

SIEC Alert #52, September 2003

Suicide Among Canada's Aboriginal Peoples

How Common is Suicide Among Aboriginal Peoples?

Suicide was rare among Aboriginal Peoples in Canada in pre-European contact times. However, the suicide rate has increased since that time, particularly within the past few decades (White and Jodoin, 2003). According to Health Canada, First Nations Inuit Health Branch (2003), in 1999, suicide and self-injury were the leading causes of death for youth and adults up to age 44. In that year, suicide and self-injury accounted for 38% of deaths among youth and 23% of deaths in young adults. The suicide rate for Aboriginal Peoples is three times that of the general Canadian population (Royal Commission on Aboriginal Peoples, 1995).

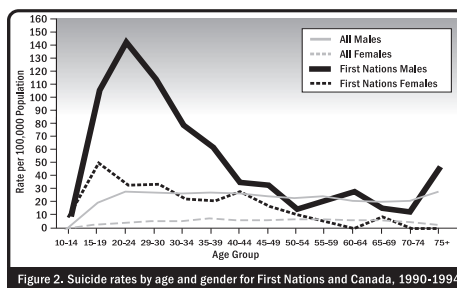
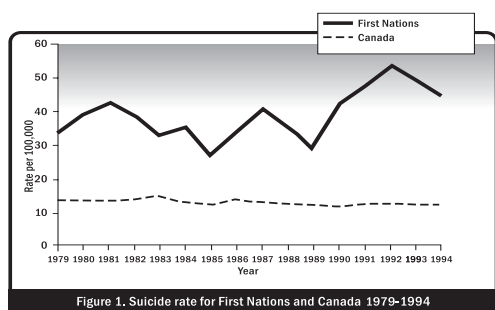


Figure 1. Suicide rate for First Nations and Canada 1979-1994

Figure 2. Suicide rates by age and gender for First Nations and Canada, 1990-1994

The Inuit of Canada, living in the eastern Arctic, northern Quebec and Labrador, have also been deeply impacted by suicide in recent years (Kral, 2003). In Canada's newest territory, Nunavut, the suicide rate for the years 1993-1997 was 88 per 100,000, compared to 15 for the Western Arctic and 13 for Canada (Office of the Deputy Chief Coroner, GWNT, 1998, as cited in Kral, 2003).

Do These Numbers Accurately Reflect the Problem of Suicide Among Aboriginal Peoples?

The statistical information provided may underestimate the problem of suicide among Canada's Aboriginal Peoples. For instance, data collected reflects suicide among Aboriginal Peoples with treaty status. It does not include data from non-status or from Metis people. Also, the full spectrum of suicidality is not captured in current statistical information. Non-fatal suicide attempts and thoughts of suicide may not appear in the statistical information provided, but do have a serious impact on individuals, families, and communities.

Suicide Prevention Efforts in Aboriginal Communities

Chandler (1998) has identified six protective factors that may explain the difference in suicide rates between communities. Termed "cultural continuity," these factors could also be considered methods of attempted cultural rehabilitation. Those factors follow:

1. Land Claims
2. Self-government
3. Education Services
4. Police and Fire Services
5. Health Services
6. Cultural Facilities

Communities with some form of self-government had the lowest rate of youth suicide. Land claims was the second, and education the third most important factor in predicting low suicide rate. Those communities having three or more of the above-mentioned factors present experienced substantially fewer suicides (Chandler and Lalonde, 1998).

Important Note:

Not all Aboriginal communities are affected by suicide to the same extent. Marked differences can be noted between provinces, regions, and even between communities in the same geographical region. In studying suicide among B.C.'s nearly 200 Aboriginal communities, Chandler and Lalonde (1998) learned that while some communities had suicide rates 800 times greater than the national average, in other communities suicide is virtually unknown. Additional studies (Bagley, Wood & Khumar 1990; Bohn, 2003) also identified regional variations.

Community Wellness Strategies

According to a Health Canada report (2002), 'community wellness' strategies may have the best chance of making a difference. The following guidelines were suggested in development of such a strategy:

- Locally initiated, owned and accountable programs.
- Suicide prevention should be the responsibility of the entire community.
- Focus on behavioural patterns of children and young people is crucial. This requires involvement of the family and community.
- Problem of suicide must be addressed from many perspectives: biological, psychological, sociocultural and spiritual.
- Develop both long-term and crisis response programs.
- Evaluation of strategies is needed.

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Definitions:

- Aboriginal Peoples:** General term used to describe members of three distinct cultural groups -- First Nations, Metis people, and Inuit. (Assembly of First Nations, 2002; First Nations and Inuit Health Branch, Health Canada, 2003).
- Inuit:** Inuit people, 5% of Canada's total Aboriginal population, live primarily in the eastern Arctic as well as in northern Quebec and Labrador (Kral, 2003).
- Metis:** People who were born from the marriages of Cree, Ojibwa and Salteaux women, and the French and Scottish fur traders, beginning in the mid-1600s. Scandinavian, Irish and English stock were added to the mix as western Canada was explored (Metis National Council, 2003).
- Status Indian or First Nation Person:** A person who has registered or is entitled to be registered according to the *Indian Act* (Alberta Aboriginal Affairs and Northern Development).

SIEC Resources*

SIEC #902070

Bagley, C., Wood, M., & Khumar, H. (1990). Suicide and careless death in young males: Ecological study of an aboriginal population in Canada. *Canadian Journal of Community Mental Health, 29*, 127-142.

SIEC #020881

Capp, K., Deane, F. P., & Lambert, G. (2001). Suicide prevention in Aboriginal communities: Application of community gatekeeper training. *Australian and New Zealand Journal of Public Health, 25*(4), 315-321.

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Chandler, J. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry, 35*(2), 191-219.

SIEC #030577

Health Canada (2003). *Acting on what we know: Preventing youth suicide in first nations*. Ottawa: Advisory Group on Suicide Prevention.

SIEC #990536

Kirmayer, L. J. (1994). Suicide among Canadian Aboriginal peoples. *Transcultural Psychiatric Research Review, 31*(1), 3-58.

SIEC #990461

Kirmayer, L. J., Boothroyd, L. J., Laliberté, A., & Laronde Simpson, B. (1999). *Suicide prevention and mental health promotion in First Nations and Inuit communities*. (Rep. No. 9). Montreal, Quebec: Jewish Genera; Hospital, Culture & Mental Health Research Unit.

SIEC #011521

Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). *The mental health of Aboriginal Peoples: Transformations of identity and community*. Proceedings of the Advanced Study Institute McGill Summer Program in Social and Cultural Psychiatry, Montreal.

Pricing Information

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Alberta: \$6.00 per document (subsidized by Alberta Health and Wellness)
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SIEC #950311

Royal Commission on Aboriginal Peoples (1995). *Choosing life: Special report on suicide among Aboriginal people*. Ottawa: Minister of Supply and Services Canada.

Additional Resources

Assembly of First Nations (2002). *Top Misconceptions About Aboriginal Peoples*. www.afn.ca.

Bohn, D. K. (2003). Lifetime physical and sexual abuse, substance abuse, depression, and suicide attempts among Native American Women. *Issues in Mental Health Nursing, 24*, 333-352.

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Metis National Council (2003). www.metisnation.ca.

White, J. & Jodoin, N. (2003). *Aboriginal youth: A Manual of Promising Suicide Prevention Strategies*.
<http://www.suicideinfo.ca/csp/go.aspx?tabid=144>

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