Sharing Hope

Circumpolar Perspectives on Promising Practices for Promoting Mental Wellness and Resilience
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Resilience and Suicide Prevention Project (RASP)

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Mental Well-Being and Suicide Prevention in Circumpolar Communities: Developing an Evidence Base and Identifying Promising Practices (MWBSP)

Principal Investigator: Dr. Susan Chatwood, Institute for Circumpolar Health Research (ICHR), Canada

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Foreword

It gives me great pleasure to present *Sharing Hope: Circumpolar Perspectives on Promising Practices for Promoting Mental Wellness and Resilience*, the final report of the project initiated in the spring of 2013 as part of Canada’s 2013-2015 Arctic Council chairmanship program.

As an Inuk born and raised in Canada’s Arctic, I am keenly aware of the need to address mental wellness and resiliency in circumpolar communities as we aspire to achieve sustainable development and prosperity.

*Sharing Hope* comprehensively evaluates and documents best practices in mental wellness-related interventions specific to circumpolar regions. The information in this report will help guide communities, practitioners and policymakers as they develop effective action plans to support mental wellness that reflect our communities’ unique cultures, traditions and values.

This report could not have been made possible without the support of the Arctic states and Permanent Participant organizations of the Arctic Council. An important element of this report was the engagement of the Permanent Participants to ensure that Indigenous perspectives on mental wellness and resilience informed the work of the researchers throughout the initiative.

In presenting *Sharing Hope*, I want to convey my deepest gratitude to the communities who participated in the workshops, focus groups and Elder-led talking circles – thank you for sharing your stories and views with us as we seek to better understand the challenges and opportunities relating to human health in the Arctic. It is my hope that the contents of this report will help community efforts to enhance mental wellness, and also serve as a reminder that greater circumpolar collaboration can ultimately benefit all Arctic inhabitants.

Sincerely,

The Honourable Leona Aglukkaq, P.C., M.P.
Minister for the Arctic Council
Executive Summary

Suicide in circumpolar regions is a pressing health policy concern and is understood within a complex socio-economic historical context of the Arctic’s Indigenous Peoples. The World Health Organization (WHO) estimates that suicide accounts for over 800,000 deaths per year worldwide (WHO, "Preventing Suicide: A global imperative", 2014). Nowhere, however, does suicide have such an impact and social burden as among indigenous populations, particularly those in circumpolar regions. Historically, Indigenous Peoples in circumpolar regions had very low rates of suicide deaths. Unfortunately, suicide rates in the Arctic are currently among the highest in the world. Youth are especially at risk.

Yet it is Indigenous Peoples, collaborating with government agencies and health care providers, who have been working passionately and diligently towards suicide prevention for decades across the Arctic. Increasingly, it is also the creativity, strength and resilience of Arctic youth that light the path of renewal in circumpolar mental health. With their openness and generosity of spirit at gatherings like the ‘Nuuk Hope and Resilience: Suicide Prevention in the Arctic’ conference in 2009 and their ongoing involvement with research projects across the circumpolar region, young people remind us that enough is known about the problem; it is now time to focus on the solutions. At the practical level, governments, Indigenous Peoples and health professionals continue to actively discuss how to best support and foster suicide prevention locally and on the ground.

The Sharing Hope report represents an important step forward in identifying what works, for whom and under what circumstances. It draws on the main findings from two international research teams who have taken a community-focused approach—one that marries what we know from the science with what is known at the community level—to better understand the challenges facing Indigenous Peoples and how their successes can be shared with and replicated in other circumpolar communities.

One of the main findings, and one that is well-known to on-the-ground practitioners, is that suicide prevention requires culturally-grounded solutions that are community-based and community-driven, as well as strong collaborative partnerships between researchers and Indigenous Peoples. This type of participatory research, in which all partners contribute expertise and share decision making and ownership, has become the ethical gold standard for conducting research with indigenous communities.

Increasingly, studies are focusing less on problems and more on evidence-based solutions. However, as this report highlights, there is also a need for more action-oriented intervention-based research, monitoring and rigorous evaluation of promising practices across the circumpolar region, particularly in communities outside of North America.

For this report, two research teams focused on the best available evidence that emerged from focus groups, workshops and surveys with Elders, youth and practitioners in four Arctic communities, and an extensive literature review and data analyses. The goals were two-fold: to identify rigorously evaluated community-based interventions from circumpolar regions that target resilience in youth; and to determine what common ingredients make some interventions effective and potentially applicable to other circumpolar regions.
Rising rates of suicide across circumpolar regions

From 1994 to 2008, the rate of suicide among Inuit youth under 18 was 30 times higher than that of their counterparts in the general population (Oliver, Peters, & Kohen, 2012). Suicide rates showed an increase in the 1960s among Alaska Natives, in the 1970s among Inuit of Greenland, and in the 1980s among Inuit of Eastern Canada (Thorslund, 1991). Similar results were found in Russia’s far north. According to the Russian Federal State Statistics Service, the Nenets Autonomous Okrug, a region where indigenous Nenets constitute about one-sixth of the population, has one of the highest suicide rates in Russia (Sumarokov, 2014). Norway appears to be showing improvements in this realm. In the 1980s, the suicide rate among Saami youth in Karasjok, Norway was more than 10 times the Norwegian average. A 1999 study found that region’s prevalence of suicide was just slightly higher than the general Norwegian population (Silviken, 2009).


This report has identified several successful practices and interventions that are emerging across circumpolar regions to enhance mental wellness and resilience. Four approaches highlighted briefly below shed light on the range of innovative, community-driven initiatives explored in the coming chapters.

From the evidence: interventions that work

Suicide is a significant challenge in Alaska where the suicide rate is double that of the United States. In Northern Alaska specifically, the suicide rate has been double the state average. In response, a school district in remote Northern Alaska introduced an innovative, culturally adapted Youth Leaders program in 2009 which sees peer-selected students act as leaders who initiate positive activities and offer mentoring and support to their fellow students. The program has shown positive results, including increases in protective factors such as school performance and attendance.

Similar successes have been achieved in Karasjok, Norway. There, an outpatient clinic formed the Sámi Psychiatric Youth Team in 1990 to provide youth with culturally appropriate, fast and easy access to psychiatric services. For example, a doctor’s referral is not required to receive care. Further, youth can simply text message a member of the health team when they need them most, and receive words of encouragement in response. Since the clinic opened, there has not been a single death by suicide among its clients.
Another program in Nain, Nunatsiavut (Labrador, Canada) called *Aullak Sangillivalianginnatuk* (*Going Off, Going Strong*) sees hunters and fishers teaching high-risk youth about harvesting and preparing traditional food. This cost-effective outreach program has successfully developed a unified approach to complex and overlapping community challenges, including suicide prevention, mental health promotion, cultural connections and food security.

In Greenland, a new approach to multi-sectoral collaborations in suicide prevention is also showing positive results. Adopted in 2004, the *National Strategy for Suicide Prevention* sets out to increase coordination of the preventive work across all sectors and regions. This national approach has made it easier to implement a given action or intervention throughout the country and share ideas and results across regions. The program has been continuously evaluated.

*From the evidence: common themes among programs*

The above interventions share many common themes, making them potentially suitable for scaling up in other circumpolar communities. These include:

- a “sense of control” over one’s own life
- moving from helplessness to self-control
- self-determination
- community engagement
- cultural competencies
- sustainable core funding

*From the evidence: ingredients of a successful program*

Based on the literature review and community engagements, the research teams identified several promising practice models that could be adapted to other circumpolar communities. The practices rated as most promising include:

- cultural and land-based programs
- programs that focus on building capacity of youth and Elders
- teaching life skills
- healing/grieving workshops
- training teachers in suicide prevention
- programs about stigma reduction
- programs with a family or community focus
- teaching community members about resilience promotion and suicide prevention

However, while community-based and culturally-grounded solutions are essential for resilience promotion and suicide prevention in circumpolar regions, there is no “one-size-fits-all” solution. Even for interventions that have shown success elsewhere, community participants suggested other strategies or considerations that had not been mentioned in the literature review, as informed by their own
knowledge of community strengths and needs, their experience, and their expertise. These types of grassroots ideas could help in shaping locally relevant interventions.

These various efforts make it clear that Indigenous Peoples are demanding solutions-focused research on the complex and disheartening trend of suicide in circumpolar communities, particularly among youth.

The *Sharing Hope* report recognizes the importance of Indigenous Peoples’ inclusion in, and ownership of, research and how their stories are being told. It also recognizes the need for research that promotes well-being and resiliency, especially among indigenous youth.

The following report unfolds in five chapters:

- Chapter 1 outlines the SDWG’s Mental Wellness project more broadly and how this report relates to the Arctic Council’s recent and current priorities.
- Chapter 2 comprises an important component: Permanent Participant perspectives regarding mental wellness and resilience in their communities.
- Chapter 3 focuses on six case studies from the literature the research teams identified as successful and potentially useful models for Arctic communities to draw on in developing and/or enhancing existing interventions to enhance resilience and mental health outcomes.
- Chapter 4 is divided into two parts:
  - The first part includes a literature review that aims to provide a picture of recent efforts in circumpolar Indigenous Peoples’ suicide prevention while identifying best practices that could be considered for potential scale up in other Arctic communities.
  - The second part highlights researchers’ direct engagement with Arctic communities and presents community feedback on the practices and strategies identified in the literature.
- Finally, Chapter 5 presents findings and recommendations for policymakers, community leaders, researchers, and all of those involved in helping to address challenges related to resilience and suicide in circumpolar regions moving forward.

It is our hope that these findings will serve as guiding tools for all of those so passionately invested and intimately engaged in improving mental health outcomes throughout the Arctic, and serve as a beacon of hope to indigenous circumpolar communities. Your hope and resilience are inspiring.
Chapter 1: Introduction

On October 22, 2013, the Senior Arctic Officials (SAO) of the Arctic Council approved a project under the Sustainable Development Working Group (SDWG) to address mental wellness and resilience in circumpolar communities, with strong support from all Arctic Member States and Permanent Participant organizations. Co-led by Canada, the Kingdom of Denmark, Norway, the United States, the Russian Federation, and the Inuit Circumpolar Council (ICC), this initiative builds on previous Council work related to the promotion of health and wellness in the Arctic and strongly aligns with the priorities and recent activities of the Arctic Council.

In 2009, the “Hope and Resilience: Suicide Prevention in the Arctic” conference in Nuuk, Greenland provided a youth-oriented forum for mutual learning and sharing of best practices among circumpolar regions. This gathering enabled the sharing of research, knowledge and best practices among participating member countries by bringing together health and other community service professionals, academics and youth.

Building on progress made at this conference, in February 2011, Health Ministers and representatives from Member states of the Arctic Council collectively signed the Arctic Health Declaration in Nuuk, Greenland. It pledged to “enhance mental health and prevention of substance abuse and suicides through exchange of experience and good practices”. The 2013 Kiruna Declaration which set the priorities for Canada's Chairmanship highlighted the need to improve economic and social conditions in the Arctic and signaled the intention of Arctic Council Member States to “undertake further work to improve and develop mental wellness promotion strategies”.

It is against this backdrop that the SDWG launched its work on the project “The Evidence-Base for Promoting Mental Wellness and Resilience to Address Suicide in Circumpolar Communities”. The objective of the project was to determine the effectiveness of existing programs, interventions and activities focused on promoting resilience and well-being in circumpolar communities, with a particular focus on children and youth.

The project brings communities, researchers and policymakers together to ensure common understanding and identify potential applications of evidence that will lead to positive mental health outcomes, to be achieved mainly through two key deliverables: this report and the Circumpolar Mental Wellness Symposium. The Symposium will take place in Iqaluit, Nunavut, Canada from March 25-27, 2015. Project oversight and direction related to the overall management of the Mental Wellness initiative was provided by a Steering Committee comprised of policy and research experts from all co-lead countries and ICC. Representatives from the Committee played an important role in its implementation.

To meet the research requirements of the SDWG's Mental Wellness project, this report will explore, and lead to a better understanding of which mental health and wellness-related interventions are most promising in various circumpolar contexts, with whom and under what circumstances. Have they been
evaluated? What is the evidence-base? How have communities and community leaders been involved in shaping these interventions? How culturally appropriate are they? How can approaches be compared across other states, jurisdictions, settings, or populations? Can the interventions be adapted to effectively suit and support other circumpolar regions?

To help gather the evidence, the Canadian Institutes of Health Research and the Public Health Agency of Canada funded two studies in 2014 to examine demonstrated approaches to mental wellness/resilience and suicide prevention programs in circumpolar communities.

While the two research teams employed different methodologies in conducting their respective studies, they both engaged circumpolar communities as an essential component of their work. Be it in the form of workshops, engagement with Elders, focus groups or surveys, community perspectives remained a dominant part of their overall approach. This also included consultations with international circumpolar researchers and professionals with significant experience working in the field of mental wellness and resilience in order to obtain their feedback on the various studies and reports of interest.

Together, the research teams helped to provide an evidence base for policymakers, community workers, health care providers and Indigenous communities to learn about the circumstances behind interventions and help to improve knowledge in this realm. The ultimate goal of the report is to promote 'learning by doing' by enabling communities across Arctic States to develop and implement new activities/interventions, and/or to enhance or improve upon existing interventions with the confidence of a body of evidence behind them grounded in Indigenous expertise, knowledge and the lived experience of the Arctic.
Chapter 2: Permanent Participants’ Perspectives on Wellness, Resilience and Suicide Prevention

As co-lead of the Mental Wellness project, and committed to ensuring strong indigenous knowledge is reflected in the report, the Inuit Circumpolar Council (ICC) reached out to representatives of the Arctic Council Permanent Participant (PP) indigenous organizations in September 2014. ICC sought input reflecting how these organizations might frame or understand suicide prevention, mental wellness or resilience. ICC has prepared the introduction to the section, while the Permanent Participants submitted the text included in their sections.

Loss of life to suicide is unacceptably high in Arctic Indigenous communities, especially among youth and young adults. All Arctic regions are affected, with parents and extended families losing children, grandchildren, nieces and nephews, and children losing brothers and sisters, parents, aunts and uncles. Communities are robbed of potential young leaders. One suicide can have long-reaching effects on others’ mental wellness and functionality, sometimes leading to other suicide attempts, self-harm and other mental health problems.

Suicide rates in the Arctic began to rise in the mid-20th century and while they have leveled off in some regions, they are still considerably higher than country-wide rates, and higher among Indigenous compared to non-Indigenous circumpolar residents. It is widely accepted among Indigenous leaders, researchers and Northern service providers that the high rate of suicide and emotional illness is linked to the colonization of the North, cultural dislocation and rapid social and economic change. Children and youth see the adults around them profoundly affected by a loss of culture and of self-determination, as well as economic hardship. They are increasingly exposed to examples of Southern prosperity, but for many, have little means of attaining these opportunities.

However, it also is true that the majority of Arctic Indigenous Peoples has remained resilient and is adapting to change while retaining and reclaiming strong cultural ties and identity. Many communities practice centuries-old family and community-oriented values and lifestyles while applying new knowledge and technologies to economic and social challenges. This research report highlights just a few of the many community-based initiatives designed to further increase resilience and mental wellness among Arctic Indigenous Peoples and halt the loss of life and life potential for all people touched by suicide and mental illness.

Arctic Indigenous Peoples represent a diversity of cultures and values, yet all hold similar holistic beliefs toward health and well-being, while calling for a full continuum of supports to prevent, intervene in and treat mental health problems. The following insights, coming from an indigenous world view, helped to guide research teams’ thinking in the project. They present an invaluable perspective as we seek to both understand and overcome the issues highlighted in this report.
**Aleut International Association (AIA)**

The AIA represents Aleut Peoples in the Aleutian, Pribilof and Commander Islands of the United States and the Kamchatka Region in Russia. It aims to address environmental and cultural concerns of the extended Aleut family whose well-being has been connected to the rich resources of the Bering Sea for millennia.

While the Aleutians and Pribilof Islands experience significantly lower rates of suicide deaths in comparison to the rest of Alaska, suicidal thoughts (ideation) appear to be increasing and deserve equal attention. An Aleutian approach to suicide prevention is to share knowledge and help shape healthy attitudes, striving to help individuals help themselves by creating a harmonious body-mind-spirit balance that will positively impact their lives. Promising interventions and preventative measures to combat suicide include de-stigmatizing mental health and addictions campaigns, Mental Health First Aid training, talking circles to combat addictions and issues of historical trauma, and providing culturally responsive counselling services. However, there is a critical need for behavioural services and supports to address issues of depression and substance abuse in Aleutian communities.

**Arctic Athabaskan Council (AAC)**

The AAC is an international treaty organization established to defend the rights and further the interests internationally of American and Canadian Athabaskan First Nation governments. AAC represents approximately 45,000 Indigenous Peoples of Athabaskan descent in Alaska in the United States, and Yukon and Northwest Territories in Canada.

In the First Nations' holistic view, mental health is inseparable from the other facets of individual and collective well-being, which underscores the importance of supportive resources that address multiple aspects of well-being, rather than focusing solely on mental health in isolation from emotional, spiritual and physical well-being. Yukon First Nations, for example, have a vision of holistic well-being grounded in cultural values and beliefs.

**Gwich’in Council International (GCI)**

The GCI represents approximately 9,000 Indigenous Peoples of Gwich’in descent in Canada and the United States. The Council plays an active role in the development of policies that relate to the circumpolar Arctic, including the environment, youth, culture and tradition, social and economic development and education.

Suicide is a major concern for Gwich’in communities. When an individual commits suicide, everyone in the community comes together to support the family. This culture of sharing, caring, helping and respecting others remain strong, and community members are proud of their ability to operate as a collective and to independently find workable solutions, such as establishing volunteer Suicide Prevention Teams and First Responder Teams. Gwich’in Elders, parents and others teach and role model cultural values to community members.
**Inuit Circumpolar Council (ICC)**

The ICC was established in 1977 and represents approximately 150,000 Inuit of Alaska, Canada, Greenland, and Chukotka (Russia). To thrive in their circumpolar homeland, Inuit had the vision to realize they must speak with a united voice internationally on issues of common concern and combine their energies and talents towards protecting and promoting their way of life.

Suicide deaths are unacceptably high among Inuit regions, especially among youth and young adults. There are many factors that contribute to mental health problems, including lack of economic opportunities, climate change, loss of culture, lack of recognition, historical trauma, poverty, inadequate housing and addictions. All Arctic regions are affected, with parents and extended families losing children, grandchildren, nieces and nephews, and children losing brothers and sisters, parents, aunts and uncles. Communities are robbed of potential young leaders.

Yet Inuit are a highly resilient people. Inuit organizations recognize that the skills and values that Indigenous Peoples have traditionally used to cope with life—patience, resolve, perseverance and responsibility—are as necessary today as they were in the past, and play an important role in helping to prevent suicide. Communities continue to develop innovative approaches for mental wellness and promotion and suicide prevention, including those listed the on-line map of best and promising practices for Inuit Mental Health and Wellness (www.arcticcbm.org/wellness). However, much more needs to be done to create a full continuum of mental wellness supports and interventions for potential suicide victims and their relatives and families.

**Russian Association of Indigenous Peoples of the North (RAIPON)**

Founded in 1990, RAIPON represents 41 groups of Indigenous Peoples of the North, Siberia and the Far East. Its purpose is to protect the human rights of the more than 270,000 indigenous people living throughout the territory, defend their legal interests, assist in solving environmental, social, economic, cultural and educational issues, and to promote their right to self-governance. RAIPON works with the State Duma and the Government of the Russian Federation regarding legislation related to Indigenous Peoples' issues.

**Saami Council**

The Saami Council is a voluntary Saami organization (a non–governmental organization), with Saami member organizations in Finland, Russia, Norway and Sweden. Since its foundation in 1956 the Saami Council has actively dealt with Saami policy tasks. For this reason the Saami Council is one of the Indigenous Peoples’ organizations which have existed longest.

The Sámi Norwegian Advisory Unit on Mental Health and Substance Abuse (SANKS), including the Sámi Psychiatric Youth Team, has been providing Saami with culturally sensitive psychiatric treatment for youth with substance use problems and suicidal behaviour since 1990. SANKS also implements suicide prevention training programs such as ASIST (Applied Suicide Intervention Skills Training) on the Norwegian side of Sápmi. The demand for such services extends beyond the SAAMI core areas of
Norway. A lack of appropriate services in Sweden, for example, has led SAAMI there to apply for help at SANKS in northern Norway.

Different Nordic states currently take very different perspectives on issues such as Saami rights to health care based on Saami culture and language, resulting in unacceptable variances of accessibility of culturally adapted health care. In light of this, the Saami people acknowledge the importance of local, social, cultural and contextual factors in suicide prevention and of states assuming joint responsibility—including pooling resources—to provide culturally responsible preventive actions and health care services, equally to all Saami, regardless of state or national borders.
Chapter 3: Case Studies

Sharing promising practices for suicide prevention and resilience promotion in circumpolar communities starts with understanding **what works, for whom, and under what circumstances**. To help answer those questions the research teams focused on the best available evidence gleaned from community engagements, including focus groups with Elders, youth and practitioners, and an extensive literature review and data analyses. The goals were two-fold: first, to identify rigorously evaluated community-based interventions from circumpolar regions that target resilience in youth; and second, to determine what ingredients makes some interventions effective and potentially applicable to other circumpolar regions.

The literature review and analyses culminated in the selection of several case studies that identify promising practices at the community, regional and national levels from several circumpolar regions and across diverse indigenous cultural groups including Dene, Inuit, (Inuvialuit, Inupiat) and Saami. These case studies include:

- **Nunavut**: The Makimautiksat Youth Wellness and Empowerment Camp
- **Greenland**: The National Strategy for Suicide Prevention in Greenland
- **Alaska**: The Youth Leaders Program
- **Nunatsiavut**: The Aullak Sangillivalianginnatuk (Going Off, Growing Strong) Program
- **Norway**: The Sámi Psychiatric Youth Team
- **Northwest Territories**: The Tlicho Community Action Team

While each program and practice has been designed to meet the needs of specific Arctic regions and Indigenous Peoples, the research revealed that successful interventions also share a commitment to several common ingredients that could make them scalable and adaptable for other circumpolar communities. These include:

1. **Agency**: A "sense of control" over one's own life.
2. **Mastery**: Moving from helplessness to self-control has shown to boost self-esteem, which helps individuals cope well with stress and depression.
3. **Self-determination**: Decision-making at a personal and/or societal level, such as locally-led and implemented interventions which are: 1) based on evidence and; 2) responsive to the needs and socio-cultural identities of the people they are designed to help. This helps to ensure that content is adaptable to other communities and cultural contexts (i.e. camp program, after school program, school health curriculum resource, land camp programs, etc.).
4. **Community engagement**: Practical considerations include exploring how relationships among community members, service providers and government institutions are initiated, maintained
and supported; what the nature of the relationship might be; and whether a power imbalance exists.

5. **Cultural competencies**: The ability of non-Indigenous service providers to interact effectively with clients, patients and participants, while acknowledging the limitations of their own cultural perspective, is key to effective programs based on trust and cooperation. In the common vernacular of the Indigenous self-determination movement, they become ‘allies’ and advocates to the individuals and organizations involved in the interventions.

6. **Trained and committed community workers**: The sustainability of an intervention depends on having engaged, trained and committed community-based staff and leaders who come from the population they are serving and/or are trained in the cultural expectations/competencies of the population they are serving.

7. **Sustainable core funding**: Adequate, long-term funding and dedicated spaces for community-based interventions are important to establish trust and long-term relationships between practitioners, youth, community members and other collaborators. Sustainable funding is also needed to conduct continuous and rigorous evaluations of programs to ensure their relevance and effectiveness.
**Case study #1: The Makimautiksat Youth Wellness and Empowerment Camp**

![Makimautiksat youth camp in Cambridge Bay, summer 2011](Makimautiksat>Youth Wellness and Empowerment Camp)

### Program Description

The **Makimautiksat Youth Wellness and Empowerment Camp** was launched in 2011 in five Nunavut communities following a year and a half long consultation with youth, parents, community members and teachers. Developed in partnership with the Qaujigiartiit Health Research Centre in Iqaluit, this evidence-based and culturally relevant summer camp for 9-12 year old Inuit youth focuses on fostering wellness, positive Inuit identity, community building and skills building. The program can be delivered in English and/or Inuktitut.

Following the pilot phase, a rigorous evaluation was conducted, including pre- and post-surveys with the 47 youth who participated, as well as parents and community members. The feedback pointed to several strengths of the program: trained facilitators from a variety of backgrounds (e.g. community members, social workers, youth workers, advocates, and/or counsellors); involvement of two to four older youth who played a mentoring role and helped to deliver the program; and culturally relevant activities.

The first seven days are spent in the community and the last two days and nights are spent on the land. Activities include hands-on arts projects, community events or gatherings and group dialogues. An Elder or community member visits each day to share a story or knowledge, such as drum-making, edible plants, nursing, healthy relationships, preparing nutritious meals and academic pursuits. The youth also work with community members on land-based activities where they learn about harvesting foods, living on the land and learning from Elders.

Each camp costs about $10,000 to run and pilot funding was provided by the Public Health Agency of Canada. The Qaujigiartiit Health Research Centre is currently developing a sustainability plan for ongoing
funding, and exploring possibilities to scale up the program to other territories, including urban Inuit communities and rural and remote populations.

**Drawing on Inuit and Western Knowledge**

The Makimautiksat youth camp is guided by the evidence-based Eight Ujarait/Rocks Camp Model developed at Qaujigiartiit Health Research Centre, which combines Western knowledge and Inuit knowledge to provide the skills and knowledge upon which young people can build their lives. The modules focus on topics highlighted by youth, parents/guardians, grandparents and youth workers as important in achieving and maintaining a strong sense of self. The modules include:

1) **Building healthy relationships**: Learning about balanced relationships, communication skills, healthy sexuality and Pinasuqtaqtavut principles.
2) **Improving coping skills**: Learning to deal with uncomfortable emotions and working on problem solving through activities. Nunavummiut role modelling and sharing.
3) **Increasing awareness of the body, movement and nutrition**: Campers engage in physical activity routine and basic meditation. Enjoy country food, healthy food preparation and Inuit games.
4) **Exploring creativity**: Local artists, carvers and seamstresses share their talents and teach campers how to make something of their own choice.
6) **Self-discovery and future planning**: Campers complete personal interest surveys and learn about various education and career choices.
7) **Promoting healthy choices**: Learning about and practicing skills to cope with peer pressure through group activities, sharing and fun.
8) **Celebrating Inuit culture**: Camping with elders and learning/practicing traditional land, hunting & cooking skills. Inuit Qaujimajatuqangit sharing.

**Results**

**Positive feedback from youth**: Early survey results show that, following the camp, youth felt an increase in self-esteem, stronger peer and community relationships, a greater willingness to talk to someone about a problem, and greater interest in traditional Inuit activities.

**Positive feedback from parents**: Parents reported significant changes in the attitude and behaviour of their children after participating in the camp, including less anger, increased engagement with peers, increased engagement with parents, and expressing feelings of happiness and joy at home.

**Positive feedback from communities**: The program was strongly supported by the communities that offered it. There have been multiple requests from other communities to deliver the program, however funding is an issue. The program could also be adapted into a series of modules to be delivered in schools, possibly through the Qaujigiartiit Health Research Centre.

**Program strengths**: The program is designed to meet the needs of young Nunavummiut and is built on a robust set of data and long-standing collaborations. It is also designed to work with existing community
capacities and resources: knowledgeable community members participate as guests, local outfitters safely take groups on the land, and the program is adaptable to suit the resource and infrastructure realities of circumpolar communities. The program supports aspects of Inuit relational society and the importance of family, peer, and community relationships in the achievement of wellness. The involvement of healthy role models (e.g. youth mentors, Elders and community members) is a core component of the camp. Offering the program in Inuktitut also recognizes the importance of indigenous languages to the health and well-being of indigenous communities.

**Limitations:** The content is currently Inuit-specific, but could be adapted to meet the needs of other populations. Securing sustainable funding has been an ongoing challenge for the program. Some assistance came in November 2014, when the Qaujigiartiit Health Research Centre received $3 million over three years from the Movember Foundation’s Canadian Mental Health Initiative to develop, adapt, deliver and evaluate land-based mental health programs, including the Makimautiksat youth camp.

**Next steps:** The Qaujigiartiit Health Research Centre is pursuing funding to conduct a long-term follow-up assessment of the youth who participated in the program. The centre is also exploring options to adapt the program as a curriculum resource for schools and after school programs.

**Case study #2: The Youth Leaders Program Intervention (Alaska)**

A Youth Leaders program in a Northern remote region of Alaska continues to show success in promoting positive youth development and reducing suicide risk. Based upon the Comprehensive Health Education Foundation’s Natural Helper curriculum and adapted to Inupiaq culture, this model harnesses the strengths and talents of students to promote health and wellness.

*Alaska State Suicide Prevention Plan, Annual Implementation Report, 2013*

Training for youth leaders in the conducted Aug. 7, 2014 at a high school in Kotzebue.

*Photo credit: Bob Hallinen, Alaska Dispatch News*
**Program Description**

The **Youth Leaders Program** was launched in 2008 to reduce youth substance abuse and its consequences for the students living in a remote region of Northern Alaska, where the teen suicide rate was seven times higher between 2008 and 2012 than the state average. The program is designed to empower youth to take personal responsibility for a positive school climate, and to contribute to the wellness of their community. The anecdotal evidence suggests the program has been a success. Most notable, there hasn't been a single student in the region who has died by suicide since 2010. This case study responded to the school district’s request for a formal evaluation to demonstrate the program's effectiveness.

Using the Comprehensive Health Education Foundation’s Natural Helper curriculum, the Youth Leaders program has been adapted to conform to the Alaska Native/Inupiaq culture. Participants are chosen through a school-wide process in which all students are asked "Which student would you go to if you had a problem?" The students who are mentioned most often are asked to become Youth Leaders.

A total of 87 students were active Youth Leaders in 11 rural schools throughout the 2013-2014 school year. Smaller schools may have only four or five Youth Leaders, whereas larger schools may have up to 18.

Youth Leaders attended an annual retreat with workshops that focus on: Inupiaq values, drugs and their long term effects, violence, suicide prevention, anti-bullying, sexual assault, and stages of grief, and speaking up. Youth Leaders participated in trust exercises and team-building activities. They learned how to identify and talk with someone who shows signs of depression or suicidal thoughts as well as how to follow a protocol to conduct a behavioral intervention with another student who was exhibiting negative behaviors.

Once back home, Youth Leaders are expected to lead through example (e.g. follow school rules, be respectful, be helpful), find ways to improve their school climate (e.g. presentations to students, making posters, intervening in behavioral or emotional issues) and organize and host recreational activities for students and their families (e.g. game nights, movie nights, open gyms).
Results

Positive feedback from Youth Leaders: Preliminary results from interviews and focus groups found that Youth Leaders enjoy helping people who are having a bad day, hosting fun activities, being given responsibility and being treated with respect. Many reported that the program has helped them to be more positive, act more responsibly and gain the trust of adults. The most common changes identified include: feeling more grown up, more mature, more willing to help out, less shy, and more likely to speak up.

Positive feedback from Youth Leader advisors: Interviews with teachers and administrators who act as advisors found they appreciate having additional support when intervening with a student in need or organizing events or activities. They said their schools have benefited because Youth Leaders engage with students who are depressed or suicidal, talk with younger kids about stopping bullying, and are role models that younger kids can emulate. The Youth Leaders themselves also benefit, say the advisors, noting that they are less shy and more willing to speak up.

"(Youth leaders) are given a purpose, a goal, a job, putting them in a leadership role where they are in charge of something. They thrive as role models for younger students."

Youth Leader Advisor

Positive feedback from students: All-school surveys show that Youth Leaders are generally well-respected by their peers and are considered to be a positive influence by them. The students who approached a Youth Leader for help in correcting their behaviour were positive about the experience, and glad that another student intervened instead of an adult at the school.

More days attending school: Being a Youth Leader was found to increase attendance for high school students in grades 9, 10 and 11. This finding is important because many indigenous students in these grades are at risk of dropping out.

Better grades: Youth Leaders in grades 8, 9 and 10 significantly increased their grade point averages after participating in the program.
**Program strengths:** Built on empowerment and developmental theory in an indigenous context, the program focuses on: enhancing youth leaders’ positive cultural and social identities; providing them with knowledge, skills, and authority to affect their school and community (self-efficacy) in positive ways; and intentionally linking them to adult mentors to guide activities and offer ongoing support.\(^1\)

Promising approaches that have the potential to be scaled up in other circumpolar communities include:

- Providing a structure and process for wide-spread capacity-building and mobilization that could be adapted in and tailored to individual communities.
- Identifying “natural leaders” who are socially and interpersonally supportive and developing their capacity to do more good (based on their interests and contexts).
- Providing ongoing support for youth leaders through weekly meetings with their Youth Leader advisors to raise issues or concerns and plan activities. Monthly videoconferences facilitate networking and knowledge exchange between youth leaders and advisors from different schools.
- A primary role of Youth Leaders in all schools was to organize social activities for students (e.g. game nights), participate in community service project (e.g. helping Elders with chores), making presentations to younger students on important topics (e.g. bullying), and serving as ready-to-go hands when tasks in the school need to be accomplished (e.g. serving as substitute teachers).

**Limitations:** Youth Leaders said their main challenge is the pressure they feel to always display model behaviour. Other challenges identified in the evaluation process include: low Youth Leader attendance at weekly meetings; some Youth Leaders do not role model good behaviour; Youth Leaders lose skills and enthusiasm by late in the year; school staff who don’t understand the role Youth Leaders can play tend to underutilize them; poor understanding among Youth Leaders of what bullying looks like; more advisor training and support; and adequate training and support throughout the school year to reduce high Youth Leader turnover.

**Next steps:** The limitations identified in the evaluation have already resulted in program improvements. For example, the Youth Leader director has:

- Created and implemented a protocol for enforcing Youth Leader behaviour standards;
- Developed plans for increasing the district wide Youth Leaders video conferences that enable Youth Leaders to interact with Youth Leaders from other villages, receive increased training, and get re-energized around the work they do in their school; and
- Started monthly videoconferences with the Director and advisors for training and mutual support and feedback. One video conference recommended that advisors seek and maintain a strong presence in the lives of their Youth Leaders, and that they take responsibility to inform their school staff on how they can use Youth Leaders to improve their school community.

\(^1\) Substance Abuse and Mental Health Services Administration; http://captus.samhsa.gov/grantee/capt-clients/sts/tjbylp
Case study #3: The Aullak Sangillivalianginnatuk (Going Off, Growing Strong) Land-based Harvesting Intervention (Canada)

Aullak Sangillivalianginnatuk (Going off, Growing strong) is an outreach program to enhance youth mental health by supporting social and cultural connections while improving food security.

Photo credit: Nain Research Centre

Program Description

Aullak Sangillivalianginnatuk (Going Off, Growing Strong) is a land-based, youth mental health outreach program in Nain, Nunatsiavut designed to help build resiliency of youth in the face of widespread social, environmental and cultural change. It is an example of real-time action-oriented program that can generate knowledge while simultaneously improving quality of life in circumpolar communities.

Delivered through the Nain Research Centre in Nunatsiavut (Labrador), the program matches experienced and trusted harvesters with youth to take them out on the land, in pairs and as a group, to teach them how to hunt, fish, navigate and collect firewood. Other activities include social events, volunteering and building smoke houses and qamutiks (sleds towed behind snowmobiles). These structured activities and informal opportunities help youth improve their mental health, resilience and cultural connections.

Program participants also help the community by preparing wild foods for the community freezer and distributing it to Elders. The freezer and drop-in space the research centre acted as a hub, providing important infrastructure for learning and relationship building.

In 2012, the pilot program recruited 10 male Inuit youth identified as having multiple risk factors and with limited access to “going off” on the land within their family network. Operating in both English and Inuktitut, the program was delivered for 18 months in one community of approximately 1200 people. It resulted in participants spending more than 500 days on the land.
The program employed one full-time program coordinator/outreach worker, and was supported by a mental health counsellor, a governing board, an Inuit research advisor, hunters/harvesters, and university-based researchers.

The program costs approximately $150,000 per year to operate and receives in-kind and financial support from Labrador Grenfell Health, Health Canada, the Tasiujatsuak Trust and the Nunatsiavut Government, with additional support from Trent University, Memorial University, and the kANGIDLUASUk Student Program. The model has since been expanded into a second Nunatsiavut community (Hopedale), while a second cohort is being engaged in Nain.

Results

Dorothy Angnatok, a leader in the Going Off, Growing Strong program, has noticed a positive change in youth in the community since the introduction of the program: “You can see it in their eyes and in the way that their confidence has grown. When we first started, a lot of the youth were too nervous to go into Elders’ homes to share wild foods from the community freezer. Now they race each other into the homes to share food. That new-found sense of community connection, culture and confidence is amazing to see.” (Ms. Angnatok and others in the Going Off, Growing Strong program were featured in the CTV documentary, Clara’s Big Ride, which aired Jan. 28, 2015.)

Results of the formal program evaluation are pending. Initial results point to several potential successes:

Positive feedback: Participants, program staff, and caregivers report the program has had a positive impact on youth’s mental health.

Active participation and few drop outs: High-risk and typically “hard-to-reach” youth were identified by service providers and actively engaged to participate in the program, which has led to high levels of participation and retention.

Targeting multiple community priorities: The program has successfully developed a unified approach to complex and overlapping community challenges (e.g. suicide prevention, mental health promotion, cultural connections and food security) by building on existing infrastructure, networks and strengths.

Strong grassroots connections: Unlike typical institutional or service-based mental health programs, Going Off, Growing Strong is a grassroots, community-based and community-driven intervention that is supported by harvesters and local governmental organizations.

Connecting youth and Elders: The program promotes relationships between youth and Elders, which reduces isolation and promotes community connections for both groups.

Cost-effectiveness: The program is relatively inexpensive considering its impact and the diversity of activities.
**Program strengths:** One of the program’s strengths is its ability to engage youth and develop trusting relationships over the long-term. Typically, mental health programs that target high-risk male youth have a difficult time recruiting and retaining participants, especially outside of a court-mandated setting. By contrast, this program has successfully identified and kept youth who might otherwise be difficult to reach. The program builds relationships with youth slowly over time through active outreach, rather than offering a contained, time-limited program. Another strength is the program’s ability to support formal and informal learning. The program provided physical space and opportunities for youth to interact with harvesters, Elders, program staff and other youth. This included structured time on specific activities and unscheduled time that supported natural connections.

**Limitations:** A key limitation is the lack of sustainable, core funding. With some basic infrastructure, minimal but key human resources, local buy-in, and sustained funding, this program could be implemented successfully in other communities.

**Next steps:** In response to interest from other youth, the organizers are planning to expand the program to provide opportunities for additional participants, including female youth, and to strengthen Inuktitut language development. As the program model is potentially adaptable/scalable to other communities and cultural contexts, a second wave of participants is being recruited in Nain and another pilot program is planned for Hopedale.

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**Case study #4: The Sámi Psychiatric Youth Team Clinic Intervention (Norway)**

**Program Description**

In late 1987 and early 1988, 18 Saami youth in and around the community of Karasjok killed themselves. That “year of horror” became a catalyst for the formation of the Sámi Psychiatric Youth Team in 1990 by the **Sámi Norwegian Advisory Unit on Mental Health and Substance Abuse** (SANKS).

The program takes a culturally sensitive approach to treating suicidal behaviour and substance abuse in Indigenous Saami communities. Each four-member team (psychologist, social worker, nurse, and medical doctor) works primarily with adolescents and young adults between 15 and 30 years of age. The team became a permanent fixture in the clinic in 1990, with dedicated funding of €370,000 ($525,000 CAD) per year from the Norwegian government. Without this financial and political support, the program would not be able to operate.

The team treats between 80-120 clients per year from five Saami communities in Finnmark County in northern Norway, and provides services in the Saami language and in Norwegian. The program also supports additional training opportunities in the community, such as ASIST (Applied Suicide Intervention Skills Training) and local suicide programs, such as “Openness and Intimacy” in Tana community (2007-2009) and “Finnmark – a suicide safer county” (2013-2014).
The program is designed to provide youth with easy access to psychiatric services: no waiting, no doctor referral, no cost and no specified location—the patient decides where the conversation should take place, e.g. home, school or at the clinic.

**Innovative Practice: Text messaging in clinical care**

SMS, or text messaging, offers an easy, ubiquitous and affordable way for youth to contact the health team for regular and emergency appointments in case of suicide risk. An SMS reminder the day before the appointment also results in fewer drop outs. Team members suggest that simply communicating in writing may have a calming effect for patients, even if the text isn’t answered right away. Team members observed that patients respond favourably to comforting and/or encouraging words sent by SMS when they are feeling lonely or when life seems difficult.

**Results**

**No suicide deaths in over 20 years:** Since the program’s launch in 1990, there has not been a single death by suicide among its clients. Another indicator of its effectiveness is that youth have recommended the service to friends and discuss their use of the clinic openly with peers.

**Program strengths:** The staff have either indigenous heredity and/or native Saami language competence themselves, or formal education in Saami culture. Another strength is that it has a low threshold for accessing services: e.g. no waiting, self referral, no charge, cell phone/SMS, patient decides where the conversation should take place, etc.

**Challenges and limitations:** The team is unable to follow-up with the youth after they exit the program, and the program has not yet been formally evaluated. The team would like to explore the possibilities of offering online services, as well as targeting attitudes towards help-seeking behaviour, especially in the male population. Another limitation is that the program has been limited to the clinic. The team members noted that “We should be more visible out in the communities, e.g. have office days in the schools, youth club, etc. We should also promote the team more systematically, to inform the public about the team both as a way to change attitudes about mental health and suicide behaviour, and also to increase help-seeking among the young who need it.”

Although Norway was among the first nations in the world to propose a national suicide prevention plan in 1994, it has not been adapted specifically for Indigenous Peoples. The governments of Alaska, Nunavut and Greenland have all developed their suicide prevention strategies, perhaps in recognition of the severity of the problem in their regions. These have all been updated recently or translated into action plans.
**Case study #5: The Tlicho Community Action Research Team Intervention (Canada)**

**Program Description**

The **Tlicho Community Action Research Team** (CART) was established in 2009 to promote health and minimize health inequities among children and youth of the Tlicho Nation in the Northwest Territories.

CART focuses on turning research into action. It evaluates community issues and assists with finding solutions through research-based programming and policy development. Guided by the Healing Wind Advisory Committee, a committee of Elders and community representatives, CART integrates knowledge of the Tlicho values and beliefs in their work by engaging in close community consultation and involvement at all stages of the research and programming processes.

CART activities include: community surveys; culturally relevant knowledge translation and resources (e.g. through film, social media, reports); an annual youth conference; organizing health awareness weeks; conducting health workshops; summer workshops and training programs for youth; youth media club; Ts’e Whii Ts’e Daa Camps (rites of passage camps); the operation of a youth safe house; weekend outreach van; and health information tents.

While the CART team works in many areas, two are highlighted for the purposes of this case study, the annual youth conference and the self-esteem workshop.

**Annual Youth Conference**

Focus groups revealed that youth are interested in holding youth conferences that touch on issues they want to learn about and that could help them make healthier choices in life. Discussions included: health and wellness, social issues, support systems and Tlicho culture. Annual youth conferences provide an opportunity to meet with other youth within the Tlicho region to develop skills and share visions for wellness in their communities. Some 90 youth and 20 facilitators/program coordinators/volunteers participated in the 2013 conference.
Youth Conference Results: Several youth who participated in the conference wanted to continue with higher education/college after they completed secondary education. Overall, youth showed a broader perspective for their futures and goals for themselves after attending the conference.

Paradigm Esteem’s “I am Beautiful Because” Self-Esteem Workshop

Developed as a result of feedback from evaluations of the Youth Conference, this workshop aimed to enhance youth self-esteem and give youth the tools and resources to know that they are unique in their own way and have much to contribute to the world. The facilitator organized several activities including role-playing, worksheets, team-building exercises, and reflection exercises. The process cumulated in a final fashion show.

Workshop Results: After a one-week session, remarkable changes in youth self-confidence and self-esteem were apparent among the nearly 40 youth participants. This was especially apparent during the fashion show.

“Everyone got a lot out of participating in the workshop. Youth felt stronger about themselves, you could tell that by the end of the workshop, youth were more confident, they really blossomed, and it was amazing to watch. There was this transition from being shy, to being confident, open, and performing on stage in front of an audience.”

Workshop Participant

Results from the CART program

Program strengths: The CART team is community-based, and all staff members are Tlicho citizens. CART’s knowledge translation model uses a two-way communication structure based on mutual respect, shared purpose, and bringing the findings back to the Tlicho people. The program stays responsive to the needs and priorities of youth by incorporating community-based and evaluated strategies into each program.

Improved health outcomes: CART has been able to improve health outcomes in the community, such as lowering rates of STIs and increasing positive self-reported health among youth.

Youth as ambassadors: The youth who participate in the program become messengers and share with others. This is a powerful informal learning and teaching practice, which contributes to the sustainability of messaging and engagement in the community.
Dedicated funding: CART receives dedicated funding from the Tlicho Government for program delivery and evaluation, and is run by trained community workers, which ensures sustainability of operations and programming for youth over time.

Case study #6: The National Strategy for Suicide Prevention Policy Intervention (Greenland)

Program Description

The National Strategy for Suicide Prevention in Greenland (NSSPG) was adopted by the Greenland Parliament in the Fall of 2004. It represents a new approach to suicide prevention based on the guidelines from WHO and the Ottawa Charter for Health Promotion.

The NSSPG’s main objective is to “to make suggestions aimed at reducing the large number of suicides and attempted suicides seen in Greenland every year”. It aims to achieve this by:

1. Ensuring that people at risk of committing suicide are identified;
2. Giving people at risk of committing suicide, and people belonging to the known risk groups, opportunities to seek advice and receive treatment - particularly young men;
3. Enhancing the professional competence of relevant professional groups in terms of working with people at risk of committing suicide;
4. Working against the perception of suicide as a way to solve problems encountered in life, particularly among young people, and to promote the attitude that it is worthwhile to help;
5. Increasing the well-being of young people and people in general as well as their ability to tackle conflicts and the challenges they encounter in life;
6. Strengthening the ability of local communities and voluntary organizations to carry out suicide preventive work;
7. Generating research-based knowledge about suicides in Greenland; and
8. Evaluating individual initiatives and the action plan as a whole.

Between 2005 and 2012, the strategy cost 2.5-3.5 million DKK annually ($500,000-$650,000 CAD), which covered salaries for two-to-three consultants and costs of a national telephone help line, suicide prevention seminars, and a series of books, flyers and video spots.
Results

Strengths of the strategy: Compared to previous approaches, which relied heavily on government intervention, this approach focuses on multi-sectoral collaborations and the collective strength of the multiple organizations and institutes working to reduce deaths by suicide in Greenland. It has also been continuously and rigorously evaluated.

National coordination of suicide prevention: As a result of the NSSPG, efforts to prevent suicide in Greenland are now nationally coordinated. This national approach makes it easier to implement a given action or intervention throughout the country and share ideas and results across regions. It has also served as an important platform for public and political discussions about the problem of suicide in Greenland, which has been a very large taboo through many years.

Limitations: It has been complex to implement the strategy within the government system, for example, organizing how national coordinators and local consultants work together and achieve consensus. There has also been a challenge engaging all sectors, which has resulted in the national coordinators being responsible for both implementing and coordinating the strategy. As well, the quality of the preventive work at the local level has been very dependent on priorities and resources in the given municipality.
Chapter 4: Literature Review and Community Perspectives

This chapter serves two purposes: first, it highlights the research teams’ literature review aimed at mapping recent efforts in circumpolar indigenous suicide prevention and resilience promotion. From this, the researchers identified 17 ‘best practices’ and strategies from existing programs that have demonstrated success in achieving positive mental health outcomes in circumpolar communities, particularly among youth. These practices and strategies also have potential to be replicated, adapted, and scaled up in other Arctic communities.

Second, this chapter highlights activities from the research teams’ community engagement, which included workshops, surveys, focus groups and Elder circles. The following activities serve as examples of the diverse approaches of community engagement employed by the research teams in conducting their studies:

1) **Community consultations**, in which community members from four indigenous communities were invited to rank the 17 practices and strategies from the literature for perceived effectiveness. Communities also participated in discussions on possible strategies outside of the literature, some of which are included below; and

2) **Elder facilitated Talking Circles** were utilized to reflect on case studies elements and focus group findings.

Further, three workshops were held in 2014 which brought together individuals from across the circumpolar regions involved in the research initiative. Workshops were held in Tromsø, Norway in May 2014, Toronto, Canada in May 2014, and Yellowknife, Canada in October 2014. Participants included public health practitioners, frontline community health workers, community members, clinicians, policy makers, researchers, students and youth representatives from national forums and front line programs. The workshops allowed team members to discuss the directions of the initiative, discuss current and past research undertaken in the area of mental wellness, introduce the different programs that will be used in the study, and explore opportunities for collaboration of researchers and organizations on community-based projects.

**Literature Review**

The research teams carried out an extensive, systematic literature review to identify all promising practices about resilience promotion and suicide prevention in circumpolar regions in peer-reviewed academic papers, government reports, documents published by local indigenous organizations, and unpublished reports from other researchers and professionals in the field. The researchers found that scientific literature on suicide prevention programs for circumpolar communities is sparse with the majority of data on prevention interventions found in non-academic sources.

Within the approximately 400 information sources reviewed, there was a clear shift in how mental health and suicide in Arctic communities have been viewed and studied. Prior to 2004, papers tended to
focus more on problems than solutions, particularly related to suicide deaths. Today there is a greater focus on solutions, with notable agreement that culturally-grounded solutions and community-based and community-driven programs are key to suicide prevention. This is consistent with social advances in the Arctic to strengthen indigenous governance, including indigenous populations claiming more control over the research process and how the Arctic peoples are portrayed outside of circumpolar communities.

Since focusing on solutions is a relatively new area of research, a lack of action-oriented, intervention-based research and rigorous evaluations of these interventions is only to be expected. No doubt, there are circumpolar communities which have implemented solutions that are showing results, however they may not have been formally studied or evaluated. This lack of evidence poses a challenge for community leaders, policymakers and health care providers in developing culturally relevant and locally relevant suicide interventions.

From the literature review, the research teams identified 10 interventions that have been formally evaluated and discussed in the literature (See Appendix A). The teams then isolated the core ingredients of each intervention with the aim of developing an inventory of good practice models for resilience promotion and suicide prevention that could be considered in other circumpolar communities.

The promising practices identified by the researchers share the following characteristics:

**Programs with a focus on:**
- Youth
- Engagement between youth and Elders
- Family or community
- Cultural and land-based activities
- Spirituality
- Peoples at high risk of suicide

**Trainees who are:**
- Community members (e.g. youth, parents, Elders)
- Teachers

**Training with a focus on:**
- Parenting skills
- Life skills (e.g. handling emotions, resolving conflicts, managing relationships)
- Suicide interventions such as Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid
- Healing/grieving
- Stigma reduction

**Intervention tools for people at risk:**
- Communications technologies (e.g. video conference, tele-health counselling, helpline, web-based)
Community or regional intervention programs that use:

- A well-resourced suicide prevention advisory committee to develop and implement a community or regional suicide prevention strategy
- Alcohol restrictions and/or education
- Outreach through media, posters, video stories, etc.

The literature highlighted the importance of strong collaborative partnerships between researchers and Indigenous Peoples when designing and implementing an intervention. Knowing if the program is effective and sustainable—and backed by evidence—also requires rigorous evaluation of its outcomes and impacts and economic costs. This is not always easy. Circumpolar communities are often small and geographically dispersed, which limits sample sizes. Without valid and reliable measurement methods, evaluating programs at the individual level in circumpolar communities may not provide an accurate picture.

For example, a "community readiness assessment" was used to evaluate the Elluam Tungiinun “Towards Wellness” Program in Alaska (Allen et al, 2009). The evaluation found that having a community-based intervention process allows for local adaptation and results in greater ownership.

Community Engagement

Community engagement was a major component of the studies for this report. In addition to community leaders participating on the research teams, the projects actively engaged youth, Elders, practitioners and community members in workshops, focus groups, surveys and interviews, often drawing on long-standing relationships established between the researchers and the communities.

Example #1: Community Feedback on Promising Strategies

The RASP team engaged with four Indigenous communities and invited community members to provide their feedback on the most promising practice models identified in the literature review. A total of 141 Indigenous youth, adults and Elders prioritized the 17 practices and strategies with a view to how they could be applied and be effective in their particular community. Individuals were asked to rate each strategy on a scale of 1-10, where 10 indicates a strategy that the person feels would be effective in their community, and 1 is the least effective strategy.

The community consultations were held from October to November 2014 in Aklavik and Ulukhaktok (Inuvialuit Settlement Region) and in December 2014 in Kuujjuaq and Inukjuak (Nunavik). All four communities rated almost all the strategies very positively: the average score was 8.72 out of 10. However, there was little agreement between respondents about what resilience promotion and suicide prevention strategies are most likely to be effective in their particular community. Strategies rated high in one community, for example, would often be rated low in other communities in the same region, or high in a community in another region. This speaks to the fact that there is more than geography involved in the acceptability of programs and that there cannot be a ‘one-size-fits-all’ approach to suicide prevention and resilience promotion.
**Higher rated practices:**

**Cultural and land-based programs:** This strategy was ranked either first or second in all four communities. One example of such a program is *Going Off, Growing Strong* in Nain, Nunatsiavut. This land-based, youth mental health outreach program matches experienced and trusted harvesters with youth to teach them how to hunt, fish, collect firewood, navigate and prepare wild foods. Program participants also help prepare wild food for the community freezer and distribute it to Elders. This combination of structured activities and informal opportunities is helping youth improve their mental health, resilience and cultural connections. Work is underway to expand the program. (See Case Study #3 in Chapter 3.)

**Programs that focus on building capacity of youth and Elders:** Several of the highly rated programs include participation from both youth and Elders. For example, the Makimautiksat Youth Wellness and Empowerment Camp for Inuit youth in Nunavut includes daily visits during camp from an Elder or community member to share a story or knowledge, such as drum-making, edible plants, nursing, healthy relationships, navigating the land and academic pursuits. (See Case Study #1)

**Teaching life skills:** Examples of life skills that can be taught to promote resilience and prevent suicide include how to handle emotions, resolve conflicts, manage relationships, and control impulsivity. One successful example of this is a Youth Leaders program in Northern Alaska. Youth Leaders learn decision-making skills, anger management, interpersonal and coping skills, as well as how to identify and talk with someone who shows signs of depression or suicidal thoughts. (See Case Study #2.)

**Healing/grieving workshops:** The Elluam Tungiinun, “Towards Wellness” prevention program in Alaska has identified 36 prevention activities based on 13 characteristics of the family, community or individual common among people who did not have serious substance abuse problems. One of the activities is a monthly healing circles where people can come to discuss their feelings.

**Other highly ranked strategies included:** Training teachers in suicide prevention; programs about stigma reduction; programs with a family or community focus; teaching parenting skills (wide differences between communities); teaching community members about resilience promotion and suicide prevention; and programs that focus on youth.

**Practices with limited consensus**

**Videoconferencing, tele-health counselling, helpline, web-based interventions:** All communities gave these types of interventions a lower ranking for use in their community. This may seem counterintuitive since circumpolar communities are extremely remote, and many service providers and policymakers assume that providing counselling at a distance using modern technologies would be a good solution. These findings could suggest that either this approach is not seen as a suicide-prevention initiative (but rather a form of medical treatment, or intervention), or that direct contact with people is prioritized over virtual contact. Another possibility might be that these mainstream approaches may not always have been provided in ways that are experienced by clients as culturally safe or effective. Further discussion and investigation is needed to better understand this issue.
Focus on spirituality: This approach rated low in all four communities. There were a variety of views on spirituality, some respondents voiced interest in reclaiming aspects of traditional Inuit culture, including spiritual practices. Others are very firmly grounded in Christian beliefs and reject traditional spiritual practices, while others, including many youth and young adults, said they have little or no interest in any kind of spiritual practice.

Alcohol restrictions and/or education: There was considerable agreement in all four communities that alcohol restrictions and/or education were not priority strategies for mental wellness promotion and suicide prevention. Several participants made the point that "It's not just alcohol abuse" that puts people at risk of suicide: use and abuse of street and prescription drugs is also an issue. There is still considerable debate in communities and in the research literature about the effectiveness of alcohol restrictions, suggesting that further study is needed.

Media, radio, video stories, etc. to raise public awareness about resilience and suicide prevention: The ways in which suicide is talked about and perceived is an area that requires further study. For example, some community members said they would not want a program to publicize suicide prevention too much, in case talking openly about suicide might "put ideas in people's heads" or "give some youth the idea to commit suicide." The evidence from the research literature suggests that talking about suicide can be beneficial if youth can talk openly about suicide in a safe way, with an emphasis on hope and reasons for living. For example, a study in Northwest Alaska concluded that digital storytelling promoted protective factors in the lives of Alaska Indigenous youth and served as digital "hope kits"—an approach that emphasizes young people’s reasons for living.

Program enhancements proposed by community members:

Through discussions and written comments on the rating forms, community members offered several suggestions for strategies and practices that had not been mentioned in the literature review. These grassroots ideas—from the people who best understand their contexts, challenges and potentials—provide valuable feedback to policymakers and researchers in considering future interventions.

- **Providing training in mental health promotion and suicide prevention to:** social workers and social services workers; pastors and church committees; staff at recovery/drug and alcohol rehabilitation centres; and political leaders.
- **Offering training with a focus on:** bullying and cyberbullying; lateral violence (displaced violence directed against one’s peers); sexual abuse; family violence; reconciliation workshops (to reconcile Inuit with non-Inuit working in the Arctic); understanding anger; communications skills; addressing trauma; cultural knowledge and exposure; sensitivity to Inuit culture; traditional ways of healing; parenting in Inuit ways; getting guidance from Elders for training programs; and informing female youth about birth control.

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2 Several sources report that community-based alcohol restrictions can reduce suicide risk (Berman et al, 2000; Henry et al, 2012; Larsen et al, 2010; Mann et al, 2005; Rasmus, 2014; Ridani, 2014.) But in 2014, Berman did a follow-up study in Alaska and found that alcohol control had no effect on suicide rates.
• **Developing intervention tools for people at risk involved in:** street intervention programs; and Big Brother and Big Sister clubs.
• **Supporting community or regional intervention programs such as:** “Family Houses”\(^3\); “support for the supporters” to prevent burnout; and a focus on crime reduction and preventing youth from going to jail.

**Example #2: Elder-Facilitated Talking Circles**

Talking circle formats were also used as part of researchers’ community engagement. While consultations were employed as a method to rank strategies from the literature, talking circles were intended to provide a venue for communities to reflect more broadly on successes of suicide prevention programs as outlined in the case studies presented in Chapter Three. These talking circles also acted as a springboard for other key conversations. As outlined below, several participants shared their own perspectives relating to identifying individuals and groups at risk, understanding the factors and causes of suicide, and designing programs to prevent suicide and/or promote wellness—many of which were connected, or were perceived as being facilitated by the value of story-telling.

Several talking circle participants noted the preventative influence and value of story-telling as a tool for intervention. Meaningful stories can be a very powerful way to get through to those at risk. Logical discourse may not help some people connect on an emotional level to each other, to those around them or to issues related to mental wellness and resilience. Alternatively, conversations facilitated through workshops and talking circles can help in transferring experiences and knowledge in ways that foster a fuller understanding of individual circumstances and also engender empathy. In addition, story sharing might help those who have thought about suicide by simply allowing them to tell their stories to others. It was noted that story sharing can provide a personal and emotional connection that is missing when a person is feeling most desperate.

Participants also viewed suicide prevention as a discussion about the meaning of life and their confidence in their roles as members of their community. Some participants voiced the notion that in some parts of the Arctic, suicide is often a male issue, suggesting there needs to be more intergenerational assistance of boys by men. Traditional gender roles and/or purposes in the community, often land-based, have been difficult to translate to the urban settings in which some indigenous groups live. Participants noted that people are no longer as attached to the land, which could be contributing to the erosion of a clear sense of self and purpose. An understanding of shifting ways of life and their possible implications on meaning and purpose are important to examine when discussing

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\(^3\) A Family House is a gathering place for local families where they can meet, reconnect with each other and their culture, learn from each other, do cultural activities, work with Elders, give and receive support, etc. We were informed that there is a Family House called Tasiurvik Centre (which means “holding hands”) in Kuujjuaraapik, a small community on the Hudson Coast of Nunavik. See two 2-minute clips at [https://www.youtube.com/watch?v=L3nNHh-IRmk](https://www.youtube.com/watch?v=L3nNHh-IRmk) and [https://www.youtube.com/watch?v=LNaY9s91M14](https://www.youtube.com/watch?v=LNaY9s91M14), accessed 12 December 2014.
interventions aimed at promoting mental wellness and resilience. Participants noted that programs such as Land-Based harvesting Intervention (Case Study #3) that take those at risk onto the land to help stock community freezers and distribute food, for example, might give some young men a role as providers again within their local communities. Story-telling may also provide an opportunity for males at risk to find their voices and express their emotions. Story telling by men, to men, is perhaps an intervention strategy that could be explored further.

Talking circle participants also noted that it can be difficult for non-community members to counsel local people on suicide prevention given possible lack of familiarity with subtle issues of cultural or familial context. In some communities local people who had attempted suicide may become positive counsellors who can share their own stories because they have lived the experiences. Stories from individuals with their own experiences in overcoming mental health-related challenges may help reinforce the idea that people can ‘get through it’ and that some degree of self-help is possible.

Several participants noted that breaking the silence is a key issue for some cultural groups. They referred to the Applied Suicide Intervention Skills Training (ASIST) program - where anyone in a community 16 years of age and older can be trained to learn to intervene in and help prevent the immediate risk of suicide – as a good program for this purpose. Hearing stories and experiences from individuals outside of a professional capacity can not only serve as an important catalyst to reach out for further help, but also instill caring for each other, and inspire others to do the same.

The Role of Communities in Fostering Positive Mental Health and Wellness

A common theme drawn from the researchers’ outreach activities was the importance of community, and community-based approaches to suicide prevention and wellness promotion.

Clearly, from the perspective of community members, there is no ‘one-size-fits-all’ program or practice for resilience promotion and suicide prevention in circumpolar regions. This view reinforces the evidence in the research literature which found that community-based, community-driven and culturally-guided interventions and evaluations are essential for success.

Both the case studies and the community engagements indicate that federal, provincial, territorial or regional resilience promotion and suicide prevention policies, programs and research should prioritize community-level direction. Strategy selection and development needs to be based on unique community and regional perspectives about the problem and preferences about how best to address it. Interventions should be evidence-based, culturally appropriate and built around community-selected strategies.
Chapter 5: Conclusions

The research undertaken by the two international teams consisted of an innovative approach that sought to bring circumpolar research leaders and community representatives together to better understand the challenges facing communities in addressing mental wellness and resilience issues.

The benefits of multilateral research approaches are well documented. The global trend towards greater collaboration in research has become a key ingredient for success in all sectors of science, including mental health. In this instance, it has helped forge the way for collaboration that encourages greater communication and engagement among circumpolar communities allowing researchers, community representatives and frontline health care workers to collectively access new ideas and approaches that could ultimately benefit all circumpolar communities.

This project demonstrates the power of community innovation in identifying problems, and developing and delivering solutions. This "end-user" approach is a key emerging trend in health research. Local communities themselves are best equipped to oversee the service delivery of care as they understand the workforce and capacity challenges. More importantly, they understand their community’s culture and specific needs.

This multilateral, community-focused and community-driven approach has clear benefits. For example, the community consultations in the RASP study identified approaches and practices that had not been mentioned in the literature review, such as seeking guidance from Elders in developing mental wellness and resilience-related training programs and establishing "Family Houses" as a community or regional intervention program. These types of ideas emerging at the grassroots level may prove valuable to policymakers and researchers to consider given that it is Indigenous communities that best understand their contexts, challenges and potentials.

Multi-sectoral collaborations and the collective strength of multiple organizations have shown success in terms of national strategies, as demonstrated through the National Strategy for Suicide Prevention in Greenland (NSSPG). This strategy has served as an important platform for public discussions about mental health, enabling wider and consistent intervention implementation and sharing of ideas and results across regions.

It is critically important to continue building knowledge on effective interventions. This report found that several successful circumpolar practices and interventions to enhance mental wellness and resilience share many common themes, making them potentially suitable for scaling up in other circumpolar communities. These include: a "sense of control" over one’s own life; moving from helplessness to self-control; self-determination; community engagement; cultural competencies; and sustainable core funding.

However, as the research findings demonstrate, the criteria for scalability in implementing interventions across circumpolar communities are not without challenges. While it was made abundantly clear from
the research evidence that certain interventions are very successful (e.g. interventions that focus on cultural identification and land-based values), what has worked well in one community does not necessarily guarantee applicability for another.

Consequently, the evidence has shown the criteria for scalability will need further examination and consideration. For example, the Norwegian Sámi Psychiatric Youth Team noted the importance of dedicated clinical space and the need for trained teams of health care professionals who come from the populations they are serving. Some communities in other circumpolar countries/regions may not have the capacity or resources to meet this criterion.

This speaks to the issue of sustainable funding. The report found that having access to adequate, long-term funding is important to establish trust and long-term relationships between the various collaborators. Such support will also help communities build local capacity to develop, implement, monitor and evaluate their own unique strategies. Moreover, as noted in the research evidence, different communities in the same region often have very different preferences, and for some strategies, two communities in different regions have more in common than two communities in the same region. These community-level differences apply equally for the most positively viewed strategies, and for those viewed less positively. Clearly, there is more than geography involved in the acceptability of programs. This points to the need for policymakers and service providers to make every effort to work with individual communities to customize a resilience promotion and suicide prevention plan that is evidence-based, culturally appropriate and built across tailored, community-selected and community-driven strategies.

The need for ongoing and continuous collaboration is part of why the Evidence-Base for Promoting Mental Wellness and Resilience to Address Suicide in Circumpolar Communities wrap-up Symposium event is an important complement to the funded research projects. This international forum, held March 25-27, 2015 in Iqaluit, Nunavut, will bring together researchers, community representatives, policymakers, health care workers and youth leaders from the circumpolar Arctic. Together, using this platform, participants will review and explore opportunities for specific interventions that best reflect their unique Indigenous practices, values and needs of their respective communities.

It is important to note that the research teams faced some limitations, including a challenging timeframe to complete the study. As well, one team noted that its methodology selected only projects that have been formally evaluated and discussed in peer-reviewed literature and that there may be successful interventions that have yet to be reported.

The research project and Symposium pave the way forward for long-term solutions and collaboration. Efforts are underway to ensure this momentum is not lost. For example, the United States, under its Arctic Council Chairmanship, has committed to continue building on this work through its initiative, Rising Sun (Reducing the Incidence of Suicide in Indigenous Groups-Strengths United through Networks). While the current project focused on best practices from the literature and community-based interventions, RISING SUN is designed to develop a common, science-based set of metrics to track
suicidal behaviors, key correlates, and outcomes across Arctic states. Common metrics will facilitate data sharing and pooling, evaluation, and interpretation of intervention effects across service systems.

These platforms for resilience promotion and suicide prevention are helping provide circumpolar communities with the opportunity to take greater control over their individual and collective lives. Participants in the community consultations summarized it best: we need to “build on our strengths”, learn the “value of life”, and “promote life”.
For Further Reading


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Appendix A

Brief summary of the ten programs identified as promising practices in the literature review


Allen et al. (2009) used a community prevention module called Elluam Tungiinun in remote areas of Alaska to address suicide prevention. This module (Qasgiq) consisted of 36 prevention activities, including seven that targeted the community. Activities included going on walks across the ice, sessions about dealing with feelings, and parenting workshops. Activities were delivered in one or more sessions, each lasting from 1 to 3 hours. Some activities began in the sacred Qasgiq circle, designating the activity as a time of respect and learning. This setting allowed Elders to inform youth and families of the deeper meaning of each activity. The module included cultural activities, a suicide crisis response team, increased alcohol control, and prayer walks. The program consisted of 32 sessions over 12 months. The interested reader is strongly encouraged to review the full report on this suicide intervention strategy and its evaluation using the Community Readiness Assessment scale:

http://www.uaf.edu/canhr/projects/elluam/Qungasvik.pdf


Alcohol restrictions were enforced in Native Alaskan rural communities as a community suicide prevention strategy. This was done to test whether different forms of community-level alcohol control significantly affected injury deaths in a population with extremely high death rates. In 2000, a study compared the suicide rates of communities that had alcohol restriction laws with those that did not. Initial results seemed to indicate that some restrictions (i.e. “damp” communities) provided protection against suicide, but very strict restrictions (“dry” communities) did not. However, “dry” communities had lower homicide rates.


The Alaska Local Option Law implemented in 1981 enabled communities to choose their alcohol availability policies. Each community could hold a referendum following a petition signed by 35% of the voters in the last election to choose one of the following options: 1) Sale of alcohol prohibited; importation for personal use permitted; 2) Sale allowed only at one specific, licensed package store; or, for incorporated communities, only at a city-operated liquor store; 3) Sale and importation prohibited. The third option is often referred to as "dry," while the first two options are called "damp." The Alaska State Troopers enforced the alcohol laws in small communities using the state court system.
In 2014, Berman published a follow-up study about alcohol restrictions in Alaska. The goal was to evaluate whether alcohol control policies and community level variables accounted for differences in suicide rates across Alaska Native communities from 1980 to 2007. While the author found that suicide rates were higher in communities where alcohol importation was prohibited under state law, this effect was not significant when other community variables were included in the equation. Berman concluded that alcohol control is not in fact effective in preventing suicide among Alaska Natives and that suicide appears instead to be more related to community characteristics such as the economic, social, and cultural environment of the community.

4. DeCou et al (2013): Qualitative Interviews on Suicide

The goal of this study was to determine whether Alaska Native students who had been affected by the suicide of a friend or relative (suicide survivors) benefit from discussing suicide during in-depth interviews. Participants' ages ranged from 18-37 years old. The semi-structured interviews lasted approximately one hour and covered five topics including background, rural-to-urban transition, suicide in rural Alaska, moving forward, and debriefing. At the end of the interview, participants were asked whether they felt “better”, “the same”, or “worse” after the interview than before the interview. The questions were intended to evaluate potential emotional distress and to ensure that there were no adverse reactions to the interview process. Results showed that the majority of participants (16 out of 25) stated that they felt better after completing the interview and no participants felt worse. None of the participants experienced emotional distress and all indicated that they would be interested in future research. Thus, youth and others may benefit from discussing suicide-related topics.

5. Haggarty et al (2006): Multi-Media Suicide Education in Nunavut

This study evaluated a suicide prevention tool that was designed to increase knowledge about suicide in Nunavut by means of a CD-ROM. The single session CD-ROM presentation took about 30 minutes. Study participants were aged 30-50 and consisted of health workers, teachers, students, and Elders (n = 24). The objective was to determine whether a cost-efficient method for increasing knowledge about suicide is effective in rural regions where access to resources may be minimal. Participants were tested before and after viewing the CD-ROM presentation. As well, they were asked about their comfort level using the technology. The results revealed significant increases in knowledge about suicide, and suggest that multi-media formats such as CD-ROM technology may be useful to effectively provide information and improve the knowledge base in culturally distinct groups. In addition, it was cost-effective and participants found it acceptable and simple to use.

Suicide was highest in communities that were remote, had fewer non-Natives, and had more cultural divide. Cultural divide was measured by assessing the number of languages spoken in a community. Communities with higher incomes, more married couples, and traditional Elders had lower risks.

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5 Suicide was highest in communities that were remote, had fewer non-Natives, and had more cultural divide. Cultural divide was measured by assessing the number of languages spoken in a community. Communities with higher incomes, more married couples, and traditional Elders had lower risks.

The goal of this study was to develop a method of evaluating a community-based participatory research (CBPR) program called Qungasvik or “Toolbox” that targeted individual, family and community protective factors among Yup’ik Alaska Native youth in four communities. The activities in this “toolbox” involve getting youth, parents, and other adults to engage in subsistence activities together. CBPR aims to involve communities in every aspect of the research process and to tailor each prevention program to the individual community based on their strengths and needs. Because of this, CBPR designs necessarily differ from community to community. Since programs are not implemented in a standardized fashion, they are challenging to evaluate. To remedy this issue, the present study tried to determine whether the programs were targeting the protective factors that they were trying to target. In this way, evaluations could focus on whether the CBPR program served its intended purpose for each individual community. Analyses focused on determining whether different protective factors were stressed in different communities and whether the function of the program was similar across communities. Results show that communities chose to implement different tools depending on their community values, history, and priorities. This approach to evaluating suicide-prevention programs (i.e. coding intervention activities based on their intended protective factors) allows communities to be compared to one another so that the effects of complex, individually-tailored, interventions can be evaluated.


A pilot study was done using videoconference consultations to manage suicidal behaviour in Nain, an isolated community in northern Labrador with a population of 1150, mostly Inuit. The objective was to evaluate the benefits and cost-effectiveness of tele-health services for people living in circumpolar regions. In Nain, physicians fly in on a regular basis for mental health consultations. When a physician is not available in the community, referrals for suicide assessment are made via videoconferencing. The nurse or counsellor based in the community participates in the assessment. The costs of providing the videoconference service were compared to the costs associated with flying the at-risk individual to the nearest health facility with an RCMP escort. The study also assessed the satisfaction of patients, nurses, mental health workers, and physicians with the services. A total of 71 patients were seen by videoconferencing in 2003, none of whom died by suicide. The cost analysis showed that the government saved $104,088 by using the videoconferencing. Patient satisfaction was high; however, participants mentioned that they appreciated being linked to a health worker for follow-up and did not mention their satisfaction with the actual videoconference consultation. No information was available with regard to community satisfaction with this service. This lack of wider evaluation is important.

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6 Examples of individual protective factors include: self-efficacy, wanting to be a role model, and giving. Family protective factors include: affection/praise, being treated as special, clear expectations, and models of sobriety. Community protective factors include: safe places, role models outside the family, and limits on alcohol use.
because it may be that some individuals at risk did not use the service because of a lack of comfort with this method of consultation.


This study evaluated a community-based participatory research (CBPR) process called Elluam Tungiinun (Towards Wellness) Project in a Yup’ik Alaska Native community. The goal was to evaluate the community’s perceptions of a participatory research process for developing suicide prevention strategies and gain a sense of whether they felt it was successful. Qualitative interviews were audio recorded and transcribed. Data from the interviews and focus groups were analyzed using a modified grounded-theory approach. The author reviewed each interview and extracted common themes, stories, or local concepts that reflected community members’ perspectives of the research process, their ownership of the program, and their level of support in the research process. Community members said they appreciated the opportunity to “indigenize” their own strategy and felt that they had taken ownership of the process. These results emphasize the importance of collaborating with communities and enabling them to develop their own strategies with the guidance and support of researchers. Interviews also revealed the importance of including Elders and key informants in every aspect of the research process. One community member described how the CBPR process “took the Elders off the shelf and renewed their sense of purpose and power in the community.” This approach was well accepted by community members and seems to be an acceptable approach to suicide prevention strategies.


This source evaluated whether individuals at the highest risk of suicide in Nunavut were using a crisis helpline that was implemented to help individuals in crisis. Data were collected on callers’ demographic information, the content of their call, the assistance provided by the helpline, feedback from callers, and recommendations for improvement. When the content of calls was analyzed, identified themes included suicidal ideation, bereavement, and relationship issues. Results suggest that the crisis line was underused by young Inuit males who represent the group that is most in need of crisis intervention. It was used most by adult females (who represent a relatively low-risk group for suicide completion). Calls involving suicidal ideation were infrequent. The authors conclude that those who need it most are not accessing the crisis line.


This article reports on a digital storytelling program that was part of a suicide prevention initiative in Alaskan schools. Youth from across Alaska were invited to create short digital movies of their own lives in a way that presented positive aspects of who they were. This activity was meant to strengthen protective factors and prevent suicide. After completing the exercise, a qualitative semi-structured exit survey was used to assess overall satisfaction with the workshop, level of engagement, whether tasks
where appropriate for their level of education, etc. Participants said that the storytelling process evoked positive memories and effectively focused on individuals’ strengths. They said they were reminded of all the positive aspects of their lives. Given that storytelling is a common mode of communication in Aboriginal communities, it also helped youth develop a stronger indigenous identity. Digital stories served as a tangible reminder that their lives had happiness and love in them, and enabled participants to publicly represent themselves in a positive way.

Another invaluable resource

Although this is not a report about a single evaluated program, and has not been included in the list above for that reason, it is an excellent summary of case studies that were being implemented across the circumpolar world at the time.

Larsen et al (2010): Hope and Resilience: Suicide Prevention in the Arctic

This conference report summarizes the proceedings of the Hope and Resilience in Suicide Prevention seminar held in Nuuk, Greenland in 2009, and outlines the best practices for suicide prevention in the circumpolar north. The proceedings stress the importance of focusing on protective factors such as hope and resilience, rather than trying to prevent negative outcomes such as suicide. The first section of the report discusses the background of the conference, and the second outlines suicide prevention programs used in various circumpolar Aboriginal communities. Section 3 summarizes best practices for suicide prevention based on presentations in the preceding workshops. Section 4 deals with research and documentation, and Section 5 is about youth perspectives. Section 6 offers a detailed summary of recommendations taken from the other sections, followed by the panel discussion between youth representatives, policymakers, and politicians from across the Arctic. Apart from the case studies of various programs, the most important point about this report is its consistent focus on the positive: this is evident in the title, "Hope and resilience". At every turn, the authors stress the importance of building on community strengths, rather than taking a negative, problem-focused approach.