

RISING SUN

REDUCING THE INCIDENCE OF SUICIDE IN INDIGENOUS GROUPS – STRENGTHS UNITED THROUGH NETWORKS *2015-2017*



ARCTIC COUNCIL



Sustainable Development
Working Group



Norwegian Institute of Public Health



National Institute
of Mental Health



NATIONAL INSTITUTE
OF PUBLIC HEALTH

UNIVERSITY OF SOUTHERN DENMARK



CIHR IRSC
Canadian Institutes of
Health Research Institut de recherche
en santé du Canada

January 2017

Mental Wellness in the Arctic

Political, scientific, and community leaders from across the Arctic have described mental health issues – especially suicide – as one of the region’s most pressing public health problems. Despite best efforts and considerable expenditures, the problem of suicide continues to be a barrier to health and development in the circumpolar North. In particular, high rates of suicide among youth exist across the Arctic where remote indigenous communities are adapting to social, political, economic, and environmental changes characteristic of rapid modernization. These pressures, and their impact on cultural integrity, access to resources and perceived future prospects of young people, are manifest in the health disparity of Arctic indigenous suicide.

During a Circumpolar Mental Wellness Symposium in Iqaluit, Nunavut, convened in March 2015, over 100 indigenous youth, researchers, representatives from Arctic Council Member States and Permanent Participants, indigenous organizations, and circumpolar communities met to discuss findings and share knowledge and insights into what is needed and what is working to promote mental wellness and prevent suicide in the circumpolar North. At the close of symposium, Dr. Pamela Collins of the US National Institute of Mental Health (NIMH), outlined plans for a project under the 2015-2017 US Chairmanship of the Arctic Council, Reducing the Incidence of Suicide in Indigenous Groups—Strengths United through Networks (RISING SUN). This project is intended to build on an identified need for better tools and support for evaluating mental wellness interventions. Previously, under the 2013-2015 Canadian Chairmanship of the Arctic Council, sponsored by the Arctic Council’s Sustainable Development Working Group and funded by the Canadian Institutes of Health Research (CIHR), two international research teams identified promising practices through a literature review, six intervention case studies, and a community consultation process. These results were published in the report [*Sharing Hope: Circumpolar Perspectives on Promising Practices for Promoting Mental Wellness and Resilience*](#).

One Arctic: Shared Opportunities, Challenges, and Responsibilities

Under the [US Arctic Council Chairmanship](#) theme of *Improving Economic and Living Conditions in Arctic Communities*, the [RISING SUN](#) initiative used a consensus-building process to identify common outcomes and their measures for evaluating suicide prevention efforts across the circumpolar North. Whereas the mental wellness project under the Canadian chairmanship focused on best practices from the literature and community-based interventions, RISING SUN was designed to take the next logical step: to develop a *toolkit* comprised of the key correlates associated with successful suicide prevention interventions across Arctic states. Common outcomes and their measures, developed through engagement with Arctic Council Permanent Participants and community leaders, as well as with mental health experts, facilitated data sharing, assessments, and interpretation of research findings across service systems in the Arctic region. The principal goal was to generate shared knowledge to aid health and community workers in better serving their communities, and to help policy-makers measure progress, evaluate interventions, and identify regional and cultural approaches to implementation. Arriving at common outcomes, their measures, and reporting systems is important in the Arctic, where the vast geography, high number of remote communities, and breadth of cultural diversity, pose challenges for systematic and evidence-based approaches to suicide prevention and the delivery of mental health care services.

Building Consensus

RISING SUN employed diverse approaches that included an adaptation of the Delphi technique used for the [NIMH Grand Challenges in Global Mental Health](#) initiative. Following selection of a Scientific Advisory Group, RISING SUN recruited and selected members for the Delphi panel—from all of the eight Arctic States and five of the six Permanent Participants of the Arctic Council—to represent the diverse advocacy, clinical, indigenous, policy, research groups, and communities whose interests are covered within the initiative’s scope of suicide prevention among Arctic indigenous groups. To this approach was added a process for incorporating the viewpoints of key local stakeholders through face-to-face meetings across circumpolar regions to achieve a shared vision and inclusive priority-setting. The Delphi method’s structured, sequential questioning with controlled feedback, complemented by regional face-to-face meetings for soliciting group consensus, was ideal for attaining the goals of this initiative: to distill knowledge and build reliable consensus to produce a toolkit of outcomes and their measures to help evaluate suicide prevention interventions among Arctic indigenous communities.

RISING SUN Workshops

The RISING SUN initiative held a series of three meetings. In September 2015, key international stakeholders from Arctic Council states including indigenous community members, mental health researchers, and service providers, as well as federal and state officials convened in Anchorage, Alaska, for [Workshop 1](#) of RISING SUN. The two-day workshop devoted one day to presentations on current understandings of suicide and intervention efforts, followed by a second day of discussions on how to move forward. Participants reviewed the suicide prevention landscape and the accomplishments of partnering countries, as well as the aims of the RISING SUN initiative, and provided feedback on efforts to develop a toolkit. A series of panels on Day 1 addressed successes and challenges in suicide prevention; community-based research on mental health and suicide prevention; mobilizing youth for resilience and healing; and health systems for good mental outcomes. Day 2 focused on small-group breakout sessions that discussed desired outcomes; evaluation of desired outcomes; and general reactions to the RISING SUN initiative. Overall, participants encouraged a modified approach to the iterative process that would favor consensus over compromise, and suggested a consultative process to help move people forward in the healing process. They recommended using the Delphi method in collaboration with indigenous knowledge holders to achieve a culturally acceptable process and outcome. Some wording changes were recommended to maintain consistency with indigenous languages. For example, it was suggested that “building consensus” be replaced with the concept of “building a narrative” or, in indigenous terms, “creating a story.” Given the financial, logistical, and time constraints for completing RISING SUN by the end of the US Arctic Council Chairmanship, participants also recommended that a modified Delphi integrated with local community-based approaches (e.g., focus group discussions), as appropriate, would be an effective strategy for building a narrative and setting priorities on outcomes to reduce the incidence of suicide among Arctic Indigenous communities.

In May 2016, [Workshop 2](#) convened RISING SUN stakeholders in Tromsø, Norway, to review the Delphi feedback since the Anchorage workshop; begin “creating a story” on the best outcomes and measures available; specify gaps in available measures that may require further development; and identify potential implementation approaches. Part of the workshop was also devoted to developing a plan for suicide prevention in Sápmi (Land of Sámi). Specifically, a full day was devoted to presentations that addressed mental health among Sámi living in Sápmi; suicide prevention among Sámi; suicide prevention among Sámi adolescents and young adults in Norway; and transitioning from understanding to prevention.

Subsequently, participants in a concluding breakout session discussed creating a vision for a Sámi-specific transnational suicide prevention plan, including both the challenges and needs that the plan should address as well as the necessary actions to implement the plan. The second day was dedicated to the technical aspects of RISING SUN, including what the proposed toolkit would look like when completed. Dr. Pamela Collins from the NIMH recommended that the toolkit should include a general introduction to suicide prevention efforts in circumpolar indigenous communities; lessons from communities that have successfully implemented effective suicide prevention interventions; why harmonizing outcome measures could help with dissemination and implementation of interventions; prioritized outcomes of suicide prevention interventions; measures associated with prioritized outcomes; and strategies for using the toolkit. Additional presentations and discussions centered on moving from outcomes to measures, and synthesizing additional sources of information (e.g., from regional focus group discussions with indigenous community members).

Workshop 3 of RISING SUN, in Iqaluit, Canada, serves a dual purpose. One aim of this meeting is to review the international community's understanding of suicide and allow participants to learn about and assess various activities over the past five years pertaining to evidence gathering and intervention strategies. The second objective of the meeting is focused on reporting the findings from the RISING SUN initiative including the outcomes from the Delphi process and in-person meetings; a discussion of methodological approaches; the form and function of the RISING SUN toolkit; the knowledge gaps that remain; and future opportunities for dissemination, implementation, and research. These proceedings can inform the development of a path forward for future activities under the 2017-2019 Finnish Chairmanship of the Arctic Council, although efforts to implement any aspects of the RISING SUN toolkit is at the discretion of Arctic Council member states and their respective mental health stakeholders.

Building a Narrative: the Delphi Method

Following the Anchorage workshop, Delphi panelists were recruited for a round in which they were invited to answer an open-ended question that asked,

“In addition to reducing suicide deaths, what are the most important outcomes that suicide prevention interventions should achieve in Arctic communities?”

An outcome was defined as *“the result of a health service, program, or intervention.”* Respondents could provide up to 5 key outcomes and, for each outcome, they were requested to provide a few sentences describing their reasons for selecting each outcome. By the end of Round 1, panelists submitted over 600 individual responses. Following review, elimination of duplicates, and integration of overlapping responses, 99 unique outcomes were distributed to panelists who were then asked to identify the top 25 outcomes they considered most important during Round 2. In the third and final Delphi round, panelists were asked to rate each of the top 25 outcomes across three criteria: *Arctic relevance* – how connected the outcome is to the concerns of Arctic indigenous communities; *Feasibility* – how realistic would it be to achieve each outcome in the communities with which they are most familiar; and *Immediacy of Impact* – the extent to which the outcome, if achieved, would result in immediate suicide reductions for the communities with which they are most familiar. The three Delphi rounds were completed by November 2016.

Overall, the findings from the Delphi process revealed that panelists identified and prioritized outcomes resulting from family- and community-level interventions (Table 1). Panelists from the Nordic countries, North America, and the Russian Federation representing different roles, such as community members, researchers, service providers, or government representatives, tended to agree on the same or similar types of outcomes that were most important for suicide prevention interventions to achieve. A more comprehensive technical report with further details will be forthcoming later in 2017.

Creating a Story: Community Discussions

To supplement information collected through the Delphi process, several regional focus group discussions were convened to ensure that additional community and indigenous participants, who may not otherwise be able to attend the workshops or participate in the Delphi, could provide input and feedback to the RISING SUN initiative. In addition, an in-person iteration of Round 1 was conducted in Fairbanks, Alaska, during the Arctic Science Summit Week in March 2016. At this session, NIMH representatives convened a session with over 30 participants to give an overview of the RISING SUN initiative, provide an update on activities to date, and receive further input from attendees in response to the Round 1 question on outcomes. Participants included researchers, service providers, indigenous youth, administrators, government representatives, and other stakeholders including from international organizations.

In April 2016, Dr. Susan Chatwood, from Canada's Institute for Circumpolar Health Research, conducted a focus group in Yellowknife, Northwest Territories, to address mental health and suicide prevention within the framework of building on the collective understanding of what types of suicide prevention interventions are working, why they are working, and how we know they are working. This focus group also discussed what is not working in communities, the existing challenges, and what changes need to be made to achieve wellness. The focus group on mental wellness brought together a diverse range of individuals to share their knowledge, beliefs, and experiences related to mental wellness and suicide prevention. Through a consensus-based approach and open discussion, participants shared their views on a wide range of topics, and the session was marked by frank, rich dialogue. Many personal stories and experiences were shared, as well as thoughtful insights and solutions. Overall, participants demonstrated a shared understanding for the importance of the issue of suicide prevention and acknowledged the enormity of the issue. However, they also highlighted the resilience of youth and communities, as well as opportunities to promote wellness and build stronger communities. The major themes that emerged included defining wellness; challenges faced by today's youth; a need for dialogue and sharing; improving the availability and delivery of mental health services; the importance of land-based and strengths-based programs; traditional vs. modern laws; education; evaluating wellness programs; and celebrating success.

In October 2016, Ms. Charlene *Aqpiq* Apok, Iñupiaq, MA, and Dr. Stacy Rasmus, sponsored by the US National Institute of Mental Health, convened community discussions in Fairbanks, Alaska, during the Annual Convention of the Alaska Federation of Natives. These activities included interviews conducted with Alaska Native tribal leaders, elders, youth and other stakeholders in evaluating what local assets are already in place and that lead to the outcome of healthy communities; and a prioritization of the 25 outcomes identified through the RISING SUN Delphi process. In a qualitative analysis of the interviews, one emergent theme arose acknowledging the wide variety of *relationships* that are held sacred and kept in balance when it comes to the health and wellbeing of Alaska Native communities. These include

relationship to land and water through place-based values; intergenerational relationships; relationship to history and past; relationship to ways of knowing; and relationship of self in community. With respect to the prioritization of Delphi-derived outcomes, for those Alaska Native stakeholders surveyed, a high level of importance was placed on outcomes that can be achieved within communities by families and among community members, those that emphasized building relationships and social supports, particularly those focused on working with youth early on in their lives to protect them, and the utilization of indigenous cultural practices as a strategy for achieving desired outcomes with youth.

Future Directions

Activities under the RISING SUN initiative reaffirm that Arctic indigenous communities continue to face mental health disparities in access to and quality of care with respect to suicide prevention. However, a number of themes emerged that can help offer focus to clinical services providers, community members, policymakers, and suicide prevention researchers. The prioritized outcomes generated from this initiative will form the basis for a web-based toolkit that provides resources to help Arctic stakeholders evaluate interventions intended to reduce the burden of suicide among indigenous communities. The toolkit, under development at this time, is proposed to include information on the determinants of suicide across the Arctic, along with a general introduction to suicide prevention efforts in circumpolar indigenous communities; what can be done to alleviate this public health threat and lessons learned from communities that have successfully implemented effective suicide prevention interventions; a collection of prioritized outcomes and measures to assess the impact and effectiveness of suicide prevention interventions being implemented across the circumpolar Arctic; and a strategy with best practices for using the toolkit. Given that accurate and reliable measures for evaluation are essential for assessing interventions, one likely area of activity in the near future could be research associated with the identification and assessment of measures in Arctic indigenous communities for promising but underappreciated outcomes.

In the United States, NIMH is committed to furthering research focused on reducing the burden of suicide and promoting resilience among indigenous youth. Specifically, through a grant program ([RFA-MH-17-350](#)), NIMH aims to provide funding to establish and support regional collaborative hubs whose research teams will (a) conduct preventive interventions research, including strengths-based/resilience-focused approaches, with the goal of reducing suicide in indigenous youth, and (b) conduct outreach and dissemination activities to promote community engagement in research activities and enable community decision-makers to use science-based information to develop and assess mental health policies and programs. In addition, the US Arctic Research Commission, an independent agency that advises the President and Congress on domestic and international Arctic research through recommendations and reports, has also taken steps to strengthen systems of care to prevent suicide and improve mental health in the circumpolar North via the promotion of indigenous knowledge, research, and evidence-based early intervention and primary prevention efforts. In 2016, the Commission established an [Arctic Mental Health Working Group](#) whose areas of focus include strengthening mental health protective factors and resilience in children and youth; emphasizing the importance of follow-up contact when patients are discharged from psychiatric services; raising awareness about unmet mental health provider needs across the Arctic; and encouraging research to better understand effective outcome measures for interventions among Arctic indigenous communities.

More broadly across the circumpolar Arctic, the release of the National Inuit Suicide Prevention Strategy (NISPS) in July 2016, and the current development of a transnational Suicide Prevention Plan (SPP) for Sámi, highlight the urgency that Arctic indigenous communities place on suicide prevention. In the case of

the NISPS, there are six priority areas that include creating social equity; creating cultural continuity; nurturing healthy Inuit children from birth; access to mental wellness services; healing unresolved trauma and grief; and mobilizing Inuit knowledge for resilience and suicide prevention. For the Sámi, the transnational SPP is a project under SANKS (Sámi Norwegian national advisory unit on mental health and substance abuse) in co-operation with the international Sámi Council. It will contain prevention strategies based on the current evidence base of suicide and suicidal behavior among Sámi as well as the knowledge of Sámi grassroots organizations and Sámi mental health professionals. These strategies will focus on issues that are Sámi-specific, and the SPP is scheduled for release in Spring 2017.

In closing, the RISING SUN initiative under the 2015-2017 US Chairmanship of the Arctic Council has made strides toward facilitating efforts to reduce suicide among Arctic communities; used community-driven stakeholder engagement, consensus-building and priority-setting processes; and built a narrative around outcomes and measures that can be used to evaluate the effectiveness of suicide prevention programs that are being implemented among Arctic indigenous communities.

Conclusions

- It is important to create strong, sustainable networks among indigenous communities, local and regional governments, researchers, and health service providers to rigorously evaluate suicide prevention interventions
- Arctic communities tend to prefer strategies utilizing indigenous ways of knowing and healing, together with community- and family-driven efforts around youth
- The proposed RISING SUN toolkit will provide resources including stakeholder-based outcomes and their measures to assist communities, governments, researchers, and service providers in reducing the burden of suicide among indigenous peoples across the circumpolar Arctic
- Follow-on activities from RISING SUN should include further development and dissemination of culturally relevant measures and shared use of these measures to evaluate suicide prevention interventions across the Arctic

RISING SUN Scientific Advisory Group

CO-CHAIRS

Pamela Y. Collins, MD, MPH, Director, Office for Research on Disparities and Global Mental Health, US National Institute of Mental Health

Solfrid Johansen, PhD, Norwegian Institute of Public Health

Christina Larsen, PhD, National Institute of Public Health, University of Denmark

Anthony Phillips, PhD, Scientific Director, Canadian Institutes of Health Research-Institute of Neurosciences, Mental Health and Addiction.

MEMBERS

Charlene Aqpiq Apok, University of Alaska, Fairbanks

Laura Baez, LCSW, LPC, MSW, Alaska Native Tribal Health Consortium

Peter Bjerregaard, MD, Centre for Health Research in Greenland

Eduardo Chachamovich, MD, PhD, McGill University and Douglas Mental Health University Institute

Susan Chatwood, MSc, Institute for Circumpolar Health Research

Cody Chipp, PhD, Aleut International Association

Allison Crawford, MD, Director, Northern Psychiatric Outreach Program, University of Toronto

Alex Crosby, MD, MPH, US Centers for Disease Control and Prevention

Roberto A. Delgado, Jr., PhD, US National Institute of Mental Health

Denise Dillard, PhD, Southcentral Foundation

David Driscoll, PhD, University of Alaska, Anchorage

Heidi Anita Ericksen, MD, Sámi National Centre of Mental Health and Substance Abuse

Jack Hicks, Suicide Prevention Researcher

Per Jonas Partapuoli, Sámi Youth Representative

Beverly Pringle, PhD, US National Institute of Mental Health

Stacy Rasmus, PhD, Center for Alaska Native Health Research, University of Alaska, Fairbanks

Mette Lyberg Rasmussen, PhD, Norwegian Institute of Public Health, Division of Mental Health

Catherine Roca, MD, US National Institute of Mental Health

Sigrún Sigurðardóttir, MSc, University of Akureyri (Iceland)

Anne Silviken, PhD, Centre for Sámi Health Research

Janet Smylie, MD, Applied Public Health Chair, Canadian Institutes of Health Research

Jon Petter Stoor, MSc, Sámi Norwegian National Advisory Board on Mental Health and Substance Abuse

Yury Sumarokov, MD, Northern State Medical University, Arkhangelsk Region (Russian Federation)

Lisa Wexler, MSW, PhD, School of Public Health and Health Sciences, University of Massachusetts, Amherst

Table 1. List of prioritized outcomes resulting from Delphi RISING SUN process, with proposed level of intervention

	<u>Intervention Level</u>	<u>List of Prioritized Outcomes</u>
1	Family	Improved social and emotional coping skills among children and youth
2	Community	Increased number of trained and educated community members who understand resources for care and who can provide support in a crisis
3	Clinic	Increased access to and participation in mental health follow-up services for those who have attempted suicide or self-harm
4	Community	Increased community involvement in suicide prevention, including increased number of youth who are equipped to provide peer-to-peer support
5	Clinic	Development of skilled, caring, and culturally competent healthcare workforce and more accessible, timely, and culturally safe behavioral health treatment and support for mental and substance use disorders
6	Community	Increased peer, community, and social network support
7	Clinic	Increased trauma-informed support for survivors
8	Community	Increased number of cultural protective factors (e.g., cultural pride, engagement in cultural activities)
9	Community	Increased access to relationships with elders, including an increase in the number of places and activities to promote inter-generational activities
10	Family	Increased number of, and access to, positive role models who deal with adversity without suicide
11	Community	Increased number of youth that are engaged in traditional indigenous activities
12	Clinic	Increased early intervention for depression, anxiety, drug use, and violence
13	Community	Increased opportunities for youth
14	National/ Regional	An increase in sustainable funding for interventions
15	Individual	Increased sense of belonging
16	Individual	Increased number of protective factors (e.g., social support)
17	Community	Increased self-determination, ownership for safety and well-being, and community ability to address suicide

	<u>Intervention Level</u>	<u>List of Prioritized Outcomes</u>
18	Community	Decreased number of non-fatal suicide behavior and injuries (e.g., reduced suicide attempts and re-attempts, reduced suicidal ideation, and reduced non-suicidal self-injury)
19	Individual	Increased hope for the future
20	Individual	Increased reasons for living
21	National/ Regional	Increased quality of life during childhood and decreased adverse childhood experiences (ACEs)
22	Community	Reduced likelihood of being a victim of sexual abuse/assault during childhood
23	Family	Reduced children's exposure to substance misuse in the home
24	National/ Regional	Increased collaboration across systems and levels
25	Community	Increased employment