

Policy Brief | Mental health and suicide prevention - Nunavik, Quebec

Context

In Quebec, Indigenous peoples account for roughly 3% of the total population ([StatsCan, 2017](#)), of which approximately 14,000 identify as Inuit ([StatsCan, 2016](#)). The vast majority of Inuit are dispersed between 14 communities throughout the region of Nunavik; a vast area of land extending more than 550,000 square kilometres north of the 55th parallel. As of July 1st last year, the population of Nunavik was estimated at 14,161 people ([Institut de la statistique du Québec, 2019](#)), with Inuit accounting for more than 90%. Between 2006 and 2016, Nunavik experienced a population increase of 22.1%, more than twice the rate of the province. The Inuit community of Nunavik is also distinctive in that it has a much younger demographic in comparison to other communities across Canada: the average age is 26.7 ([StatsCan, 2016](#)) and more than two thirds of the population are younger than 35 ([Inuit Tapiriit Kantami \[ITK\], 2018](#)).

In recent years, communities across Nunavik have received attention for other reasons than their young demographic: a growing suicide epidemic. In fact, remote and northern communities in Canada have consistently experienced the most significant effects of suicide in the country, with general incidence rates staggering at ten times the national average and as much as 24 times the national average ([National Observer, 2019](#)) for Inuit youth across Nunavik. Although there was a window between 2009 and 2013 when suicide was on the decline, the tendency has been consistently increasing for the past seven years ([CBC, 2018](#)).

According to a 2019 report by La Presse, 19 people (including five children) from the 14 communities of Nunavik ([La Presse, 2019](#)) had taken their own lives in the first half of 2019 alone. Similar numbers are recorded for the years prior, illuminating the inadequacy of national and provincial strategies directed at suicide prevention and mental health. Child and youth mental health has become a major health priority for Inuit across Canada, especially for the regional representatives of Nunavik (Makivik Corporation 2010).

This growing epidemic has compelled elders to declare states of emergency, youth to cycle cross-country to raise awareness and has even sparked nationwide petitions pleading for governmental leadership. The crisis has escalated to the point that Inuit and arctic dwelling communities are among the highest suicide rates in the world, and it is primarily among their

youth ([Kral, 2016](#)). In 2016, the ITK identified suicide as the most urgent challenge facing Inuit people in Canada.

Up until about year 2000, the death-by-suicide rate across the province has gradually been increasing across the general public, including Indigenous communities. In response, the provincial government adopted a strategy focused on suicide prevention targeted at the general public. Within a decade, the Government of Quebec had succeeded in reducing suicide by more than 50% for youth: from 21.3 per 100,000 in 1999, to 5.8 per 100,000 in 2010. However successful their approach appeared to be, the strategy did not “deal specifically with the suicide problem among the native peoples in Quebec” ([Gouvernement de Québec, 1998](#)) and as a result, suicide rates amongst Inuit not only persisted, in many cases they worsened - particularly for youth in Nunavik.

In September of last year, the Viens Commission that examined relations between Indigenous communities and the provincial government found that recent strategies and action plans put forth by provincial government were unnecessarily time consuming and paternalistic in nature as they upheld an “attitude that the Québec government knows better than the nations themselves, what they need or what responsibilities they are capable of assuming” ([CERP, 2019](#)). The same report found that because of significantly different approaches to health and social services, “imposing western governance structures and processes has had the unfortunate effect of eroding knowledge and cultural touchstone[...] Indigenous peoples seek instead to achieve a state of balance and cohesion, sustained and strengthened by family, friends, the community, and, more broadly, the nation.” The report identified 142 calls-for-action for the provincial government, a number of which focused on overall well being and health services. More specifically, action 75 recommends health and social services programs be based on cultural safeguards in cooperation with Indigenous peoples. The report also recommends providing sustainable funding for services and programs based on cultural safeguard principles.

Causes & Challenges

While difficult to define, the recent phenomenon in young Indigenous people has been identified as a reaction to persistent human rights violations and a history of unaddressed trauma ([Institut national de santé publique du Québec \[INSPQ\], 2015](#)). More specifically, Inuit

communities continue to face disproportionate and coinciding risk factors including poverty, violence, intergenerational trauma, food insecurity, isolation, lack of services, unemployment, environmental degradation and poor infrastructure, etc. ([StatsCan, 2019](#)). It is well documented that these disparities reflect a history of policies that push assimilation of Indigenous peoples and that undermine the inherent social structures that have traditionally governed their communities ([INSPQ, 2015](#)).

In southern urban centres, wait times for children and youth mental health services have more than doubled in the past two years ([Global News, 2020](#)). Access to mental health resources is particularly scarce in Nunavik, with only one professional assigned to travel between 14 communities ([StatsCan, 2019](#)). Where there is a lack of resources in communities with high risk populations, less attention is directed at prevention or “treatment” because intervention and “controlling” crisis situations take priority ([Kral, 2016](#)). Because of scarce resources in Nunavik, when a child or youth experiences a moment of crisis, they are often separated from their community and sent to Montreal ([Fraser et al., 2017](#)) for the appropriate treatment. For most Inuit youth, English and French are their second languages, whereas Inuktitut is the language mostly commonly used at home. When a youth in crisis is separated from family and community members for medical intervention in the south, they may feel at risk, isolated and misunderstood because of cultural differences. In a study conducted on suicide and health care for Inuit populations in Canada, participants described “community” almost as a “saviour” for health care providers that felt overworked and undertrained, suggesting that there is a desire to better develop community capacity as they in turn support health care providers. This finding corresponds with similar Nunavik based research that suggests integrative mental health care services must move from a hierarchical structure to a horizontal one ([Fraser et al., 2017](#)).

Indigenous youth are also faced with the unique challenge of reconciling their place in both the western world and their community of origin ([Kral, 2016](#)). When compounded, the above factors contribute to what elders and mental health professionals are calling a suicide epidemic. In many cases, elders, youth, and local organizations, have been burdened with the responsibility of preventing and intervening in crisis situations without appropriate training or resources.

Addressing mental health through cultural revitalization

While it is true that Quebec recently announced 1 billion dollars towards at-risk-youth and victims of domestic violence, the alarming numbers of suicides in recent years indicates both inadequacy or insufficiency in the strategy of the provincial government. Similarly, the Canadian Government had also invested significant money throughout the 1990's with no avail.

Suicide is a preventable public health crisis that must be addressed from an integrative framework. However, research shows that evidence-based mental health programs do not work well for suicide prevention in Indigenous communities ([Botvin, 2004](#); [Castro et al., 2010](#)). With that being said, individual situations should be individually assessed. This is particularly important for Indigenous and Inuit communities whose socio-economic, cultural and historical realities are starkly different than the majority of most other residents in Canada.

According to the Centre for Suicide Prevention, studies show that by prioritizing cultural continuity, the overall health and well-being of youth improves significantly. In fact, communities where there is a strong sense of culture and community ownership, experience much lower rates of suicide, if any at all ([Kirmayer, 2007](#)). In other words, cultural elements serve as protective measures against suicide and can therefore be considered as “mental health treatment” ([Gone, 2013](#)). For Indigenous youth the most important factor is social and family support; followed by having a continuous sense of self and identity and having a connection with one's culture ([Chandler et al., 2003](#)). In fact, some of the most successful initiatives across Canada (and abroad), have focused almost exclusively on cultural revitalization. Bella Bella, in British Columbia is one such example: a small community that has effectively “solved suicide”. By introducing experiential learning and by re-appropriating the educational structure to better connect youth to their traditional practices and knowledge, Bella Bella has been suicide free for more than 15 years ([Maclean's, 2016](#)). By supporting grass roots, community-led initiatives, Indigenous peoples regain self-determination and sovereignty over their communities, which is important for mental health ([Briggs, 1997](#)). Alternatively, collaborative approaches have also proven to be more effective than western exclusive treatment methods ([Kirmayer, 2007](#)) as well. Through ongoing consultation and teamwork, collaborative approaches find strategic ways to blend both western and cultural systems to strengthen treatment.

As a final note, while research relations in Inuit Nunangat have evolved in recent years to include more reciprocal partnerships, research has traditionally been conducted in a way that ignores Inuit priorities and limits Inuit participation (ITK, 2018). With that being said, studies have demonstrated the importance of incorporating participatory research techniques into the development of mental health programs, including strategies for crisis intervention and suicide prevention. More specifically, community members should be involved in the design and running of programs ([Case et al, 2014](#)) which fosters community capacity, localized support and connectedness.