The Inuit Youth Suicide Epidemic in Arctic Canada

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Editorial

Across Arctic Canada, Inuit youth have one of the highest suicide rates in the world. Suicide rates are also high among Indigenous youth in Siberia [1], Alaska [2], and Greenland [3]. In Canada the suicides began in the mid-1980s and have continued to rise. The social programs among Inuit stem from the colonial actions of the Canadian government, what is known as the "government era" [4], when from the 1950s to the 1970s the Inuit were moved from their family land camps, which they had occupied since their arrival over 800 years ago, to crowded settlements. Children were taken away and placed into residential or day schools, a monetary system was established which with few jobs created poverty, and gender roles especially for men were changed. Men who had been hunters now became laborers or unemployed welfare recipients [5]. Kin relations were significantly altered, particularly parenting and intergenerational segregation [6]. This is significant given that kinship has traditionally been at the center of Inuit society, and family continues to be at the center of well-being for Inuit [7,8]. Kinship is the foundation of social organization for Indigenous peoples [9,10]. Social resilience is active among Inuit youth, however, taking place in peer and family relationships [11].

The suicides are among young people, and suicide among the elderly is rare. Between 1995 and 2000, the suicide rates per 100,000 for Inuit in Nunavut under the age of 24 was 184.6 for males (vs. 22.4 for Canada) and 55 for females (vs. 4.5 for Canada), and in 2007 40% of all deaths were due to suicide [12]. Berlin [13] and Kahn [14] identified the loss of traditional lifestyle as a community-based suicide risk factor. Research has found that in Nunavut, Canada’s Inuit political territory, suicides are closely related to romantic relationship and family problems, and to experiences of loneliness and anger [15,16] found that youth suicide in Nunavut was tied to depression, alcohol abuse, cannabis dependence, sexual abuse, and legal problems. Suicide in Alaska was seen by community members as a function of historical oppression and culture loss, manifest in alcohol abuse, a history of sexual abuse, and child neglect [17].

There is obviously a great need for suicide prevention among Inuit. Prevention services offered by the Canadian government in the 1990s did not work [6]. Was has worked, however, is community members developing their own suicide prevention programs and activities. I am familiar with two communities that have done this. The first one had community members get together every week to talk about suicide prevention. They discussed the need to help each other, to reach out to those looking troubled. An Inuit housing committee also took action. Given that all houses were public and not privately owned, they removed the number one suicide method from every house: the closet rod. Most suicides take place in the bedroom closet, where youth hang themselves from the rod. The action worked. There were no suicide for about five years, and this community had the highest suicide rate of any community in Nunavut. A second community had their youth committee, and organization of youth, open a youth center. When it was first opened, there were no suicides for two years. Then the youth center closed because of poor funding. The suicides returned in large numbers. Eight years later a second youth committee worked very hard to re-open the youth center. They received grants and opened the center, and the community celebrated the opening. Eight years later, compared to the eight years before it opened, suicides decreased by 68% [18,19]. Now the Canadian government has a new policy for Indigenous suicide prevention: Indigenous communities are funded to develop their own suicide prevention programs and run them. Over 200 communities have already been funded [20].

What is important is the participatory, collaborative nature of these suicide prevention efforts. Such community-based participatory action research has taken place with other Indigenous communities, with success [21,22]. Community-driven suicide prevention has also taken place with non-Indigenous populations, such as with White working class youth and their parents, African Americans, and Latino youth [23].

An important area for research and practice is the sustainability of such community-based programs. The Inuit youth center, after being successful in preventing suicide, was closed again, and the suicides have again returned. There needs to be very careful planning on continuing such programs. Project design and community involvement are needed, and some have suggested social marketing (McKenzie-Mohr, 2000). Funding must continue.

Inuit suicide is a tragedy that needs much attention. Communities must be engaged in developing their own suicide prevention programs. This will take leadership and continued action. It has worked, but only for the few communities that have taken action, and only for a period of time. Participatory action researchers can contribute to such suicide prevention.

References


