

ORIGINAL ARTICLE

CANADIAN INUIT COMMUNITY ENGAGEMENT IN SUICIDE PREVENTION

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ABSTRACT

Objectives. To review suicide patterns among Inuit in Canada and highlight new developments in Inuit-driven and community-based suicide prevention.

Study design. Narrative overview of suicide among Inuit in Canada, strides towards Inuit autonomy, and community and government action towards suicide prevention.

Methods. Review of Inuit meanings of mental health, movements towards Inuit control across Inuit Nunaat (the 4 Inuit regions) of Canada, and of community and government action towards suicide prevention.

Results. Economic advancement is occurring in Inuit Nunaat following land claim settlements, and territorial and provincial governments are overseeing Inuit well-being. Inuit community engagement in suicide prevention is taking place and studies are being planned to evaluate the efficacy of such action for suicide prevention and community mental health. Initial evidence demonstrates that community control over suicide prevention itself can be effective towards preventing suicide.

Conclusions. A new orientation is taking place in Canada in the name of Aboriginal community empowerment. There is a new hope for the model of meaningful community engagement and partnership with the Canadian government in suicide prevention and well-being.

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INTRODUCTION

Approaches to understanding and responding to Inuit suicide in Canada are changing. Examining the health status of a population, including mental health, has typically involved epidemiology and the lens of the medical model. Intervention in suicide prevention and mental health for Indigenous peoples in North America has also followed this model, with limited success (1). More recently, the gathering of knowledge about mental health and suicide has turned to a more participatory, collaborative model involving Indigenous communities, organizations and governments, and federal, provincial and territorial governments along with university researchers. In this article we demonstrate the trend in Canada towards a participatory/collaborative model emphasizing positive outcomes. We argue that we are entering a new collaborative era in Canada with a priority on Aboriginal community empowerment and prevention. In this paper, we use the term “Aboriginal” to describe Indigenous peoples in Canada, and the term “Indigenous” for Indigenous people living outside Canada.

Inuit have been a resilient people over a long period of time. They have befriended a harsh environment and have adapted to climatic, subsistence and other changes throughout their history. Over the centuries, for Inuit of Nunavut, the qualities of survival and the good life included sharing within the familial or communal group, hospitality, continuing harmonious relations, taking responsibility for others’ well-being, economic alliances and cultural continuity (2). Knowledge of the land, the sky and the

stars was essential to the survival of Indigenous people. “The hunter-gatherer mind is humanity’s most sophisticated combination of detailed knowledge and intuition,” argues Brody, who noted, “It is where direct experience and metaphor unite in a joint concern to know and use the truth” (3). He adds that hunter-gatherers like the Inuit have balanced need with resources and have been committed to having respectful relationships with nature.

Canada’s Constitution Act (1982) recognizes 3 groups of Aboriginal peoples: Indians (or First Nations), Inuit and Metis. These are 3 separate peoples with unique cultures, languages, political and spiritual traditions.

- First Nations include those registered under Canada’s Indian Act. First Nations are a diverse group of approximately 765,000 citizens living in 603 First Nations communities, as well as rural and urban areas (Assembly of First Nations, 2007).
- Inuit are the Aboriginal people who inhabit Arctic Canada. There are approximately 45,000 Inuit living in the 53 Arctic communities in four geographic regions: Nunatsiavut (Labrador); Nunavik (Quebec); Nunavut Territory; and the Inuvialuit Settlement Region of the Northwest Territories (Inuit Tapiriit Kanatami, 2007).
- Métis are persons of mixed Aboriginal and European ancestry who identify themselves as Metis.

Health services are provided to all Canadian citizens by their respective provincial or territorial governments; however, Canada’s Constitution Act (1867) charges Canada’s federal government with the responsibility for Indians and Inuit and this responsibility has included the provision of health services.

Inuit or the earlier Thule people have been in Canada for approximately 1,000 years (4). There are currently about 55,000 Inuit living across 53 communities in Arctic Canada. In Inuit Nunaat, there are 4 Canadian Inuit regions: Inuvialuit (“the real people”) in the west, Nunavut (“our land”) in the central and eastern Arctic, Nunavik (“place to live”) in northern Québec, and Nunatsiavut (“our beautiful land”) in northern Labrador (see Fig. 1).

In their review of the history of Inuit suicide, Kirmayer, Fletcher and Boothroyd (5) show that in traditional times when Inuit lived on the land in family camps, suicide took the form of Durkheim’s altruistic suicide for the benefit

of the family, often during times of famine. It usually took place among the elderly, ill and disabled, and was often an assisted suicide. Suicide was almost unheard of among youth. These authors argue that the discontinuity in suicide from past to present reflects the more recent discontinuity of Inuit life. How culture “works” has been described by Obeyesekere as “the process whereby symbolic forms existing on the cultural level get created and recreated through the minds of people” (6). We thus learn about culture by looking at what is on people’s minds and in their shared practices. In a recent review of Inuit concepts of mental health, Kirmayer, Fletcher and Watt (7) describe



Figure 1. Inuit Nunaat in Canada. Figure courtesy of Inuit Tapiriit Kanatami.

the traditional good life of Inuit as being supported by family, their familiar land, food from hunting or “country food,” and biannual migration within a particular place. The shaman or *angakkuq* were the traditional healers during times of illness and duress. Current meanings of well-being and happiness among Inuit still include the family, talking, country food, the land and traditional cultural practices, all of which are intricately intertwined (8). Inuit are a kinship-based people (9-12), and kinship ties to subsistence hunting have been the basis of Inuit traditional social organization (13-16). The disruptive discontinuity that has taken place in Inuit lives over the past several decades has created social problems never previously experienced, particularly in the family. Some of this social change is described in the next section.

Social change

In the context of tremendous social change over the last several decades, together with cultural discontinuity in some important areas, suicide has emerged as a major public health problem among Inuit. (Suicide rates in Inuit Nunaat are seen in Fig. 2.) Indigenous youth now manifest very high suicide rates across the circumpolar Arctic from Siberia (17), to Alaska (18), Canada (5) and Greenland (19,20). These are a genealogically linked people who share much history, language and culture. In Canada, for Inuit under the age of 24, the suicide rates in Nunavut are ten times the national rate (21). Most of the suicides in Canada are male for both Aboriginal and non-Aboriginal populations. The interventions developed by each Inuit region in response to the suicides will be described in this paper.

Inuit contact with non-Inuit or *Qallunaat* began centuries ago with the Vikings in the southeastern Canadian Arctic. This contact continued through visits and included some conflict with explorers from England, French fur traders in Labrador and others between the sixteenth and nineteenth centuries. Contact with Scottish and American whalers took place between about 1880 and 1920, and then fur traders, missionaries and the police during the 1920s and through the 1940s. Conversion to Christianity took place and some Inuit customs were changed, including the ending of formal shamanism, but the subsistence lifestyle on the land remained. Beginning in 1953 during a widespread tuberculosis epidemic, the Canadian government increasingly exerted its power through the creation of aggregated settlements and a welfare state. By the late 1960s, most Inuit were living in settlements run by northern government service officers. While Inuit motivations to move from the land to the settlements varied, there is general agreement that this transition was a forced one (22). This transformation, referred to as the government era by Wenzel (16), was the most profound social change in Inuit history. Children were placed in federal day or residential schools where some abuse took place and children were not allowed to speak their Inuit language, nor were they allowed contact with siblings of the opposite sex. The extended family was split up and placed in small “matchbox houses,” a family allowance program was begun and poverty became a new reality. Given the number of Inuit now living in one settlement, a large number of children grew up together to form a new youth culture that included an increasingly collective youth autonomy (23). Inuit

had no voice in the government that ruled them and were unable to vote in federal elections until 1962 (24). Marriage, gender roles and relations between parents and children were changed (25). Dog slaughters allegedly took place by the Royal Canadian Mounted Police in communities to maintain families within the identified settlements, which are currently being investigated in Nunavik and Nunavut by Inuit Truth Commissions (26). Inuit youth began to experience problems, particularly in their romantic/sexual relationships, as arranged marriage began to recede (27,28). In a culture where the strongest relationships have taken place across generations, where parents and elders were the teachers, intergenerational segregation developed. Each living generation of Inuit has had a different lifestyle since the government era began.

Inuit communities had begun a new cash economy based on the seal fur trade in the 1960s and 1970s. However, in the early 1980s there was a boycott of Inuit fur imports to Europe which had a substantial negative impact on the Inuit people (16). It is not clear whether there was any direct connection between the ban and suicide. Yet the stresses due to Western contact among Inuit had accumulated significantly by this time. A recent study of Inuit experiences of distress and suicide found that sadness was most related to family matters, including loss of family members to death or moving away; unhappiness of family members; not being able to be with family; and arguments or violence in the home. Also accounting for unhappiness was losing family and friends to suicide, substance abuse, romantic relationship problems, less talking among family

members, sexual and physical abuse, and poverty (8).

The most significant changes reported by Inuit were an increase in the size of their communities, change in the family and a decrease in traditional cultural values and practices, including changes in parenting. Experiences and attributions concerning suicide included Inuit youth feeling alone, romantic relationship problems, family problems and anger. Anger was most commonly associated with feelings of rejection. Youth not being cared for or being criticized by their families was a common theme concerning suicide. Inuit who had attempted or considered suicide reported that romantic relationship problems followed by family problems were their primary reasons for considering this behaviour. They indicated that the intervention most helpful to them was speaking with family members. As suicide prevention, speaking with and finding support from family members has, according to Inuit who made suicide attempts, saved many lives (8). Family is thus central to Inuit well-being, a source of problems for some Inuit, and important for suicide prevention. A study of Inuit ideas about mental illness in Nunavik, Quebec, reported that Inuit found the prevalent mental health problems among them to be alcohol and drug abuse, family violence and abuse, and suicidal behaviour (29). Causes of these problems were attributed by Inuit to conditions that included physical-environmental, psychological, demon or spirit possession, or culture change/social disadvantage, with these causes often grouped together. The Inuit considered those who died by suicide as withdrawn, isolated, depressed and hating themselves.

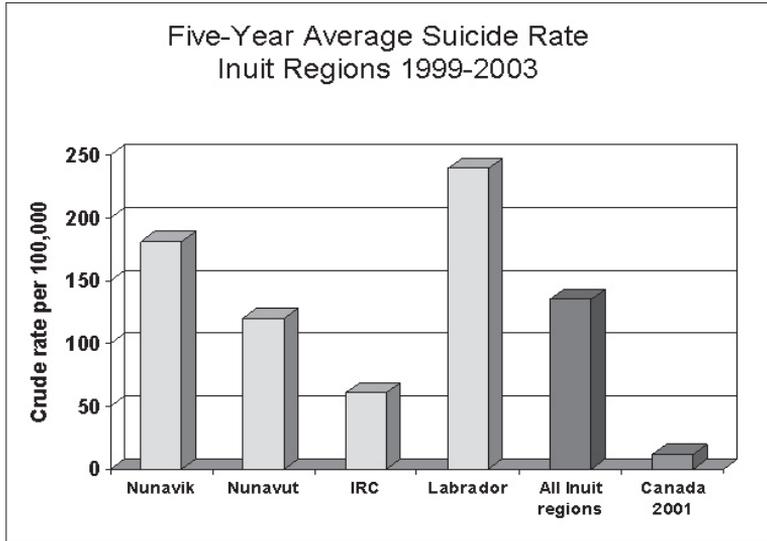


Figure 2. Five-year average suicide rate, Inuit regions, 1999–2003. Graph from Ellen Bobet. The data labelled “IRC” (Inuvialuit Regional Corporation) refers to Inuvialuit. The data labelled “Labrador” refers to Nunatsiavut.

In a study of completed Inuit youth suicides in Nunavik, Quebec, it was found that this population was more distressed, experienced more illnesses and injuries, and had been in more contact with health services than a control group (30). Bjerregards, Young, Dewailly and Ebbesson (31) identify the most significant health problems among Inuit to be those concerned with violence, accidents, suicide and alcohol/substance abuse. In a community sample in Nunavut, 1 in 5 Inuit were found to be depressed (32). These problems are all forms of a more general social perturbation. Shneidman (33) has argued that intolerable psychological pain is the primary factor in suicide. While correlates of suicide have been found among Inuit, it is important to understand the origins of

this social perturbation or pain to target prevention strategies. The most commonly cited background feature for Inuit suicide has been the dramatic social and cultural change experienced by the people over the last 4 or 5 decades (5,18,34-36).

It is possible that the most detrimental effect of the government era has been the change forced upon Inuit relationships within family and community. Many of these relationships have become strained across generations and between genders. Many youth are feeling alone and distant from their families, especially their parents. These details are embedded in a larger context, however. A central concern is the diminished control Inuit have had over their lives as a result of dominance by outside forces.

Reclamation and control

Beginning in the 1970s, Inuit began a move towards regaining control and reclaiming their autonomy. The James Bay and Northern Quebec Agreement signed in 1975 was Canada's first modern land claim settlement, and included the Inuit, Cree and Naskapi peoples of Quebec. In Nunavik, an agreement creating a commission for Inuit political negotiations with the Government of Quebec was signed in 1999. A new public government is anticipated for Nunavik, and the Nunavik Party has been established under the direction of the politically active Makivik ("advance-ment") Corporation (37). An Agreement-in-Principle was signed in 2007 on the creation of the Nunavik Regional Government, and during this same year the Canadian government tabled the Nunavik Inuit Land Claims Agreement Act. The Inuvialuit Final Agreement on land claims was signed in 1984, the year the Inuvialuit Regional Corporation (IRC) was formed for the management of this settlement and to advance Inuit economic, social and cultural development. After much negotiation with the Government of Canada and neighbouring peoples that included First Nations, the world's largest Aboriginal land claim was made in 1993, along with the establishment of Nunavut Tunngavik Incorporated (NTI) to manage Inuit-owned lands in this region, and a new political territory was created called Nunavut. NTI also advocates for Inuit economic, social and cultural life. A few Nunavut communities have already gained control over social services that had previously been under the Government of Nunavut, for example, Igloodik. Inuit in Nunatsiavut began land claim negotiations with the federal government in 1974, filed a

land claim settlement in 1977, began negotiations in 1988 and signed an Agreement-in-Principle in 2001. A transitional Nunatsiavut government in Labrador was formed in 2005, and an election was held in 2008 for this government to be in place. The Labrador Inuit Land Claims Act, filed in 1977, was passed in 2004. Inuit land claims agreements, which include monetary compensation, have already demonstrated a significantly positive impact on economic development in Inuvialuit and Nunavik regions (38,39).

Indigenizing suicide prevention

These actions towards autonomy are part of a larger, global movement called indigenism that is concerned with Indigenous human rights (40). Indigenism has also been described as the flow and exchange of ideas between Indigenous and non-Indigenous peoples. Sahllins (41) referred to the indigenization of modernity as the project of cultural reclamation by Indigenous peoples through Western-global concepts and practices, while others have discussed it as learning values and practices of Indigenous peoples by Westerners (42). Indigenism can thus go in two directions. This is what Asad (43) called the reconstitution of colonized subjectivities. Indigenism has also been taking shape politically with such groups as the Maori in New Zealand, the Inuit in Greenland (Kalaallit), and the Sami in northern Norway. Canadian Aboriginal peoples (First Nations, Métis and Inuit) were recognized in the Constitution in 1982. The Inherent Right to Self-Government Policy for First Nations and Inuit was established in 1995, recognizing Aboriginal constitutional rights to self-governance. Indigenism is taking place across many fields

internationally, including health, such as Australia's National Aboriginal Community Controlled Health Organization (44) and even in academia by way of an increase in the number of Indigenous faculty and students (45). In Canada, this movement is taking shape in the field of health and well-being, including Aboriginal suicide prevention.

Western, professional mental health treatment of Indigenous peoples in North America has, in many cases, met with limited success. Top-down, outside-in treatment approaches, used by government agencies, have often under-valued or conflicted with the meanings and lifestyles of Indigenous peoples. It is what Gone (1) has called cultural proselytization, a form of Western cultural prescription of meanings of mental health and its treatment. Similarly, research on Indigenous peoples has historically been by non-Indigenous scholars, and as Brettell (46) writes, the Natives are talking back. Some Indigenous communities have closed their doors to researchers, not because they are against the generation of new knowledge but because they have not been able to participate in making decisions about the goals, methods and use of research. In Canada, the Royal Commission on Aboriginal Peoples published guidelines for ethical research practice in Indigenous communities, and central principles involve community participation at all stages of any research project (47). These participatory principles are echoed in an increasing number of writings on research ethics in Indigenous communities by Indigenous organizations, including the Canadian Institutes of Health Research (48). Participatory research is on the rise across disciplines, and rather than being a mere research method, it is an attitude of respect

and sharing throughout the research process (49) that acknowledges community expertise. Forms of community research participation vary from consultation to meaningful collaboration (50).

Beyond research, health and wellness services for Aboriginal peoples are also changing. In another report, the Royal Commission recommended that the federal, provincial and territorial governments of Canada collaborate on health in general and mental health in particular with Aboriginal communities, nations and governments (51). The call is for culturally relevant interventions and having Aboriginal peoples take leadership roles. Gone refers to this as "an inversion in the relationship between intervention and prescription...echoing the contemporary discourse in many Native communities that 'our culture is our treatment': local cultural interventions might finally be understood as legitimate clinical prescriptions for the healing of Native North America" (1). Identifying and meeting the needs of particular communities and fostering community empowerment – collective community agency – have now become priorities in Canada.

New partnerships

We are entering a new era of Aboriginal community empowerment in Canada. Health Canada has identified suicide prevention among its priority objectives for improving the health of Aboriginal Canadians. Health Canada actively collaborates with international and Canadian Aboriginal partners to identify and eliminate conditions that contribute to the high suicide rate among Canada's Aboriginal population, and identify and promote factors that are protective against suicide. The

programs and activities mentioned below are not a comprehensive list of Canadian government initiatives for Aboriginal peoples, but are intended to illustrate Health Canada's efforts.

In 2002, Canada's minister of health and the United States secretary of health and human services signed a memorandum of understanding (MOU) on Aboriginal health, which included suicide prevention as one of its main areas of collaboration. The MOU, renewed in 2007 for a 5-year period, formalizes the collaborative relationship and commitment to information sharing between the 2 departments. Under this MOU, Health Canada and the United States Department of Health and Human Services established the binational Working Group on Suicide Prevention specific to Indigenous populations. Canadian members include National Aboriginal organizations representing First Nations and Inuit, those being the Assembly of First Nations (AFN) and the Inuit Tapiriit Kanatami (ITK), along with Health Canada. Since the Working Group's inception, its activities have included the binational Initial Conference to Share Knowledge and Foster Collaboration, a scan of suicide prevention programs and services in Canada and the United States, and the development of independent but linked Indigenous suicide prevention websites. The Canadian Honouring Life website (www.honouringlife.ca), funded by Health Canada and maintained by the National Aboriginal Health Organization, provides culturally relevant suicide prevention information and resources.

In 2005, in preparation for the binational

conference with Canada and the United States, Health Canada sponsored a conference called "Linking Communities and Research: First Nations and Inuit Suicide Prevention" (52). This dialogue brought together approximately 90 delegates to explore ways of achieving better results in suicide prevention by improving collaboration between community-based representatives and researchers. The forum was based on the assumption that community representatives and researchers contribute expertise of equal importance. Delegates reflected a diversity of backgrounds, including youth, front-line workers, hereditary chiefs, mental health professional representatives and researchers.

The dialogue brought to light the fact that suicide prevention research conducted in Inuit and First Nations communities by external experts does not always result in clear community benefits. Recognizing the importance of addressing this issue, the delegates agreed to work towards creating greater synergy between researchers and communities and identifying systematic barriers to effective collaboration. The group explored ways research could be harnessed to help communities learn from each other's successes, and agreed that greater involvement by community representatives, especially Elders and youth in all phases of research projects could help build trust and ensure that the interests of the Inuit and First Nations communities will be properly served by research initiatives.¹ The "Linking Communities and Research" dialogue exemplified the concept of "process as product," meaning that the process of the meeting itself

¹The following publication provides details of the meeting's proceedings and outcomes: Health Canada, *Linking Communities and Research: First Nations and Inuit Suicide Prevention—Report from a Gathering on Improving Collaboration*. 2006. (52)

– including knowledge exchange, partnership building and engagement through dialogue – was considered one of the meeting’s planned results. Applying this same concept in the context of research on suicide prevention could mean that the process of engaging the community in planning, conducting and interpreting the research could itself contribute to suicide prevention and constitute one of the project’s outcomes.

Also in 2005, Health Canada established the First Nations and Inuit Mental Wellness Advisory Committee (MWAC) comprised of representatives of the AFN, ITK, networks from various jurisdictions, non-governmental and Aboriginal expert mental health and addictions organizations as well as other key national partners and stakeholders. For the committee, mental wellness encompasses mental health, mental illness, suicide prevention and substance abuse and addictions. MWAC’s mandate has included the development of the “First Nations and Inuit Mental Wellness Strategic Action Plan.” On the basis of this plan, the Inuit-specific Mental Wellness Task Group, Alianait, was asked to explore mental wellness issues in the context of the distinct circumstances and culture of Inuit. The term, *alianait* is an expression of joy in the Inuktitut language, and the choice of this term itself illustrates the strength-based approaches taken by Inuit. Alianait has since developed a national Inuit strategy based on a holistic approach that takes into account the social determinants of health and reflects Inuit mental wellness priorities. The Strategic Action Plan’s 5 priority goals highlight 1) the importance of community leadership; 2) traditional healing; 3) effective communi-

cation and relationships; 4) the importance of mental health, addiction and human allied resources; and 5) improved access to a coordinated continuum of services. The goals currently inform Health Canada’s development of policies and practices related to First Nations and Inuit suicide prevention.

In 2007, the Canadian federal government created the Mental Health Commission of Canada (MHCC) in response to the recommendations of Canada’s Senate Committee on Social Affairs, Science and Technology (53). A key member of MWAC – the chair of the Native Mental Health Association of Canada – was named the chair of the MHCC’s First Nations, Inuit, and Metis Advisory Committee. Other recent developments include the 2008 announcement by the Canadian minister of health concerning the creation of an Inuit mental wellness team. Health Canada is currently working with ITK and other partners to implement this initiative. The commission recognizes the unique needs of Aboriginal Canadians. Its board includes 2 members who are First Nations and Inuit representatives.

Preventing youth suicide has been a longstanding priority of many Aboriginal organizations in Canada. As such, 2 key reports were released in 2003 and 2004: *Acting on What We Know: Preventing Youth Suicide in First Nations*, which outlined 30 recommendations to address the disproportionate rate of First Nations youth suicide; and the *National Inuit Youth Suicide Prevention Framework*, which recommended actions to address the high rate of suicide among Inuit youth. Health Canada has been working closely with the AFN and the ITK to respond to key recommendations of these reports.

A National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) was launched in 2005 by Health Canada. The NAYSPS is a national \$65 million, 5-year Strategy (2005–2010) developed in full partnership with the AFN and the ITK, and in collaboration with Aboriginal organizations and communities across Canada, including the Inuit. The basic principles of the Strategy are the following: suicide prevention initiatives should be evidence-based; support for community-based approaches should be provided; support must be culturally appropriate; all levels of prevention must be offered; youth should be involved in the process; varying levels of community readiness have to be considered; suicide prevention is the responsibility of all people, communities, agencies, organizations and governments; the promotion of life and well-being is as important as suicide prevention.

The NAYSPS is based on a strong evidence base that seeks to integrate Western, traditional and cultural ways of knowing. To develop the Strategy, a team looked at existing literature and recommendations, along with international activities and relied on advice from community representatives, key national organizations and experts in suicide prevention and mental health. The evidence suggested that the programs most likely to be successful will be those that are community-based and locally driven, designed and implemented.

The Strategy is providing funds to support approximately 200 community-based initiatives for primary, secondary and tertiary prevention. These single and multi-year community-based initiatives across Canada are taking a variety of forms that include the

following: community capacity-building to create broader suicide prevention plans based on community readiness; mental health promotion and awareness-raising activities; partnerships with schools; youth leadership development; community-wide suicide prevention activities; and crisis response initiatives. NAYSPS is also funding 6 mental health promotion demonstration projects that are testing Aboriginal designed and implemented approaches, and new community-based participatory research that is aimed at understanding the causes of youth suicide and what works best to prevent it.

The root causes of Aboriginal youth suicide are multifaceted and multigenerational. The main goal of NAYSPS is to reduce the risk factors associated with suicide, and increase protective (preventive) factors against suicide. Examples of desired outcomes for the Strategy include more Aboriginal youth, families and communities taking part in projects, activities and services that prevent suicide; more awareness and practice of healthy behaviours among Aboriginal youth; more community ownership and capacity to identify and address youth suicide and other mental health issues; and improved access to quality, well-coordinated programs and services for Aboriginal youth, families and communities. Evaluation activities are currently underway. Initial data suggest that NAYSPS is meeting many of its objectives and that youth and communities are strongly engaged.

Evidence is accumulating to show that when Aboriginal communities, including Inuit communities, design their own interventions, typically based on traditional cultural values and practices, the efficacy

of these interventions is high (54). Evidence also shows that while these community-based interventions are in place, suicide, even in communities with very high suicide rates, can stop altogether and other positive outcomes for youth are apparent (55). Thus, the sustainability of these community-initiated activities is another high priority (56).

Inuit-driven suicide prevention

Numerous reports are being published on Aboriginal Canadian collective agency towards health and mental health. Collective agency is referred to here as the process of a group's ability to control outcomes, "when members of a group or community participate in an activity that they have created themselves, is 'theirs' over time, and is recognized as positive" (55). In this case, it is a group or community in control of positive mental health outcomes, including suicide prevention. In a report by Tarbell and Tarbell (57) on the control of health programs and services, Aboriginal control of these resources and actions is highlighted. The goal of what is called health renewal is to increase Aboriginal access to better quality health services through community planning and management of health programs and services, and to direct policy recognizing "distinct Inuit and First Nations health systems which are critical components of the overall Canadian Health System" (p. 15). Another report prepared for ITK was based on the Mamisarniq conference on Inuit mental health, addictions and healing (58). This was a forum attended by representatives of about 20 organizations, primarily Inuit, to share Inuit-specific approaches to healing, needs and strategies for intervention and the devel-

opment of Inuit human resources for mental health. Interventions identified as efficacious for Inuit included the sharing of life stories in a healing circle, the use of traditional Inuit images, teaching of Inuit history and cultural knowledge, identifying origins of pain, holistic approaches, self-care and mutual support for front-line workers, self-disclosure, the creation of safe and trusting environments and respect for Inuit ideas.

Each of the 4 Inuit regions of Canada has begun Inuit-driven suicide prevention projects or programs. Inuvialuit in the west has a Community Development Division that works closely with ITK and the other Inuit regions on Inuit-driven action plans. The federal government is providing funds for community wellness including suicide prevention, and has funded 2 youth centres. The Inuvialuit Cultural Resource Centre has established numerous culture and language projects. In Nunavut, many communities are running youth programs. *Inungni Sapujjijit*, the Nunavut Task Force on Suicide Prevention and Community Healing, produced the report *Our Words Must Come Back to Us*, based on visits to communities most affected by suicide. The task force collected information from these communities and identified themes of importance to Inuit living there. Themes included the need for youth to speak out, to take pride in themselves, find Inuit foundations, consider a new term for *imminirniq* or suicide, focus on youth in their community, retrieve Inuit skills, look at programs, services and facilities in each community, and take ownership. They found that ideas for suicide prevention emphasized youth identity, community action and fostering an attitude of personal engagement in the well-being of

youth. Youth were identified as the priority for community action (59).

The *Isaksimagit Inuusirmi Katujjiqatigiit* or Embrace Life Council was established in 2004 by the task force for community-based suicide prevention and community wellness. The group's work and processes are rooted in Inuit *Qaujimajatuqangit*, or Inuit traditional knowledge. The council trains suicide prevention counsellors in Inuit communities of Nunavut and has produced a "toolkit" for people working to prevent suicide. They have held workshops, including the sharing of success stories for suicide prevention across Inuit communities, also known as lateral knowledge transfer. In partnership with the National Inuit Youth Council, under the Inuusivut project, the Embrace Life Council is training youth media teams in Inuit communities in all regions.

Each community in Nunavut has established a youth committee, and they have regular telephone conferences through the Department of Culture, Language, Elders and Youth of the Government of Nunavut. In Nunavik, Quebec, the Nunalituqait Ikajuqatigiitut program provides workshops on suicide prevention for front-line workers and community leaders. The Saputiit Youth Association of Nunavik ran a 3-year summer program where youth travel by *qajaq* (kayak) along the coast of Nunavik bringing the message of "Live Life and Maintain a Healthy Lifestyle!" to other youth (60). In Nunatsiavut, Labrador, the Nunatsiavut government has established the Division of Youth and Recreation to help ensure that youth learn about Inuit culture and tradition. The Rising Youth Council of this region has representatives from numerous communities and organizes Elder

and youth camps where these traditions are taught. Spirit drumming groups have travelled to some communities focusing on positive thinking, forgiveness and healing.

Across all 4 regions, the National Inuit Youth Council established the Inuusiqqatsiarniq project in partnership with ITK in 2002 as the National Inuit Youth Suicide Prevention Framework. The Framework's strategy is to foster the promotion of wellness, stabilize communities in crisis, maintain community-based wellness activities and identify human resources. A primary goal is to develop and implement community-driven wellness plans. Members of the Framework are in continuous discussion with Inuit youth, have published a *Life Book* with stories, photos, poetry and artwork by youth, and they participated in the national Youth Suicide Prevention Walk across the country in 2006. More recently, Nunavik and Nunavut have held gatherings with community members to address sexual abuse and trauma. These are examples of Inuit collective agency towards suicide prevention. They are Inuit-driven actions, which is the primary goal of the suicide prevention initiatives discussed in this paper.

The legacy of Indian Residential Schools continues to affect the well-being of individuals, families and communities across Canada. Inuit residential school survivors have been compensated for their time away from home to gain education through a Common Experience Payment (the CEP is intended to acknowledge the experience of residing at an Indian Residential School). The CEP is one component of the Indian Residential Schools Settlement Agreement, which was signed in 2006. Other components

of the Indian Residential Schools Settlement Agreement include an Independent Assessment Process; Commemoration Activities; measures to support healing; and the Indian Residential Schools Truth and Reconciliation Commission. Further, on 11 June 2008, Prime Minister Stephen Harper offered a historic formal apology on behalf of the Government of Canada and all Canadians to all former students of Indian Residential Schools and sought forgiveness for the students' suffering and for the impact the schools had on Aboriginal culture, heritage and language.

A recent study of Inuit Elders on suicide prevention presents their responses based on traditional knowledge and practice (59). Hope, feeling loved and cared for, being able to talk about problems, having skills and taking responsibility for a better future and being proud of oneself were among the factors identified for survival. Important traditional values were emphasized: patience, perseverance, love and caring in the family and community, communication, awareness of self and others, confidentiality and respect, and the taking of personal responsibility. Guidelines for resilience also included tolerance and the understanding of others, helping others develop positive thinking, and that "parents must listen to and pay loving attention to children, showing they are cared for" (61). Inuit resilience was stated by one elder: "We cannot be surprised when hard times come to us. We have to know how to face problems and get through them. We can't lose our way when we have worries; we have to keep ourselves calm and steady. We can't let ourselves get scared or down. We need our energy to solve the problems, not to get too down about them" (62). These general strategies are Inuit *silatunig* or wisdom for well-being.

The community action by Inuit towards suicide prevention can be seen as part of a larger social movement, and as a social movement itself. Collective social action draws on larger, even global, and local values and ideas. Della Porta and Diani (63) describe social movements as comprised of conflictual relations, dense informal networks and collective identity. Rather than being merely reactive, such action also ties into global forces of social justice. Inuit life has been dramatically transformed over the last 40–50 years by powerful outside influences, and political action including land claims have been part of the Inuit reclamation of control, fitting into the larger indigenism. This social movement by Inuit clearly forms a context for community action in suicide prevention. Outside interventions have reached a limit, and Inuit are taking responsibility. Inuit communities and the youth within them are the dense networks of pride behind the actions. These features contribute to the process of community action, and action begets commitment which begets more action (64,65). It has also been found that collective agency and self-efficacy is tied to personal agency, which in turn is tied to mental health (66–69). Inuit-driven community action for suicide prevention is thus part of an Indigenous mental health movement located in the reclamation of control over their lives.

Pathways of hope

Suicide among Inuit in Canada is a major social and public health problem. Rather than examining concurrent problems, we have taken a strengths-based approach focused on Aboriginal autonomy, control and community action. When Indigenous communities and organizations take such action in the area of

mental health, positive outcomes emerge (54,55). This includes suicide prevention. Community ownership and responsibility continue to be the terms most often expressed by Indigenous peoples regarding suicide prevention. In this paper we show the new partnerships between Inuit organizations and the Canadian government towards this ownership and responsibility, through the advocacy, planning and initiating of community-based action for suicide prevention. The authorial partnership in this paper is one example of our working together. Continued documentation and evaluation of this process and outcomes will guide future developments. These partnerships need to be guided by questions of fairness and respect, and the experience of both on all sides. There remain challenges, including issues of representation, equal voice, communication and a reflexivity/reflection whereby we examine ourselves in the process. We are optimistic, however, about this new direction, as it is embedded in the larger Inuit reclamation movement. Inuit are surely on the road to creating healthier communities and the healing of individuals, families and the communities themselves. It is collective agency leading to collective mental wellness. Central to this healing is listening to Inuit wisdom or *silatuniq*.

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