "There's a lot of things like school, positive living training, and community events and traditional learning and having trips out on the land that can be of help to others." Several participants specifically advocated life-affirmation programs such as a "Celebrate Life" day to mark the number of years without a suicide. Others spoke more broadly of the need for communities to unite, offering examples such as a community in which the suicide rate apparently fell after the Elders brought the adults and ministers together to discuss prevention. As one council member put it, "It is amazing how a community can pull through when it comes together and accomplish contentment after ordeals of losing community members to suicide."

2. Suggestions for interventions other than therapy. In this category we find proposals such as that the schools routinely offer programs in self-esteem and teach students how to cope with adversity. In the same vein, one participant spoke of the "Stories of Resilience" research project that is currently underway in Nunavut. There were also suggestions for public-awareness programs, ads, and community training to teach people the signs of suicidal behaviour.

3. Finally, there were individual suggestions for specific types of therapy. These included placing counsellors in the youth groups; returning to traditional healing methods, on the reasoning that physical and mental health are linked; teaching mindfulness meditation; and negotiating a Safety Plan with clients.

Groups in need of support after a suicide

In discussing suicide, participants also mentioned the need for various types of support after a suicide or suicide attempt. First, people called attention to the need for a formal follow-up system to ensure that those who have attempted suicide receive help. They also pointed to the other groups that require support after a completed suicide—family, workers, and the community as a whole. There were several mentions of community workshops, of having a trained team that can be sent in to help the population, or of community "debriefing" after the event.

Skills

> **"People are lacking even the very basic coping skills needed for everyday life."**

Many of the comments about preventing and treating suicidal behaviour revolved around various protective skills: skills in coping with emotion and maintaining self-esteem, relationship skills, and—above all—parenting skills.

Coping with emotions and self-esteem

Many participants felt that youth today lack self-esteem and the ability to handle setbacks, anger, and suicidal feelings. They suggested that adults need to teach youth that hard times come and go in any life, and they are strong enough to weather them.

> **"I had to deal with a lot of suicidal people. They want to be listened to. They want to be supported. A lot of times they can't say anything at all; that is the scariest time. But when they speak and cry again, it is a relief. (…) People need to experience hard times. We are not eggs. We will not shatter."**

Interestingly, the comments were about evenly divided between people who said that "we" (presumably parents and community members) need to teach youth these skills, and those saying the *schools* should do so. There were suggestions for schools to teach problem-solving and self-esteem from the early grades, and for high school to teach topics such as anger management and dealing with grief. One speaker described a weekly course on self-esteem offered by the schools in Igloolik that was well-received by students. The course taught youth to make a conscious choice between positive coping methods such as going for a walk, breathing deeply, or spending time on the land, and negative methods like turning to substances or violence.

Relationships and parenting skills

There was some agreement that people lack skills in handling relationships, and that exposure to the internet and TV are causing youth to enter into relationships before they are mature enough to handle them. The greatest attention, however, focused specifically on parenting. There was a general perception that parenting skills are wanting, a situation often attributed to the legacy of residential schools. Numerous people commented on the need for parents

> "My generation grew up feeling their children were not theirs, but that of the government and that they were not their responsibility anymore."

to be more involved, and "take back" their roles from outside agencies such as schools. Others commented on specific things parents should be inculcating (such as goals and values), or on parenting styles (things like more discipline, or less scolding). Chillingly, a few parents said that children today threaten suicide to get their own way.

At least 13 different people called for more training in parenting skills, but fewer provided specifics as to who should provide such training, or in what format. One person mentioned schools as an institution that could provide training, while two others spoke of the need for such training to be holistic or "from an Inuit perspective." Clearly, some people are picking up parenting skills from sources other than courses or formal workshops. As one man put it,

> **"I would envy other children that had the support of their parents. I would ask why I didn't get that kind of support. I wouldn't have the skills to take care of my own children. But now I am learning how I need to live my life and the skills required for parenting."**

Support

Besides identifying the skills that they believed would help people resist suicide, many participants reflected on how communities, families, organizations, and government programs can provide support. The majority of the comments dealt with how communities can provide support to their members; but there were also appreciable numbers of comments about how various organizations can support communities, suggesting that once again people are picturing a mix of community and professional intervention. A few made this point explicitly, while one made an interesting link between professional and informal intervention, suggesting that professionals should help families to understand how they can assist in preventing suicide.

Ways that communities can provide support

A recurring theme in the consultations was that "we must pull together as a community." Participants offered a series of recommendations about how to accomplish this. Some of the recommendations dealt with how to come up with a plan—such as organizing a suicide-prevention committee, forming a youth group so that youth themselves can identify what they want, or bringing the youth group, the churches, and other organizations together to brainstorm. Others were suggestions for self-help groups—a men's group, a parents' group, a youth group. One interesting suggestion made by several participants was to have an helping group whom people at risk of suicide could contact:

> **"There's suicides happening here in Cape Dorset too, so we started a group of people that would go and help the family in need after losing someone. Or when someone is threatening suicide, these people would be called to the school. They've been a lot of help to the community."**

Others said that walks against suicide are helpful, because they bring youth together with people who care and can provide advice. Indeed, in some cases, the walks may be almost *too* successful at this: one volunteer commented

> **"I stopped organizing the Suicide Walks about 3 years ago. I found I was receiving calls at all hours of the night from people in distress and I had to draw the line. I have seven kids."**

Support from families and individuals

Interestingly, more people spoke of community support than of support from families. Nonetheless, there were some comments acknowledging that family breakdown has become common, and that this contributes to suicidal behaviour in children. These people pointed out that resorting to the Health and Social Services department and the RCMP are not the only way to deal with problems, and said that families should be the first line of defence:

> **"Family has been and still is the biggest support system for individuals, and then other community members provide support where the family may not be able to. Frontline workers tend to come after a traumatic situation has already occurred."**

There were also comments about how individual community members can help youth by listening, talking to them, and acknowledging them.

Support from organizations

Participants recognized that many different agencies in the communities address the issue of suicide: churches, Hamlet Council, the RCMP, the justice department, and Nunavut Arctic College. There were calls for better coordination between these agencies, and between the Government of Nunavut, Nunavut Tunngavik Inc., and non-governmental organizations. One woman noted that Kugluktuk holds monthly inter-agency meetings at which representatives update each other on what their organization is doing. This, she said, improves relationships and coordination of services.

There were also comments about the roles of specific agencies in preventing and dealing with suicide. Some felt that religion is the answer, and that churches need to be involved when suicide interventions are planned. Comments often expressed a wish that organizations would be more proactive at identifying people in need and making sure they receive treatment. For example, one person suggested that the Justice Department make it a priority to counsel people in the Baffin Correctional Centre and the Young Offenders' facility. Similarly, while there was support for the RCMP's "DARE" program, it was also felt that the RCMP should establish programs for families and address the root causes of the problems they deal with. Finally, a few participants spoke of the paradox that when schools expel troublesome students, they effectively banish them from the one place where they are most likely to have access to help and counselling.

> **"Something we have learned is that when someone is acting out or misbehaving, they are asking for help. When they do this at school, instead of helping them, they get the**

reverse where they get kicked out of school. (….) When they get kicked out of school, they lose out on access to the counselling and guidance they can receive in-house."

Instead of suspending students, these people said, schools should have a counsellor who works together with the child's parents.

Support from government

Participants mentioned various ways that government can support communities to deal with suicide. Understandably, the most frequent recommendations dealt with more funding and sustained funding—particularly for the smaller communities. There were also suggestions that "outside" workers visit the community, either to provide support for the existing workers, or in some cases to provide direct services (on the reasoning that confidentiality is less of an issue when the counsellor is not a community member). Finally, there were one or two suggestions for government to provide public-awareness programs and information on how to deal with suicidal people.

Community-based facilities

As we have seen, many people advocated a mix of structured and informal services to address the problem of suicide. While they saw things like traditional skills programs and land-based activities as useful in maintaining balance and building identity, they also spoke of the need for structured programs and counselling services. What kinds of community facilities did people have in mind? Two very clear preoccupations emerged in the comment on this theme: first, a need for some type of healing centre to shelter people in difficulty and provide counselling and intervention; and second, a need for recreational facilities for youth, to give them useful activities and skills that will help them resist suicide.

"There could be a place for people to go to…"

With respect to treatment, many people emphasized the need for a healing centre or some type of "safe house." They pictured a facility that would house people at risk and provide counselling and intervention, perhaps with Elders. Typical comments were "There are those in the community who want help but can't reach out. We need a physical place to take in people," and "We need a centre for those at risk for them to get the help they really need." Several participants spoke of having a place where people could vent their anger without danger to themselves:

"We should have a place near detachments where people can be brought when they are very upset/suicidal, to be taken care of. An intervention centre or a 'let out your steam room' needed perhaps next door to the RCMP…so much anger built up, there is no release…"

Finally, one or two participants mentioned the need for a facility to handle detoxification and addiction problems, while others spoke more generally of having a resource centre or simply a place for programs to take place.

Second only to calls for a healing centre were proposals for youth recreation facilities and programs, often buttressed by compelling arguments:

> **"I believe that [recreational facilities] would contribute to youth mental [health] and perhaps suicide prevention through opportunities for self-esteem enhancement, peer relationship development, activity distracting youth from less positive behaviours, the documented beneficial effect of regular exercise in mental health, and lastly, the opportunity during group activities for monitoring of youth at risk by peers and program supervisors."**

Recreational programs were seen as a way of keeping youth motivated, providing them with social networks, improving self-esteem, and alleviating the boredom that can lead to depression. However, some participants noted that what is needed is not just a physical facility, but structured programs: "it's not enough to just open the gym and expect it to happen." Several expressed concern that financial obstacles prevent some children and families from participating, and emphasized that funds are needed to allow everyone to take part in recreational activities.

Comments on the specific possibilities raised in the Discussion Paper

The Discussion Paper for these consultations set out seven possible actions that might be included in a suicide-prevention strategy. Participants' comments on these seven themes are summarized below.

Possible action #1: Active government approach

Synopsis

Government of Nunavut establish an Office of Suicide Prevention to

- Set up training on suicide alertness and prevention
- Coordinate government activities and liaise with NTI and the Embrace Life Council
- Provide expert advice
- Participate in national and international research projects and forums
- Maintain web resources.

"I am hoping that this project gets ALL the agencies and interest groups involved and communicating with one another."

Ten people commented on this theme, although some of the comments related more to the statistics presented than to the suggestion for a central coordination office. Views on the proposed Office of Suicide Prevention were generally favourable. A few people suggested that if the Government of Nunavut takes action, it will have a positive ripple effect in the regions and communities. One participant suggested that the Office's role include coordination of the Critical Incident and Stress Management process. Another recommended that the website include resources for the agencies involved in suicide prevention, and offer opportunities for them to network.

Possible action #2: Equip youth with coping and suicide-alertness skills

Synopsis

Training for high school staff and students on suicide alertness and intervention. Similar training for youth not at school. Peer counselling and support groups to help youth develop better coping skills.

Eleven people agreed with the need for this kind of training. Generally, their comments focused on coping skills—there was not a single mention of suicide-intervention skills. Most agreed that intervention through the schools, or through peer counselling, was appropriate. Several expressed concern about the difficulties of reaching drop-outs, who are the highest-risk group.

Possible action #3: Train more Nunavummiut to be mental health intervenors

Synopsis

Ongoing, structured suicide alertness and intervention training for adults, especially those who work with youth. The training to be culturally-appropriate and available in Inuktitut.

"We need training for local people who recognize when people are in trouble, but who do not necessarily have a professional role in the community."

Ten participants spoke in support of this idea, but there were a few notes of caution. One professional pointed out that if someone seen by a community-level intervenor goes on to commit suicide, the intervenor will need support. Further, some of the comments seem to indicate that community members are counting on this type of training to equip them to handle problems like schizophrenia, delusions, or bipolar disorder—problems that are likely to be beyond the scope of a community intervenor.

Possible action #4: Strengthen counselling and mental health services

Synopsis

- More and better training for front-line workers and lay counsellors
- A government-wide campaign to promote good mental health in children and youth, similar to the way the Canadian government approaches physical health
- Training for doctors, nurses, other professionals in how to recognize and treat depression
- Review the support provided to people who have attempted suicide, and to the families of those who have attempted or completed suicide
- Convene a panel of experts to review the types of care provided to Nunavummiut with mental illnesses.

"Everybody has to start taking mental health treatment more seriously.... we can't have mental health treatment when we have people only have front line staff once every three months. We need the Government to make investments in the resources. We need to look at the best resources we have the communities and make use of them."

This proposal drew the most attention of any of the seven: almost half the comments on the seven strategies dealt with this one. Predictably, everyone agreed that there is a need to improve mental health services. By far the largest concern was not with the *types* of service provided but with *availability* of services. There were repeated and strong calls to create more mental health positions, fill existing ones, reduce employee turnover, and backfill positions when the worker is away. Typical comments were:

"We don't get regular services here. There hasn't been a social worker here for over a year. There hasn't been a CHR for two years and there is no mental health worker in the town."

"The social worker position (…) has been vacant for over 15 months now."

"I am perplexed at the limited amount of resources available at the Mental Health Centre. Not being sure of what the issues are re staffing and programs, I cannot comment except to say that it is alarming."

"We need more help; our nurses are already over-worked and burn out regularly."

How did people feel about the specific suggestions on ways to improve services that were set out in the Discussion Document? Oddly, there was no reaction to the suggestion of a government wide mental-health promotion campaign. However, comments on the remaining suggestions were as follows:

- Many people agreed that it is desirable to give front-line workers more and better training. A few specified that this training must be Aboriginal-adapted (even training adapted for First Nations was felt to be preferable to the mainstream type), and not "made in Ottawa," where people do not know the community and its needs. In general, participants viewed training as a form of badly-needed support to front-line workers who are overwhelmed by pressure and high community expectations.

  "The Health and Social Services staff do not get the ongoing training needed. When staff aren't trained properly on a regular basis they quickly become overwhelmed. When staff are overworked and overwhelmed and under trained they are put into a dangerous situation for themselves and those that they are trying to help. Front line workers need to be backed up with the proper resources and funding."

  Consistent with this view that training is above all a form of support to staff, people also made related comments about other ways to support workers. These included coordinating with

Critical Incident Stress Management; giving more positive feedback; and better communication, so that workers get more information, and the community understands what the worker's role is, and where it ends.

- There was also considerable agreement with the suggestion for training health professionals in how to recognize and treat depression. Participants felt that such training would be useful not only to doctors and nurses, but also to social workers, wellness workers, and staff working in social services and child protection. One interesting proposal was to include a mental health component—including preschool assessment—in the territory's preschool and early childhood programs.
- There were four comments in support of the suggestion for improving support to families after a suicide.
- One person indicated strong support for the idea of having a group of experts review the care provided for mental illnesses.

Besides commenting on the specific suggestions set out for this particular strategy, participants also put forward other ideas on how to strengthen mental health services, both at a system level and in more specific ways. At the broadest level, people commented that the system should move from crisis-management to prevention; that alternative forms of counselling need to be available; and that the timeframe for treatment needs to be longer. There were also recommendations for better coordination at all levels:

- Between emergency care and the community, to ensure that community staff receive an update when a patient is released from hospital after a suicide attempt.
- Between different agencies in the territory, and sometimes even between different agencies in the same community
- Within the Health and Social Services department itself. One participant asserted that "Currently (HSS) works as three separate territories."

There were also several comments on confidentiality. The issue, it seems, it not so much workers being indiscreet as the fact that simply being seen to enter the health centre or social services office triggers gossip and stigma. To deal with this, participants suggested solutions like making counselling available by telephone or in a private setting, or actually moving the social services office into the school. More broadly, one youth worker said that "There needs to be a comfortable place, somewhere that is outside of places like the health centres."

Finally, there were a few very specific suggestions: have guidance counsellors in the schools; set up mobile treatment teams; set up youth councils; improve diagnosis of mental illnesses; and have mental health staff explain on the radio what their role is and what policies they must abide by.

Possible action #5: Greater support for community-based groups and initiatives

Synopsis

- Support for community groups to start initiatives they think will improve mental health
- Stable, long-term funding for such programs
- Expand the scope and hours of availability of the Nunavut Kamatsiaqtut Help Line

"Question – will communities to get funding to do more projects? One was scrap-booking & seal skinning projects. These were successful. Funders do not realize how much impact these programs have. Opportunity for people to get together to share; these have other health benefits for the community – allow for people to help themselves."

This theme garnered a lot of attention, second only to the proposal for improving mental health services. All told, 31 different people commented on this theme. Roughly two-thirds of the comments were in support of the suggestion for stable, long-term funding. A few were more specific, saying that this sustained funding should go to youth programs or to life-affirming activities and suicide walks. The remaining comments focused primarily on the importance of having a Help Line, or of making it available 24 hours a day.

"Communities need to take their own actions."

Possible action #6: Provide Nunavummiut with more information on suicide prevention

Synopsis

- A "mental health literacy" campaign, including messages designed to reduce the stigma associated with mental health problems
- Information for youth and parents on the mental health risks of abusing substances
- Strengthening firearm-safety campaigns

Sixteen people agreed with this proposal, although in some cases their agreement seemed to be lukewarm. Some suggested specific media for the health literacy campaign—posters, radio, school courses, TV ads, or a newspaper column on mental health. Others wanted specific themes emphasized, such as the causes of suicide or the links between substance abuse and suicide. A psychiatric nurse spoke in support of the need to reduce the stigma

"We have to learn about suicide prevention and how we can help each other."

associated with mental health, and suggested that we view mental health treatment as just another form of routine health care, no different from seeking care for an infection or other physical ailment. Interestingly, several people suggested action to publicize the resources that already exist, and tell people where they can seek help.

> **"Maybe we need to show (….) commercials that encourage healthy living, healthy choices and more information on where to go for help when one is in distress. If people can see the positive side of things, maybe it could make a difference."**

Possible action #7: Research on factors that affect suicide and resilience

Synopsis

- Research on the causes of suicide in Nunavut
- Routine tracking of the statistics to identify trends
- Calculation of costs associated with medi-evacs for suicide attempts
- Review of the effectiveness of Early Childhood Education programs in promoting mental health
- Pilot projects (with evaluation) on early childhood development

This theme attracted almost no attention: only two people commented on it. The first suggested research to find out if trauma can indeed lead to mental illnesses like schizophrenia; the second advocated building on resilience and strengths.

Conclusion

How can the results of this consultation help in the development of a suicide-prevention strategy for Nunavut? Clearly, there are many different views across the territory on the factors underlying suicide and the best ways to prevent it. Nonetheless, there do seem to be some common threads and recurring themes.

A continuum of mental health services

It is very clear that Nunavummiut want community-based initiatives that bring people together and emphasize traditional skills. These are seen as building confidence and self-esteem, contributing to resilience, and providing opportunities for youth to interact with adults and Elders. Yet there was also substantial support for formal programs such as school courses in coping skills, or training adults in parenting skills. And despite calls for community-based initiatives, the leading strategy—that is, the one on which the greatest number of people commented—was the suggestion that existing counselling and mental health services be strengthened. Taken together, all of this would lead us to the conclusion that Nunavummiut desire a range of prevention services, from community initiatives focused on primary prevention through to professional care for people at higher risk.

A greater integration of tradition into service models

Most people locate the root causes of suicide in historical wrongs, which have given rise to problems of aimlessness, various types of abuse, lack of parenting skills, and an uneasy balance between traditional and "western" ways of life. This situation, they say, has caused youth to lack confidence, self-esteem, skills in coping with adversity, and goals in life. Based on this reasoning, at least three options would be conceivable: re-emphasizing tradition; choosing the other extreme, and taking actions designed to improve youth's success at "western" skills (e.g., Head Start programs, school tutoring, job internships, etc); or emphasizing ways to blend the two. It is very clear which of these directions was favoured: dozens of people spoke of land programs, traditional skills, and a return to *Inuit Qaujimatjatuqangit*, while none spoke of programs to promote academic or job success. People would like to see land-skills programs, and they would like existing services to do a better job of including Inuit culture by involving Elders, offering care in less-formal settings, employing more Inuit staff, and offering cross-cultural orientation to their non-Inuit staff.

There were also a few suggestions for a change in emphasis from individuals to families and communities. This is the case, for instance, with the suggestions that the RCMP and school counsellors work not only with the individual in trouble, but with their families.

Recreational facilities and programs for youth

Many people spoke of the need for more recreational facilities and programs in the community. They believe that such programs would give youth a constructive way to fill their time, would help them develop skills and social networks, and would bring them into regular contact with adults who can provide advice or guidance if needed.

Strengthening mental health services by focusing on access

There was widespread agreement that mental health and counselling services in Nunavut need to be strengthened. In this context, people discussed better training and support for mental health workers, and improved coordination between services. Yet there were few or no comments on the quality or type of counselling services being provided. Instead, the overwhelming preoccupation was with *availability* of services, with calls for greater efforts to attract and retain staff. There were also repeated suggestions for communities to have healing centres—a place to house workers, programs, and possibly people at risk, and a place to which residents could resort when overwhelmed.

Appendix 1: Details of the consultation process

Date	Community	Facilitators
May 20, 2009	Arviat	Sandy Kownak & Jack Anawak
May 20 & 21, 2009	Cambridge Bay	Megan Pizzo-Lyall & Jesse Mike
May 21, 2009	Whale Cove	Sandy Kownak & Jack Anawak
May 22, 2009	Gjoa Haven	Megan Pizzo-Lyall
May 22 & 23, 2009	Pond Inlet	Virginia Qulaut Lloyd & Jeannie Arreak-Kullualik
May 22, 2009	Taloyoak	Megan Pizzo-Lyall
May 25, 2009	Kugluktuk	Jesse Mike & Winter Kuliktana
June 3 & 8, 2009	Repulse Bay	Sandy Kownak & Jack Anawak
June 4, 2009	Chesterfield Inlet	Jack Anawak
June 5, 2009	Baker Lake	Sandy Kownak & Jack Anawak
June 11, 2009	Coral Harbour	Jack Anawak
June 17, 2009	Rankin Inlet	Sandy Kownak & Jack Anawak
June 17 & 21, 2009	Resolute Bay	Virginia Qulaut Lloyd & Jeannie Arreak-Kullualik
June 18 & 19, 2009	Grise Fiord	Virginia Qulaut Lloyd & Jeannie Arreak-Kullualik
June 18 & 19, 2009	Rankin Inlet	Sandy Kownak & Jack Anawak
June 24, 2009	Arctic Bay	Virginia Qulaut Lloyd & Jeannie Arreak-Kullualik
July 7, 2009	Igloolik	Virginia Qulaut Lloyd & Jeannie Arreak-Kullualik
July 8, 2009	Hall Beach	Virginia Qulaut Lloyd & Jeannie Arreak-Kullualik
July 10 & 11, 2009	Clyde River	Virginia Qulaut Lloyd & Jeannie Arreak-Kullualik
July 17, 2009	Pangnirtung	Interagency committee (Jack Hicks)
July 22, 2009	Cape Dorset	Jesse Mike & Romani Makkik
July 23, 2009	Kimmirut	Jesse Mike & Romani Makkik
July 27, 2009	Qikiqtarjuaq	Jesse Mike & Romani Makkik
August 17 & 18, 2009	Sanikiluaq	Jack Anawak & Romani Makkik
September 9 & 10, 2009	Iqaluit	Virginia Qulaut Lloyd, Jeannie Arreak-Kullualik, & Natan Obed