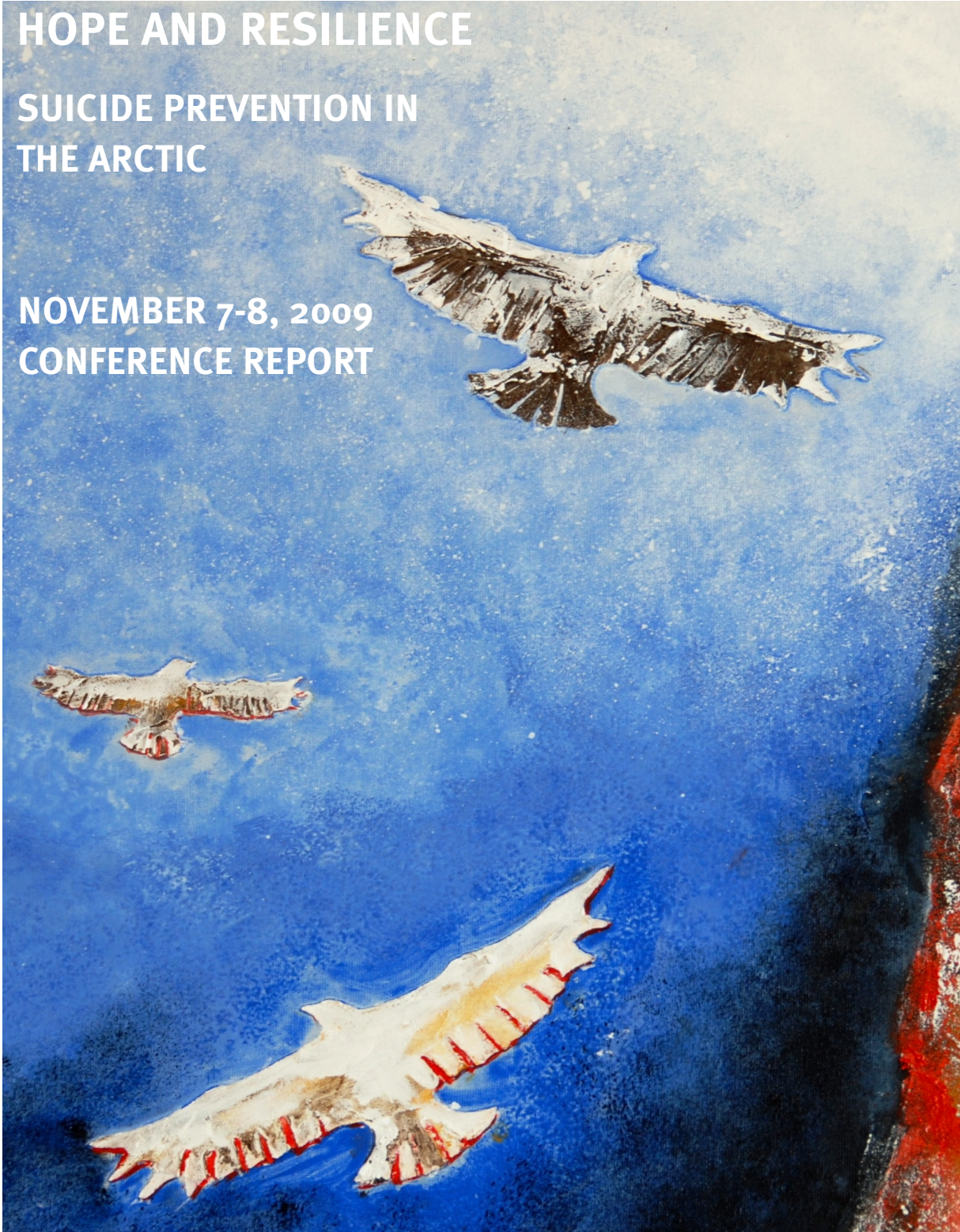


HOPE AND RESILIENCE

SUICIDE PREVENTION IN THE ARCTIC

NOVEMBER 7-8, 2009
CONFERENCE REPORT



SDWG





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Hope and Resilience
Suicide Prevention in the Arctic
Conference Report, March 2010

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The World Health Organization (WHO) began promoting the need for strategies for suicide prevention in the late 1990s. Since then, many of the Arctic regions have developed and implemented prevention strategies. Their focus has been on reducing risks and improving preventive measures through knowledge of protective factors and the importance of cultural values. It is of great importance to transfer this kind of knowledge among indigenous people in the Arctic.

The seminar Hope and Resilience in Suicide Prevention was the second occasion for professionals in the work of suicide prevention to gather across the Arctic. The initial gathering was held in March 2003 in Iqaluit, where mainly the progress of established suicide prevention programs in the Arctic area was discussed. Six years later, the present seminar has aimed to look at what works in suicide prevention and what makes it work - as well as to generate attention to the importance of mental and physical well-being in the Arctic. Since youth are the population most at risk and the target of most prevention programs, an important aspect of the seminar was to include the youth in the discussion.

By continuing to share experiences and good practice in suicide prevention we hope the seminar has contributed to the development of even stronger networks of cooperation and exchange of knowledge across the Arctic.

Research among indigenous peoples continues to demonstrate the negative impact of colonization and modernization on mental health, general well-being and socioeconomic conditions. These conditions are identified as important risk factors, in addition to factors stemming from adverse childhood experiences.

Although suicidal behavior is a serious problem among indigenous youth in the Arctic, the majority of young indigenous people in the Arctic are not suicidal. This important point indicates that knowledge about protective factors and resilience among youth in the Arctic is a crucial contribution to the understanding of suicidal behavior and the prevention of suicide.

By focusing on hope and resilience rather than hopelessness the seminar has aimed to point our attention towards the need for a comprehensive focus on improving the general well-being across the Arctic.

AKNOWLEDGMENTS

The organizing committee of the Seminar is grateful to have had the opportunity to facilitate a gathering of professionals, youth and politicians in order to combat the rates of death by suicide among the Arctic youth. We feel the sharing of ideas and experiences is crucial for the future work in this field and we would like to stress the importance of a focus on hope, resilience and protective factors in suicide prevention.

The sharing of ideas and experiences was possible because of the great effort and goodwill put into participating in the seminar. For this we would like to express our thanks to all participants.

We would like to thank all of the inspiring speakers who presented and shared their knowledge in the plenary sessions and workshops.

Our deepest thanks to the youth for showing strength and hope for the future through their inspiring presentations and artistic expressions. The youth participants and delegates put a huge effort into setting up the youth seminar and sharing their presentations using various media such as documentaries, presentations via Skype and cell phones as well as music, poetry and painting. We would like to thank Nikku Olsen for contributing to the creative process through his paintings and Tumit Productions for documenting the youth seminar.

The Center for Health Education in Nuuk were excellent hosts of the youth seminar and both the genitor and the kitchen contributed to a great experience.

The Government of Greenland made the seminar possible by providing the overall funding. Air Greenland provided transportation for youth delegates from different parts of Greenland and thereby made their participation possible.

Throughout the seminar Anna Rita Spein and Anne Silviken helped to document all presentations and discussions. Without their help, this report would have been a bigger challenge. Professor Kue Young was kind enough to work his way through the draft report and we are grateful for all of the comments that have helped improve the final result.

We would also like to thank the politicians, policy makers and youth representatives who were kind enough to extend their perspectives and thoughts to everyone through an open and dynamic discussion we hope will continue outside the walls of the seminar.

Last but not least we would like to thank the Greenlandic choir, NIPI, for their wonderful song at the opening of the seminar.

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The main focus of the seminar was to emphasize the importance of strengthening the resilience perspective and focus on hope instead of hopelessness in the prevention of suicide in the Arctic. Hope and resilience were consistent themes throughout the seminar and their meaning and importance was presented from different angles. Presentations included good examples at the policy level, strategic level, and practical level, as well as presentations by youth which showed hope for the future work in prevention of suicide in the Arctic.

The report is structured according to the different sections in the seminar. Section I states the background of the seminar followed by Section II dedicated to the understanding of the problem. Section III deals with best practices in suicide prevention based on presentations in workshop 1 and 3. Section IV looks at research and documentation and includes the presentations made in workshop 2. Section V sums up the youth perspective with presentations made in workshop 4 – the youth seminar. Section VI contains the complete lists of recommendations from the four workshops followed by the panel discussion between youth representatives, politicians and policy makers across the Arctic in Section VII. At the end of the report suggestions are given for further reading and a list of participants, programs and the participating organizations are provided as appendix.

Henning Herrestad opened the seminar with a comprehensive philosophical view of the concept and meaning of hope, suggesting that hope might be the cure if hopelessness is the problem. William Hogan zoomed in from the concept of hope to community prevention strategies from a policy maker's perspective. He gave an insight on how evidenced based information has directed the planning process for strategies in suicide prevention in Alaska. Patricia Wiebe, Looee Okalik and Tina Price provided an overview of the Canadian suicide prevention strategies, presenting the background and contents of a holistic approach to suicide prevention based on Inuit mental wellness priorities and Inuit culture and circumstances. The goal is to restore the general well-being of Inuit through coherent integrated programs and services for Inuit in Canada. In general speakers underlined that successful suicide prevention strategies require approaches that are community-based, strengths-based and focused on Inuit autonomy and control as well as community action.

Jack Hicks provided an important overview of data on Inuit suicide in transition across the Arctic and reflections on recent research. The data presented by both Birger Poppel and Jack Hicks underlined the relative differences in suicidal behavior across gender, age, region and time. Both Jack Hicks and William Hogan emphasized the importance on acting on what we know. Psychological autopsy studies from Alaska and Canada have brought new knowledge and indicate that the elevated rates in

suicide are socially determined. The studies generate a rich and detailed dataset on the determinants of suicide behavior and will provide a good picture of why people actually die by suicide.

The People Awakening Study presented by Jim Allen showed us an example of partnership between researchers and communities where an important objective is to give back to the community. A lesson learned is the importance of basing the intervention and its activities not only on the cultural level, but on the individual and local community level as well.

A consistent theme at the seminar was the need to address the layers of grief work and trauma related to multiple historical and vicarious trauma. Iva GreyWolf stressed that people should be trained in basic intervention skills in order to be able to confront, talk, listen and act upon suicidal behavior. The need for local solutions to local challenges was emphasized by several speakers at the seminar.

At the youth seminar presentations were made by the delegates from each country as to the specific challenges in preventing suicide in their home region as well as current prevention strategies and programs already in place. Several interesting youth projects were presented. The Project Embrace Life in Nunavut provided a good example of how to organize and coordinate preventive initiatives. A general characteristic of intervention projects involving the youth was a focus on well-being and empowerment of young people giving them tools to express themselves. Examples of good practice and prevention initiatives were the youth to youth mentor project Sapiik, the Inuusivut project, Digital storytelling and Team Grizzly.

The seminar was concluded by a panel discussion between youth representatives, politicians and policy makers. In this dialogue the gender paradox in suicide patterns was the most discussed subject leading to a conclusion of the need for more research addressing the gender differences in Inuit communities in order to target interventions and youth policy accordingly.

Based on the knowledge provided through the presentations and discussions at the seminar it was evident that we need to address the social problems and challenges through comprehensive strategies. This includes alcohol, sexual abuse of children, rape, violence, substance abuse, etc. This was obvious from watching the various documentaries produced by our youth representatives.

The shared experiences at the seminar showed the importance of a general holistic approach to prevention that is specific to Inuit, Sámi, and other indigenous peoples and focus on well-being. The initiatives must build on existing knowledge, and should be carried out

in partnership with the community and acknowledge the important role of all generations. Overall participants stressed the need for improving socioeconomic conditions in the Arctic in order to increase the general well-being among Inuit – especially for children and youth. This includes better access to education and knowledge as well as professional help and empowering activities. The focus is not new but still needs attention and should

be an objective in research, in policy making, in health promoting programs and intervention.

Recommendations were made by each of the four workshops and presented on the second day at the seminar in plenum. General recommendations can be read below and a complete list of recommendations from workshops can be found in Section VI.

GENERAL RECOMMENDATIONS FROM THE SEMINAR

The following recommendations were generated by participants in the four workshops during the seminar. Participants represented youth, researchers, practitioners and policy makers involved in the field of suicide prevention.

Youth empowerment and involvement

- Focus on well-being and make resources available to promote healthy living among the youth in the Arctic by a general improvement of the socioeconomic conditions in the circumpolar regions.
- Improve self-esteem among youth through empowering activities.
- Promote youth initiatives and involvement - Increase the participation of youth in policy decisions that affect them with more invitations to conferences, seminars, and workshops.
- Create and extend opportunities for youth to express themselves creatively and artistically through youth clubs, programs and education.
- Train youth mentors and create mentor networks and programs.
- Support the coordination and cooperation of youth organizations across the Arctic.
- Meet the youth at their own level and target prevention towards their environment.

Research and documentation

- Promote solution focused research – research that gives back to communities and participants.
- There is a need for documentation of programs and what is being done to prevent suicide and promote wellness throughout the Arctic at all levels:
 - Descriptive and formative evaluation with focus on process rather than outcome.
 - Research on policy.
 - Comparative research on differing cross national and Arctic approaches to social policies.

Local and professional partnerships

- Prevention and intervention should be in strong partnership with the communities and in respect of local cultural values as well as community readiness.
- Improve coordination of initiatives and partnership between researcher, policy makers and practitioners as well as cross disciplinary collaboration.

Comprehensive prevention

- A comprehensive approach in suicide prevention programs is pervasive and should combine the concepts of prevention, intervention and postvention.
- Reduce the prevalence of substance abuse, violence and sexual abuse and provide more treatment opportunities.
- Establish centralized crisis networks that are easily accessible and visibly available to youth to raise awareness of the existing resources out there.
- Involve parents and elders with resources and provide them with skills to activate them in suicide prevention initiatives.
- Improve parenting skills through parental education.
- Encourage openness and strengthen people's ability to address problems related to suicide.



"Song of life" performed by youth

SECTION I: BACKGROUND

The first section outlines the background of the seminar, an overview of participants as well as the importance of youth participation and the concept of hope and resilience.

SECTION II: UNDERSTANDING THE PROBLEM

This section comprises proceedings from the two first plenary sessions and gives a comprehensive overview of the field of suicide prevention from the perspective of the philosopher, the researcher, the policy maker, the practitioner and youth. Presentations were made by the following:

- Henning Herrestad, Norway: Hope in Suicide Prevention
- William H. Hogan, Alaska USA: A policy maker’s perspective
- Jack Hicks, Nunavut Canada: The Inuit Suicide Transition
- Iva GreyWolf, Alaska USA: Stepping into the light
- Naasunnguaq Jensen, Inuuteq Kriegel, Arnaq Lynge, Greenland: Project Sapiik
- Jesse Mike, Lori Idlout, Julie Alivaktuk, Nunavut Canada: Embracing life in Nunavut

SECTION III: BEST PRACTICE IN PREVENTION AMONG HEALTH PRACTITIONERS

This section comprises proceedings from two workshops, one devoted to health practitioners from across the Arctic and one workshop devoted to health practitioners from Greenland. Presentations were made by the following:

Workshop 1

- Tina Price, Canada: Alianait: Mental wellness action plan
- Laresa Syverson, Alaska USA: The state of suicide prevention in the Aleut region
- Patricia Wiebe, Looee Okalik, Canada: Canadian Inuit Community Engagement in Suicide Prevention
- George Provost, Alaska USA: Inupiaq suicide prevention through holistic wellness and Inupiaq Ilitqusiit
- Ruth Larsen, Greenland: Suicide prevention in the Northern municipality of Greenland

Workshop 3

- Astrid Olsen, Rigmor Villadsen, Greenland: School counselors in Ilulissat
- Bodil Kleist Schierbeck, Greenland: Attavik 146 – a national Helpline

SECTION IV: RESEARCH AND DOCUMENTATION

This section comprises proceedings from workshop 2 that was devoted to researchers and policy makers. Presentations were made by the following:

- Jack Hicks, Nunavut Canada: The suicide follow-back study in Nunavut
- Birger Poppel, Greenland: Suicide ideation: Is suicide a problem in the community?
- Professor James Allen, Alaska USA: Elluam Tungiinun - A Model of Community Collaboration in Prevention of Suicide and Alcohol Abuse

SECTION V: THE YOUTH PERSPECTIVE

This section is devoted to proceedings from the parallel Youth Seminar with presentations by youth delegates from Alaska, Greenland, Norway and Canada. The youth representatives from each country presented specific challenges in preventing suicide in their home region.

- Elizabeth Hensley: Alaska, USA
- Maliina Clasen: Aasiaat, North West Greenland
- Andrea Abelsen: Ilulissat, North West Greenland
- Juulut Danielsen: Ittoqqortoormiit, East Greenland
- Nukannguaq Berglund: Nuuk, Central West Greenland
- Karen Frederiksen: Qaqortoq, South West Greenland
- Carl-Gøran Larsson: Finnmark, Norway
- Wynter Kuliktana: Nunavut, Canada

SECTION VI: RECOMMENDATIONS FROM THE WORKSHOPS

The content of this section is the recommendations from practitioners, researchers, policy makers and the youth. The recommendations are based on the workshop presentations and the subsequent discussion among participants in the four different workshops and were formulated and proposed at a plenary session.

- Recommendations from workshop 1: Health practitioners from the Arctic
- Recommendations from workshop 2: Research and documentation
- Recommendations from workshop 3: Health practitioners from Greenland
- Recommendations from workshop 4: Youth Seminar

SECTION VII: DIALOGUE BETWEEN YOUTH, POLITICIANS AND POLICY MAKERS

The content of this section is an edited version of the panel discussion containing a dialogue between youth representatives, politicians and policy makers. The section contains introductions, questions and answers from the session.

INTRODUCTION

The present report aims to document the presentations, discussions and recommendations of the Hope and Resilience in Suicide Prevention Seminar held in Nuuk, Greenland on November 6-8, 2009.

The Seminar was a contribution to the work of the Arctic Human Health Expert Group (AHHEG) established under the Sustainable Development Working Group (SDWG) at the initiative of Canada and Alaska in February 2009. The AHHEG is co-chaired by Canada and Greenland. At the inaugural meeting of AHHEG in Ottawa hosted by Canada in February 2009, the Greenland delegation proposed to organize the seminar on suicide prevention in the Arctic. This initiative was confirmed at the first ordinary meeting in Yellowknife in July 2009.

The initiative should be seen in light of Greenland's wish, during its chairmanship of SDWG, to strengthen the focus on the various cooperative efforts in the area of Arctic human health with a view to obtaining a better understanding of the overall health situation in the Arctic. This objective corresponds with both the establishment of the AHHEG, as well as requests by the parliamentarians of the Arctic Region and the Nordic Council of Ministers, to promote cooperation and to facilitate synergies from existing work in the area of human health in harmony with cultural values of indigenous peoples and Arctic communities.



Nuuk, November 2009

An overview of recommendations from the seminar was presented by the AHHEG co-chairs at the meetings of the Arctic Council SDWG and Senior Arctic Officials in Copenhagen in November 2009. The final report was presented at the SDWG meeting in March 2010 in Copenhagen, Denmark.

Partnership

The seminar was organized in partnership between the Arctic Human Health Expert Group, Inuit Circumpolar Council and Youth Council (ICYC) and the Government of Greenland Ministry of Health and Department of Foreign Affairs with the aim of improving the cross-arctic, cross-

disciplinary and cross-sectorial cooperation in the field of suicide prevention with a particular focus on youth.

WHO ATTENDED THE SEMINAR?

The seminar had a broad representation from the Arctic of approximately 100 participants, from USA (Alaska), Canada (Nunavut and Northwest Territories), Norway (Sápmi), Denmark and Greenland. They represented a broad variety of professional and personal backgrounds and included youth representatives, politicians, researchers, practitioners and policy makers. A complete list of participants can be found in appendix.



WHY FOCUS ON HOPE AND RESILIENCE?

Resilience is derived from the Latin word *resilio* and means 'to jump back'¹. The ability of some people or communities to withstand and recover from severe adversity or stressful life events is termed resilience. Resilience is an interactive concept that is concerned with the combination of serious risk experiences and a relatively positive psychological outcome despite those experiences².

The perception of a problem determines the solutions we find. Therefore a focus on protective factors supplementing the focus on risk factors can improve our ability to develop protective and comprehensive strategies in suicide prevention and to focus the attention on the resources to remedy the problem. An important value added of applying a resilience perspective is to have a reasonable balance between a problem oriented perspective and a resource perspective.

"(...) resilience starts with recognition of the huge individual variation in people's responses to the same experiences, and considers outcomes with the assumption that an understanding of the mechanisms underlying that variation will cast light on the causal processes and, by

1 Manyena SB. The concept of resilience revisited. *Disasters*, 2006;30(4):433-450.

2 Rutter M. Implications of Resilience concepts for Scientific understanding. *Annals New York Academy of Sciences* 2006;1094:1-12.

so doing, will have implications for intervention strategies with respect to both prevention and treatment. In short, resilience requires the prior study of risk and protection but adds a different, new dimension.” (Michael Rutter, 2006)³.

With a focus on hope and resilience this seminar aimed to emphasize the importance of these concepts in working with suicide prevention and to direct the attention of researchers, policymakers and practitioners to continue to strengthen the focus and work with positive outcomes for individuals and communities and investigate how to overcome adversities.

THE IMPORTANCE OF A YOUTH PERSPECTIVE

It was crucial for the content and outcome of the seminar to include youth in discussions of preventive strategies since they are the target of most suicide prevention and the population with the highest risk and prevalence of suicidal behavior. It was very valuable to have ICYC gather so many resourceful young people. As you will be able to read in the following pages they worked excellent together across the Arctic and their contribution to the seminar will be crucial for the future work in this field.



Youth performance

³ Rutter M. Implications of Resilience Concepts for Scientific Understanding: *Annals New York Academy of Sciences* 2006: 1094: 1–12.

PLENARY SESSION 1

Plenary session 1 aimed to contribute to the understanding of the problem of suicide. Presentations came from professionals and researchers from several of the Arctic regions (Norway, Alaska, Canada). The presentations focused on hope as a preventive measure, the policy perspective on suicide prevention, intervention programs and the data we have as well as the data we still lack in order to improve the preventive effort in this field.

Hope in Suicide Prevention

Henning Herrestad, National Centre for Suicide Research and Prevention, University of Oslo, Norway

In the research and work related to suicide prevention there has been a tendency to focus on hopelessness. Hopelessness has been shown to predict suicide, but very few have studied its opposite, i.e. the importance of hope. Hope should be considered as a central concept when working with preventive measures.

We should look to strengthen people's hope. This could be done by giving people a sense of agency to handle their own life. In this process it is central to look at how individuals perceive possible goals and potential pathways to these goals. If you do not know how to pursue your goals, it might lead to despair.

A small qualitative study among parasuicide patients showed that they did not actually think about the consequences of attempting suicide. Rather they used the attempt as a way out of the situation they were in⁴. The study also showed the parasuicide patients had the same number of goals, but not as many perceived pathways to their goals as the control group.

In order to work with the concept of hope in suicide prevention we need to understand what hope means. Herrestad presented the following thoughts on hope and related concepts:

- Hope is more than wishes. Wishes do not need to be realistically possible.
- Hope is different from hopefulness. It is about seeing the glass as half full, not half empty (positive interpretation).
- Hope is different from optimism: Optimism can be unspecific positive expectations/interpretations or it can be optimistic explanatory style: less suicidal ideation than persons with a pessimistic explanatory style.
- Hope is less specific than planning. One can hope for fair weather and for help from others.

Concepts related to hope are resilience, hardiness, sense of coherence, problem solving skills, positive future thinking, optimism, openness to experience, extroversion, high self esteem, positive life goals, and reasons for living.

According to research it seems to be the lack of expectations rather than the wrong expectations that result in despair and hopelessness. Our ability to hope is dependent of our ability to remember the past. As a result of this, we might be able to make people more hopeful if we can help them retrieve memories. To create hope we should thus look at both external factors such as creating opportunities and internal factors such as creating a vision by recalling good memories, increasing sense of agency and finding new pathways.

"Hope is a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy), and (b) pathways (planning to meet goals)." (C. Richard Snyder, 2000)⁵

"Hope is a movement of appetite aroused by the perception of what is agreeable, future, arduous, and possible of attainment." (St. Thomas Aquinas)

A policy maker's perspective**Suicide in Alaska - Community Prevention Strategies**

William H. Hogan, Commissioner, Department of Health and Social Services, Alaska, USA

William Hogan presented Alaska's goal of creating healthy communities. Alaska has integrated all the prevention programs within the division of Behavioral Health. The overall vision for Alaska is for individuals and families to create safe, healthy and productive communities. The community health goals in Alaska are lower suicide rates, free from substance abuse or dependency, community members connected, resilient and with life skills. A turning point in suicide prevention was to listen to the youth regarding what works and what does not work.

Data on suicide in Alaska

In 2008, suicide accounted for two-thirds (68.6%) of all violent deaths in Alaska. Alaska's suicide rate is among the highest in US: 22.2. per 100,000. There are wide disparities in the suicide patterns by region, age, gender and the Alaska Native/Non-Native population. The highest rates are 71 per 100,000 in Northwest Arctic Borough and lowest 13.9 per 100,000 in Southeast Alaska. The American Indians/Alaska Natives have the highest rate (47.2). The highest rates by age are among persons aged 15-24 (37.6 per 100,000) and 25-29 (33.6 per 100,000).

⁴ MacLeod A, Vicent P. Positive life goals and plans in parasuicide. *Clinical Psychology & Psychotherapy* 2004;11(2):90-99.

⁵ Snyder CR (Ed.). *Handbook of hope. Theory, measures and applications*. San Diego. Academic Press, 2000.

The rates of youth suicide attempts among pupils in grade 9-12 are rising from 7.05% in 1995 to 10.7% in 2007. In Alaska you also see the common gender paradox in suicidal behaviour. Female youth attempt suicide more often than males (12.7 per 100,000 vs. 8.3%)⁶. The suicide rate for males is ~3.4 times that for females⁷. The Alaska Native male teens have the highest suicide rates in Alaska and in the Nation, but the suicide rate is also high among the oldest Alaskans.

Understanding and applying data

Hogan presented results and experiences from applying data in policy making. In 2007 the Alaska Injury Prevention Center released the Alaska Suicide Follow Back Study. The data consist of interviews with family and friends of decedents identified specific factors that influence suicide in Alaska. Some of the identified correlated factors to suicides were: Post traumatic stress disorder, abused as children, substance use problems, problems with law enforcement, loss of job or unemployed, medical needs not being met, traumatic brain injury, family/relational problems and financial stress. Hogan emphasized that the follow-back study is a key to understand the stories behind the numbers. The results of the study included 22 recommendations that are being used in planning of prevention initiatives.

The Means Matter study of nearly-fatal suicide attempt survivors showed that suicide most often are impulsive – 24% acted within 5 minutes of thought; another 47% within an hour or less and one-third of the youth had faced a crisis within the last 24 hours. Three out of four suicide incidents happened at home. The access to guns raises the risk of suicide because suicide attempts with guns are nearly always fatal (85%). Some of the recommendations on the basis of the study were to store guns more safely in home; work with police and other public safety organizations to create safe storage options outside of home if people are worried about a family member and want to temporarily remove guns from homes. Further they recommend training mental health professionals to ask about accessibility of guns in homes. The study showed that 90% of the survivors of near-lethal suicide attempts do not commit suicide thereafter.

A major challenge in working with the area of suicide is the complexity of the problem. There are no simple solutions. Factors as mental health, substance abuse, cultural and socio-economic conditions constitute a large field in which to look for solutions and develop strategies. Furthermore it is an area with stigmas that can get in the

way of individual intervention and community action, e.g. a factor like secrecy and the fear of not being taken seriously leading to people not revealing suicidal thoughts. Community readiness is also an important factor to address prior to interventions. The research is limited and it is hard to pinpoint cause and effect. At the same time Hogan emphasized that good research in this field is adding up and stressed the fact, that we already do have information we can act on.

Alaska's Community Prevention Strategies

Alaska has moved toward customized regional prevention plans that are evidence-based and use best practices. There is a statewide network of regional prevention teams, who develop data-driven prevention plans that are linked to state⁸ and national plans⁹.

The statewide network of regional prevention teams act across the spectrum of prevention, intervention, postvention on the individual, family and community levels. The strategic prevention framework is promoted by the Federal Substance Abuse and Mental Health Administration. It is an evidence-based, focused and measured framework of 5-steps: assess; build or mobilize capacity; plan; implement; evaluate. This method facilitates data driven decisions constituting a laser beam focus on the highest suicide rates.

The Department of Health and Social Services has a strong network of 105 community agencies providing services through 164 grant programs: mental health, substance abuse prevention, early intervention, treatment and recovery. Alaska's plan focuses on 4 intermediate outcomes:

- Reduce the number of attempted and completed suicides.
- Remove stigma associated with depression, mental illness, substance use disorders and suicidal tendencies.
- Increase local responsibility and community action to implement in suicide prevention.
- Increase availability and accessibility of early mental health services.

According to Hogan solutions should come from the community; we need local solutions for local challenges. In this process building community partnerships is the foundation of the regional efforts, Hogan stressed. State government can provide resources, information etc. but it is crucial to identify leaders in the communities. Regional team development by on-going town hall meetings,

⁶ Data from 2007 Alaska Youth Risk Behavior Survey (YRBS), a bi-annual survey done in schools.

⁷ Alaska Violent Death Reporting System, 2003-2005 Summary Report, August 2008, DHSS.

⁸ Alaska Suicide Prevention Plan: <http://www.hss.state.ak.us/dbh/resources/pdf/SuicidePrevPlan050505.pdf>

⁹ National Strategy for Suicide Prevention: Goals and Objectives for Action.

focus groups, key informant interviews and community readiness assessments is likewise important. Thereby regional, cultural or other factors unique to the region are identified. The regional teams customize the strategic prevention plans.

The next steps in the effort to reduce suicide rates in Alaska include expanding the existing helpline, educate more gatekeeper trainers, expanding online resources and initiate more research and data surveillance. Alaska is on the strategic level committed to obtain a better understanding of the contributing factors, work with communities to develop solutions and use a cross-disciplinary, evidence-based approach in suicide prevention. In the long term Alaska is committed to generate a society free of substance abuse, connected and resilient, and individuals and families creating safe, healthy and productive communities.



Minister of Health, Agathe Fontain (left) and Minister of Social Affairs, Maliina Abelsen (right), Government of Greenland.

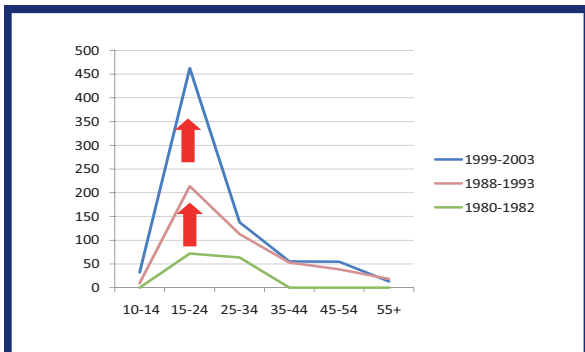
The Inuit Suicide Transition
The Data We Have, the Data We Don't Have,
and Reflections on Recent Research

Jack Hicks, external PhD student at University of Greenland, Nunavut, Canada

Suicide is a difficult subject to tackle for everyone at any time, not just in the Arctic. It is particularly challenging for a non-indigenous researcher trying to understand suicidal behavior among indigenous people. Suicide is a frequent topic of discussion among the general public, and in the media, characterized by little knowledge of the scientific evidence base, a tendency to univariate explanation and sometimes used to advance other agendas. The subject is also challenging to tackle because of the high level of suicide-related trauma in the society which results in ideological, trauma-driven responses to the subject such as 'identity politics' – where differences rather than commonalities are emphasized.

The data on the Inuit suicide transition shows relative numbers across ethnicity, states, regions, sex and age groups. Suicide rates are highest among young Inuit men aged 19-29, especially in Alaska, East Greenland and Nunavut (Figure 1).

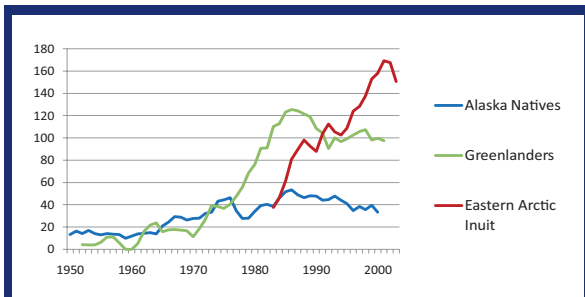
Figure 1: Rates of Death by Suicide among Alaska Natives, Greenlanders and Eastern Arctic Inuit*, 1950-2005



Source: Jack Hicks tabulations based on raw data from the Office of the Chief Coroner of Nunavut and on demographic data from Statistics Canada.
 * Three-year rolling averages; eastern Arctic is Nunavik and the Qikiqtani region of Nunavut.

The data across the Arctic shows that any attempt to explain the transition must be able to account for differences between the sexes, differences between age cohorts, differences by geography / culture area, changes in all these differences over time and the temporal pattern across Inuit Nunaat.

Figure 2: Rates of Death by Suicide among Alaska Natives, Greenlanders and Eastern Arctic Inuit*, 1950-2005



Sources: Greenland: Bjerregaard and Lynge¹⁰; Alaska: Personal communication, Matthew Berman, University of Alaska-Anchorage; Eastern Arctic Inuit: author's tabulations based on coroners' records from the various jurisdictions and demographic data from Statistics Canada.
 * Three-year rolling averages; eastern Arctic is Nunavik and the Qikiqtani region of Nunavut.

Jack Hicks provided an overview of the change in suicide patterns up to the present with comparisons across the Arctic. The rise in suicide rates has varied greatly in the Arctic over the last decades. Studies among Inuit in Canada, Alaska and Greenland have contributed to knowledge of the occurrence and the timeframe of the rise both within the nations and across the Arctic (Figure 2).

10 Bjerregaard P, Lynge I. Suicide--a challenge in modern Greenland. Arch Suicide Res 2006;10:209-220.

Hicks presented how the incidence pattern of suicide rates have coincided with the gradual modernization that has taken place in the area. The development, where suicide has gone from rare in the colonial period and mainly among the elderly and sick people to become a youth phenomenon has been moving like a wave among the Inuit across the Arctic. The increase in suicides among young men was first discovered in northern Alaska in the late 1960s. The same pattern was recorded in Greenland in the 1970s and in the eastern arctic part of Canada (Qikiqtani, Nunavut, Nunavik) was registered from the mid 1980s.

In Alaska and in Greenland a decrease in suicide rates is recently seen among Inuit living in cities compared to Inuit in the remote areas. There seems to be a tendency towards a decrease in suicide rates in the Inuit communities in the Arctic, which has undergone the biggest social change in the recent decades. This could be explained by stronger education and improved health systems. This pattern could be a further indication of the link between suicidal behavior and the societal challenges the rapid modernization has brought about.

Ideally we would like to know MUCH more than just suicide rates such as life trajectory (esp. childhood circumstances), relationship history, substance use history and mental health issues. Psychological autopsy studies (also called the suicide follow-back study) obtain much of these richer data. Such a study is now being conducted in Nunavut with 120 people who died from suicide and 120 matched controls¹¹. According to Robert Goldney, every society has a base suicide rate caused by biological factors¹². So part of the suicide rate is a global phenomenon. Jack Hicks addressed that Nunavut's elevated suicide rate contains a 'base rate' plus an incremental amount that is socially determined. On this behalf Hicks hypothesized: *The social determinants of elevated rates of youth suicide in Nunavut are largely the results of trauma – both historical and present day.* This hypothesis is supported by the following point of Kirmayer et al.: "The location of the origins of trauma in past events may divert attention from the realities of a constricted present and murky future; which are the oppressive realities for many aboriginal young people living in chaotic and demoralized communities¹³." It is these social determinants we have to address in suicide prevention and these factors can be reduced. Hicks presented three recent studies that underline this

point. A study examined the clinical and social characteristics of clients (n = 110) in a retrospective chart review from a one-year continuous psychiatric consultation series in the community of Iqaluit, Nunavut. Interpersonal and socio-environmental stressors were found to be unusually extensive and the primary precipitators of psychiatric crises such as suicide attempts. Negative health determinants such as unemployment, overcrowding, domestic violence, substance abuse, and legal charges were also prevalent. Psychiatric issues in the Arctic appear deeply interwoven with interpersonal, socioeconomic, and societal changes; effective community mental health services must address a broad spectrum of psychosocial issues beyond the medical model¹⁴.

Another study showed that impulsive suicides are linked to childhood. Childhood abuse and neglect are known to affect psychological states through behavioral, emotional, and cognitive pathways. They increase the risk of having psychiatric diseases in adulthood and have been considered risk factors for suicidal behavior in all diagnostic categories. Early, prolonged, and severe trauma is also known to increase impulsivity, diminishing the capacity of the brain to inhibit negative actions and to control and modulate emotions. Impulsivity has also been said to be both a consequence of trauma and a risk factor for the development of a pathological response to trauma. Thus, the researchers suggest, that impulsivity could be one of the links between childhood trauma and suicidal behavior. Prevention of childhood abuse could significantly reduce suicidal behavior in adolescents and adults, in part, through a decrease in the frequency of impulsive behaviors in the future¹⁵.

Jack Hicks presented a third study where Slama and colleagues used admixture analysis, a classification method, to study the effect of age on the first suicide attempt. Using 368 patients, they identified two groups; one with early onset or the first suicide attempt (before 26 years of age, mean of 19.5 years) and another with late-onset for the first attempt (after 26 years, mean of 38.5 years). They found that the two groups had different clinical profiles. Those with early-onset of the first suicide attempt had more frequent comorbid anxiety disorders, cannabis use and a personal history of emotional and sexual abuse. The late-onset group, on the other hand, was more likely to have major depressive disorders¹⁶. Jack Hicks asked:

11 The follow-back study was presented in workshop two by Jack Hicks.

12 Goldney R. A novel integrated knowledge explanation of factors leading to suicide. *New Ideas in Psychology*, 2003.

13 Kirmayer LJ, Simpson C, Cargo M. Healing traditions: Culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry*, 2003; 11.Suppl.: 15-23.

14 Law & Hutton. *Community Psychiatry in the Canadian Arctic – Reflections from A 1-year Continuous Consultation Series in Iqaluit, Nunavut.* *Can J of Community Mental Health*, 2007.

15 Braquehais MD et al. Is impulsivity a link between childhood abuse and suicide?, *Comprehensive Psychiatry*, 2009.

16 Slama F et al. Admixture analysis of age at first suicide attempt, *Journal of Psychiatric Research*, 2009.

How ‘different’ is suicide among aboriginal peoples, really? He addressed that results from international suicide research could be used much more in an Arctic setting.

Jack Hicks concluded his presentation with the following points:

- Suicide among Inuit is every bit as complex a phenomenon as suicide among non-Inuit, and should be treated as such.
- We should resist explanations of elevated rates of suicide among Inuit which are simplistic and/or which ‘externalize’ causality and responsibility.
- We need to challenge the images that have developed around suicide among Inuit.
- Social determinants are the only logical explanation for the pattern of the ‘suicide transition’ that occurred across the Inuit world beginning in Alaska in the 1960s.
- We must learn from the hard-earned lessons of research conducted elsewhere in the world.
- We must also learn from the research that has been conducted on the prevention of suicide elsewhere in the world.
- We must evaluate our prevention efforts so that we can both improve our work and contribute to the global evidence base.

Stepping into the light

Iva GreyWolf, PhD, Psychologist, South East Alaska Regional Health Consortium, Alaska, USA

The title of Iva GreyWolf’s presentation referred to the story of Raven stealing the sun and bringing light into the world in order for people to see. This metaphor is often used in alcohol treatment where people stumble in the dark, GreyWolf explained. Raven is a trickster who tries to take things that does not belong to him. This teaches us about a part of humanity that we might not want to face.

GreyWolf named who she thought was present in the room among the conference participants, i.e. survivors, the grieving, attempters, care providers, the vicariously traumatized and the burnt out. We need to be aware of the presence of these different backgrounds and situations since they are influential factors in the preventive work. The problem is complex. The walking wounded are often the ones who sign up to serve, GreyWolf said, and traumas are revitalized in meetings with clients. We need to address this and provide support.

Alaska and Greenland have many similarities which makes our experiences relevant for one another. GreyWolf named the following: Geography, infrastructure, village sizes, kinship networks, education, economic issues, culture and history. The lessons from Alaska have shown the importance of addressing the layers of grief work and the

trauma work related to multiple, historical and vicarious trauma. Also we should address the need for training and use the evidence from suicide follow back studies.

We need special programs to address suicide in communities. Everyone should be trained in the basic intervention skills. The special programs used in Alaska are Community-Based Suicide Prevention Program (CBSPP), Gate Keepers, Peer Helpers, Applied Suicide Intervention Skills Training (ASIST), Rural Human Services System Project (RHS), and People Awakening.

GreyWolf underlined the importance of social action. Those who have been healed are those who have taken some kind of action. They did something, she pointed out and illustrated her point with a quote from Winston Churchill who once said: “If you are going through hell... keep going”.

The concept of “practice-based evidence” was introduced as an alternative supplementing “evidence-based practice”. Due to lack of resources it is not always possible to ensure evidence based practice. In these situations we need to look carefully at those lessons we have learnt through the suicide prevention work in order to ensure that interventions learn from the practice based evidence we already have in this field. Furthermore interventions should be locally based and supported and provide the proper training and supportive supervision for those involved. Respect for the community and valuing local natural helpers are crucial aspects of a successful remote delivery.

As a concluding remark GreyWolf stressed the importance of cultural activities and community empowerment as a way to strengthen the people and give everyone a sense of place and belonging.

PLENARY SESSION 2

Plenary session 2 aimed to illustrate projects of hope and resilience through good examples of initiatives in suicide prevention with a positive focus on life and youth empowerment.

Project Sapiik¹⁷

Naasunnguaq Jensen, Inuuteq Kriegel & Arnaq Lyng Foreningen Grønlandske Børn/Association for Greenlandic Children, Youth mentor from Project Sapiik, Greenland

Project Sapiik is a youth-to-youth mentor project for two classes at the high school in Nuuk, Greenland. The pilot project Sapiik is currently in a two-year trial phase until September 2010 and is run by Foreningen Grønlandske

¹⁷ Project Sapiik was presented both in plenary session 2 and at workshop 4. The following is an integrated summary of the two sessions.

Børn, The Association for Greenlandic Children¹⁸. The mentors work is independent of the school system, and this is an important aspect. They do not act as teachers and they do not tell the mentees what to do.

The project is linked to a group of mentors aged 18-30 who are currently enrolled in school or have completed their education within the last five years and are now in the workforce. The mentors act as positive role models for the pupils and seek to strengthen their self-confidence and personal, social, and vocational skills through coaching techniques.

The mentors meet with students once a week through social and professional activities. Sapiik was created because of the high prevalence of young people in Nuuk, Greenland, who drop out of school after starting their upper secondary education. The purpose of Sapiik is thus to influence students to continue to pursue their education after primary school and prepare them for this. Students participating in Sapiik are presented with the range of educational and job opportunities that exist through visits to educational institutions and businesses. It is hoped that this can help motivate students to enter upper secondary education after primary school.

With Project Sapiik the Association for Greenlandic Children hopes to contribute to the prevention of suicide through the support and empowerment of young people. The Association for Greenlandic Children have partnered with the Danish Red Cross Youth Department who have implemented the mentoring project in Danish elementary schools. The goal and hope of the Association for Greenlandic Children is to continue the project without the Danish assistance in the future.

Embracing life in Nunavut¹⁹

Jesse Mike, President of NIYC, Lori Idlout, Board Member of NIYC, Julie Alivaktuk, Youth Delegate from the Inuusivut Program, Nunavut, Canada

The concept of Embrace Life

In January 2004, the Isaksimagit Inuusirmi Katujjiqatigiit Embrace Life Council (IIK) was established as a partnership between several Nunavut groups - the Government of Nunavut, Nunavut Tunngavik Incorporated, the Royal Canadian Mounted Police, and many others. Efforts to create the Nunavut Embrace Life Council (ELC) began in 2003 with the recognition that there needed to be a coordinated initiative in addressing the high suicide rates in Nunavut. There was a need for local interagency

committees, a need for groups to work together at the community level to help coordinate the work of the different agencies in Nunavut. The council was established to take a life embracing approach in improving the well-being of youth and adults. The idea behind the Embrace Life approach is to encourage people and organizations within communities cooperating to find solutions that meet real local needs and circumstances.

The mission of the ELC is to support and encourage the Nunavummiut (people of Nunavut) to value life. The principles of the Council are to:

- Focus on the family and parenting to further develop self-reliant communities.
- Focus efforts on maintaining community relations and partnerships.
- Embrace life by asking what it means to embrace life.
- Drive the program through Inuit history.
- Install Inuit pride.
- Seek collective solutions from the community.
- Protect and being guided by the environment.

The mission of the ELC is accomplished through the creation of various projects, which are funded through federal and territorial donations, fundraising activities, and proposal development. Examples of past and present projects include:

- Inuusivut Project—youth multi-media project (www.inuusivut.com).
- Resolution Health Support Workers—to provide support for residential school survivors.
- Administering the National Aboriginal Youth Suicide Prevention Strategy fund— for community-based programs and initiatives.
- Nunavut's Annual Embrace Life Day.
- Social and Community Development.
- Negotiating Pathways & Roots of Resilience.
- Workshops with youth on identifying coping skills, the meaning of embracing life, and learning how to use their voice.

The Inuusivut Project

The Inuusivut Project is a national initiative of the Embrace Life Council and the National Inuit Youth Council. The project focuses on protective factors against suicide activities that take a strength based, positive approach and are focused on maximum and lasting impacts for youth. Inuusivut, Our Way of Life, is youth driven and has the support of several key partners. This work builds on and complements existing mental health promotion activities and initiatives already underway in Inuit communities.

The primary objective of the project is to learn, document and share - through a variety of multi-media techniques - how Inuit perceive, express, develop, foster and promote mental health. The main focus is to provide the necessary skill-based training to enable youth to be the driving force

¹⁸ Sapiik means brave in Greenlandic.

¹⁹ Embrace Life in Nunavut was presented both in plenum session 2 and in workshop 4. The following is an integrated summary of the two sessions.

in the exploration, promotion and sharing of mental health related issues locally, regionally and nationally. One of the main objectives of the Inuusivut project is to increase capacity in Inuit communities by having youth directly explore issues related to mental health and to enable them to share their findings with their peers, families and communities. In an effort to meet this objective, the Inuusivut project team and partners are accessing multi-media

equipment (digital cameras, video cameras, etc.) and making them available to local groups in Inuit communities across Canada for use in project activities. Besides having access to equipment, many youth require training to learn how to use the equipment and work with multi-media. The Inuusivut Project provides technical training and creative mentorship to youth in Inuit communities across Canada in photography, video production and youth leadership.

Workshop 1 and 3 were dedicated to a discussion of health practice related to suicide prevention. The workshops focused on best practice and the sharing of ideas based on the experiences among health practitioners. Workshop 1 and 3 were jointed for English presentations and afterwards divided into an English speaking workshop (1) and a Greenlandic speaking workshop (3).



WORKSHOP 1

To inspire the workshop discussion different experiences and projects were presented from across the Arctic. An overview of Canadian Inuit community engagement in suicide prevention was presented to inspire other regions. An example of the community engagement in practice was presented by the Alianait Mental Wellness Plan based on Inuit values. The challenges for suicide prevention in the Aleut Region in Alaska were pointed out and touched on the common Arctic issue of lack of professionals and the terms of long distance treatment. A presentation of Project Life illustrated practical experience with youth suicide prevention based on cultural and traditional values, including digital story telling as a modern version of the traditional Inuit storytelling. Finally the suicide prevention in the Northern municipality of Greenland was presented.

Alianait: Mental wellness action plan - what we do

Tina Price, Senior Policy Advisor, Inuit Tapiriit Kanatami, Canada

Tina Price presented the important topic of the Inuit Mental Wellness Action plan called Alianait. Alianait was formed to develop an Inuit Mental Wellness Plan to support the First Nations and Inuit Mental Wellness Advisory Committee's "Strategic Action Plan for First Nations and Inuit Mental Wellness." The committee is comprised of representatives from Inuit Tapiriit Kanatami, First Nations and Inuit Health Branch of Health Canada, land claims

organizations, national Inuit organizations and governments with Inuit populations. Price stressed, that Inuit are resilient. Inuit means people, Inuujunga means I am Inuk, I am human and I am alive, and we should celebrate that. Alianait provides goals for an effective mental wellness health system to restore the general well-being of Inuit through coherent integrated programs and services for Inuit Nunaat. While Alianait has an immediate purpose in developing an Inuit specific action plan, the group sees a longer-term role in providing strategic advice and facilitating communication and collaboration amongst mental wellness partners²⁰.

Mental wellness is conceptualized as an all-inclusive term encompassing mental health, mental illness, suicide prevention, violence reduction, and reduction of substance abuse and addictions. The Inuit specific action plan for mental wellness was developed by the Alianait Task Force through several steps:

- First step was to bring together the key organizations working on Inuit mental wellness to facilitate collaboration and information sharing.
- Second step was to provide the Inuit-specific recommendations for the development and implementation of a strategic/action plan.
- Third step was to provide strategic advice regarding on-going mental wellness program development and assessing evaluation results to identify what is working.

The holistic approach to suicide prevention incorporates the Inuit perspective of a balanced life through prevention and promotion, treatment, intervention and aftercare as well as traditional knowledge and practices. In order to address suicide prevention, we need to reclaim the basic Inuit principles of acknowledgement and respect, Price said. Also we need to accept, that there are no instant solutions to our problems. Inuit law is carried in people's hearts and minds and passed on from generation to generation. Inuit believe that we are all equal; we are all entitled to the same water, air and food. Inuit society is based on respect for one another. These are the basic values the prevention program should be built upon, Price stated.

Following this, the Alianait principles are:

- People come first, including family and community.
- The approach is Inuit specific, holistic and positive.
- Elders have an important role.
- The role of young people will be acknowledged and nurtured.

²⁰ www.indigenous-mental-health.ca and www.indigenouspeoplesissues.com

- Invest in “protective factors” (protective factors are abilities, skills and social supports that offer people the ability to cope with stress and spring back from crises and trauma).
- Support language and cultural capacity development.
- Communication, collaboration and coordination are key to creating a seamless continuum of programs and services.
- Build on what exists.
- Work in partnerships.

The role of elders is required to address resiliency and hope. As Inuit, we must make room to speak with our elders and their ability to teach. This will allow a person to help themselves and be granted guidance.

The state of suicide prevention in the Aleut region

Laresa Syverson, Youth Delegate, Aleut International Association, Alaska, USA

Laresa Syverson shared her perspective of help services in the Aleut region, Alaska. Syverson described the paradox of how you are flown to Anchorage away from home, when faced with serious problems. The Aleut region is located on an island which means a limited access to certain services, since there is only one hospital on the island. On the positive side, suicide rates are lower compared to other areas of Alaska.

The region has a large indigenous population and many of these people are working in the fishing industry. This industry has brought many problems to the island such as homelessness and men leaving the community for good. There is a local based psychologist, but people are still sent to Anchorage for treatment. In regard to suicide prevention there is no one dedicated especially to this task, Syverson concluded.

Canadian Inuit Community Engagement in Suicide Prevention

Dr. Patricia Wiebe, Medical Specialist in Mental Health, Health Canada, Canada
Looee Okalik, Health Project Coordinator, Inuit Tapiriit Kanatami, Canada

Traditional lifestyles and social change in Canada

Patricia Wiebe presented a review of suicide patterns among Inuit in Canada and highlighted new developments in Inuit-driven and community-based suicide prevention.

Wiebe initially outlined some of the major social changes the Inuit population in Canada has undergone the last decades. Outside forces have led to the rapid changes of the society resulting in loss of local control, forced relocation, increased dependence on cash economy and

collapse of seal fur trade in the 70s. The Inuit languages, cultures and traditions are now thriving. Wiebe stressed the fact that high suicide rates among youth have never taken place historically until recently and are linked to the cultural discontinuity the Inuit have undergone.

Reclamation and control

On the basis of her research Patricia Wiebe described a new movement in Canada where the indigenous population are regaining more and more self control and reclamation is taking place in the shape of economic advancements that is occurring in Inuit Nunavut following land claim settlements. Furthermore territorial and provincial governments are overseeing Inuit well-being.

There have been a global movement concerned with human rights and the flow and exchange of ideas between Indigenous and non-Indigenous peoples, a process called indigenism. Experiences have shown that mainstream mental health treatment approaches have had limited success. The movement of indigenous peoples requesting inclusion in decision-making process regarding goals, methods and usage of research together with evidence of increase in participatory research calls for culturally-relevant interventions and community empowerment.

Studies are being planned to evaluate the efficacy of Inuit community engagement in suicide prevention and community mental health. Initial evidence demonstrates that community control over suicide prevention itself can be effective toward preventing suicide. Working in partnerships, and engaging communities are more effective in preventing suicide.

New partnerships and successful suicide prevention strategies

New partnerships have been established and a new period of Aboriginal community empowerment is evident in Canada. Health Canada works closely with Canadian and international indigenous partners. E.g. a Memorandum of Understanding between Canada and US on indigenous health has suicide prevention as a major focus. Reports such as “Acting on What We Know: Preventing Youth Suicide in First Nations”²¹ and “National Inuit Youth Suicide Prevention Framework”²² are good examples of Indigenized suicide prevention. Initiatives as Mental Wellness Advisory Committee and Alianait (c.f. presentation by Tina Price), Mental Health Commission of Canada are all examples of initiatives to improve the mental health and prevent suicide.

21 http://www.hc-sc.gc.ca/fnihah-spnia/alt_formats/fnihb-dgspni/pdf/pubs/suicide/prev_youth-jeunes-eng.pdf

22 <http://www.niyc.ca/download.php?view.8>

Successful suicide prevention strategies require approaches that are: community-based, strengths-based, focus on Inuit autonomy and control and community action. Continued commitment is required to ensure fair representation, equal voice, effective communication, reflexivity/reflection and to examining ourselves in the process.

Patricia Wiebe presented principles and desired outcomes from the National Aboriginal Youth Suicide Prevention Strategy. The strategy was launched by Health Canada in 2005 as five year strategy and developed in full partnership with Inuit Tapiriit Kanatami and Assembly of First Nations, and in collaboration with Aboriginal communities across Canada. The main principles of initiatives are:

- Evidence-informed: traditional, cultural, Western sources
- Community-based; culturally appropriate
- Address all levels of prevention, promotion
- Involve youth
- Consider levels of community readiness

The Strategy's desired outcomes 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.
- Improved access to quality, well-coordinated programs and services for Aboriginal youth, families and communities.

Initial results from current evaluation activities show the strategy is meeting many of its objectives and that youth and communities are strongly engaged.

Inuit-driven suicide prevention across the four Inuit Nunaat

In the Inuvialuit region the Community Development Division has established two youth centres with support from government funding and Inuvialuit Cultural Resource Centre has established numerous culture and language projects.

In Nunavut they have established community-run youth programs and a Youth committee in each community. Furthermore Nunavut has established Inungni Sapujjijit – Nunavut Task Force on Suicide Prevention and Community Healing which have produced the report: Our Words Must Come Back to Us. In 2004 Nunavut established Isaksimagit Inuusirmi Katujjiqatigiit (Embrace Life Council) by the Task Force for community-based suicide prevention and community wellness. The council is guided by Inuit Qaujimatjuqangit, or Inuit traditional knowledge and trains

suicide prevention counsellors in Inuit communities of Nunavut and produces “Toolkit” for people working to prevent suicide. In partnership with the National Inuit Youth Council, under the Inuusivut project, the Council trains youth media teams in Inuit communities in all regions.

In Nunavik, Quebec, they have established the Nunavut Inuit Ikajuqatigiittut program, which provides workshops on suicide prevention for front-line workers and community leaders. The Saputiit Youth Association is a three 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 youth.

In Nunatsiavut, Labrador, the Government has established Division of Youth and Recreation to help ensure that youth learn about Inuit culture and tradition. In addition The Rising Youth Council of Nunatsiavut has been established with representatives from numerous communities. They organize camps for elders and youth where these traditions are taught.

Across Inuit Nunaat examples of Inuit-driven suicide prevention include the Inuusiqqatsiarniq project which is a National Inuit Youth Suicide Prevention Framework established by the National Inuit Youth Council in partnership with Inuit Tapiriit Kanatami and First Nations and Inuit Health Branch of Health Canada. It is focused on promotion of wellness, stabilizing communities in crisis, maintaining community-based wellness activities, and identifying human resources. Inuusiqqatsiarniq develop and implement community-driven wellness plans and is in continuous discussion with Inuit youth. All these initiatives and projects witness a great effort in promoting mental health and well-being and prevention of suicide in Inuit Nunaat.

Inupiaq suicide prevention through holistic wellness and Inupiaq Ilitqusiatic

George Provost, Project Life Manager, Maniilaq Association, Alaska, USA

Provost presented Project Life - a youth suicide prevention program in Alaska. Project Life is a three-year (2007-2010) youth suicide prevention program that serves the Inupiat villages of the Northwest Arctic Borough of Alaska: Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Kotzebue, Noatak, Noorvik, Point Hope (North Slope Borough), Selawik, and Shungnak. The program is part of Maniilaq Behavioral Health Services. It is funded through appropriations under the Garrett Lee Smith Memorial Act for youth suicide prevention, and administrated through SAMHSA (Substance Abuse and Mental Health Services Administration). Maniilaq Association has made suicide prevention a top priority.

Project Life focus on life, culture and traditional values taught by the Elders: Knowledge of language, knowledge of family tree, sharing, humility, humour, respect for others, love for children, cooperation, hard work, respect for Elders, respect for nature, avoidance of conflict, family roles, spirituality, domestic skills, hunter success, and responsibility to the tribe. Project Life takes a holistic approach to wellness - a balance of wellness in body, mind, emotions, spirit, relationships, and culture.

Provost argued that suicide is not compatible with the traditional Inuit values, Iñupiat Ilitqusiak and illustrated his point with the following quote:

Every Iñupiat is responsible to all other Iñupiat for the survival of our cultural spirit, and the values and traditions through which it survives. Through our extended family, we retain, teach, and live out Iñupiat way.

In Project Life suicide is perceived as a symptom and the project aims to get to the root of the problem. Generally there is a lack of wellness and Project Life focuses on wellness because if the people are well they are less likely to commit suicide. Provost underlined the importance of looking at suicide in the context of collective historical trauma to the Iñupiat culture, and the multi-generational effects of the rapid and destructive changes brought by colonization. An important part of wellness is therefore the healing of trauma.

Digital Storytelling

Digital Storytelling is a project within Project Life. Storytelling is a traditional Native way of sharing wisdom, history and culture. Generally, the indigenous cultures had oral, not written, traditions. Digital storytelling is a modern way of integrating traditional storytelling with technology. Using computers and video editing software, students create digital stories combining pictures, video, music, text, and voice. Digital storytelling gives the youth a voice and let them speak to us instead of teaching them. It contributes to identity shaping and well-being. Understanding one's identity, individual and collective, is a foundation for living life and being well. You can see hundreds of digital stories created by Iñupiat youth of Northwest Alaska at Project Life's website²³.

Suicide prevention in the Northern municipality of Greenland

Ruth Larsen, Health Coordinator, Greenland

The northern region of Greenland is the World's largest municipality with a population of 17,637 in 8 towns and 31 villages. Nine health coordinators and one regional

manager of health and prevention work with health promotion in the northern region. The coordinators task is to organize and coordinate initiatives and projects covering different health issues including suicide prevention and they work closely together with youth. They work in collaboration with health institutions, social institutions, the church, schools and youth clubs.

One initiative in the Northern municipality was a youth club debate on suicide prevention. On this occasion the youth shared their feelings and thoughts of suicide. Another initiative was to mark the World Suicide Prevention day September 10th. On this day people met and talked about suicide and how we can improve suicide prevention. The recommendations were given to the local politicians.

An important task for the health coordinators is to interact with all generations in the community to ensure local partnership and involvement in promoting health and wellness.

WORKSHOP 3

The working group exchanged experience from different regions and suicide prevention projects in Greenland such as the work of school counsellors in Ilulissat and the helpline Attavik 146. Both examples of important achievements in the effort to reach out to youth and adults who need help and someone to talk to.

School counselors in Ilulissat

Astrid Olsen & Rigmor Villadsen, School Counselors, Greenland

In Ilulissat municipality, the number of suicides has dropped dramatically in recent years after the municipality has put several initiatives in progress. Especially the establishing of a school counselor position situated at the school has been successful where youth can drop by and discuss their problems.

After two years with 6 and 8 suicides in Ilulissat in 2002 and 2003 the municipality employed Astrid Olsen as a school counselor and since then, the number of suicides decreased dramatically. The objective of school counseling is to reach out to pupils with personal problems and their parents. The counselors are engaged in several initiatives for youth. They cooperate with teachers, health coordinators, the police, psychologists, the health care system, the department of social services, the youth club, the emergency team, pupils living at dormitories, parents, the employees, school principals and the priest.

In 2008 106 pupils received counseling, and many of them received counseling multiple times. The subjects for the counseling of the pupils ranged from drug and alcohol abuse, domestic and school problems, problems

²³ www.projectlifealaska.org

related due to parents divorce, sexual assaults, suicidal issues to loneliness, bullying, pregnancy and more. Some of the reoccurring issues over the years in the work with the children have been an increased search of help from individuals thinking of suicide and victims of sexual abuse. Also drug abuse has increased along with problems due to parents divorce and problems at home and in schools are becoming more visible.

Qinngornerit

Astrid Olsen highlighted the project Qinngornerit as an example of a preventive initiative. The purpose of Qinngornerit is to give children with divorced parents a place to share and discuss their problems in smaller groups. At Qinngornerit the pupils have the opportunity to realize that they are not alone and the goal is to help and support each other. Examples of topics in the forum are how to cope with problems in your life and feelings like sadness, anger and guilt. They meet once a week as a group for eight weeks based on the needs of the group.

Astrid Olsen concludes that there are many lonely children out there who need help. They should all have the opportunity of a brighter and happier life. She therefore recommends that all schools follow the Ilulissat example by establishing a school counselor position.

Attavik 146 – a national Helpline

Bodil Kleist Schierbeck, Counselor at Attavik 146, Greenland

Bodil Kleist presented Attavik 146, which is a free, confidential telephone counseling service in Greenland. The helpline opened august 2007 and was established as a result of one of the recommendations from Proposal for a National Strategy for suicide prevention in Greenland²⁴ from 2004. The purpose of Attavik is to offer countrywide, anonymous and free counseling primarily to persons at risk of committing suicide or people in other kinds of personal crisis, which threatens the mental quality of life of that person. Furthermore the helpline is for relatives who have lost a family member by suicide, relatives to people at risk of committing suicide, and persons who are affected by suicides among their nearest relatives or friends.

By now there are 8 counselors covering the helpline 2 two days a week for 3 hours in the evening. The counselors receive supervision by a psychologist and meet up once a month in Paarisa - The Department of Health Prevention. The counselors have a relevant professional background and receive specific training in how to handle calls on the helpline.

In 2008 the helpline received 184 calls most of them in September, December and March. Many people use the helpline several times and approximately half of the callers in 2008 were men, which is an increase since 2007. The callers in 2008 were mainly in the age group 30-39 and 40-49 year old. Mainly people from towns use the helpline - especially from the capital Nuuk - and approximately 17% of the calls in 2008 were from people living in a settlement.

The content of the calls has, among other, been about loneliness, traumatic events such as death, mental illness and stressful life events such as sexual abuse or assault, suicide, problems with partner and violence. Beside listening and giving advice, an important task for the counselors is to refer people to the right place depending on the problem. Attavik shows that there is a need in Greenland for a place where adults anonymously can seek help, get advice and have someone listen to them.

24 http://www.paarisa.gl/upload/paarisa/selvmondsforebyggelse/rapport_-_engelsk.pdf

WORKSHOP 2

Workshop 2 focused on the research in suicide and documentation of suicide prevention studies and thus had a scientific approach. Three presentations inspired the discussion. These included an overview of the follow back study in Nunavut, differences in the prevalence of suicide ideations across the Arctic and a good example of a partnership between community and researchers based on cultural respect and values.

**The suicide follow-back study in Nunavut****Qaujivallianiq inuusirijauvalauqtunik – Learning from lives that have been lived**

Jack Hicks, coordinator, social research consultant, Nunavut, Canada

As the team coordinator of a five-year suicide follow-back study in Nunavut, Canada, Jack Hicks presented the methods, design and experiences of the study. The study population includes the lives of 120 who died by suicide for a 4 year period in the region and specific details related to them. The 1.5 mill dollar study began in 2005 and ends in May 2010. The study is conducted by researchers from Nunavut in conjunction with Montreal's McGill Group for Suicide Studies. The researchers collect the detailed information needed to reconstruct the social, psychological and psychiatric history of persons who have died by suicide. This is accomplished primarily through detailed semi-structured interviews with family members and others who knew the deceased well, plus review of administrative data (e.g. medical charts).

The study comprises 120 men and women who died by suicide and 120 matched by community, sex and age. The researchers conduct different interviews in order to get the story of the deceased – the story might be told already at the 1st interview or not until the 4th interview. Relatives, partners and friends have very different perspectives of the suicide and the deceased person. All interviews added will give a picture of why the person died. They use medical records and diagnose mental illness which is checked by psychologists (blindfolded).

The participation rate is lower for the controls than the cases, which probably can be explained by the very sensitive subject and personal questions asked, e.g. alcohol abuse and sexual abuse. The proxy interviews are compared by the end of the day. There are methodological downsides of the study: Under reporting child sexual abuse, substance abuse and previous suicidal behaviour. Under reporting does not happen often, but it might be a problem – in some cases people might just not know of issues in the past of the deceased.

The study will provide an evidence based picture of why people actually die. A break up might trigger – childhood issues, substance abuse, school problems or suddenly you are 18 years old and with no possibilities. Some methods are easier to prevent (guns, pesticides, jumping from bridges). We need to look at which population groups are most at risk.

The study comprises a rich and detailed dataset on the determinants of suicide behavior and will give a good picture of why people actually die by suicide. The preliminary impression of the data is that it is people in distress. Jack Hicks underlined the importance to arm and educate family and friends to talk to suicidal people. The preventive initiatives are great, but we also need to look at the data for the individuals who took their own life – we need to educate people to address the issue with their peers and friends – we need to be able to help, Hicks pointed. ASIST²⁵ is a good tool used in Nunavut that teaches Suicide First Aid skills to anyone who may come into contact with a person at risk. Health authorities have often doubts about asking the families about suicide, but the researchers in this study have only met gratefulness from families of the deceased to be able to talk about it.

Jack Hicks concluded his presentation by recommending this kind of survey to everyone.

Suicide ideation: Is suicide a problem in the community? What can we learn from the Arctic Living Conditions Survey, SLiCA?

Birger Poppel, Research Project Chief, University of Greenland, Greenland

Based on analyses from the Survey on Living Conditions in the Arctic (SLiCA) Birger Poppel presented reflections on the relationship between social problems, suicide prevention and living conditions. The intent of SLiCA is to measure living conditions in a way that is relevant to the indigenous peoples in the Arctic. The purpose of measuring living conditions is to better understand the indigenous peoples of the Arctic and the effects of

²⁵ <http://www.asist.org.uk/>

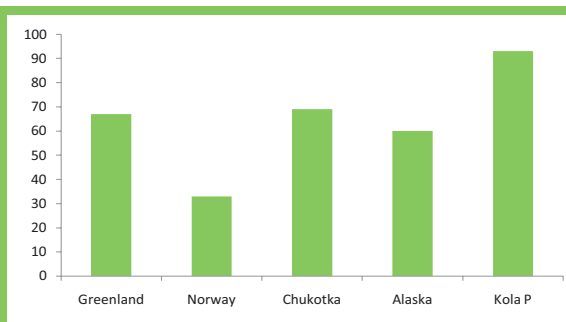
policies and global changes on living conditions²⁶. 8000 interviews were carried out locally and participants were mainly indigenous.

Suicide was a topic in SLiCA and the following questions were asked:

- Is suicide a problem for the Inuit/Sámi in your community?
- Have you ever thought seriously of committing suicide?
- If yes, was this during the last year?

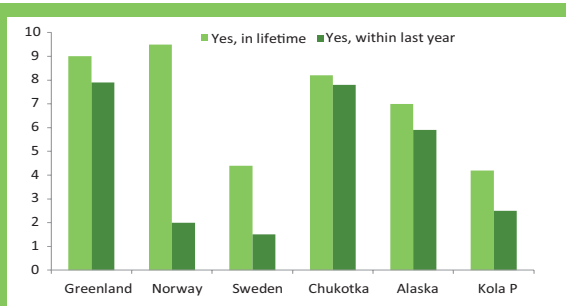
The percentage who considers suicide as a problem for the community ranges from almost 100 pct. in Chukotka to 30 pct. in Norway (table 3).

Figure 3. Is suicide a problem for the Inuit/Sámi in your community? Percent of participants who answered yes.



Source: SLiCA data by country. Data not available for Canada

Figure 4. Have you ever thought seriously of committing suicide? Lifetime and within last year. Percent.



Source: SLiCA data by country. Data not available for Canada.

Another important finding shows a high prevalence in suicide ideation across regions (table 4). A large amount of people have considered suicide at one point or even recently so we really need to be aware. The data also shows us a notable lower prevalence in Norway and Sweden compared to the Inuit regions when looking at serious thoughts of committing suicide within the last year.

The SLiCA data gives us a chance to investigate the relationships between suicide ideation, social problems and other dimensions of living conditions on an individual level. Social problems can be defined as publicly recognized aggregates of individual problems. SLiCA measure social problems at the individual level through questions about thoughts of suicide; depression; victimization; alcohol and drug abuse; unemployment; depression; drug and alcohol in childhood; drug and alcohol today; sexual assaults.

Even though it is not possible to establish a causal relation between the variables given the cross-sectional data, a strong relationship for all Sámi and Inuit was found between suicide ideation on one hand and on the other hand being most likely depressed; having problems related to drugs or alcohol in home during childhood; having problems related to drugs or alcohol in home today; being the victim of sexual assault during last 12 months and/or being the victim of another type of assault during last 12 months.

Even though it does not prove cause and effect, the strong relations are consistent with the hypothesis that enhancing well-being can reduce personal problems and ultimately also suicide, Poppel concluded. But there are still important regional differences which need to be further analyzed to target suicide prevention and improve general living conditions among Inuit and Sámi.

Elluam Tunjiinun - A Model of Community Collaboration in Prevention of Suicide and Alcohol Abuse

Professor James Allen, PhD, Department of Psychology & Center for Alaska Native Health Research, University of Alaska Fairbanks, USA

What we do?

James Allen presented The People Awakening Study of pathways to sobriety, a state-wide qualitative life history study with adults.

Prevention takes time, but primary prevention is needed to move toward wellness. In 1994 the Center for Alaska Native Health Research was approached by a group of Alaska Native people to do a study. For 15 years a group of researchers have been working with the community. After 5 years of work with the data, they began to work with the people doing research in protective factors; both individual protective factors, family protective factors and community protective factors. The project is called The People Awakening Study and is a research study of Alaska Native pathways to sobriety. Today it continues in its fourth phase of programmatic investigation as the Elluam Tunjiinun project. Prior to the People Awakening Project, most past research on alcohol and Alaska Natives had focused on problems and abuse. As a result, little research attention had been given to the many Alaska Natives who

26 For more information visit www.arcticlivingconditions.org

are sober, who are not problem drinkers, and who have succeeded in recovery from alcoholism.

It was this negative orientation that not only existed in the research literature but also in written and spoken popular media as well, that led Alaska Native leaders to join forces with University of Alaska Fairbanks researchers to study and document the positive aspects of Alaska Native individuals and their culture that allowed them to avoid the dangers of alcohol abuse. Based on the assumption that by understanding more about the pathways to sobriety, future treatment and prevention programs could be developed that are based on knowledge of what works for healthy Alaska Natives. From the start People Awakening Project chose to focus on strengths and the potential for all Alaska Native people to live healthy lives. The project was directed through collaboration between the People Awakening Project Alaska Native Coordinating Council and the University of Alaska Fairbanks researchers. In addition, many locally hired people contributed to the project and did much of the interviewing²⁷.

The first stage of the study was conducted from 1999 to 2004 and had two aims. The first was to study the life stories of Alaska Natives living a life of sobriety and to discover what protected people from alcohol abuse and what helped others recover. The second aim was to develop interviews from what was learned from the life stories in order to be able to measure these protective and recovery factors in people's lives. 101 Alaska Native life history interviews throughout the state were conducted. All 101 transcripts were evaluated to provide a model that describes Alaska Natives protective factors, pathways, recovery factors, and a model pathway for recovery. The project tried to find out what protects people in multi levels, both at the individual, family and community level.

Protective factors that were identified at the individual level were: Communal and self mastery, Ellangneq, contributing to community, wanting to be a role model. Family protective factors identified were: Affection and praise treated as special, role models for sobriety, clear expectation and roles. Community protective factors identified were: Limits, e.g. enforce local option law, opportunities and safe places.

The next step of the People Awakening Project was community interventions using tribal local knowledge. This step contained sharing of findings from first step and the development of a local, culturally-based prevention intervention in two communities. It is important to stress, that these are not cultural interventions, but interventions based on cultural knowledge. The aim of the projects in this second phase was to demonstrate that the process of developing a culturally-based prevention intervention

based on the People Awakening model of sobriety was both feasible and acceptable in remote, rural Alaska Native communities. One of the projects is the Ellangneq Project - a community directed primary prevention program for 12-18 year old youth building on evidence-based practice for Alaska Natives based on community participation and collaboration. The intervention was organized in close collaboration with the region council and the community planning group, consisting of youth with parents and elders. During one year of intervention 80 community-planning meetings were held.

They quickly learned that it was not only important to base the intervention and its activities at the cultural level, but at the individual, local community level as well. The result of this work was the Qungasvik ('toolbox') – a collection of culturally-grounded intervention activities and the process by which they can be adapted to the unique circumstances of each community. They were working with the protective factors and the researchers taught them to implement those in the activity. The priority in the community was seen in the choice of what they wanted to focus on in interventions, e.g. alcohol abuse, suicide prevention etc.

In this way each unique community can dig into the toolbox and access the specific tools they need to construct the prevention intervention that best fits the needs and strengths of their community members, and maybe even develop some of their own tools if the need arises²⁸. Activities developed in the toolbox can be divided into family modules, individual modules and community modules. Examples of family modules are: Protectively Parenting, Berry picking, Yup'ik Kinship, Family Fun Night, Parenting Support Group. Examples of individual modules are: Ice Safety, Under Ice Fishing, Surviving Your Feelings, Ice Fishing, Agudak, Healthy Adolescent Relationships and Standing Up for What You Believe. Examples of the community modules are: Qasgiq, Coming Together, Crisis Response Team, Lap Ball, Volley Ball, Prayer Walk, Storytelling and Under Ice Fishing. The outcome of these interventions is expected in the long run.

How do we know if it works?

Step three contained further adaptation and psychometric testing of the People Awakening Project and culturally-based measurement development study. Accurate assessment of the strengths and needs of individuals as they relate to alcohol, substance abuse, and suicide is very important not only to the individuals, their families and community, but to researchers looking to demonstrate the effectiveness of their intervention by the way of the changes that took place in the individuals over the course of the intervention. The study Cuqyun developed measures of the People Awakening protective factors for youth:

²⁷ <http://canhr.uaf.edu/Research/PeopleAwakening.html>

²⁸ <http://canhr.uaf.edu/Research/PeopleAwakening.html>

413 Alaska Native youth aged 12-18 who grew up in rural, remote Alaska communities participated in the study. The theory behind the protective factors model that guided the prevention intervention was tested.

How do we evaluate our praxis?

The interventions are evaluated at four points during the intervention. The measures of protective factors are adapted from measures that map the theory to brief measures of change. They have used the statistical methods of hierarchical linear modelling. The effect was calculated for every prevention project.

It is important to report the results of the evaluation process and impact of the interventions back to the community. The impact of the interventions was presented to the population by info graphics showing the impact of the projects by different sizes of a fish.

James Allen underlined the importance of working carefully with interventions in a community, developing a close collaboration, carefully working with the tribal council, and forming a community planning group. They worked one year with the community group before working with the youth. A crucial part of working as a researcher is to know where you belong and who you are, Allan stressed. So far the project of developing research informed prevention programs based on community knowledge has taken 12-18 years²⁹.

²⁹ Link to the final report: <http://canhr.uaf.edu/Research/PeopleAwakening/People%20Awakening%20Project.pdf>
www.uaf.edu/aurora

WORKSHOP 4

Workshop 4 took place at the Center for Health Education in Nuuk. The following documentation is taken from the separate report on proceedings from the youth seminar written by Stina W. Berthelsen (President of ICYC-Greenland) and Clara Chew (ICYC).

Presentations were made by the youth delegates from each country as to the specific challenges in preventing suicide in their home region as well as current prevention strategies and programs already in place. After these presentations and discussions, the youth delegates split up into three workshops to create recommendations for the main report. These workshops attempted to answer the question: “What can be done at the local, regional, national, and international levels to promote life within the Arctic by the youth and by collaborating with politicians, practitioners, and other experts?”

The following are summaries of the presentations given during the youth seminar. These presentations were prepared by youth representatives of several Arctic regions after the youth had discussed the problem of suicide and resources available within their communities. Each presentation varied in its format, but all described the current suicide prevention measures and challenges within the delegate’s hometown.

**PROCEEDINGS BY YOUTH IN THE ARCTIC
Alaska**

Elizabeth Hensley, former Co-Chair of ICYC Alaska, USA

Background on Alaska Natives and Suicide

Out of the 664,000 people that live in Alaska, approximately 20% are Alaska Natives.

One out of every eleven Alaskans lives in rural areas—a third of these people live in hubs and the rest in one hundred and fifty smaller communities. Fifty Alaska Native people die by suicide each year, or one person every eight days. Of these deaths, three quarters of them are men. Alaska Native men aged 15-24 are nine times more likely to die by suicide than all US men of this age group and five times more likely than Alaskan men in this age group. In addition, Alaska Native women aged 15-24 are nineteen times more likely to die by suicide than all US women in this age group.

The following suicide statistics from 1999-2005 on Alaska Natives aged 15-24 depict the seriousness of the situation:

- Men: 144/100,000 (compared to 29/100,000 Caucasian Alaskan men).

- Women: 56/100,000 (compared to 7/100,000 Caucasian Alaskan women)³⁰.

In Alaska, suicide victims binge drank at three times the national rates and also used marijuana at four times the national rate³¹.

Current prevention measures in Alaska

Currently, there exists an Alaskan Statewide Suicide Prevention Council. There are also thirty-one Community Mental Health Centers, which are open 24/7. The Yukon-Kuskokwim Health Center is collaborating with the University of Alaska-Fairbanks to develop regional prevention and intervention plans specific to Native villages. Also, the State funded twenty-five communities “To Promote a Healthy Community Utilizing Effective Practices and Partnerships” with money usually split between suicide prevention, substance abuse, fetal alcohol spectrum disorder, and youth resiliency.

The Maniilaq Project LIFE promotes wellness through Inupiat Ilitqusiut with a media campaign, educational classes, and intervention training to communities—this project also sends letters of support to people who have attempted suicide.

The crisis hotline, Careline, got 3,290 calls in 2007, and suicide calls are 22-42% of the call volume. Thirty percent of the callers were experiencing addiction, and unfortunately referring these people to treatment centers is difficult due to long waiting lists and a lack of resources. Forty-seven percent of callers are experiencing mental illness. Eighty calls per month roll over to a national hotline due to a lack of staff, which highlights the need for staff that are trained in a manner that is culturally-relevant for the Alaska Native population.

Future plans for suicide prevention in Alaska

The Alaska Native Tribal Health Consortium (ANTHC) and the Alaska Native Tribal Health System have the goal to reduce the number of suicides and suicide attempts among Alaska Natives by 15% over the next seven years (2009-15). Between October 2008 and April 2009, the ANTHC, through its Applied Suicide Intervention Skills Trainers, have taught over one hundred teachers, health aides, counselors, and others in the area of suicide prevention. The ANTHC has also helped to install medicine and gun lockers, since medical overdose is the number one method used to commit suicide and shooting second.

³⁰ Suicide in Alaska—Coming Together to Reduce Suicide, Alaska native Tribal Health Consortium, 2009.

³¹ Alaska Suicide Follow-Back Study. Statewide Suicide Prevention Council, 2009.

In addition, the ANTHC is planning a suicide prevention media campaign, to form a ANTHS suicide prevention coalition and summit; to study the differences between similar Native communities with high and low rates of suicide; to raise awareness of hotlines, substance abuse treatment programs, and websites; to support legislation requiring a minimum of two hours of training in suicide prevention for all employees in the Alaska educational system; and to develop a culturally relevant intervention curriculum³².

Concluding thoughts

The inability for Alaska Natives to communicate and express their feelings is a huge problem today. Only one or two generations ago, Alaska Natives were not allowed to speak their own indigenous languages, and because of this the ability to communicate clearly has been diminished. This is having an effect on future generations who have not learned from their parents the importance of communicating their thoughts and emotions. Youth and communities should be encouraged to have more open dialogues with each other so that they can embrace their culture and talk about their history in order to foster more common bonds within communities.

Greenland

Aasiaat, North West Greenland

Maliina Clasen, President of youth organization Qivioq, Greenland

Survey results

A survey was sent to the youth who live in Aasiaat and in the neighboring village of Kangaatsiaq. Out of the 47 respondents to the survey, 16 have considered committing suicide. Reasons cited for suicidal thoughts in these youth are as follows:

- Previous sexual abuse
- Hard times during their teenage years
- Close family member or friend committing suicide
- Trouble dealing with alcoholic parents
- Recent argument with a family member or friend
- Recent break-up with a girlfriend/boyfriend
- Personal alcohol problems

Of these sixteen youth, ten spoke with their friends to help them see past these thoughts, four of them spoke with a family member, and two of them kept these thoughts to themselves and did not seek help.

Another part of the survey asked whether or not youth in Aasiaat and Kangaatsiaq are aware of the existing resources available to help them if they are thinking about ending their life. Only eight respondents of the forty-seven knew where to go to get help. The resources noted

by these eight respondents were the crisis hotline 134, family centers, teachers, and the municipality.

Protocol for dealing with a suicidal youth

There exists in Aasiaat a protocol to follow when it becomes known that someone is thinking about suicide. Suicidal youth from Kangaatsiaq use Aasiaat's resources because of Kangaatsiaq's small population. If a youth under the age of 18 is threatening to commit suicide, then social welfare is contacted. There is a social welfare guard on call after 4 pm and on the weekends. If the person threatening suicide will not freely go to the hospital, then the police will be called, who have the authority to take the person to the hospital. Before being discharged from the hospital, the person must commit to further counseling.

Youth recommendations from Aasiaat and Kangaatsiaq

The youth living in Aasiaat and Kangaatsiaq recommended that there be more centers where suicidal people can go to get help, similar to centers for alcoholics. More spaces for the youth to use in their spare time would also be beneficial; these could range from sports centers to cultural houses to places where youth can meet to do their homework and socialize in a healthy, safe environment. Information on where to go to get help should be made more visible for the youth.

Ilulissat, North West Greenland

Andrea Abelsen, Co-Chair of youth organization Qivioq, Greenland

Results of Interviews with and about Youth in Ilulissat

After speaking with residents and social workers of Ilulissat, it should be noted that the most common reasons for people committing or attempting suicide in Ilulissat are conflicts within the family and sexual and substance abuse. A child advocate working in Ilulissat said that many of the youth they work with come from separated families or 'alcoholic homes,' many of which have violence in the home.

Crisis response in Ilulissat -

Procedure for talking to youth with suicidal thoughts

There are several work efforts in Ilulissat and the surrounding settlements to help prevent suicide. These are a result of the high suicide rate in Ilulissat of the 1990s. A suicidal person, or a person who has attempted suicide, may contact one of the following resources:

- Child advocates
- Police
- After-hours social workers
- Hospital

If a youth contacts a child advocate, the child advocate will try to find out why the person is thinking about or has attempted suicide. The parents of the suicidal youth will

³² Coming Together to Reduce Suicide. Alaska Native Tribal Health Consortium, 2009.

be asked to attend the meeting but are usually asked to wait outside during the start of the meeting, in case the youth is uncomfortable talking about his or her problems in front of family members. The child advocate will not leave until they are sure that the situation is safe between the family members and suicidal person. During the meeting, the advocate will talk about where the youth can go the next time they feel they need help as well as make an agreement with the suicidal person to make sure they begin to achieve personal goals and pursue their interests.

Persons over the age of 18 may speak to social workers, and the time used for treatment varies by the individual. Sometimes these individuals will choose to go to therapy for alcohol or drug addictions, but other types counseling exists as well. However, these opportunities vary from settlements to towns due to limited resources. In the Ilulissat area there are two child advocates as well as two prevention consultants. These health coordinators organize different events with the aim to inform the inhabitants about what they can do if they feel like giving up on life or if they know someone who needs help. These events may be in the form of debates, meetings, or seminars. In Ilulissat, discussion evenings are organized by prevention workers every month, and the theme of these evenings changes each time. One meeting, for example, addressed lifestyle and culture.

Procedure followed after there has been a suicide

When a person commits suicide, the social workers, police, and hospital work together. Family members and friends get counseled by a psychologist, social workers, and a priest. If it is a student that has committed suicide, then the pupils and friends are contacted by a social worker who comes to speak with the students either in friend groups or by classrooms. In this discussion, they talk about the incident as well as inform the students where they can go for further help, and the social worker will not leave until he or she is certain that the students are emotionally stable enough to be left alone. This works to help prevent suicide among those that have been left behind.

Available resources and crisis protocol in surrounding villages

A person thinking about suicide may go to the board committee, the hospital, social department, a municipality employee, the municipality's bailiff, and the schools and daycare for help. Whoever speaks with the suicidal person and their family will work towards the individual family's needs.

Message from the Youth in Ilulissat

In order to prevent suicide to the greatest degree possible, more family centers are needed. More information needs to be given to family members and individuals, and

there should be more non-alcoholic events for families and youth. Information and debate days at the schools should be increased, and youth should get the chance to talk privately to an adult at these meetings, since communication among children and their parents at home may be poor. More child advocates should be created along the coast of Greenland, since they have helped decrease the rate of suicide in the youth of Ilulissat.

The youth of Ilulissat believe that there are sufficient resources available to them if they should need help. However, what Ilulissat currently lacks are youth clubs for older youth where they can pursue their interests. In addition, cultural activities and events should be increased to promote Inuit cultural heritage and pride. Currently, the youth in Ilulissat try to overcome their problems by talking with a good friend, searching for outside help, participating in sports, writing songs, and some, unfortunately, are using drugs and alcohol to escape their problems, which often results in criminal activity and other destructive behavior, leading to other unhealthy lifestyles.

Ittoqqortoormiit, East Greenland

Juulut Danielsen, Youth Delegate from East Greenland

Message from the Youth of East Greenland

There is not enough information available on the existing resources where youth can go to get help. A dialogue needs to be started in sports clubs about suicide prevention, and schools should talk more about the value of personality and personal emotional development. The problems associated with drug use and abuses are not discussed enough in schools and other places. Youth need to be more involved in these kinds of issues, and it is important that health practitioners and others give the youth opportunities to do so within their communities.

If there were more free time activities and spaces available to the youth in East Greenland, then this could help youth feel more successful and purpose in their daily lives. Holding discussion and debate evenings in youth houses, cafés, and other spaces could motivate the youth to take control of this problem and have them come together to create solutions and support each other, but the infrastructure for these kinds of events is not in place. Also, because East Greenland is sparsely populated, travelling psychologists could be a useful and efficient resource for people to use.

Nuuk, Central West Greenland

Nukannuaq Berglund, Youth Delegate from Central West Greenland

Resources in Nuuk for Youth

There are many different youth clubs in Nuuk, though the majority of these are for the younger youth. Workers at

the clubs are well prepared and trained to talk with youth about depression and other issues. One of these clubs, NUIF, has many programs and sponsors dances and other events for youth in Nuuk. Nuuk has many opportunities to pursue sports in comparison to the rest of Greenland, and coaches are a good resource for youth to go to for advice and to talk about other issues.

Suggestions for improvements

After school opportunities in the arts and other areas could be improved. Older youngsters only have pubs to go to at night, and the creation of evening school programs or other such non-alcoholic activities would probably be widely used and could help prevent alcohol abuse. It is important that, even though it is difficult to encourage youth to be more open and communicative, there are still opportunities and places to do so.

Qaqortoq, South West Greenland

Karen Frederiksen, Youth Delegate from South West Greenland

The same survey that was carried out in Aasiaat was also conducted in Qaqortoq. The survey showed that previous or on-going sexual abuse is one of the biggest risk factors for suicide among the youth in Qaqortoq, but living in a home with parents who abuse alcohol or other drugs is also another determinant. A person who is himself an abuser of drugs or alcohol or a person who has recently experienced an ending to a relationship also puts him or her at risk for committing suicide.

Youth in the survey who had previously experienced suicidal thoughts noted a variety of reasons for wanting to end their lives. Some answered as having been sexually abused, misunderstood, had someone close to them die, had a conflict with their parents, or a relationship ending. Survey respondents also were quoted as being bullied in school and feeling like they were a disappointment to others.

Suicide prevention in Qaqortoq

The survey respondents who said that they had previously experienced suicidal thoughts use several methods to control these feelings. Many of them speak with their families, friends, or close ones, and others write lyrics, play music, sing, participate in sports, create art, or go out into nature for a walk. It was also important, the youth noted, to accept the problem they are facing, listen to themselves, and forgive whomever might be causing them to feel as they do. Speaking with someone through school or work or with a psychologist were also important steps to take. Youth in Qaqortoq also mentioned the 134 national Greenlandic crisis hotline as an available resource.

Recommendations to improve prevention efforts

Pamphlets could easily be made that describe what a person can and should do when confronted with a family member, friend, or other person who says they want to commit suicide. Existing help services need to be more present in the community, such as through TV commercials, schools, websites, etc. It would also be nice if there could be a website where users could post questions or comments anonymously and be answered by a professional. Also, opening hours at health clinics and counseling services need to be improved—suicidal thoughts do not turn off after 4 pm. People need to know that if they want to kill themselves, that there are resources out there and people to talk to. Schools should also enhance their roles in providing places where youth can go to get help and guidance.

Other more informal measures to be taken to prevent suicide among the youth in Qaqortoq are to improve the extent of facilities where youth can pursue their hobbies and interests. Having a youth house where young people could go to play music and games without the presence of alcohol would be a huge improvement in the community. A youth house could also hold monthly meetings with different topics every month that are of interest to the youth. These events could be open mike nights, arts, crafts, or small concerts. It would also be important that this youth house or other places have activities that are centered around the family, again without the presence of alcohol.

Karen Frederiksen wrote the following poem as a personal reflection after a good friend of hers committed suicide:

*Memories never disappear
Dreams never die
But your pain is my fear
And I wish you'd never tried
Living is the only thing we can do
And I tried so much to keep you
I wish I could turn things over
'cause things will never be the same
And even though hard times comes over
I feel like I'm walking across the flame
I'm trying to reach the stars
'cause I believe I'll start understanding
If I ever reach the skies above us
So I keep searching*

Finnmark, Norway

Carl-Göran Larsson, Youth Delegate from Sápmi, Norway

Background on Suicide in Finnmark

A wave of suicides began in Finnmark in 1987 after a boy accidentally killed himself to avoid going into the army. In that year, seven youth committed suicide, and since

then approximately one percent of the total population of Finnmark (30 suicides out of a population of 2800).

It is important to know the background of the Sámi people in relation to the rest of Norway to understand part of the reason for the suicide rates in northern Norway. From about 1850-1950, the Sámi people were heavily influenced by the Norwegian government. However, after the Alta dam case in which the proposed dam was to flood Sámi lands, Sámi Law was created in response to the protests over the project. Since that time in the 1950s, the Sámi have experienced a period of more independence from the Norwegian government.

After the introduction of Sámi Law, many well-educated Norwegians, who had been working in Sámi areas and had been running youth activities such as music schools and sports teams, began to leave these areas because of increased prejudice against non-Sámi. This led to corresponding decrease in the amount of activities available to the youth.

Suicide Prevention in Norway

It should be noted that suicide rates among the Sámi are much lower than rates of other indigenous peoples around the world. This could be because the Sámi overall have a standard of living quite close to that of the rest of Norway's population. The creation of the Sámi Law has also allowed for a cultural revitalization in the past forty years.



Current suicide prevention resources in Norway include child and youth psychiatry and a national suicide hotline. The University of Oslo also offers a masters degree in suicide prevention. A challenge among the Sámi, however, has been the rise of the 'macho' culture in young men as well as the rise of gangs. This 'macho' culture has led to the belief that males should always be strong and not show weakness, which could lead to problems when boys can no longer feel comfortable voicing their emotions.

Canada

Wynter Kuliktana, President of ICYC Canada

Background on Suicide among Inuit in Canada

In Canada, the suicide rate among the Inuit youth is eleven times the national average, and males make up al-

most eighty percent of Inuit suicides³³. Historical trauma, such as the residential schools of the last century, was noted as being a significant contributing factor to the high suicide rate among the Inuit. The Canadian government implemented these residential schools starting in the 1840s with the last school being closed in 1996³⁴. The schools removed children from their home communities and attempted to teach them Western values—the children's native languages were not allowed in these schools, yet most could not speak English either. In addition, there have been claims of sexual and physical abuse from these schools. Consequently, there is a generation of Canadian Inuit who were not able to express themselves through language and were taught to no longer follow their traditional culture and values. Now, the children and youth of today are paying the price of the trauma experienced by their parent's generation in that they cannot communicate fully and comfortably with their parents and people of that age group, which can lead to misunderstandings and a decreased ability to pass down information and one's cultural heritage.

Improving Self-Worth through Youth Activity

One way of helping youth become self-motivated and increasing youth's self-worth is to provide them with the opportunity to participate in activities outside of school, such as sports, cultural and social events, and the arts. The following is just one example of the power of youth activity in suicide prevention:

Team Grizzly

The Team Grizzly³⁵ lacrosse team in Kugluktuk is just one example of how powerful a game can be in changing youth's attitudes about life. Before the lacrosse team was started, Kugluktuk had one of the highest suicide rates in all of Canada, but after Ross Shepherd started the team in the late 1990s, the youth suicide rates fell within that town. Now Team Grizzly is a school-based initiative, which gives students the privilege of playing a multitude of sports, provided that they maintain a healthy lifestyle, have an 80% attendance rate at school and score at least 7 out of 10 on a school performance log³⁶.

Even though the formation of sports teams, clubs, and other student and youth organizations is not alone going to solve the problem of youth suicide, these organizations can be an effective way to provide youth with goals

33 "Inuit Approaches to Suicide Prevention." Inuit Tapiriit Kanatami. <http://www.itk.ca/Inuit-Approaches-to-Suicide-Prevention>

34 "Residential Schools Fact Sheet." Assembly of First Nations. <http://www.afn.ca/article.asp?id=766>

35 See the documentary of Team Grizzly at <http://www.youtube.com/watch?v=32vBvo-rAoQ>

36 "A Grizzly Tale from the North." Community Contact: Manitoba Aboriginal and Northern Affairs. Dec. 2005.

and sense of community and responsibility and gives more meaning to life. They give them a place to express their emotions and take their mind off of other issues that may be bothering them.

Perhaps most importantly, increasing the amount of organizations like Team Grizzly within small communities is an achievable goal and one that all towns or individuals could implement cheaply and without significant outside support.



A documentary of the youth seminar was filmed over the weekend and will be available to view primo 2010.

RECOMMENDATIONS FROM WORKSHOP 1**Promising practice across the Arctic: What makes it work?**

- Self-determination is essential in the work of this field. All initiatives must be in partnership with the communities, because the solutions are within the people and do not need to come from outside of the community. It is therefore very important that the communities are in the driver seat in prevention projects.
- It is essential to have respect for the people and their culture and to recognize that each village has its own character. Mutual respect between all parties involved in the project is essential.
- The projects have to be culture based, because the healing is in the culture.
- Suicide prevention is a long process in promoting wellness, both mental, physical, social and spiritual wellness – holistic wellness. By increasing the wellness we will decrease the suicide rate.
- It is important to focus on life instead of suicide by taking a life-affirming focus in suicide prevention. Prevention programs should focus on life and wellbeing rather than suicide and death.
- It is essential for the success of a suicide prevention program to determine community readiness. You need to meet people where they are.
- A comprehensive approach in suicide prevention programs is important and should combine the concepts of prevention, intervention, postvention.
- We need to learn from each other and to show generosity by sharing our knowledge. We can learn from other indigenous people, who have experienced historical trauma. This seminar should go beyond sharing of ideas; we should learn from the success of others.

Strength-based approaches - hope and resilience in practice

- Suicide is incompatible with the values of life – traditional values. A program should be built on traditional values. Young people are learning values by living it – not from reading it. Inter-generational dialogue and mutual understanding between the elders and the youth are of great importance. The new knowledge of youth and traditional knowledge of the elders are both important aspects. The elders have therefore a special role to play. But it is important to address how things really are and acknowledge the reality. Many adults and elders have suffered traumas themselves. Just because you have reached a certain age, it does not make you a health example. In preventing suicide it is therefore important both to focus on the youth and elders.

Partnership and cross-disciplinarity

- It is of great importance to build partnerships on mutual respect. Suicide is everyone's problem, and everybody needs to be a part of finding a solution.
- It is furthermore essential for the success of a prevention program or initiative not to have an imbalance of power. The use of local experts is important; local wisdom must be acknowledged in cooperation with e.g. outside knowledge. Working together is traditional Inuit way.
- There is a need for more collaboration in this field. Collaboration with various agencies on prevention programs and initiatives can be helpful and fruitful for the work and contribute with different aspects, perspectives, knowledge and knowhow.
- There is a need for more resources (materials, ideas, energy, people, information).

Documentation of practice

- It is important to be creative on how we approach evaluation of suicide prevention – suicide is a complex phenomenon and it is challenging to evaluate the effect of interventions because there are so many factors that are beyond our control. We need to be comprehensive and creative when we are reporting on results and taking the social context into account beside the statistical figures.
- It is important to address, that suicide prevention works in the long run and therefore we should not expect instant results as a decrease in suicide rates overnight. Evaluation should therefore be process oriented instead of outcome oriented. It is important to get the feedback from the people themselves.
- An example of evaluation in a different way is to use a key informant that evaluates the project by spending time and talk with people involved.
- It is important to remember, that good data can help funding new initiatives.

RECOMMENDATIONS FROM WORKSHOP 2**Focus on the well-being of children**

- Given all that we know is happening in the Arctic, and all that we know about the demographics of the circumpolar north, there is a need for an overarching emphasis on the well-being of children, including such topics as resilience, protective factors, social policy, and intervention. The group was particularly impressed by one example of research's potential to facilitate positive social change through the very important current work of the Documentation Center for Children and Youth (MIPI) in Greenland addressing the sensitive topic of sexual abuse of children.

Integrative literature review on circumpolar suicide

- There is a need for an integrative literature review of the important research in circumpolar suicide. This needs to include a review of what has worked in circumpolar suicide prevention efforts, and could be commissioned by the Arctic Council.

Solution focused research

- There is need for an emphasis on approaches that test theory through solutions. For example, a researcher might devise an intervention to provide a direct test of theory, thereby providing direct benefit to the community beyond the test of an abstract idea. This emphasizes the importance of research that gives back to communities and to its participants.

Documentation and evaluation

- There is a need for documentation of programs and what is being done throughout the Arctic. This emphasizes the importance of descriptive and formative evaluations of programs and policy, as well as summative evaluations of outcome.

Bridging science and policy

- There is a critical need for research on policy, and in particular, comparative research on differing cross-national approaches to social policies that may contribute directly or indirectly to preventing suicide and promoting wellness. For example, different national approaches to restriction of the means to suicide, such as gun safety in the prevention of suicide, provide one example where localities may learn about solutions from each other.

Bridging science and practice

- Partnerships with the users of research are needed. This type of translational research requires ongoing communication and interaction between researchers with practitioners and local community members. These types of partnerships can assist research that is locally relevant and culturally responsive.

Best practices for research

- The lens of best practices needs to be turned on to the researcher in ways similar to the practice community. What research efforts work in circumpolar contexts that are collaborative, participatory, emphasize local control, and provide processes and research results that communities have valued? What research practices are de-colonizing by providing bridges? Bridges are needed between indigenous cultural knowledge systems and the cultures of circumpolar communities, and the culture of science.

Twin tensions

- We observed two tensions in the science of suicide prevention. Often these are presented ideologically as in opposition; however, both approaches are needed.
 - Public health versus clinical practice. There is a need for research from a public health approach addressing the social determinants of suicide. This includes such topics as historical and immediate trauma, colonial status, social transition, socioeconomic stressors, cultural change, and changing gender roles. At the same time, there is also a need for research to identify best practice addressing the needs of people acutely at risk for suicide.

- Global versus local. There is need to distinguish existing research from other indigenous communities and from other international settings that is relevant to the Arctic. What research need not be duplicated from elsewhere? For example, we know abuse of children is destructive, and places the person at enhanced risk. Thus more research in this field is currently not necessary in order for us to understand the social problems caused by sexual abuse. What we do need is to become more open to recognizing when the general research findings are applicable to the Arctic, and when research evidence is not ecologically relevant. This is so we are not constantly adapting theories and programs that do not work, and instead use research to discover solutions. Specific examples of what is lacking in mainstream non-arctic research includes what defines the good life; how do people locally understand well-being? What are the local resiliency pathways in youth development?

Circumpolar research network on suicide

- There is need for enhanced communication among circumpolar suicide researchers. Too many of us work within our national silos, without communication across the arctic. There is need for a forum that brings together community members, practitioners, and policy makers with scientists. Virtual connections can serve as an ongoing bridge, but a face to face biannual summit would advance research and practice.

RECOMMENDATIONS FROM WORKSHOP 3

Comprehensive approaches

- There is a general need to strengthen the self-esteem of individuals and to focus on the value of life.
- There is a need for more prevention towards the harsher environment in the society; we all need to be better to listen to each other.
- It is important to combine the training of the body, mind, and soul and is to be equally developed as a whole.
- There is a general need for more prevention towards drug abuse.
- There is a need for establishing a center for couple counseling and therapy to council parents in their relation to parenting.

Youth approaches

- There is a need for increased support by the society to initiatives organized by youth.
- All pupils at schools should have the opportunity to get counselling regarding their problems. There is a need for establishing employment positions for therapists in all schools to counsel children (e.g. at the schools in Ilulissat).
- The use of churches should be made more adequate and more accessible and suited for the youth.

Involvement of all generations

- It is desirable to involve elders and parents in participating in projects and problem solving in the society, as they are the source of immense strength we need.
- Elders and parents should therefore be urged to be more actively involved in any social related projects in the society.
- There is a need to strengthen the interaction between parents and their children and to help them be more open about their problems.

Strengthen the professionals

- There is a need for more and flexible training opportunities with financial support for social workers and other professionals working in this field.
- There is a need for more support to the professionals in this field in their effort to carry out their responsibility properly; both from the public and from the local and governmental level.
- There is a need to strengthen the task force working to reduce the prevalence of neglect and abuse and to help victims of violence, sexual abuse, and alcohol and drug abuse.

Documentation of practice

- There is already good ongoing prevention initiatives in Greenland, however there are a need for more evaluation on what works.

Coordination and partnerships

- There is a need for more coordinators in the field of suicide prevention.
- It is important to address, that alcohol abuse, neglect, violence all are aspects in our social work. In the prevention of suicide we therefore need to include all these interrelated aspects and there is a need for a more coordinated effort for the whole area.
- It would be useful to establish a cross arctic communication/cooperation for exchanging ideas and experiences.

RECOMMENDATIONS FROM WORKSHOP 4 – YOUTH SEMINAR

The youth participants split up into three groups to have small, roundtable discussions about what the youth, experts, practitioners and policy makers can do to improve the well-being of youth within the Arctic. Each group debated the question, “What can be done at the local, regional, national, and international levels to promote life within the Arctic?” The following are the recommendations from these group discussions:

Group 1

- More funding is needed for alcohol and drug abuse treatment.
- Create messages of hope to post in public places where people normally wait (bus stops, waiting rooms, etc.)
- Give youth tools to handle difficult situations and feelings, give them problem solving skills, and teach them how to self-motivate.
 - Everyday role models are needed for youth.
 - Create communication skills workshops in the areas of art, sports, and speaking.
- Build self-awareness in the youth and CULTURAL IDENTITY.
 - Need to understand and experience language, hunting, fishing, history, how to embrace a globalized world, and Inuit spirituality.
- Create a camp involving youth and elders in nature.
- Create international media camps.
- Promote cross-cultural and national exchanges within and across Arctic countries.
- Develop music and song-writing opportunities for the youth.
- Listen! Adults to youth.
- Adults need to understand the difference between formal and earned authority.
- More funding is needed for suicide prevention.
- Public information is needed on the colonial process and how it potentially impacts behaviors.
- More emphasis on and respect for hunters and fishers is needed.
- Teachers need communication skills training, and suicide prevention and recognition courses should be made mandatory.
- An Inuit-based curriculum should be developed to teach the history of all Inuit across the Arctic and the connections between Arctic nations.
- More public understanding on the historical role of suicide in Inuit culture is needed.

Group 2**Local Strategies**

- Creation of youth groups within communities with expressed goals:
 - Fundraise through various projects specific to goals.
 - Should have community group meetings with different regions to exchange project ideas.
 - Groups should appear on the radio monthly to discuss what they are doing.
 - Can campaign and distribute materials to other countries.
 - Host debate evenings on topics interesting to the youth.
- Create school or youth businesses to provide funds for athletic or cultural programs.
- Create youth mentor programs and networks.

National Strategies

- Create aboriginal role model programs (the mentor program in Canada can act as an example).
- More advertising, communication, and distribution of materials internationally across Inuit groups to share ideas and information.
- Advertise and exchange ideas through the ICYC website:
 - Provide helpful links.
 - Host games between countries.

Group 3

- Need coordination on all levels of all organizations, both national and international.
- Need more focus-minded workers: counselors and others in the area of suicide prevention should be paid for their work to keep projects going.
- Establish Project Sapiik across Greenland and the Arctic.
- Open flights between Greenland and Alaska/Canada so that youth can experience all areas of the Arctic.
- Promote life through positive experiences.
- More coordination among the regions of Greenland is needed.
- Have a youth base in each community! Make it a place to meet young social workers.
- Activate the parents, and guide them on how to help kids.
- Work with schools, and have activity days at least once a month. More communication is needed between teachers and pupils. Open up school grounds after hours to give youth a place to go.
- Provide a wider range of sports and other activities in smaller communities.
- Recognize volunteers who work for suicide prevention to make the 'job' more attractive.

LETTER OF RECOMMENDATIONS FROM THE YOUTH

When the Youth participants joined the rest of the seminar they made an impressive entrance with the song of Life:

*Here is the song of life
The day rises
Along with the dawning light
Also you need to wake up
Along with the days to come*

After the musical performance they presented their letter of recommendations followed by several screenings of multimedia projects showing their perspective on hope and resilience created by youth from all over the Arctic.

Ladies and Gentlemen,

Thank you for listening to our presentations, and we hope that we can continue to work together in the future. We, the representatives of the youth of the circumpolar region, have met yesterday to discuss the problem of suicide among indigenous Arctic youth. It is well known that suicide rates in indigenous peoples of the Arctic are some of the highest in the world. Suicide patterns in the Arctic are also different than those found in more southern regions, as in the Arctic it is most commonly the young that choose to end their life.

There exists many statistics on who commits suicide as well as many hypotheses as to why the youth in particular kill themselves at such alarming rates. Today, however, we have come to tell you what we believe to be the best way to promote life within the Arctic. After working



Letter of recommendations presented by Youth

together yesterday, we have realized that we share similar challenges and opportunities and have the immense potential to work together towards common goals. After the many presentations, discussions, and workshops that were held yesterday, we have come up with the following recommendations for your consideration:

A sense of cultural identity in indigenous youth has been lost and needs to be recovered. Having an awareness of one's cultural heritage increases self-esteem. In order to achieve this, interactions between youth and elders should be increased. School curriculum should be culturally relevant. For example, students could together go out fishing and then be taught how to properly cut the fish. The fish could then be taken back to the classroom, and the students could learn its anatomy and view it under a microscope. History of all Inuit across the Arctic should be emphasized in schools. Debate evening and cultural days for not only the youth but for the entire town should be held. These events can address a wide range of issues, but an open dialogue is important to understanding one's cultural history.

More opportunities are needed for the youth to pursue their interests. More youth clubs are needed in smaller towns and settlements. Current youth clubs tend to be for the very young, but teenagers and young adults would utilize clubs as well. A wider range of sports teams should be created. Participating on sports teams not only raises self-esteem and overall health, but coaches are also a key resource that youth can go to if they are experiencing problems. Artistic opportunities should be increased. Dance troupes, music clubs, media organizations, and the visual arts help youth express themselves in non-traditional ways. Creating student-run businesses through schools would have multiple benefits. Not only would these businesses raise money to fund these sports teams, youth clubs, and cultural events, but they would also give students a goal to work for and increase their sense of purpose. A youth mentor network that is already in place in Canada should be adapted to other regions. These mentors can help inspire youth and give them hope and someone to talk to.

Young people are not aware of existing resources to help them deal with depression or suicidal thoughts. Therefore, more awareness of existing crisis hotlines, help centers, counselors, and other resources is needed as well as the creation of these crisis networks in areas where they do not exist. In order to have effective prevention programs, there exists a need for centralized youth bases that act as a launching point for the dissemination of these programs and resources—a decentralized, informal network of volunteer advocates is simply not enough to effectively prevent suicide. The training of teachers in depression-recognition techniques should be made mandatory, and information about crisis hotline numbers and other resources should be advertised more heavily and put in public places like youth clubs or bus stations.

Finally, cooperation and coordination between youth organizations across Arctic nations should be increased. And to do so, we need the financial resources, personnel, and infrastructure necessary for coordination. This is one area in which we really need your support and cooperation. Participating with youth across Arctic nations will increase cultural identity, develop their self-awareness and self-esteem, increase personal responsibility, and help youth realize their potential to be successful in reaching their dreams, goals, and aspirations. These events do not have to just be athletic in nature like the Arctic Winter Games, but can also be online games, cultural exchanges, film festivals, and inter-Arctic competitions with awards and recognition.

After this conference, the Inuit Circumpolar Youth Council and the National Inuit Youth Council in Canada are planning on adapting their respective websites to increase communication between Inuit youth organizations and to start an Arctic network for youth in each country to learn about the cultural ties that people across the Arctic share. This, we hope, will just be the beginning to fundamental changes in how the youth across the Arctic view themselves and identify with each other. With your support we hope that the above recommendations can be implemented in the circumpolar north to help promote life within the youth of the Arctic.

Thank you



Paintings by the Greenlandic artist Nikku Olsen were given by the Youth to representatives from the present Arctic regions.

PANEL DISCUSSION

The panel discussion was a combined question and answer session with politicians, policy makers and youth representatives from Alaska, Nunavut, Greenland and Sapmi Norway.



From left to right: William Hogan, Commissioner of Health and Social Services for the State of Alaska; Maliina Abelsen, Greenland Minister of Social Affairs; Jack Hicks, PhD student at the University of Greenland; Asii Chemnitz Narup, Mayor of the Nuuk Regional Municipality



Youth representatives for the panel included from left to right: Jesse Mike, President of the Embrace Life Council; Aili Laue, from Sorlak, the youth national council in Greenland; Elizabeth Hensley, former Co-Chair of ICYC Alaska; Carl Gøran Larsson, Sámi journalist, Norway.

The following is an edited version of introductions, questions and answers during the panel discussion. Panel participants were given 5 minutes for a short introduction before the debate.

Introduction

The Minister of Social Affairs, Maliina Abelsen, opened the panel discussion with a brief introduction in which she stated the importance of transferring knowledge into policies. If we know young men are most troubled – then perhaps we should look at gender roles, she pointed out. We must ask: What makes it difficult to be male in indigenous communities? What is difficult in the school system?

We need to link the causes of suicide such as child neglect and sexual abuse to prevention. If these are the causes, then this is where we need to put our focus, Maliina Abelsen continued, and we should focus on how we can transfer the knowledge of causes into policies. She also stated the need to:

- Look at how we meet the children and young who experiences problems at an early stage.
- Evaluate what we are doing and what works.
- Develop cross-arctic evaluation and sharing of experiences given our similarities.
- Focus our policies on where the problems are.
- Focus on well-being rather than suicide.

Jesse Mike briefly introduced herself and responded positively to Maliina Abelsens focus on well-being. It is not very common to hear a politician emphasize this aspect, she said.

The Mayor of Nuuk Regional Municipality, Asii Chemnitz Naarup, entered the panel discussion by commenting on her own perspective as a mother and not only a professional. Most of the families in our part of the world have in some way or the other been affected by suicide, so we need to gather our capacities to solve this problem. We must involve the young in our work and help the youth to realize their great value for society. Youth has a responsibility for the future and how life should be developed is very much up to you, Asii Chemnitz Naarup said, addressing the youth participants.

Aili Laue continued after Asii Chemnitz Naarup and agreed, we have to focus on well-being. If the main cause of suicide is neglect, we should work to stop this, she said. But we should also realize, that it is inevitable to face problems during a lifetime and we need to understand, that this is ok, and ok to talk about. Therefore we should focus on giving the youth tools to handle problem solving in their life.

Bill Hogan stressed the need to focus on the schools in his introduction. We have heard a number of very good ideas during the seminar. Coaching and mentoring is important and we should change the name of the suicide prevention programs into programs on well-being. Bill Hogan referred to a study by Lisa Wexler from 2006 on how adults view suicide. This showed, that adults usually think young people kill themselves because they are bored and thus the solution is to involve youth in projects. On the other hand, young people say they kill themselves because of stress and therefore the solution is to make elders listen. This shows the need to formalize the involvement of young people by law.

When we are working, we need to be working with the family. My experience is often, that families drop their children off at counseling and go shopping. Then they expect the therapy to 'fix' the problem. But 9 out of 10 times the parents are a part of the problem, Bill Hogan ended his introduction.

Elisabeth Hensley shared how her parents had taught her that life is about connections and most Inuit are spiritual, she said. We arrange a lot of events for young people to share their art and creativity to promote wellness and a lot of young people are feeling momentum right now – people are going somewhere. The international connections will be very helpful in the future and have all ready been helpful, Elisabeth Hensley finished. After the seminar we will arrange some workshops in the villages for the kids to help them.

Jack Hicks stressed the importance of organizing across the Arctic. We have a lot of things in common despite differences, he said. And we have to remain hard headed and realistic in our approach. Projects are great, but we need to be brutally realistic and not think that problems are solved only through projects such as lacrosse teams, even though these are great.

The role of government is crucial since the government has the ability to help communities. Mississippi, USA recently just obligated teachers by law to go through 2 days training on how to handle suicidal behavior. We need to learn from these examples, Jack Hicks encouraged.

Carl Gøran Larsson picked up on Aili Laue's introduction and pointed out, it is important for youth to learn, that it is ok to feel bad. Boys are not allowed to show their emotions, he said, but really we need to know, that it is ok to fail. "And we need more boys to get involved", Carl Christian Olsen, finished.

Debate

Each of the participants had prepared a question for the panel. The first question was from the youth to politicians and policy makers.

Q1: Subsistence hunting is very important. How do you feel about promoting hunting and fishing and its impact on people?

- Maliina Abelsen: Often young men are at risk but why the young men? Some research says, that sons used to be perceived as a family insurance, and thus were raised differently, but they are not given the tools to handle modernity. Why are the young girls better at adapting? Do we have this image of a strong man so we won't let them be frustrated? Girls might be raised differently and maybe this is why they are better at adapting.
- Bill Hogan: Hunting and fishing is used in the work of rehabilitation and treatment for alcohol and substance abuse. Culturally valued activities are important in helping people. In our work for mental health we hope to use hunting and fishing to help mentally ill to reintegrate in the society and to be able to provide for themselves.
- Asii Chemnitz Naarup: We live in the Arctic with wild-life and fish. Our sea is like a refrigerator. If we really use this opportunity given by nature we will be able to minimize the import of food.

The following questions 2, 3 and 4 were posed by the politicians and policy makers to the youth representatives.

Q2: Why are young men at risk?

- Carl Gøran Larsson: Because we are not allowed to have feelings.
- Elisabeth Hensley: Women have taken care of the home; men have gone out on the land. The men now need to go out and get a job, but this means, that you have to leave your family. Another perspective often heard is, that it is too easy to stay in the village without working.
- Aili Laue: Men need to adjust, but women are used to staying home. Men need to go out on the land and get some aggressions out. Men need to communicate their feelings.
- Jesse Mike: Parents should teach their boys to cope with problems. Maybe mothers have not allowed their sons to go through hard times. So we need to provide the boys with coping skills and react quickly when they are troubled!

Q3: Do you know where to go, if someone wants to commit suicide?

- Carl Gøran Larsson: I would know where to get help, but it is much harder, when your friends tell you not to tell anyone, that they want to commit suicide.
- Elisabeth Hensley: The health center in Alaska is pretty known, but many in the communities do not know it or it is too far away.
- Aili Laue: I can only think of the Greenlandic helpline (146) and then of course the health and social department.

Q4: In order to give young people access to a good life, what are the 3 most important factors?

- Aili Laue:
 - Teaching the young self-awareness.
 - Creating activities such as sports, arts, music.
 - We should be better at coping and solving problems and we should discuss problems openly in order to cope with them.
- Elisabeth Hensley:
 - Inupiaq values are a list of 17 items that have allowed us to survive. Among these items I would stress knowledge of language, respect, cultural respect.
- Carl Göran Larsson:
 - The feeling of accomplishment as a child.
 - The feeling of identity, as you get older and need to know who you are.
 - And the feeling of being needed.

- Jesse Mike:
 - Identity is key in trying to understand who you are.
 - Help to understand that feeling like it is completely dark is ok and you are not alone.

After the debate between the politicians, policy makers and youth representatives, the audience was given the opportunity to pose questions to the panel.

Questions from the audience

Question to youth representatives: What is your perception of conflict with the law? What can law enforcement do?

- Jesse Mike: There needs to be a trust build between law enforcement and youth so we know, we are working together. When we are working as a community, law enforcement should be that person you could trust, so we should definitely work together.
- Aili Laue: Police in Greenland has been a part of an anti-violence project. They have talked about preventing violence in the public elementary schools, and this can constitute a good relationship.
- Elisabeth Hensley: In Alaska there are police officers, but only about 50 policemen for 150 communities. I would like to help tribes to develop law-enforcement.
- Carl Göran Larsson: Law enforcement should show that they are not only there to tell you if you are doing something wrong, but also to help you.

Question/comment for A sii Chemnitz Naarup: It is very important that you use the funds you manage to create an educational system based on our cultural values as indigenous people. Please establish schools based on our indigenous values.

- A sii Chemnitz Naarup: Our values should be integrated in our daily lives. In 2010 the Municipality of Sermersooq (Mid West - and East Greenland) are using funds to promote cultural values and activities. Thank you for your suggestion.

Question for policy makers and politicians: Resilience and hope is the focus of the conference. Sexual abuse has been mentioned as one of the causes of suicide – does Canada and Alaska have any offers on treatment – especially for boys?

- Jack Hicks: Nothing that corresponds to the scale of the problem.
- Bill Hogan: Domestic violence and sexual abuse has been put on the agenda. But we do not have the professionals to handle the problems.

- Maliina Abelsen: We are building a center for treatment of sexually abused children, but it is also difficult for us to find the staff, so we might have to start with a small center or a travelling center.
- Aii Chemnitz Naarup: In 2010 the Municipality of Sermersooq are establishing a family center for families who are struggling.

CONCLUDING REMARK

It is not too often youth representatives, politicians and policy makers actually get the chance to discuss among them the important issue of general well-being and suicide prevention despite the importance of such a dialogue. The panel discussion wrapped up the seminar with a dynamic dialogue. A dialogue we hope all participants will carry on with each other, with other youth representatives, politicians, professionals, researchers, policy makers and within communities across the Arctic.

The seminar has once again shown us the importance of a cross-disciplinary, cross-sectorial and cross-arctic dialogue. The prevention of suicide and more generally the improvement of well-being among especially youth in the Arctic is a challenge we must face together and keep sharing our knowledge of what is done, what works and what should be done.

It is the sincere hope of the seminar organizers that this report will continue to generate a general attention to the good life, hope and resilience as crucial aspects of suicide prevention – both among those who were able to attend the seminar as well as everyone else with interest in the subject.

For Further Reading - Manuals, strategies and preventive initiatives

Alaska:

- Alaska Suicide Prevention Plan: <http://www.hss.state.ak.us/dbh/resources/pdf/SuicidePrevPlan050505.pdf>
- Project Life: www.projectlifealaska.org

Arctic Canada:

- Alianat mental health plan: http://indigenouspeoplesissues.com/attachments/3422_Alainait_Action_Plan.pdf
- National Inuit Youth Suicide Prevention Framework: <http://www.niyc.ca/download.php?view.8>
- National Aboriginal Youth Suicide Prevention Strategy (NAYSPS): <http://www.niyc.ca/download.php?list.18>
 - Evaluation Framework for National Aboriginal Youth Suicide Prevention Strategy (NAYSPS): <http://www.sciences-sociales.uottawa.ca/crecs/fra/documents/EvaluationFramework-NAYSPS-07-10-26.pdf>
- Embrace Life Council: http://www.niyc.ca/e107_plugins/custompages/elcsiikelc.php
- Acting on What We Know: Preventing Youth Suicide in First Nations: http://www.hc-sc.gc.ca/fniah-spnia/alt_formats/fnihb-dgspni/pdf/pubs/suicide/prev_youth-jeunes-eng.pdf

Greenland:

- Proposal for a National Strategy for suicide prevention in Greenland: Greenland: http://www.paarisa.gl/upload/paarisa/selvmordsforebyggelse/rapport_-_engelsk.pdf
- An evaluations of the implementation of Greenland's national strategy for suicide prevention with recommendations for the future: http://www.paarisa.gl/upload/paarisa/selvmordsforebyggelse/evaluation_report_2008.pdf

Sàpmi Norway:

- Mental health care for the Sámi population in Norway:
The Sàmi National Center for Mental Health Care (SANKS) is a centre with a particular responsibility to develop a mental health service for the Sàmi people in Norway. The centre has a national responsibility to contribute to the development of an equitable offer of mental health care for the Sámi population in Norway and is a specialized service for the Sàmi people integrated in the ordinary Norwegian health services. SANKS is established as a part of the Health Finnmark (the northern region of Norway) and is responsible for community mental health functions in the region of Finnmark. SANKS is also an integrated part of the specialist health services for mental health and substance abuse. SANKS consists of the Department of Mental Health Services for adults, the Department of Mental Health Care for children and youth and the Department of Research and Development. The center's main objectives are to: Further develop clinical services, promote and conduct research and development, provide education and supervision, provide specialist training programs, internships and clinical practice.
For further information contact: <http://www.helse-finnmark.no/category10180.html>

Youth projects:

- Digital stories (Project Life): http://www.projectlifealaska.org/index.php?option=com_content&view=article&id=20&Itemid=34
- Inuusivut Project (Embrace Life Council): [http://www.isuma.tv/hi/en/inuusivutEmbrace life](http://www.isuma.tv/hi/en/inuusivutEmbrace%20life)
- Sapiik (Youth to Youth mentor project in Greenland): <http://www.fgb.dk/projekter/sapiik---et-mentorprojekt.aspx>
- Team Grizzly (Lacrosse team I Kugluktuk, Canada). See the documentary of Team Grizzly at: <http://www.youtube.com/watch?v=32vBvo-rAoQ>.

Research projects:

- Survey of Living Conditions in the Arctic (SLICA): www.arcticlivingconditions.org
- Inuit Health in Transition - Greenland survey 2005-2008: http://www.si-folkesundhed.dk/upload/metoderapport_endelig.pdf
- People Awakening Study, Alaska: <http://canhr.uaf.edu/Research/PeopleAwakening.html>
- Alaska Suicide Follow-back Study: http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/sspcfollowback2-07.pdf
- Nunavut Suicide Follow-back Study: http://www.jackhicks.com/e107_files/downloads/2007%20Q1%20report%20to%20the%20NRI.pdf

Additional resources:

- Special issue on suicide prevention in Journal of Circumpolar Health 2009: Download: <http://ijch.fi/issues/683/683.html> (Occurrence and prevention of suicides in circumpolar Areas: Int. J Circumpolar Health 2009; 68(3): 201-312).
International Journal of Circumpolar Health published a special issue on occurrence and prevention of suicides in circumpolar Areas. The aim of the special issue was to present prevalence figures and risk factors of suicidal behavior, as well as to introduce potential suicide prevention models in circumpolar areas; this issue contains eight articles on these topics from various circumpolar populations.
- Recommended suicide prevention program: ASIST, Applied Suicide Intervention Skills Training. ASIST teaches Suicide First Aid skills to anyone who may come into contact with a person at risk, through the most widely used Suicide Intervention Model in the world.
- Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies: http://www.suicideinfo.ca/csp/assets/promstrat_manual.pdf
- Report of the Workshop on Best Practices in Suicide Prevention and the Evaluation of Suicide Prevention Programs in the Arctic Held in Iqaluit, Nunavut March 14 and 15, 2003: <http://www.gov.nu.ca/education/COEWebsite/images/library/Arctic%20suicide%20%20C9%20workshop%20e.pdf>
- Young TK, Bjerregaard P (red.). Health transitions in Arctic populations. Toronto: University of Toronto Press, 2008.

APPENDIX B

Program for Hope and Resilience in Suicide Prevention Seminar in Nuuk, Greenland, November 7 - 8, 2009

Introduction

Workshops preceding plenary presentations on day one aim to facilitate exchange of knowledge and experiences in the field of health practice and research in suicide prevention in the Arctic. Results from these workshops are to be presented on day two followed by a presentation from the Youth Seminar. This will inspire the subsequent panel discussion.

The concluding plenary session on day two aim to translate conclusions from the preceding workshops into recommendations on suicide prevention in the Arctic. The recommendations will be presented in a final report.

Friday November 6th

16.30-17.30 Registration at Hotel Hans Egede
18.00-21.00 Welcoming reception at Hans Egede House

Saturday November 7th

| | Program | Location |
|-------------|---|------------------|
| 08.30-09.00 | Opening of seminar Moderator: Marianne Lykke Thomsen, Chair of the SDWG NIPI - Greenlandic Choir Agathe Fontain, Minister of Health, Government of Greenland | Hotel Hans Egede |
| 09.00-10.30 | Plenary session 1: Presentations from Arctic Regions Moderator: Gert Mulvad Documentation: Cecilia P. Pedersen /Christina VL Larsen/Anne Silviken 1. "Hope and suicide prevention" Henning Herrestad, Senior Advisor, National Centre for Suicide Research and Prevention, University of Oslo 2. "Stepping Into the Light... Community Healing" Iva GreyVolf, Psychologist, South East Alaska Regional Health Consortium 3. "Community Prevention Strategies in Alaska" William H. Hogan, Commissioner of Health and Social Services, State of Alaska | Hotel Hans Egede |
| 10.30-11.00 | Coffee break | Hotel Hans Egede |
| 11.00-11.30 | 4. "The Inuit Suicide Transition - The Data We Have, The Data We Don't Have, and Reflections On Recent Research" Jack Hicks, PhD-student, University of Greenland/Nunavut | Hotel Hans Egede |

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| | Program | Location |
|-------------------------------|---|------------------|
| 11.30-12.30 | <p>Plenary session 2: Examples of hope and resilience in practice</p> <p>Moderator: Gert Mulvad</p> <p>Documentation: Cecilia P. Pedersen/Christina VL Larsen/Anne Silviken</p> <p>1. "Project Sapiik - Youth empowerment in Greenland" Naasunnguaq Jensen, FGB/Association for Greenlandic Children Inuuteq Kriegel, FGB/Association for Greenlandic Children</p> <p>2. "Inuusivut and embracing life in Nunavut" Jesse Mike, Embrace Life Council, Nunavut/Lori Idlout, Embrace Life Council, Nunavut</p> | Hotel Hans Egede |
| 13.00-14.00 | Lunch | Hotel Hans Egede |
| 14.00-17.00 | <p>Workshop 1: Health practice related to suicide prevention - Best practice and sharing of ideas</p> <p>Moderator: Birgit Niclasen</p> <p>Documentation: Anne Silviken</p> <p>"Alianait: What we do" Tina Price, Senior Policy Advisor, Inuit Tapiriit Kanatami</p> <p>"The state of suicide prevention in the Aleut region" Laresa Syverson, Youth Delegate, Aleut International Association</p> <p>"Canadian Inuit Community Engagement in Suicide Prevention" Dr. Patricia Wiebe, Medical Specialist in Mental Health, First Nations and Inuit Health Branch, Health Canada & Looee Okalik, Health Projects Coordinator, Inuit Tapiriit Kanatami</p> <p>"Inupiaq Suicide Prevention through Holistic Wellness and Inupiaq Ilitqusiak" George Provost, M.S., Project Life Manager, Maniilaq Association</p> <p>"Suicide prevention in the Northern Municipality of Greenland" Ruth Larsen, Health Coordinator, Department of Family Services, Qaasuitsup Kommunia</p> <p><i>Language:</i> The presentations in this workshop will be in English with Greenlandic interpretation. The following debate will be in English only.</p> <p>Workshop 2: Research and documentation - What do we know about context and preventive factors influencing suicide?</p> <p>Moderator: Gert Mulvad & Jack Hicks</p> <p>Documentation: Christina VL Larsen/Cecilia P. Pedersen</p> <p>"Suicide and the prevention of suicide: What the research results tell us, and how the Arctic fits in". Jack Hicks, External PhD student, Ilisimatusarfik - University of Greenland/Nunavut</p> <p>"People Awakening Projects: Community Based Participatory Research to Develop Cultural Interventions to Prevent Suicide with Youth and Families in Remote Yup'ik</p> | Hotel Hans Egede |
| (15.30-16.00 Coffee break) | | |

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| | Program | Location |
|-------------------------------|--|---|
| | <p>Communities in Southwestern Alaska” James Allan, Professor, University of Alaska Fairbanks</p> <p>“Suicide ideation: Is suicide a problem in the community? What can we learn from the Survey on Living Conditions in the Arctic, SLICA” Birger Poppel, Research Project Chief, Ilisimatusarfik/University of Greenland</p> <p>Language: The presentations in this workshop will be in English with Greenlandic interpretation. The following debate will be in English only.</p> | |
| 14.00-17.00 Egede | <p>Workshop 3: Experiences among health practitioners and social workers in Greenland</p> | Hotel Hans Egede |
| (15.30-16.00 Coffee break) | <p>Moderator/Documentation: Jette Eistrup and Line Dalentoft</p> <p>Participants in this workshop are invited to join workshop 1 during the presentations and subsequently have the discussion in Greenlandic.</p> <p>“Suicide prevention – experiences from Ilulissat” Astrid Olsen, Ilulissat</p> <p>”Supporting and encouraging a coherence and harmony in a man’s coexistence with the milieu, by setting up reasonable and feasible goals.” Markus E. Olsen, Freelance, PinngA</p> <p>Language: Greenlandic/Danish. No interpretation into English available.</p> | |
| 09.30-17.00 | <p>Workshop 4: Youth Seminar</p> <p>The Youth Seminar is an all day meeting for youth only - please see separate program for details.</p> | Peqqissaanermik Ilinniarfik (PI), Auditorium. |
| 17.00-19.00 | <p>Participants from the 4 workshops continue their work to prepare presentation of conclusions for Sunday sessions</p> <p>- Refreshments and sandwiches will be served.</p> | Hotel Hans Egede |
| Sunday November 8th | | |
| 09.00-10.00 | <p>Plenary session 3: Conclusions from workshops</p> <p>Moderators: Marianne Lykke Thomsen and Carl Christian Olsen Documentation: Cecilia P. Pedersen/Christina VL Larsen/Anne Silviken</p> <ol style="list-style-type: none"> 1. Presentation of conclusions from workshop 1 2. Presentation of conclusions from workshop 2 3. Presentation of conclusions from workshop 3 | Hotel Hans Egede |

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| | Program | Location |
|-------------|--|-----------------------------------|
| 10.00-10.30 | Coffee break | Hotel Hans Egede |
| 10.30-12.30 | Plenary session 4: The youth perspective Moderator: Stina W. Berthelsen, President of ICYC-Greenland Documentation: Cecilia P. Pedersen/Christina VL Larsen/Anne Silviken Presentation of conclusions from workshop 4/Youth Seminar. | Hotel Hans Egede |
| 12.30-14.00 | Lunch | Hotel Hans Egede |
| 14.00-15.00 | Plenary session 5: Panel discussion between youth representatives and policy makers Moderators: Peter Bjerregaard & Kue Young, Co-Chairs of AHHEG Documentation: Cecilia P. Pedersen/ Christina VL Larsen/ Anne Silviken Politicians and policy makers: Maliina Abelsen, Minister of Social Affairs, Government of Greenland Asii Chemnitz Narup, Mayor, Kommuneqarfik Sermersooq “Nuuk Regional Municipality” Jack Hicks, PhD Student Ilisimatusarfik-University of Greenland/Nunavut William H. Hogan, Commissioner of Health and Social Services, State of Alaska Youth representatives (to be announced) | Hotel Hans Egede |
| 15.00-15.30 | Coffee break | Hotel Hans Egede |
| 15.30-17.00 | Plenary session 6: Visions, strategies and coordination – conclusions and recommendations from the seminar Moderators: Peter Bjerregaard & Kue Young Documentation: Cecilia P. Pedersen/Christina VL Larsen/Anne Silviken Concluding discussion of what we have learned and what we can conclude and recommend based on the seminar. Closing of seminar | Hotel Hans Egede |
| 19.00-23.00 | Goodbye dinner | Hotel Hans Egede, Gertrud Rask |

APPENDIX C

Program for the Youth Hope and Resilience in Suicide Prevention Seminar in Nuuk, Greenland, November 7-8, 2009

Introduction

Presentations made by youth delegates from Arctic nations will precede workshops on day one to give background statistics and challenges faced by each nation in current suicide prevention strategies. Workshops will then lead to the formation of recommendations by the youth on how best to promote life in the youth of Arctic regions.

The concluding plenary sessions on day two aim to translate conclusions from the day one youth seminar and main seminar workshops into recommendations on suicide prevention in the Arctic. The recommendations will be presented in a final report for the Arctic Council.

Friday November 6th

16.30-17.30 Registration at Hotel Hans Egede
18.00-21.00 Welcoming reception at Hans Egede House.

Saturday November 7th

| | Program | Location |
|-------------|--|-------------------------------------|
| 08-30-09.00 | Opening of seminar Moderator: Marianne Lykke Thomsen, Chair of the SDWG NIPI - Greenlandic Choir Agathe Fontain, Minister of Health, Government of Greenland | Hotel Hans Egede |
| 09.30-09.45 | Opening Presentation Stina W. Berthelsen, President of ICYC-Greenland | Peqqissaanermik Ilinniarfik (PI) |
| 09.45-11.00 | Presentations by the youth from Greenland North West Region Ilulissat – Andrea Abelsen Aasiaat – Maliina Clasen Central West Region Nuuk – Nukannguaq Berglund South West Region Qaqortoq – Karen Frederiksen East Region Ittoqqortoormiit – Juulut Danielsen | PI |
| 11.00-11.15 | Coffee break | PI |
| 11.15-11.45 | Presentation by Youth from Canada | PI |
| 11.45-12.15 | Presentation by Youth from Canada | PI |
| 12.15-13.00 | Lunch | PI |

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| | Program | Location |
|-------------|---|------------------|
| 13.00-13.30 | Presentation by Youth from Sápmi - Norway | PI |
| 13.30-14.15 | Examples of hope and resilience in practice: 1. "Embrace Life Council in Nunavut" Embrace Life Council, Nunavut 2. "Project Sapiik – Youth empowerment in Greenland" FGB – Association for Greenlandic Children | PI |
| 14.15-15.30 | Workshop: Visions and strategies to promote life | PI |
| 15.30-15.45 | Coffee break | PI |
| 15.45-16.15 | Presentations of conclusions and recommendations from workshop | PI |
| 16.15-17.00 | Delegation of tasks for Sunday | PI |
| 17.00-19.00 | Formation of recommendations from youth seminar: Preparation for youth participation at main seminar - Sandwiches and refreshments will be served. | Hotel Hans Egede |
| 19.00-21.00 | Cultural Event | Katuaq |
| 21.00- | Café- Unplug evening at Silamiut for youth participants | Silamiut |

Sunday November 8th

| | Program | Location |
|-------------|--|------------------|
| 9.00-10.00 | Plenary session 3: Conclusions from workshops Moderators: Marianne Lykke Thomsen and Carl Christian Olsen Documentation: Cecilia P. Pedersen/Christina VL Larsen/Anne Silviken 1. Presentation of conclusions from workshop 1 2. Presentation of conclusions from workshop 2 3. Presentation of conclusions from workshop 3 | Hotel Hans Egede |
| 10.00-10.30 | Coffee break | Hotel Hans Egede |
| 10.30-12.30 | Plenary session 4: The youth perspective Moderator: Stina W. Berthelsen Documentation: Cecilia P. Pedersen/Christina VL Larsen/Anne Silviken Presentation of conclusions from workshop 4/Youth Seminar. | Hotel Hans Egede |
| 12.30-14.00 | Lunch | Hotel Hans Egede |

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| | Program | Location |
|-------------|--|-----------------------------------|
| 14.00-15.00 | <p>Plenary session 5: Panel discussion between youth representatives, politicians and policy makers</p> <p>Moderators: Peter Bjerregaard & Kue Young, Chair of the SDWG Documentation: Cecilia P. Pedersen/ Christina VL Larsen/ Anne Silviken</p> <p>Politicians and policy-makers: Maliina Abelsen, Minister of Social Affairs, Government of Greenland Asii Chemnitz Narup, Mayor, Kommuneqarfik Sermersooq “Nuuk Regional Municipality” Jack Hicks, PhD Student Ilisimatusarfik-University of Greenland/Nunavut William H. Hogan, Commissioner of Health and Social Services, State of Alaska</p> <p>Youth representatives (to be announced)</p> | Hotel Hans Egede |
| 15.00-15.30 | Coffee break | Hotel Hans Egede |
| 15.30-17.00 | <p>Plenary session 6: Visions, strategies and coordination – conclusions and recommendations from the seminar</p> <p>Moderators: Peter Bjerregaard & Kue Young Documentation: Cecilia P. Pedersen/Christina VL Larsen/Anne Silviken</p> <p>Concluding discussion of what we have learned and what we can conclude and recommend based on the seminar.</p> <p>Closing of seminar</p> | Hotel Hans Egede |
| 19.00-23.00 | Goodbye dinner | Hotel Hans Egede, Gertrud Rask |

APPENDIX D

Participants

| Name | Job title | Organization/Institution | Country |
|---------------------------|------------------------------|--|-----------------|
| Agathe Fontain | Minister of Health | Naalakkersuisut – Government of Greenland | Greenland |
| Akisoq Isaksen | Health Coordinator | Department of Family Services, Kommune Kujalleq | Greenland |
| Ann Birkekær Kjeldsen | Deputy Minister | Ministry of Health | Greenland |
| Anna Rita Spein | Researcher, PhD | Sámi National Center for Mental Health | Norway/Sapmi |
| Anne Silviken | Researcher, PhD | Center for Sámi Health Research, University of Tromsø | Norway/Sapmi |
| Annette Broberg | Psychologist | Kommuneqarfik Sermersooq - Nuuk Regional Municipality | Greenland |
| Arnaq Lyngé | Youth Delegate | Sapiik | Greenland |
| Asii Chemnitz Narup | Mayor | Kommuneqarfik Sermersooq - Nuuk Regional Municipality | Greenland |
| Astrid Olsen | Counselor | | Greenland |
| Avijåja Absalonsen | Academic employee | MIPI - Documentation Centre on Children and Youth | Greenland |
| Benedikte Thorsteinsson | Interpreter | Solutions | Greenland |
| Birger Poppel | Research Project Chief | Ilisimatusarfik - University of Greenland | Greenland |
| Birgit Niclasen | Medical Advisor | Ministry of Health | Greenland |
| Bodil Kleist Scierbeck | | | Greenland |
| Carl Christian Olsen | ICC Executive Council Member | Inuit Circumpolar Council | Greenland |
| Cecilia Petrine Pedersen | Research Assistant | Public Health in Greenland, National Institute of Public Health, University of Southern Denmark | Denmark |
| Chris Heide | Coordinator | Making Connections for Youth | Canada/ Nunavut |
| Christina Viskum L Larsen | PhD Student | Greenland Institute for Health Research, National Institute of Public Health, University of Southern Denmark | Greenland |
| Christopher Cornish | Director | Northern Region, Health Canada | Canada |
| Dorthe O. Møller | Manager | Department for Family Services, Qeqqata Municipality | Greenland |

APPENDIX D

| Name | Job title | Organization/Institution | Country |
|--------------------------------|-----------------------------|---|-----------------|
| George Provost | Project Life Manager | Maniilaq Association | USA/Alaska |
| Gert Mulvad | Medical Doctor | Primary Health Care, Greenland | Greenland |
| Gudmundur (Gujo) Thorsteinsson | | Piorsaavik / Multiværksted | Greenland |
| Gunn Kristin Heatta | Director | Sámi National Center for Mental Health | Norway/Sapmi |
| Hans Pavia | Interpreter | H-P R Communications | Greenland |
| Hans-Kristian Lennert | Chair | Greenland Scout Association | Greenland |
| Hedwig Kamphof | Nursing Teacher | Peqqisaanermik Iliniarfik | Greenland |
| Henning Herrestad | Senior Advisor | Norwegian Centre for Suicide Research and Prevention | Norway |
| Iva GreyWolf | Psychologist | SouthEast Alaska Regional Health Consortium | USA/Alaska |
| Jack Hicks | PhD Student | Ilisimatusarfik - University of Greenland | Canada/Nunavut |
| James Allan | Professor | University of Alaska, Fairbanks | USA/ Alaska |
| Jesse Mike | President | Embrace Life Council | Canada/ Nunavut |
| Jette Eistrup | Coordinator | PAARISA - Center of Public Health | Greenland |
| Julia Dorph Lyberth | Coordinator | PAARISA - Center of Public Health | Greenland |
| Karen Kreutzmann | | Kommuneqarfik Sermersooq - Nuuk Regional Municipality | Greenland |
| Kue Young | Professor | School of Public Health, University of Toronto | Canada |
| Laresa Syverson | Youth Delegate | The Aleut International Association | USA/ Alaska |
| Line Dahlentoft | | Kommuneqarfik Sermersooq - Nuuk Regional Municipality | Greenland |
| Lona Lynge | Academic employee | MIPI - Documentation Centre on Children and Youth | Greenland |
| Lone Møller | Research Coordinator | Government of Greenland | Greenland |
| Looee Okalik | Health Projects Coordinator | Inuit Tapiriit Kanatami | Canada |
| Lori Idlout | Executive Director | Embrace Life Council | Canada/ Nunavut |
| Maasinnguaq Berthelsen | Health Coordinator | Department of Family Services, Qaasuitsup Kommunia | Greenland |
| Maliina Abelsen | Minister of Social Affairs | Naalakkersuisut – Government of Greenland | Greenland |

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| Name | Job title | Organization/Institution | Country |
|------------------------|--|--|-----------------|
| Marianne Lykke Thomsen | Senior Policy Advisor Chair, SDWG | Government of Greenland | Greenland |
| Markus E. Olsen | Freelance | PinngA | Greenland |
| Naasunnguaq Jensen | Youth Delegate | Sapiik | Greenland |
| Napatsi Folger | Circumpolar Project Assistant | International Institute for Sustainable Development | Canada |
| Nuka Alice Lund | Radio Host | KNR-Radio | Greenland |
| Patricia Wiebe | Medical Specialist in Mental Health | First Nations and Inuit Health Branch, Health Canada | Canada |
| Pernille Møller | Head of Section | Government of Greenland | Greenland |
| Peter Bjerregaard | Professor | National Institute of Public Health, University of Southern Denmark. AHHEG chair | Denmark |
| Rhonda Francis | Community Coordinator | Gwitch'in Council | Canada/NWT |
| Ruth Larsen | Health Coordinator | Department of Family Services, Qaasuitsup Kommunia | Greenland |
| Sara Olsvig | Human Rights Coordinator | Inuit Circumpolar Council | Greenland |
| Sarah Trottier | Policy Analyst | Health Canada | Canada |
| Steve McVarnock | Commanding Officer V Division | Royal Canadian Mounted Police | Canada/ Nunavut |
| Susan Chatwood | Executive and Scientific Director | Institute for Circumpolar Health Research | Canada/NWT |
| Tina Price | Senior Policy Advisor | Inuit Tapiriit Kanatami | Canada |
| William Hogan | Commissioner | Health and Social Services, State of Alaska | USA/ Alaska |
| Yvonne Moorhouse | Health Project Assistant | Inuit Circumpolar Council | Canada |

APPENDIX E

Participants – Youth Seminar

| Name | Organization/Institution | City | Country |
|-------------------------|--|-----------|----------------|
| Aili Liimakka Laue | Sorlak | Nuuk | Greenland |
| Aka Hansen | Tumit Production | Nuuk | Greenland |
| Andrea Abelsen | Qivioq | Ilulissat | Greenland |
| AneMaria Ottosen | Sapiik | Nuuk | Greenland |
| Aviäja E. Lynge | Youth Delegate | Nuuk | Greenland |
| Carl Gøran Larsson | Journalist, Ávvir | Tromsø | Norway/Sapmi |
| Clara Chew | Inuit Circumpolar Council (ICC), Intern | Nuuk | Greenland |
| Edvard Mørch | Youth Delegate | Nuuk | Greenland |
| Elizabeth Hensley | Inuit Circumpolar Youth Council (ICYC), Alaska | | USA/ Alaska |
| Fiann Paul | Photographer | | Iceland |
| Hans Lyberth | Youth Delegate | Nuuk | Greenland |
| Helene Justsen | Youth volunteer | Nuuk | Greenland |
| Inuuteq Kriegel | Sapiik | Nuuk | Greenland |
| Ivinguak Storch Høegh | Youth Delegate | Nuuk | Greenland |
| Jane Petersen | Sorlak | Nuuk | Greenland |
| Julie Alivaktuk | Embrace Life Council | Iqaluit | Canada/Nunavut |
| Karen Frederiksen | Youth Delegate | Qaqortoq | Greenland |
| Katti Egede Motzfeldt | Interpreter | Nuuk | Greenland |
| Lydia Mathiassen | Sapiik | Nuuk | Greenland |
| Maliina Clasen | Qivioq | Asiat | Greenland |
| Malik Kleist | Tumit Production | Nuuk | Greenland |
| Marie-Kathrine Heilmann | Sapiik | Nuuk | Greenland |
| Mie Løvstrøm Heilmann | Sapiik | Nuuk | Greenland |
| Mike Villadsen | Youth Delegate | Nuuk | Greenland |
| Minik Hansen | Sapiik | Nuuk | Greenland |
| Nikku Olsen | Kommuneqarfik Sermersooq | Nuuk | Greenland |

APPENDIX E

| Name | Organization/Institution | City | Country |
|---------------------|--|------|----------------|
| Nuka Alice Lund | KNR-Radio | Nuuk | Greenland |
| Nukannguaq Berglund | Youth Delegate | Nuuk | Greenland |
| Naasunnguaq Jensen | Sapiik | Nuuk | Greenland |
| Simigaaq Broberg | Student | Nuuk | Greenland |
| Stina Berthelsen | Inuit Circumpolar Youth Council (ICYC) | Nuuk | Greenland |
| Wynter Kuliktana | Inuit Circumpolar Youth Council (ICYC), Canada Iqaluit | | Canada/Nunavut |

The Participating Organizations

Arctic Council

The Ottawa Declaration of 1996 formally established the Arctic Council as a high level intergovernmental forum to provide a means for promoting cooperation, coordination and interaction among the Arctic States, with the involvement of the Arctic Indigenous communities and other Arctic inhabitants on common Arctic issues, in particular issues of sustainable development and environmental protection in the Arctic. Member States of the Arctic Council are Canada, Denmark (including Greenland and the Faroe Islands), Finland, Iceland, Norway, Russian Federation, Sweden, and the United States of America.

For more information, please visit: www.arctic-council.org

Embrace Life Council

In January 2004, the Isaksimagit Inuusirmi Katujjiqatigiit Embrace Life Council (IIK) was established as a partnership between several Nunavut groups - the Government of Nunavut, Nunavut Tunngavik Incorporated, the RCMP, and many others. The Council aims to contribute to the mental, emotional and physical health and community wellness of Nunavut residents by providing education, research and statistical analysis, a clearing house, training and a coordinated holistic approach to suicide prevention activities. The council aims to recruit, co-ordinate and provide ongoing training to volunteers in order to give them the expertise to deliver suicide prevention and community wellness services. Furthermore the council aims to educate the public on the issues of suicide, mental health, community health and related issues and acquire sufficient resources in cash or in kind to support the objectives of the Council and communities throughout Nunavut; and to provide a link between and support for community groups.

For more information, please visit: http://www.niyc.ca/e107_plugins/custompages/elcsiikelc.php

Foreningen Grønlandske Børn (FGB) / The Greenlandic Children's Association

The Greenlandic Children's Association is an organization that implements projects that support vulnerable children and young Greenlanders and provides them with resources to help strengthen their skills. The projects are characterized by always involving young volunteers who act as role models, and all projects have a strong local base. All conducted projects are in close collaboration with local partners.

For more information on the FGB, please visit: <http://www.fgb.dk/forside.aspx>

For more information about Project Sapiik, please visit: <http://www.fgb.dk/projekter/sapiik---et-mentorprojekt.aspx>

Inuit Youth Circumpolar Council (ICYC)

The ICYC is a non-profit, non-governmental organization for the youth of the Arctic with branches in Greenland, Alaska, Canada, and Chukotka. The organization works to promote quality of life among the youth in the Arctic by advocating and holding conferences and seminars and participating in local, national, and international events that address issues relevant to the Arctic youth. The ICYC Charter is included at the end of this report.

For more information, please visit: www.inuityouth.org

National Inuit Youth Council (NIYC)

The National Inuit Youth Council (NIYC) represents the interests of Inuit youth in Canada. Across the Inuit regions of Inuvialuit, Kitikmeot, Kivalliq, Qikiqtaaluk, Nunavik and Nunatsiavut, there is an estimated 45,000 Inuit living in 53 communities. Inuit youth make up a clear majority of the overall population. Inuit youth elect the President of the NIYC during a National Inuit Youth Summit. Each of the 6 Regional Youth Councils appoint one representative to serve as a director of the NIYC, 6 Regional Youth Coordinators, employed by the respective land claimant organizations, also participate in discussions and work of the council. The Youth Intervener of Inuit Tapiriit Kanatami (ITK), our parent organization, also serves as Secretary Treasurer for the NIYC.

For more information, please visit: www.niyc.ca

PAARISA

PAARISA is responsible for health promotion through information, advice, and coordination of central and inter-sectorial health promotion activities. The target groups for PAARISA are children, adolescents, and families. Children's rights, welfare, and courage are prioritized through health educational interventions. PAARISA consultants operate retrospectively as consultants for local prevention programs, resource persons, communities, health centers and hospitals, and as an inspiration and catalyst for programs and projects. PAARISA is also responsible for the operation of the nationwide youth hotline 134.

For more information, please visit: www.paarisa.gl

APPENDIX F

Qivioq

Qivioq is a newly-established youth organization with a base in Aasiaat, Greenland. The purpose of the organization is to bring together the youth to start a dialogue about the issues that are interesting and pertinent to Greenlandic youth.

Opening speech by Agathe Fontain – Minister of Health, Greenland

”Hope and Resilience in Suicide Prevention” seminar in Nuuk, November 7-8, 2009

Good morning everyone! For those I did not already meet at the welcome reception last night – A very warm welcome to Greenland.

I am very pleased to welcome all of you here today to the seminar “Hope and resilience in Suicide Prevention.” It is very encouraging to see the huge interest in exchanging experience in suicide prevention from all parts of the Arctic.

The initiative was taken in the Arctic Human Health Expert Group as part of the activities during the joint Danish-Greenlandic Chairmanship of the Arctic Council, and the purpose of the seminar is to create new networks and to strengthen the existing relations between different sectors across the Arctic.

We hope that the exchange of experience on practice and in science will be an inspiration to us all, so suicide never will appear as a solution to problems in our lives.

The seminar is a result of a fruitful cooperation and partnership between a number of actors – The Arctic Human Health Expert Group of the Arctic Council that I mentioned, the Inuit Circumpolar Council and Youth Council (ICYC), Department of Foreign Affairs and PAARISA, which is under my Ministry of Health. I wish to express my warm thanks to the steering committee for making this happen.

The participants of this seminar represent a good number of arctic countries and territories and it has been very positive to see how supportive the various organizations and institutions have been in assisting arctic practitioners and scientists so that we could all meet here in Nuuk.

I see it as a sign of shared recognition of the importance of suicide prevention and a shared wish among us all to learn from each other not only on a theoretical level but also on a practical level. - Because one thing is to talk about suicide prevention, another thing is to find out how, we, as individuals and as society, can actually act to prevent suicide and to protect and promote healthy life-styles.

Unfortunately, suicide is a phenomena Greenland has in common with other communities in the arctic where we face unacceptably high rates of suicide especially among our young people.

Greenland has, in fact, one of the highest suicide rates in the world. During the 70s and the 80s we witnessed a dramatic increase in the number of suicides per year, and until 2006 the average of deaths by suicide was about 50 per year out of a population of 55.000.

In the fall of 2004, a national strategy on suicide prevention was adopted by the INATSISARTUT / Greenland Parliament and after a 3 year project period, suicide prevention became one of the areas of priority of the Greenlandic health promotion program, Inuuneritta.

A crisis-line has been established, and a curriculum on communication and suicide prevention for different educational institutions are constantly being developed. Resource persons in all major towns have been through an educational program in suicide prevention and many local initiatives have been supported. Debates on suicide and meaning of life have been put on the agenda on public meetings, and scientific reports have provided us with useful knowledge about the state of wellbeing of our youth.

But we can certainly still learn more about what makes life worth living and how to turn our focus a little away from death and curing diseases that follow unhealthy lifestyle and instead concentrate much more on promoting positive lifestyles.

In the past two years, the number of death by suicide has decreased, in 2007 we had 38 deaths by suicide, and in 2008 the number was 35 deaths by suicide. We are not able to determine if this decrease in numbers is a sign of a new tendency, however, it is the first time in many years that we witness a decrease.

The number of death by suicide is gender biased, which means that about two thirds (2/3) of the deaths are among young men.

APPENDIX G

This is a situation, which we have in common with other communities in the Arctic, and therefore I am especially happy to welcome all these young people from the Arctic region to this seminar.

Young people must be included in all efforts to promote life and to encourage meaning of life among young people of their own generation. Otherwise, I do not think we will succeed.

In my opinion, the arctic youth holds a very important key to successful promotion of quality in life. And as we have seen in the development of political life here in Greenland in recent years, that the young people has something to say - and wants to be heard, and to play an active role in the political agenda.

I am convinced that this seminar will bring us all a good step forward in our effort to focus more on life and healthy lifestyle.

I wish you all good luck in your work. Sunday we will listen very carefully to your recommendations.