



# Structural and Cultural Factors in Suicide Prevention: The Contrast between Mainstream and Inuit Approaches to Understanding and Preventing Suicide

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# Marika Morris and Claire Crooks

## STRUCTURAL AND CULTURAL FACTORS IN SUICIDE PREVENTION: THE CONTRAST BETWEEN MAINSTREAM AND INUIT APPROACHES TO UNDERSTANDING AND PREVENTING SUICIDE

*This article is a documentary analysis of Inuit knowledge about suicide prevention which yields insights into how structural and cultural factors are essential to curbing suicide in marginalized populations. This study investigated the grey literature produced by Inuit community organizations and Inuit-led regional governments for Inuit understandings of suicide, its causes and prevention. Findings include that Inuit identify rapid colonization and its effects as the root of Inuit's highest suicide rate of any group in Canada; that suicide cannot be viewed in isolation from socio-economic conditions; that restoring the cultural pride of Inuit is essential to mental well-being; and that Inuit have created suicide prevention models building on strengths, relationship skills building and engaging the community, particularly youth and elders. This article makes an important contribution to the academic literature and social work practice in documenting Inuit suicide prevention concepts as a complement to western models which focus on individual depression.*

**Keywords** Inuit; Indigenous; Aboriginal; suicide; prevention; resilience

### Introduction

Inuit have one of the highest suicide rates in the world (Health Canada, 2006). Yet, a culturally competent understanding of this phenomenon remains absent from most prevention literature and training materials. Comprehending suicide among Inuit requires an understanding of both structural and cultural factors. This article explores Inuit suicide prevention concepts in an effort to encourage social work faculties and professional bodies to recognize the importance of structural factors and cultural knowledge in marginalized populations when designing suicide prevention curricula for students or practising professionals, rather than limiting themselves to the mainstream focus on individual depression. Several studies have pointed out that social workers are likely to encounter clients at risk for suicide, but most receive no training or

insufficient training, education or other preparation to deal effectively to engage in suicide prevention (Jacobson *et al.*, 2012; Ruth *et al.*, 2012; Osteen *et al.*, 2014; Scott, 2015). In the context of the growing call for social work researchers, professionals and faculties to address suicide (Scott, 2015), cultural competency in suicide prevention is also important (Hamilton & Rolf, 2010).

Inuit are the most recently colonized of all Indigenous peoples in Canada. Within living memory, Inuit experienced self-sufficiency and self-governance before Canadian government actions of the 1940s to 1960s to control the Canadian Arctic. The assertion by Inuit elders that suicide was rare among Inuit before colonization is buttressed by some early academic work that suicide among Inuit in 1935 was very low, an estimated 3.0 per 100,000 (Hicks, 2007). Kirmayer *et al.* (1998) also asserted that suicide in precolonial Inuit societies was a rare event that mainly involved some elderly, ill or disabled Inuit taking their lives during times of famine. Hicks (2007) pointed out that rising Inuit suicide rates in various regions in Canada and the circumpolar world correspond to when that region was actively colonized by *Qallunaat* (white people), with the highest suicide rates emerging one generation later.

Canada's Chief Public Health Officer reported that suicide rates in regions in which Inuit live are now 11 times as high as in the general Canadian population (PHAC, 2012). The suicide rate among youth is even more dramatic. Oliver *et al.* (2012, p. 4) documented that '[i]n 2004–2008, children and teenagers in Inuit Nunangat [regions in which Inuit live] were more than 30 times as likely to die from suicide as were those in the rest of Canada'. Inuit youth suicide rates are among the highest in the world, and higher than any other Indigenous group in Canada (Health Canada, 2006).

Colonization of Inuit was characterized by life-changing trauma. The Government of Canada acknowledged that its residential school policy deliberately tried to erase Indigenous cultures, languages, spiritual beliefs and traditions, and that it served to break the bonds between child and parents, community and culture (Harper, 2008). Children were separated by law from their parents, and sent to become 'civilized' at these schools, where many endured physical and sexual abuse. When they emerged, they did not have the skills, knowledge or motivation to live a traditional life, never developed parenting skills, nor did they have sufficient skills or were accepted enough by non-Indigenous society to integrate into the non-Indigenous economy (Royal Commission on Aboriginal Peoples, 1996).

The unresolved physical and sexual abuse endured at these schools became intergenerational. The 2007–2008 Inuit Health Survey in Nunavut (Galloway & Saudny, 2012) found that 31% of respondents experienced severe physical abuse as children, and 52% of women and 22% of men reported having experienced severe sexual abuse during childhood. We know that sustained experiences of physical and sexual abuse are strongly related to completed suicide attempts (Jokinen *et al.*, 2010).

Inuit are culturally and historically distinct from First Nations and Metis, the other Indigenous groups recognized in the Canadian Constitution. Inuit and First Nations share the history of residential schools, except that Inuit make up a disproportionate number of existing residential school survivors as the residential schools in the North were among the last to close (Weber, 2012). Inuit and First Nations also share a history of forced relocation, but it is within living memory that Inuit were forced to settle, had children and youth removed, had traditional economic pursuits limited or destroyed

and were forced to live under the governance of strangers of another race, culture and language (Royal Commission on Aboriginal Peoples, 1996):

... the violence and abuse [in our communities] can be tracked back to two main causes: uncontrollable changes to culture and tradition; and feelings of loss of control over the future. These can lead to mental trauma, the breakdown of families, alcohol and drug addictions and feelings of powerlessness. Fear, mistrust, abuse and denial result, creating a cycle of abuse in which Inuit can be both victims and abusers – a cycle that repeats itself with each new generation. (Pauktuutit Inuit Women of Canada, 2007, p. 4)

In their research on Inuit suicide, Tester and McNicoll (2004, p. 2625) conclude ‘that examining colonial relations of ruling, intersecting with the autonomy afforded Inuit youth, is essential to understanding the contemporary problem of young Inuit suicide’. Previous academic articles about Inuit conceptions of suicide and its prevention were very useful, small-scale qualitative studies of individuals in one location (e.g. Tester & McNicoll, 2004; Wexler *et al.*, 2013). This article is an analysis of Inuit community documentation related to Inuit suicide prevention, focusing on reports of consultations of Inuit across broad areas, and perspectives of Inuit service providers and leaders. Inuit have expressed the need for professionals who work with them to be more culturally aware (Inungni Sapujjijit Task Force on Suicide Prevention and Community Healing, 2003; Alianait Inuit-specific Mental Wellness Task Group, 2007). This awareness is of course important for social workers who move to the Canadian North, but increasingly for all Canadian social workers as 25% of Inuit now living outside the Inuit Nunangat (traditional Inuit lands), many in large Canadian cities (Statistics Canada, 2013). Inuit also live in three other countries: Inuit/Inupiat/Yupik traditional lands stretch from Siberia (Russia), across Alaska (USA), Canada and Greenland (Denmark). Beyond better serving the Inuit population, this analysis brings Inuit knowledge of suicide and suicide prevention to the academic literature as an example of an Indigenous group identifying structural and cultural factors as important elements of suicide prevention interventions.

## Method

This study is a documentary analysis which identified and reviewed Inuit grey literature – publications, statements and audiovisual resources by Inuit organizations and the Government of Nunavut – related in whole or in part to suicide and its prevention. Inuit have an oral culture, and therefore audiovisual documentation is important to include (Carry *et al.*, 2011). All materials will nonetheless be referred to in this article as the ‘Inuit suicide prevention literature’.

Seventeen source materials from eight Inuit organizations and governments were identified as presenting an Inuit-specific approach to suicide prevention. Inclusion criteria were: the literature had to be generated by an Inuk,<sup>1</sup> Inuit organization or Inuit government; the work was based on widespread community consultation with Inuit over large geographical areas *or* was a summary of knowledge by Inuit healers and leaders *or* was material developed to be used in connection with Inuit suicide prevention. The following lists the literature used in this analysis:

1. Inuit Tapiriit Kanatami (ITK), founded in 1971 as the national organization representing Inuit in Canada.
  - a. *Alianait Inuit Mental Wellness Action Plan*: The Alianait Inuit-specific Mental Wellness Task Group 'was mandated to create an Inuit-specific national strategy that reflects Inuit mental wellness priorities and circumstances' (2007, p. 1).
  - b. National Inuit Leader Terry Audla's speech on World Suicide Prevention Day (Audla, 2013).
2. Pauktuutit Inuit Women of Canada, the national voice for Inuit women in Canada.
  - a. *Inuit Healing in Contemporary Inuit Society* (2004): report of research in which 22 Inuit healers and elders were interviewed.
  - b. *Making Our Shelters Strong: Training for Inuit Shelter Workers Participant Handbook* (2007): This manual for workers in shelters for abuse Inuit women and their children contains a segment on suicide prevention.
3. National Inuit Youth Council (NIYC), founded in 1994 to represent the concerns of Inuit youth. In 2002, NIYC made suicide prevention one of its top priorities.
  - a. NIYC Celebration of Life statement in 2012.
  - b. NIYC Celebration of Life statement in 2010.
4. Ajunginiq Centre/Inuit Tuttarvingat, the Inuit-specific centre of the National Aboriginal Health Organization (NAHO), an Aboriginal-designed and Aboriginal-controlled body committed to influencing and advancing the health and well-being of Aboriginal peoples by carrying out knowledge-based strategies.
  - a. Suicide prevention: Inuit traditional practices that encouraged resilience and coping (Korhonen, 2006).
  - b. Resilience: Overcoming challenges and moving on positively (Korhonen, 2007).
  - c. 'How are we as men?' – an interactive television programme and DVD in the three-part series *Qanuqtuurniq – Finding the Balance*, first aired in 2009. This episode of the programme is about Inuit men's health and well-being, and includes 13 mentions of suicide.
  - d. 'I am young and I am proud', part of the *Qanuqtuurniq – Finding the Balance* series. This episode is about youth well-being, with a significant component devoted to suicide prevention.
5. Tungasuvvingat Inuit (TI), an Ottawa-based Inuit social service agency. The proceedings of the *Mamisarniq Conference 2007 Inuit-specific Approaches to Healing from Addiction and Trauma* also addresses suicide.
6. Blueprint for Life, an organization which produced a 2013 video documenting their 'Social Work for Hip Hop' workshop and subsequent hip hop programme which developed in Clyde River, Nunavut, which seeks to promote youth wellness and prevent suicide.
7. Kamatsiaqtut Help Line, a telephone helpline for people in Nunavut and Nunavik (northern Quebec). A Kamatsiaqtut brochure was included in this analysis.
8. Government of Nunavut.

- a. *Our Words Must Come Back to Us*, the 2003 report of the Inungni Sapujjijit Task Force on Suicide Prevention and Community Healing, which met with people in 17 Inuit communities.
- b. *Towards the Development of a Nunavut Suicide Prevention Strategy: A Summary Report of the 2009 Community Consultations* (Government of Nunavut, 2009): the 2009 community consultations involved 525 participants through group meetings, radio call-in shows, community discussions and other methods of communication.
- c. *Nunavut Suicide Prevention Strategy Action Plan* (Government of Nunavut, 2011): the Government of Nunavut partnered with Nunavut Tunngavik, the Isaksimagit Inuusirmi Katujjiaatigiit Embrace Life Council and the Royal Canadian Mounted Police (RCMP) to create the Nunavut Suicide Prevention Strategy (2010) and Action Plan (2011).

A first pass-through the material was performed to identify general themes related to explanations of suicide, conceptions of suicide prevention and efforts to prevent suicide. A matrix was developed and a second, systematic pass-through was conducted to categorize statements in the 17 pieces of literature into identified themes. Where the literature was broader than suicide, only the parts that specifically addressed suicide or where the statements were clearly meant to apply to suicide were categorized. The themes were distilled into those on which the most consensus was achieved, which resulted in the final nine reported below. The results are presented in synthesis form rather than outlining what every piece stated about each topic. However, illustrative quotes are used to respect what Inuit told the Inungni Sapujjijit Task Force on Suicide Prevention and Community Healing (2003), that researchers and governments parachute in to talk to them, but that their actual words are not reflected in the reports. Our aim was to produce a descriptive rather than critical analysis, as when Inuit experience is reported at all, it is usually viewed through a western cultural lens.

## Results and analysis

Few peoples have experienced the incidence of suicide and suicide-related trauma than . . . Inuit have. (Government of Nunavut, 2011)

The Inuit suicide prevention literature is unanimous in ascribing the rise in Inuit suicide rates to recent and rapid colonialization and its continued effects. In addition to the need for more mental health services, it also presents a holistic vision of mental wellness and suicide prevention that includes socio-economic and cultural wellness. Developing a positive cultural identity is seen as a central component of suicide prevention, as well as addressing the continuing effects of colonialization, such as hopelessness, addictions and violence. Suicide prevention outreach that takes a positive approach, in terms of building resilience, providing youth with something positive and healthy to do, teaching skills such as traditional skills, parenting and relationship skills, and providing space for people to speak out are the preferred approaches. The literature stresses the involvement of elders, youth and the community in suicide prevention strategies and activities, including suicide intervention training for

community members. The need for Inuit-specific and Inuit-controlled services was also key. This section discusses these findings.

*Many problems, same roots*

One of the most devastating aspects of colonialization was the policy to separate Indigenous children from their parents and communities and send them to residential schools designed to erase their culture, language and spiritual beliefs. A survivor described the experience:

... at a very early age I was abused, sexually and physically. They took away all of our clothes, all of our belongings and they shaved our heads. They took away our names, our identity, gave us a number. I remember going to bed at night in our bunks and laying there crying because I was all alone. There was nobody there to hold me, to tell me I was alright. It was painful being brought up that way. Being beaten for things you didn't understand. And somehow survive it. And you bury it, hide it so that nobody ever sees it. (Inuit Tuttarvingat, 2009a, p. 16)

Beyond residential schools, Canadian government actions had an impact on the traditional Inuit economy and social roles. One such action was the killing of Inuit sled dogs, which were the only means of transportation and hunting, in the 1950s and 1960s. This had a profound negative effect on the role of Inuit men as hunters and providers (Inuit Tuttarvingat, 2009a). One of the things elders remember from life before colonization was that everyone was busy and knew their roles (Inuit Tuttarvingat, 2009b). Now for many Inuit, there is nothing productive to do.

Although Inuit have worked hard and succeeded in some areas in regaining control of their own governance, health and education systems, colonialization is still ongoing and Inuit are still overwhelmed with values not their own:

Euro-Canadian values are at odds with Inuit values. For example, Euro-Canadian values stress [being] better, getting more game, winning, not sharing, these kinds of values [are ones] that can't work in Inuit culture. And you know, television and media have been introduced in our communities for quite some time now and they stress those very things. (Inuit Tuttarvingat, 2009a, p. 6)

Colonization is not something that happened in the past, it is ongoing, and continues to cause problems when the results of the damage done to Inuit are dealt with using western methods. The general suicide prevention literature does not tend to discuss corrections contexts, unless the work is specifically about suicide prevention in correctional facilities. Some of the Inuit literature mentions incarceration and its impact on mental wellness. One Inuit elder believed that at least half of Inuit men have been incarcerated at some time from the 1970s to today, and that incarceration had a negative impact on them (Inuit Tuttarvingat, 2009a). The dominant method used by the Government of Canada to deal with violence in Inuit communities is to put perpetrators in jail, usually very far from home. Inuit healers noted that perpetrators

have almost always themselves been victims of child sexual, physical and emotional abuse (Pauktuutit Inuit Women of Canada, 2004). Inungni Sapujjijit Task Force on Suicide Prevention and Community Healing (2003) points to interaction with the justice and correctional systems as suicide risk factors, even when awaiting a court date or sentencing, or after having come home.

Despite the challenges on so many fronts, Inuit visions for the future remain positive (Audla, 2013). Inuit are trying to forge an identity as Inuit in the modern world, create economic opportunities, heal from the pain of colonialization and abuse and help other Inuit resist suicide.

#### *A vision of wellness beyond treating symptoms*

The literature envisions holistic views of mental wellness, suicide prevention and preventing substance abuse that incorporate housing, economic development and jobs as key actions, in addition to regaining cultural pride.

The *Alianait Inuit Mental Wellness Action Plan* specified the following goals for mental health and suicide prevention:

Inuit will have: ample opportunities for positive self-expression; the best of contemporary and traditional ways of life and the life skills to thrive in their environment; and socio-economic conditions that promote mental wellness. Ultimately, Inuit will live in a society in which each person has a valued purpose and role and is a contributing and necessary member of the community. (Alianait Inuit-specific Mental Wellness Task Group, 2007, p. 11)

#### *Developing a positive and knowledgeable cultural identity*

We live in a time now where people have different types of expectations . . . We are going toward a Qallunaq [white people's] way of life. Suicide is the result of the lack of identity, loss of pride, fear of failure. (Government of Nunavut, 2009, p. 12)

Inuit youth, in particular, are caught between two cultures. On the one hand, developing a positive cultural identity, feeling connected to family, community and the land, is an important component of mental wellness. On the other hand, being able to negotiate the modern world and economy in a foreign language (English or French) is also important for socio-economic well-being. Inuit youth are faced with the challenge of how to be Inuit in rapidly changing world. Using Inuit cultural knowledge was one of the common characteristics of Inuit approaches to healing. Being proud of being Inuit and learning Inuit values were seen as important to suicide prevention.

#### *Building resilience to be able to deal with challenges*

Resilience is defined in the Inuit literature as 'the ability to keep, regain and build hope, emotional wellness, and positive ways of coping through times of difficulties in life' (Alianait Inuit-specific Mental Wellness Task Group, 2007, p. 8). Often repeated is the description of Inuit as a typically resilient people.

Inuit have survived for many years in one of the most challenging environments in the world, guided by a core group of values and beliefs which taught coping, endurance, connection and survival. (Korhonen, 2006, p. 4)

An Inuit healer described 'the courage, fortitude and tenacity of Inuit, of how struggle and adaptability is as much a part of the culture as legends, caribou hunting and seal skin tents' (Pauktuutit Inuit Women of Canada, 2004, p. 10). Historical and cultural pride in Inuit resilience is used as inspiration to deal with modern challenges:

We have realized that we can't keep all of our traditional culture, nor can we push away what the modern culture has given us. We must find ways to blend both to ensure that Inuit still have a future. Many of our 'tools' for survival in the social field are less practical than what you would see for survival 'tools' for going out hunting. We must determine what these tools are and integrate them with more modern ways of dealing with social issues. (Inungni Sapujjijit Task Force on Suicide Prevention and Community Healing, 2003, p. 13)

Inuit concepts of resilience are forward-looking and stress working together. The National Strategy on Inuit Education (ITK, 2011, p. 72) outlines traditional laws for becoming 'an *inummarik*, or able human being, who can act with wisdom and use ancestral knowledge, skills and attitudes to be successful in today's world':

- Inuuqatigiitsiarniq: showing respect and caring for others;
- Tunnganarniq: being welcoming, open and inclusive;
- Piliriqatigiigni: developing collaborative relationships to work together for a common purpose;
- Avatimik Kamattiarniq: environmental stewardship;
- Pilimmaksarniq: knowledge and skills acquisition;
- Qanuqtuurunnarniq: being resourceful to solve problems;
- Aajiqatigiiniq: consensus decision-making; and
- Pijitsirniq: serving.

#### *The need for Inuit-specific services and Inuit control of services*

Non-Inuit professionals and models have not been viewed as effective for Inuit suicide prevention:

Employees from the south don't understand our culture, traditions and don't respect our ways of dealing with issues. This is also a huge factor in our communities feeling powerless to change their situations... Most times they can't even communicate because they don't speak the same language. (Inungni Sapujjijit Task Force on Suicide Prevention and Community Healing, 2003, p. 24)

Inuit do not want to be fed copies of other Aboriginal programmes (Inungni Sapujjijit Task Force on Suicide Prevention and Community Healing, 2003, p. 10). 'Aboriginal' models are most often based on First Nations cultural components (e.g. Medicine Wheel, Four Directions, sweat lodges), which have no cultural resonance with Inuit.

Alianait Inuit-specific Mental Wellness Task Group (2007, p. 11) advocated for programmes that are ‘designed from an Inuit specific perspective and are adequately resourced’. Pauktuutit Inuit Women of Canada (2004, p. 11) reported how Inuit healers can relate uniquely to Inuit, because they understand what Inuit have been through and can give culturally informed advice.

The academic literature concurs about the effectiveness of Inuit controlled and Inuit-specific services:

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 . . . . 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 . . . . (Kral *et al.*, 2009, p. 302–303)

One of the short-term outcomes desired in the Alianait Mental Wellness Action Plan is ‘A pool of trained Inuit in positions across the mental wellness continuum’ (Alianait Inuit-specific Mental Wellness Task Group, 2007, p. 12). Although more Inuit are completing an education than ever before, Inuit as a population have less education than other Indigenous groups in Canada (Statistics Canada, 2013). Because the need is so great and the resources small, lay counsellor training that focuses on practical skills and knowledge is needed. In addition to strengthening the numbers of professional mental health workers in Nunavut, the Government of Nunavut seeks to expand the numbers of community members trained in suicide intervention, to better equip people in communities to talk to people at risk and link them with proper care (Government of Nunavut, 2011). One such initiative is the Uqaqatigiiluk! (Talk About It) Train the Trainers programme.

#### *Involvement of elders, youth and community*

There is a need to address the issue of suicide at the community level, and to involve elders and youth. Small communities have been devastated by suicides, including copycat suicides and suicide clusters.

The generation gap is a preoccupation in the literature. Unlike the aging population of the rest of Canada, the Inuit population is primarily under 25 (Statistics Canada, 2013). Inuit youth live in a cultural and socio-economic context different than those of their parents and elders. Many speak primarily English and are active on social media, whereas elders speak primarily Inuktitut and many live in more traditional contexts.

We lost the bond with our parents, our culture, and language in only one generation . . . . The people we can learn from are still there, but our lives are so different from them that it is hard to link their lives and our lives together because of the gap. (Government of Nunavut, 2009, p. 9)

In traditional Inuit life, everyone made a contribution to the well-being of the family and community, including the work of survival. Both children and elders played

important roles and were valued. Elder Alice Joamie (Inuit Tuttarvingat, 2009b, 26) contrasts this with today, in which 'There's a real disconnect between the elders and the youth'.

Solutions that work for Inuit youth must be developed with the leadership of Inuit youth (NIYC, 2010). The NIYC held a National Inuit Elders and Youth Summit in 2003, 2005, 2007 and 2010 in various parts of the Inuit Nunangat in which priorities such as language, culture, mental health, education and housing were discussed. Building local capacity to support positive lifestyles, mental wellness and to help people experiencing suicidal thoughts is particularly important in small communities, when the alternative is to send suicidal individuals out of the community or out of the territory for treatment, where the individuals are separated from family, friends, community and culture and do not necessarily heal (Inungni Sapujijit Task Force on Suicide Prevention and Community Healing, 2003, p. 25).

### *Speaking out/sharing feelings*

'Speaking Out' was the first theme of eight that emerged from Inuit community consultations in Nunavut undertaken by the Inungni Sapujijit Task Force on Suicide Prevention and Community Healing (2003). One of the difficulties in speaking out is that in the context of intergenerational trauma and colonization, there is so much to say that has remained buried. Siasi Irqumia, Manager of the Nunalituqait Ikajuqatigiitut programme, stated:

'We feel a loss when we go through trauma, like death', she said, discussing her own experience with sexual abuse. 'Many people commit suicide because of unresolved trauma'.

She discussed the effects of trauma at various ages and of multi-generational trauma when it is unresolved: 'Future generations become the carriers of all the unresolved trauma of the past. It becomes multiplied'. (TI, 2007, p. 9)

Unresolved anger plays a role in addictions, violence and suicide, and has cost the lives of many Inuit (TI, 2007, p. 10). Because much of the process of colonization and residential schools has remained unspoken:

Many, many times Indigenous youth sense things are not right, but they don't know why the way things are the way they are. They have no idea what has gone on with their family members. (Weber, 2012)

A manual developed by Pauktuutit Inuit Women of Canada (2007) for Inuit shelter workers contains a segment on teaching children in shelters to name their feelings, as many have no words for what they feel and are unable to recognize the physical indications of particular emotions (tensing up, etc.). Pauktuutit Inuit Women of Canada (2007, p. 28) stated that children who grow up in violent situations must often repress their feelings, or do not know whom to trust to express their feelings.

*Parenting and relationship skills*

The residential school experience harmed parents in various ways. By separating them from their own parents and being taught to disrespect their parents and Inuit culture, both self-esteem and the ability to parent were lost. As well, parents' own often negative experience of schooling may continue to affect support of their own children's schooling (ITK, 2011, p. 4), which then contributes to a cycle of poverty. The following was a stark finding of the Inungni Sapujjijit Task Force on Suicide Prevention and Community Healing (2003, p. 6):

Our children are being raised in environments without parents because they are out gambling or out drinking all night. Our children are only showing symptoms of generations of pain and dysfunction and of how this needs to be stopped . . . . All too often our youth tend to feel alone.

To be clear, there are many Inuit parents who do not drink, gamble nor leave their children alone. There is also a recognition that healthy communities are needed for healthy parenting. Inuit culture includes a community role in parenting (Inungni Sapujjijit Task Force on Suicide Prevention and Community Healing, 2003, p. 3).

The need to learn positive relationship skills and life skills in general was also frequently expressed. Inungni Sapujjijit Task Force on Suicide Prevention and Community Healing (2003, p. 11) recommended:

The meaning and value of healthy relationships (with oneself, with friends, between men and women, with the world) and our ability to overcome troubles – these need to be reinforced right from the start, with home supports, preschool programs, school curriculum, and child and youth opportunities for joyful experiences.

*Projects adapted to Inuit priorities and realities*

The results yielded many innovative suicide prevention programmes and projects that could form a separate article. On the land traditional skills programmes were viewed as particularly effective and needed (Government of Nunavut, 2011). Land-based suicide prevention programmes, where Inuit are taken out onto the tundra to learn traditional skills, provide a space to speak, listen and be heard. The *Qanuqturniq – Finding the Balance* interactive health promotion TV series linked Inuit live over 4.3 million square kilometers and across five time zones (Carry *et al.*, 2011, p. 4). There were circus projects, video projects and a hip hop programme (Blueprint for Life, 2013) which succeeded where other wellness outreach efforts had failed. The latter brought elders in to try their hand (or feet) at hip hop and turntable scratching, which got youth interested in listening to elders and incorporating traditional Inuit drum dancing and throat-singing into hip hop.

One of the greatest challenges facing Inuit suicide prevention is the sheer magnitude of the problem coupled with insufficient resources. For example, the Kamatsiaqtut Help Line (n.d.) which serves Nunavut and Nunavik (northern Quebec) is only staffed by volunteers for five hours per day. All the volunteers speak English,

but not all speak Inuktitut or French. Urban areas where Inuit live, such as Ottawa, Montreal and Edmonton, have 24-hour crisis lines, but volunteers do not necessarily have any training in Inuit cultural contexts and the continuing effects of colonialization.

In 2012, there were sweeping funding cuts by the Canadian government to Indigenous health organizations, as a result of which the NAHO (including its Inuit specific centre, Inuit Tuttarvingat) was dismantled. Another problem is the time-limited nature of a lot of government funding. For example, the National Aboriginal Youth Suicide Prevention Strategy provided only limited project funding (Chouinard *et al.*, 2010). Many Inuit-controlled projects and services must keep reapplying for different pots of funding to try to keep operating, and sometimes have to shut down for weeks or months for lack of funds (Inuit Tuttarvingat, 2009b).

## Conclusion

Whereas the general suicide prevention literature tends to examine individual risk factors such as depression, focus on intervention by professionals and suggest a range of treatment options such as pharmaceutical intervention and cognitive-behavioural therapy, the Inuit literature looks at suicide as a symptom of larger socio-economic and cultural systems, discusses suicide in the context of trauma stemming from colonialization and does not mention any role for pharmaceutical intervention, although it does not specifically oppose it. Although mental health counselling is highly valued and expressed as a need in the Inuit suicide prevention literature, the Inuit approach is based primarily on community engagement, creating cultural, socio-economic and mental wellness, emphasizing the person's strengths in the face of hardship, and putting in place programming that seeks to give youth positive experiences of life.

Colonialization had a deeply personal impact on children, parents and elders, disrupting basic family and community bonds, introducing substances such as alcohol and illicit drugs, imposing widespread trauma in terms of the physical and sexual abuse in residential schools and replacing economic, justice, religious and governance systems. It is not just the racism, it is the embodiment and internalization of the racism (Czyzewski, 2011). So the idea of 'colonial stress' as an explanation of Inuit suicide (O'Neil, 1986; Tester & McNicoll, 2004), referring to the stress of the colonized in functioning a world defined by the colonizer, with different values, cultures and languages, is a factor.

However, colonization is not just a cultural matter, but also an economic one. Europeans set up the fur trade economy in Canada, which Inuit continue to participate in, then through the activities of animal rights movements declared that the fur trade is immoral which has had a serious economic impact on Inuit (ITK, 2015). International whalers depleted the stock so that Inuit are limited in whale harvesting which was a main source of food (ITK, 2015). Climate change has affected access to other traditional foods (Statham, 2015). For many Inuit families, accessing any kind of food is difficult. The 2007–2008 International Polar Year Inuit Health Survey found that Nunavut had the highest documented rate of food insecurity – lack of regular access to food – for any Indigenous population living in a developed country in the world (Council of Canadian Academies, 2014). Widespread poverty and overcrowded

housing among Inuit directly affects physical and mental health. Riva *et al.* (2014) found that overcrowded housing among Inuit led to chronic stress, sense of loss of control, which is associated with anxiety and depression. Only 42% of Inuit aged 18 to 44 have a high school diploma, compared to 89% of the Canadian population (Statistics Canada, 2013). The quality of education is also so poor that Inuit who graduate from northern high schools have difficulty continuing with their education (Bloy, 2008). As a result, many Inuit are not in a good position to integrate into the modern economy, leading to high unemployment (Statistics Canada, 2013).

The epidemic of suicide among Inuit cannot be viewed as an individual psychological matter, but as an outcome of ongoing colonization and marginalization. Loss of control, loss of culture and language, socio-economic marginalization and practices of colonization that separated families and systematically abused children are viewed as the root of suicide, violence, addictions and despair. Solutions include individual culturally sensitive mental health interventions, but as a part of a larger effort of community healing and engagement, cultural revitalization and building inclusive socio-economic structures conducive to well-being.

The work of Inuit on suicide prevention is a continually unfolding process, and the determination is unmistakable:

We also know this from our strength as a people: *suicide is not a predetermined part of our makeup as Inuit*. The Nunavut Suicide Prevention Strategy put it very well: ‘Inuit are not predisposed by virtue of ethnicity to be at a higher risk of suicide than non-Inuit’. We were not a high suicide-rate society in the past. We do not have to be a high suicide-rate society in the future. *It doesn’t have to be this way.* (Audla, 2013)

Efforts by Inuit to regain control of their political, economic, educational and belief systems may contribute to suicide prevention. Efforts of Inuit to address the legacies of colonialization in terms of physical and sexual abuse; stigma, shame and internalized racism; and loss of parenting skills may contribute to suicide prevention. The magnitude of suicide among Inuit cannot simply be addressed by small-scale, time-limited programming. Systemic changes are needed. Inuit are working daily to make these systemic changes happen, but require the necessary resources to do so.

Inuit have made an enormous contribution to understanding suicide in the context of colonialization. This article is an attempt to bring some of that literature into the academic mainstream. The contribution includes the socio-economic and cultural context of suicide, the resilience model, the need to develop a positive cultural identity and the need to involve elders, youth and community in suicide prevention. A contribution of the Inuit literature to the larger suicide prevention literature is a focus not only on individual symptoms, but also on creating contexts and communities of mental wellness in which everyone has a role to play and is heard and valued.

Although this study focused on Inuit, these themes have broader implications for social work practice with clients from marginalized communities presenting with suicidal ideation. Social workers should not assume that the client is dysfunctional but that the client may be embedded in a multilevel dysfunctional situation arising from oppression of the group and how that oppression may continue to play out both in terms of socio-economic status and internalization in families and communities. Social workers can be aware that marginalized clients who come to them because of one issue

may have a number of other interconnected issues to deal with. Social workers could seek out organizations associated with the client's cultural background not only for mental health resources but also for resources to increase the client's sense of pride and belonging and help with the client's socio-economic situation. Social workers can work to better link services in the community, to establish integrated services or to support any existing integrated service, such as TI in Ottawa, Canada which provides housing support, a food bank, counselling services, a medical clinic and cultural programming.

Social workers who are not from Indigenous backgrounds need to be careful about assuming what a person's cultural values are. It is also important not to suppose that all Indigenous groups share a culture, or to presume that all Indigenous clients are steeped in their traditional culture, as many may have lost touch with it. In order to help Indigenous clients, social workers can find out about Indigenous contributions to society and themselves develop a positive, but not a stereotypical, view of Indigenous cultures. Non-Indigenous social workers should never wave their knowledge or opinions about Indigenous cultures in clients' faces, or treat the client as if their ethnic background is the only important or most salient thing about them.

Learning from the Inuit focus on strengths, resilience and building positive experiences, social workers could take care to acknowledge the client's strengths and their ability to survive hardships, and that they can build on these strengths and abilities to survive to make their lives and the lives of anyone who depends on them better. A western therapeutic focus often asks the client to talk about problems or relive terrible experiences. If this approach is used, it is also very important with clients dealing with multiple challenges to facilitate positive experiences and focus on examples of where the client dealt with a challenge effectively, something the client is proud of.

Inuit are not alone in terms of Indigenous peoples who were forcibly separated from families and communities. This happened also to First Nations and Métis in Canada, to Native Americans and Alaska Natives in the USA and to Indigenous Australians. Indigenous clients affected by intergenerational trauma may benefit from skills building in healthy relationships, communication and coping strategies. Also know that the way a client may present to someone in authority, like a social worker, may be very different from how they live out other parts of their lives.

Although many social workers are trained in structural social work, it may be easy to lose touch with this approach in the daily demands of helping clients with immediate needs. The Inuit approach to suicide prevention reminds us that we need to look at community or collective approaches to healing and dealing with internalized oppression rather than just individual counselling. Suicide prevention goes beyond one-time crisis intervention, it also involves laying a strong foundation for mental and socio-economic wellness over time.

### **Disclosure statement**

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## Note

1. Inuk is the singular form of Inuit.

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