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# Suicide Prevention and Mental Health Initiatives for Inuit Youth in Canada

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Abstract

Indigenous Peoples in Canada continue to experience health and social inequities in the post-colonial era. The Inuit are one aggregate whose livelihoods have been drastically altered through government subsistence programs and residential schools. The loss of culture, community, and relationships have had a negative impact on this population, particularly youth, as evidenced by high rates of suicide and issues with mental health and substance abuse. A search of scholarly and gray literature was completed to identify factors that contribute to suicide among Inuit youth and potential interventions. While interventions that address mental health and suicidal risk factors have been successful, resources to support programs have not been sustained. This paper highlights suicide and mental illness among Inuit youth as a preventable issue that stakeholders and policymakers can address through participatory approaches in collaboration with the community.

Keywords: Inuit Youth; Indigenous Canadians; Suicide; Mental Health; Health Policy

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The Indigenous Peoples of Canada has been negatively transformed through a history of oppression by European assimilation initiatives that caused a loss of community, spiritual connection, and sense of self that is essential for health and holistic well-being (Office of the Chief Coroner, 2011). One Indigenous population of interest is the Inuit, who have resided in Northern Canada for four thousand years prior to European settlers arriving in the 18th century (Inuit Tapiriit Kanatami [ITK], n.d.). Over time, colonial intrusion reshaped the Inuit from their nomadic, collectivist, and self-sufficient way of life, to having reliance on the government for sustenance, which has contributed to present day poverty and health inequities (Kral, Idlout, Minore, Dyck, & Kirmayer, 2011). During the 1940s, the Canadian government set up permanent housing communities for the Inuit that created a lifestyle that was far from the traditional wintertime igloos and summertime tents that they used for shelter while following the migratory pattern of food. This change altered the connection to land, family, and culture that is pivotal to the mental health of the Inuit (Willox et al., 2013), and a number of political strides have been initiated to reclaim these (ITK, n.d.). Inuit youth are a particularly vulnerable aggregate, as they have one of the highest rates of suicide in the world (CBC News, 2014), as well as issues with substance abuse that affect an estimated 18% of the population – a number that significantly surpasses rates seen in the other Indigenous and non-Indigenous Canadians (Webster, 2012). These statistics speak loudly to the social and cultural phenomenon of mental health in Inuit youth, which must be eloquently addressed through a sensitive, collaborative, and multifaceted approach between the Inuit People and Western society (The Partners, 2010).

The purpose of this paper is to address the subject of suicide and mental health issues in the Inuit youth population. Using a health promotion and strengths-based approach, viable

solutions will be identified. Finally, community health nursing standards will be incorporated to support implications for nursing practice.

## Mental Health in Inuit Youth

The World Health Organization (WHO, 2014) defines mental health as a resource to adapt to daily demands, a requirement to positively contribute to the community, and a component of overall health. This WHO definition is similar to the Inuit concept of mental health, which is defined as a balance amongst the physical, mental, emotional, and spiritual aspects of the self that are embedded in personal relationships (Winnipeg Regional Health Authority, 2011). The nursing profession also values the holistic view of health (Lewis, Shanahan, & Andrus, 2014) and believes that health can exist in the presence of illness (Healey-Ogden & Boyd, 2010).

The Indian Act denotes federal responsibility for the health care of Status Indians, or those legally recognized by the government, which varies by geography and Indigenous group (Aboriginal Affairs and Northern Development Canada, 2014). Additionally, the Indian Act provides certain programs and services to individuals registered as Status Indian. The Inuit are not considered Status Indians in Canada, but are still recognized as Aboriginal Peoples, and unfortunately share in the tragedy of Canadian colonial history. The Indian Act of 1876 intended to forcefully assimilate, and eliminate, Indigenous Peoples through discriminatory legislation and policy (Hanson, 2009). Milloy (2008) attributes two factors to the near-decimation of the Indigenous Peoples, including the Inuit: the chronic lack of funding for essentials, such as housing, income, education, and health care, and the impact of residential schools, where many children were plucked from their homes, families, and communities, only to suffer torment and abuse in boarding schools for most of their childhood.

As a result of European and government interventions that created a dependent relationship for the Inuit population, a cultural divide formed between the generations (Wexler, 2006). Inuit youth feel a lack of purpose, misunderstood, and unable to connect with parents and Elders, while parents and Elders feel that their relational power was removed because of residential schools and by receiving free comforts of living through the government (Wexler, 2006). As one middle age woman articulates, "They just don't have enough self-esteem to go out there and make a fire. Even a 20 year old has someone cut wood for them—elders cut wood for young people!" (Wexler, 2006, p. 2942). This remark is in stark contrast to the historical role of women in tending the quillik, an oil lamp used for heating and cooking. The maintenance of the quillik was so essential in Inuit culture that it was a prerequisite for marriage (ITK, n.d.). Self-esteem is a crucial factor for youth to overcome challenges and resist substance use and suicidal ideation (as cited by Owlijoot, 2008).

Both suicide and substance abuse can be interpreted as symptoms of modern day covert oppression tactics, and have been linked to boredom (Wexler, 2006; Dell & Hopkins, 2011), depression, hopelessness, alcohol, (Strickland & Cooper, 2011), and rejection and conflict in romantic and familial relationships (Kral, 2012). Relational conflict is strongly tied to mental outlook and suicide, as relationships are central to well-being in the Inuit culture (Kral, 2012). Suicide among Inuit youth is a current epidemic (Kral, Wiebe, Nisbet, Dallas, Okalik, Enuaraq, & Cinotta, 2009), with rates that are at least 11 times higher than non-Indigenous populations (Public Health Agency of Canada, 2011). Young males are more likely to commit suicide, which is primarily precipitated by jealousy and anger in romantic relationships, but can also result from poor connection with parents due to fighting, alcohol misuse, and domestic violence (Kral, 2013).

## Social Determinants of Health and Health Inequities

Health and illness are influenced by the political distribution of power and resources, termed the social determinants of health (SDOH), which account for differences in health status as a result of inequities in accessing these resources (WHO, 2013). The Inuit population has their own determinants of health, which interact to influence overall health (ITK, 2014). Racism and discrimination are one such determinant, and are tied to social exclusion, poor self-esteem, and increased substance use (as cited in Reading & Wein, 2009). While discrimination is associated with poor mental health, positive relationships and guidance from parents are protective factors (Cooke, Bowie, & Carrere, 2014; Strickland & Cooper, 2011). Income, an essential SDOH, is a critical contributor to overall health and well-being (ITK, 2014), but career outlook is considered poor in the northern regions of Canada. With unemployment in 2006 at 19%, fewer full-time positions, and more men unemployed than women due to gendered opportunities, these conditions have created lower earning potential for the Inuit than for non-Indigenous individuals, yet the cost of living is much higher, leading to situations of poverty (Statistics Canada, 2006). Approximately 25% (Keep the Promise, 2015) to 50% of Canadian Indigenous children live in poverty, as opposed to 13.3% of non-Indigenous children (CBC News, 2013). Housing insecurity, inadequate housing conditions, and overcrowded living spaces also contribute to increased stress in the home and tension in relationships (ITK, 2014). At the same time, there is minimal community development and opportunities for youth, as many communities are isolated and have access to only essential resources (ITK, n.d.). Addressing the SDOH contributes to mental wellness (ITK, 2014), and inequities in the SDOH are a likely cause for the soaring number of suicides that began in the late 20$^{th}$ century, and continue today (The Partners, 2010).

## Strengths-Based Approach to Solutions and Greater Mental Health

A strengths-based approach enables clients and health care professionals to collaborate on assets, resources, and goals that are conducive to health and well-being (Pattoni, 2012). Strengths within the Inuit population include their cultural beliefs and regard for Elders, who are individuals esteemed for their wisdom and knowledge of historical cultural practices (Owlijoot, 2008). Culture is one element in shifting this mental health epidemic, as interventions tailored and designed around culture hold meaning (Green, 2010) and legitimacy in healing (Gone, 2008). Kral and colleagues (2009) explain how family can be both a contributor and inhibitor to suicide, as speaking openly with family and receiving personal guidance and mentorship from parents and Elders is essential to suicide prevention (Kral, 2013). Culture is not only relevant to directing interventions, but also in defining the expectations of health care professionals and of those in the health and illness role (Wexler & Gone, 2012). Since culture and community are paramount to individual health, it is important to focus long-term solutions at enhancing mental health and preventing youth suicide at this level.

Keeling and McQuarrie (2014) underscore the importance of partnership and collaboration in promoting health and building capacity, and suggest incorporating various community and online resources. One mental health program, called Healthy and Whole, successfully and fiducially integrates and adapts cultural values, beliefs, and practices in order to instill life-meaning back into those who have lost it (Kinsey & Reed, 2015). In this program, nurses act as facilitators for individuals who seek help, and use various locations throughout the community, while including extended family, food, and other practices when desired (Kinsey & Reed, 2015).

Another successful program aims to develop personal resilience by integrating Western positive psychology and Indigenous culture to target youth who inhale volatile solvents (Dell & Hopkins, 2011). Many youth in this program have witnessed family addictions, suffered trauma and abuse, attempted suicide, and lost friends and relatives. Like Healthy and Whole, this program has a solid foundation in culture, and is a further demonstration of the power of culture in healing. The inclusion of positive psychology, which is considered a Western-based approach, blends Western and Indigenous beliefs (Dell & Hopkins, 2011). However, despite the power of culture, Green (2010) cautions against relying on it alone, as many Indigenous cultures who have access to Western medicine incorporate a balance of both approaches in their interventions.

While these programs have shown success, the caveat is they are a downstream response to an important issue, rather than an upstream, preventative approach. Still, these programs do provide insight into the elements that can support Inuit youth, and reflect a greater need for strategies that enhance relationships, community, and self-empowerment. From a community health nursing perspective, empowerment can be inspired in others by creating the conditions necessary for people to participate, take leadership, and develop capacity for healthy behaviors (Community Health Nurses of Canada [CHNC], 2011), and one Inuit community made a powerful exemplar of this. After having one of the highest rates of suicide, one community encountered zero incidents for approximately four years following a two-tier approach (Kral, 2012). The first approach involved adult and youth leaders meeting regularly with the community to discuss the issue of suicide and prevention strategies; the second approach involved removing the rods from the bedroom closets, which negated the most common means to commit suicide, as well as encouraging people to directly approach those they suspected to be

vulnerable. This intervention used a participatory action approach with the community to identify issues and solutions, which enhanced buy-in and contributed to a significant decline in suicide rates. Such approaches are valuable to address the issue of suicide in the unique and varying communities.

Kral (2012) also describes a strategy involving a youth centre, where youth can engage in activities, meet with peer support workers, and receive guidance from Elders. This centre successfully promoted mental health, and saw declining rates of suicide in the population over time. However, the program required additional resources and financial investment that were not met to sustain it. The youth centre attended to various SDOH factors, including the social environment, social inclusion, culture, and mental well-being (ITK, 2014), and involved youth who would otherwise have avoided seeking help due to stigma (Kirmayer, Fraser, Faurus, & Whitley, 2009). Such programs should be revisited with input from the community.

Mental health policy at multiple levels of government must focus attention on addressing the SDOH (Kirmayer et al., 2009). Strategies include securing stable funding for public health programming and initiatives that incorporate culture, reduce stigma, and involve community action (Kirmayer et al., 2009). Federal attention is also needed to address significant social issues, such as housing, employment, family life, and income inequity (The Partners, 2011). Addressing these conditions can help individuals develop personal factors that contribute to resilience, which has a protective influence. For example, Kral, Salusky, Inuksuk, Angutimarik, & Tulugardjuk (2014) describe factors that build resilience, such as leisure activities, eliminating addictions and domestic violence, and investing in community members to promote parenting skills and early childhood development. These strategies are similar to those outlined in the Nunavut suicide prevention action plan (The Partners, 2011).

## Implications for Nursing Practice

It is imperative that nurses incorporate cultural safety and relational ethics in their practice with all people (Bearskin, 2011). Community health nurses (CHN) value community, intersectoral partnerships, and multiple forms of knowledge (CHNC, 2011), yet Bearskin (2011) concedes how nurses may find it challenging to relate to others who are different from themselves. The College of Nurses of Ontario (2009) also address the risk for cultural bias when nurses wrongfully assume client preferences because of a shared cultural background. Such treatment by nurses generalize client needs, and can further add to the experience of health disparities if preferences are not integrated into the plan of care (Clark, 2014). The concept of cultural safety relates to the CHN standard of professional relationships, which states that it the responsibility of the nurse to understand the culture of the client and to engage in positive behaviors that promote comfort and encourage participation (CHNC, 2011).

Just as culture holds different meanings for individuals, there are multiple views of health and illness. The definition of health must capture the personal view of the individual and the community, and this is particularly important, as non-Indigenous interventions are poorly received when there is disregard for beliefs, values, and traditions (Kral et al., 2009). Such an implication for nursing relates to the CHN standards of health promotion; prevention and health protection; and health maintenance, restoration, and palliation, which involve collaborating with the community to address the root causes of poor mental health, incorporating policies supported by the community to improve the SDOH, and having resources that maintain and rebalance health (CHNC, 2011). This implication also relates to the CHN standard of capacity building, and requires collaboration in all stages, from identifying the issue to developing and

implementing strategies and solutions, with the intention of the individual and community taking over and taking leadership (CHNC, 2011).

Since the Inuit and other Indigenous populations of Canada have a history of oppression, and continue to suffer from inequities in the SDOH, another important implication for nursing practice relates to the CHN standard of facilitating access and equity (CHNC, 2011). Within this standard, nurses are expected to advocate for practices, resources, and policies that are identified by the community, such as employment opportunities, adequate housing, and community development initiatives, for instance, a youth centre, as these factors have significant influence over mental health and general well-being (Kral, 2012).

## Conclusion

Suicide has multiple contributing factors. The recurring theme of peer, familial, and intergenerational discord at the root of Inuit youth suicide requires prevention and mental health initiatives in addition to sociopolitical action. However, there are gaps in the nursing literature on Inuit mental health and successful health promotion initiatives. The development and evaluation of healthy public policy is essential to ensure adequate resources are available and to address barriers experienced by the Inuit population. Reconnection with culture is not the only ingredient required, but supports additional factors, such as relationships, belonging, esteem, and community cohesion (The Partners, 2010). A large piece that has been missing for these youth is guidance from Elders and positive relationships with parents (Kral et al., 2014), as families may be torn apart from poverty, abuse, addictions, and ineffective coping mechanisms. At the population level, Inuit health must include interventions implemented at multiple levels to ensure a healthy community. Connecting with Elders and parents may help these youth to develop the resilience and coping skills required to manage challenges, which community health nurses are

well positioned to facilitate. Nurses must take a collaborative approach in understanding the needs of individuals and the community, and use this focus as direction to coordinate efforts and implement solutions that are identified. Elders acknowledge that while suicide may not be completely eliminated, through cultural and community reinvigoration, political advocacy, and supportive interventions, it can be significantly reduced (National Aboriginal Health Organization, 2006).

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