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Canadian Federal Policies and the Inuit Youth Suicide Crisis

Trauma and Reconciliation

Since the late 1980s, an unusually high number of suicides and cases of self-harm has been recorded among the Indigenous inhabitants of the Canadian Arctic, the Inuit. The statistics on child and adolescent suicides are particularly drastic. This situation appears to be primarily a symptom of historical trauma which was acquired due to the colonization and assimilation processes and passed down from generation to generation. Federal policies, such as forced relocations and residential schools, have directly contributed to the severing of family ties and the abandonment of traditional lifestyles. Over the years, the federal government tried to address the issue of the Inuit youth suicide crisis through various proposals. The best strategies to end the suicide crisis seem to be the respect and incorporation of Indigenous leadership, upholding local traditions and ceremonies, as well as investing in psychological support and family therapy for the first inhabitants of the Arctic. To effectively address the problem, the solution must be comprehensive and Inuit-specific rather than symptom-focused. This article discusses how particular federal policies and programs in northern Canada have impacted the communal well-being of the Inuit, and it outlines the most important strategies aiming at decreasing suicide rates among Inuit youth.

Keywords: Inuit youth, suicide prevention, Canada, intergenerational trauma, federal policies, residential schools, Indigenous people, Indigenous resilience, mental health

Introduction

Globally, a disturbing trend of suicides among northern societies can be noticed. The lack of health care accessibility, short exposure to the sun, long and harsh winters, and everlasting cold, as well as limited access to basic supplies and high costs of basic supplies, are all universal factors contributing to higher suicide rates in the North. They are especially high in the circumpolar regions of Russia, Greenland, and Canada (Young et al. fig. 1). However, one of the highest rates of suicides in the world has been recorded among Inuit teenagers and children in the Canadian Arctic.¹ Disproportionately higher suicide rates have also been noted among the majority of Indigenous communities in former British colonies. Michael Kral referred to this tendency as “postcolonial suicides” (“Postcolonial” 319). The Inuit are therefore in double jeopardy and two axes should be considered when discussing their mental health — colonization as well as geographic and environmental conditions. Each of them should be analyzed, understood, and addressed in the implementation of preventive health strategies.

There are two main components of the postcolonial suicide factors. Namely, the historical or generational trauma caused by forced assimilation and current socioeconomic conditions. Both components are interrelated and stem from the abusive use of power and oppressive federal policies, with historical trauma having possibly the greatest impact on the collective well-being of Indigenous people. The term “intergenerational” or “historical trauma” refers to families or communities whose past generations experienced a tragedy that had profound influence on the mental state of one generation (APA). Through the trauma-induced unhealthy behavior of their parents, children inherit some of the mental health problems of the preceding generations. In this way, echoes of one event can resonate in society for decades or even centuries. While among the southern Canadian First Nations and Métis groups this period of the most intense traumatic events happened throughout the 19th century, due to delayed colonization of the Arctic, the Inuit were most impacted by the events of the 20th century (Freeman).

Over the years, the issue of increasing suicide rates among the Inuit and their youth was addressed on local, provincial, and federal levels. While most prevention strategies proved to be unsuccessful, more recent approaches resulted in plausible effects. Evidence shows that these rates can be reduced with the combination of large-scale prevention programs, targeted treatments, and secondary prevention programs for teens — who already attempted suicide and survived — using Inuit-specific and culturally inclusive approaches (NAYSPS 3-4). However, given the historical, cultural, and political context, the specific situation of each individual community must be taken into consideration. Suicide rates vary from community to community. Studies done in British Columbia show that while some First Nations communities have

¹ Between 1994 and 2008 the suicide rate among Inuit teens living in Inuit Nunangat was estimated to be around 72 deaths per 100,000 people (NAYSPS 3). The highest suicide rate for a sovereign nation was noted in Guyana at 41 deaths/100,000 (WHO). Regional suicide rates could be higher in certain places, but the data on that issue is often unreliable. According to the World Health Organization, only 80 Member States provide good-quality data on suicide rates (“Suicide”).

suicide rates 800 times higher than the national average, more than half out of 200 FN groups in the province have not noted a single suicide for 15 years (NAYSPS 4). The data on Inuit suicide is not so detailed and therefore it cannot be ascertained how each of Inuit communities has been impacted. Since all Indigenous groups in Canada were subjected to similar federal policies, it is very likely that the same level of highly varied suicide rates among different groups applies to the Inuit. Due to the diversity of communities, it has been impossible to develop one universal and homogenous strategy and approach. What can be done though is to support local, Indigenous-led, and problem-specific solutions and initiatives.

Over the last decade, three suicide prevention strategy programs were announced: Nunavut Suicide Prevention Strategy (2010), National Aboriginal Youth Suicide Prevention Strategy Program Framework (2013), and Inuusivut Anninaqtuq Action Plan 2017-2022 (2017) which so far is the most detailed and most engaging one.

Inuit Population Profile and an Outline of Historical Context

The first people appeared on the North American continent about 14,000 years ago, coming from Siberia through the land bridge of Beringia (today's Bering Strait). Over time, they moved southward, in effect settling both American continents. The Inuit (formerly known as the Eskimo) are descended from the Thule people who arrived in what is now Canada around 1000 AD (Reichert 16). Despite forceful colonization processes, armed conflicts, and forced assimilation of Indigenous peoples residing south of the Canadian Arctic, the Inuit were protected from European influence for a very long period. Due to the unattractive terrain and challenging living circumstances in the North, until the late 1930s, contact with the colonizers was rather rare and limited.

In 1939, the Supreme Court of Canada addressed the issue of the federal government taking the responsibility for the Inuit. The Canadian government claimed that the Inuit do not belong to the "Indians" category over which they had jurisdiction. The SCC ruled otherwise and the Inuit were included in the legal definition of "Indians," specifically in the context of section 91 of the British North America Act (1939 CanLII 22). Section 91 states that "the exclusive Legislative Authority of the Parliament of Canada extends to (...) Indians, and Lands reserved for the Indians" (British North America Act, 1867, sec. 91/24). Thus, the ruling in the 1939 SCC case meant that jurisdiction over the Canadian Arctic regions inhabited by the Inuit was granted to the federal government, and Canadian sovereignty over the Arctic was confirmed. After the end of the Second World War and at the beginning of the Cold War, the High Arctic became a crucial strategic region, especially after the Alaska Highway was completed. American and Canadian military bases, weather stations, and the Distant Early Warning system were constructed, which led to increased contact between the military personnel and the Inuit. Reports of poor living conditions and a lack of access to medical assistance for the Inuit living near the bases caused embarrassment to the Canadian government (QTC 21). Hence, in 1953, a new department of the Northern Affairs and National Resources was created under the leadership of Jean Lesage. The NANR was to develop a centralized policy that would modernize the North and its people (TRC 76). A plan was developed,

focusing on three main pillars: education, health care, and economy. The scheme included establishing southern-style federal hospitals, creating new jobs, and founding schools (TRC 79). This was the beginning of a new era in the Canadian Arctic.

Federal policies and related cultural contacts had consequences. Sometimes positive effects were achieved, but more often these activities left scars, which later on resulted in the historical trauma phenomenon. It can be traced back to several Canadian policies regarding Indigenous peoples, and sometimes just the Inuit. The following policies were the most important:

- recognition of the Inuit as “Indians” in 1939, which placed them under the “protection” of the federal government;
- transition into permanent settlements;
- forced resettlement of the Inuit groups to the High Arctic and to special settlements supervised by white Canadians;
- residential schools along with cultural assimilation efforts.

All these events and federal regulations were interconnected and took place within a relatively short span of time – between the 1950s and 1970s – known as “the government era”.

Between 1953 and 1955, exactly 92 Inuit from Inukjuak (Port Harrison) and Mitimatalik (Pond Inlet) were coerced and misled by the Royal Canadian Mounted Police to relocate to the far north of the Arctic, about 2,000 km from their homes.² Since the aforementioned 1876 Constitution Act (previously known as the British North America Act) and subsequently the 1939 SCC case gave legislative jurisdiction over “Indians, and Lands reserved for the Indians” to the Parliament, this was a strategic move on the Canadian part. It was meant to secure the federal claim to these remote regions and power over them. At the same time, relocations were in line with the Policy of Dispersal, which aimed to disperse what the government described as “densely populated” communities in order to manage resources better (Damas 52). The relocated Inuit were promised better living conditions, rich wildlife, and staying within their group. These promises proved to be misleading. Life in the far north was harsher than they expected. Even with the help of families from Mitimatalik, somewhat used to northern conditions, the relocated group could not find any food or build igloos. They suffered from the scarcity of sunlight, hunger, and cold. Desperation and famine led them to rely on food found in the trash of the RCMP military base. The Inuit looking for food scraps there were caught and punished (Madwar). Moreover, federal representatives broke their promise to let the relocated families stay together as they were separated into communities spread throughout the far north. In need of warmth and company, many Inuit men began to visit a bar opened in a newly established settlement, Resolute Bay (Qausuittuq). This led to alcohol dependence, which in turn increased the cases of domestic abuse. When some of the families expressed their wish to return to Inukjuak, they were told that they would have to cover the expenses of their return. Only the Inuit suffering from tuberculosis were sent south. It was not until 1988 that the federal government started

² This was just one of many instances in which the federal government decided to relocate larger groups of the Inuit from their homelands to regions with harsher environmental conditions. In 1934, for example, 52 Inuit were transferred from Cape Dorset, Pangnirtung, and from Pond Inlet to the uninhabited Devon Island (Damas 34).

to contribute financially, helping the Inuit to repatriate. In 2010, the federal minister of Indian Affairs and Northern Development, John Duncan, officially acknowledged the harm done and delivered a formal apology (Madwar).

One of the most impactful and universal changes for the Inuit was the rapid lifestyle change in the form of transition from *ilagiitnunagivaktangat*³ into permanent, Canadian-built settlements (QTC 14). The transition process was in the end dramatic.

While at first, in the 1950s, the government made attempts to build large, Inuit-style, igloo-shaped, and portable dwellings, designed specifically to suit the traditional lifestyle of the Inuit, these efforts were discontinued due to the costs (Anderson and Bonesteel 161). Embracing a completely different approach, most housing units built for the Inuit as a part of the 1959 Eskimo Housing Loan Program were designed and tested in Ottawa. They were therefore unfit for the Inuit's communal lifestyle and the environmental conditions of the North (Anderson and Bonesteel 162). Despite reports of the growing rates of infant mortality and respiratory disease in overcrowded housing, the federal government kept trying to reach its goal of moving all the Inuit into permanent settlements by 1971 (Anderson and Bonesteel 162). By 1975, this goal was indeed accomplished (QTC 17).

There were several reasons why some Inuit complied with these changes – they wanted to be close to their children while they attended schools, needed better access to health care or employment, or simply were tempted by the low-cost housing offers (QTC 23). However, not everyone moved out because of their free will. Some families accepted relocation being coerced by the police and Social and Family Services to make that decision. Others say they were evacuated or relocated with little or no notice, without even being given the time to take their belongings (QTC 24). Many promises of good living conditions, and running water were made, but there were families who had to wait up to twenty years before getting indoor plumbing in their new settlement (QTC 26). The lack of planning on the government's side led to groups of people being forced to wait in tents, shacks, or in overcrowded buildings for their promised housing (QTC 27). Furthermore, the Inuit were misled as to the costs of their new dwellings (QTC 28).

What followed was a plethora of consequences. Traditional marriage practices and adoptions were challenged, the Inuit became dependent on governmental support, and the social structure changed so much that many Elders reported feeling "useless" (QTC 29). A major change was also caused by the wider accessibility of alcohol, which led to an increase in addictions, sexual and physical abuse, neglect of children, conflicts with the authorities, Mounties, and welfare officials, and even death (QTC 31).

A painful consequence of the settlement into permanent housing was a dramatic decline in the number of *qimmiit* – sled dogs. These animals were essential for Inuit daily lives, assisting with travel, hunting, moving between *ilagiitnunagivaktangit*, and protecting from predators and the cold. During the process of transition into governmental housing, a disease struck, and many dogs died. At the same time, some hunters shot or abandoned their *qimmiit*, knowing they will not be able to feed

³ *Ilagiitnunagivaktangat* is an Inuktitut term understood as "a place used regularly or seasonally by Inuit for hunting, harvesting, and/or gathering" (QTC 14).

the dogs, nor there will be space for them after the move. The late 1960s also saw the emergence of snowmobiles, which seemed to be a lower maintenance mode of transport than dogs (QTC 39). In addition to these sets of circumstances, under the authority of the Ordinance Respecting Dogs, the Canadian Mounties started killing the sled dogs, without compensation to the owners. *Qimmiit* had to be muzzled and chained or else, according to the ordinance, they were supposed to be caught and held for the owner to claim them up to five days. However, most officers did not bother catching animals and would simply execute the dogs, which was permitted in certain cases (QTC 40). The killings were a traumatic experience, as their death often meant a loss of independence and identity for hunters and their families, who had no choice but to depend on the government and to change their diets, relying on expensive, store-bought food, rather than their game. The exact number of *qimmiit* killed is unknown. The era of dog slaughter became known as *qimmiijaqtauniq*, meaning “many dogs (...) being taken away or killed” (QTC 43).

Another factor that contributed to the historical or intergenerational trauma can be classified as one of the darkest chapters in the Canadian-Indigenous relations. Federal residential schools were first established in Inuit settlements relatively late, in 1955, when after World War II the government became aware of the potential of the Canadian North. The few Catholic and Protestant missions were subsequently replaced by federally operated schools. The year 1955 was also a period in which responsibility for the education of Indigenous children living in the northwestern regions of Canada was transferred from the Indian Affairs Branch to the Northern Affairs and National Resources (TRC 81). Before that, in 1949, there had only been 111 Inuit children enrolled in schools in the North. Ten years later that number grew to 1,165 (TRC 82).

In contrast to the southern residential school system, assimilative institutions were developed in the Arctic, called hostels and day schools, for providing a completely immersive educational experience. While the day schools offered a theory of functioning in modern-day Canada, hostels were meant to “make these lessons concrete” (TRC 87). According to reports of the Truth and Reconciliation Commission, the early missions, as well as federal day schools and hostels, throughout Canada, all had the goal of “civilizing the savages” by assimilation, modernization, or other means. The methods employed to accomplish all these goals included removing names,⁴ shaving off hair, outlawing the use of children’s native languages, and physically punishing anyone who followed Indigenous traditions or rituals. This is now referred to as cultural genocide.⁵ Across many institutions, there was psychological, physical, and sexual violence. The most notorious schools out of all Arctic educational institutions were Grollier Hall in Inuvik and Turquetil Hall in Chesterfield

⁴ A 1941 federal policy, known as the E-number identification system, forced the Inuit to wear plates with numbers, often compared to dog tags in style, on their necks when using federal services. Until 1970, all the Inuit were required to use these numbers during interactions with governmental agencies (Anderson and Bonesteel 151).

⁵ “Cultural genocide” is a term first suggested officially by the Truth and Reconciliation Committee’s report in 2015. It was used by PM Trudeau’s government in the past. Lately, on the 26th of October 2022, the House of Common has unanimously recognized the Indian Residential School system as an act of genocide in a motion brought forward by NDP MP Leah Gazan (Lavery).

Inlet, known as Iguligaarjuk (TRC 14). By 1963, exactly 3,997 Inuit children were attending federal facilities; a year later students accounted for 75% of all Inuit children of ages 6-15 (Pauktuutit). At times, the children who attended federal residential schools were also the children of Survivors from missionary-run schools.⁶

Additionally, the federal government forcibly removed Indigenous children from their homes and sent them to schools hundreds of kilometers away. This in turn led to a subsequent loss in knowledge transmission among generations. Many residential schools, day schools, and hostels in the Arctic operated until the 1990s. About 3,000 Inuit Survivors are believed to be still alive today, and nearly half of the Inuit aged 44-54 have a close family member who attended these schools (Pauktuutit). There is therefore no doubt that this is an experience shared by a significant part of this group, and the epidemic of youth suicide which began in the late 1970s and mid-1980s correlates with the adolescence of the Survivors' children. However, it is important to note that despite overwhelmingly negative testimonies, some persons educated in those schools grew up to be important Inuit leaders. Perhaps the most notable person, who was impacted by both residential schools and forced relocations, is John Amagoalik, considered to be the founding father of Nunavut (CBC News).

Factors Contributing to High Suicide Rates and the Reality of Life for Inuit Youth

Currently, according to the Inuit Circumpolar Council, there are a total of about 180,000 Inuit living in Alaska, Canada, Greenland, and Siberia (Inuit Circumpolar Council). In Canada alone, there are about 70,545 of them, divided into eight ethnic groups, using at least five different dialects of the Inuktitut language. 69% of these people live in Inuit Nunangat, which consists of four regions: Inuvialuit (part of the Northwest Territories), Nunavik (northernmost part of Quebec), Nunatsiavut (northern coasts of Labrador), and Nunavut (Statistics Canada). The Indigenous people of the Arctic are both the youngest (with the median age of 23, compared to 40 years for non-Indigenous Canadians) and fastest-growing group in Canada, due to a high fertility rate of 2.7, compared to 1.6 for non-Indigenous women (Arriagada). Inuit life expectancy, due to harsh conditions and difficult access to professional health care, is about 11 years shorter than that of non-Indigenous Canadians (Indigenous Services Canada).

The number of 10.7 suicide fatalities per 100,000 persons in Canada, or about 10 per day, is the country's suicide rate. In contrast, between 1994 and 2008, the suicide rate for people living in Inuit Nunangat belonging to the age group between 1 and 19 years was about 4 to 10 times greater than that of the overall population – reached the levels of 101.6/100,000 for men and 41.6/100,000 for women (NAYSPS 3). In 2013, the rate was even higher, with 156 deaths per 100,000 for all Nunavut inhabitants. That year, the youngest Inuk to take his own life was an 11-year-old boy (Eggertson), while between 2020 and 2021 the youngest person was as young as 10 years old (Somos). Among Inuit boys aged 15-19, the suicide rate

⁶ Survivors – a word used in Canada to describe people who attended residential schools.

from 1999 to 2011 was estimated at 500 per 100,000, which is 50 times more than the average suicide rate in Canada (Eggertson). The territory of Nunavut, where around 86% out of 39,403 inhabitants (Statista) identify themselves as the Inuit, has struggled with its suicide rates since its establishment in 1999.

A considerable number of risk factors and protective factors that impact the probability of committing suicide have been identified in the context specific to the Inuit. Protective factors include receiving a high-quality education, developing positive parental expectations and cultural identity, living in a stable home, access to mental health services, employment, religion or spirituality, physical activity, peer support, strong intergenerational ties, good school performance (NAYSPS 8).

“For many Aboriginal youth, suicide becomes a way to communicate distress and escape when there seem to be few other options. Some of the risk factors for Aboriginal youth suicide include:

- Addictions (abuse/misuse);
- Previous attempts, a family history or community ‘legacy’ of suicide;
- Social isolation, racism, rejection, bullying (cyber included);
- Problems in school;
- Abuse (sexual, physical, child maltreatment and neglect);
- Lateral violence;
- Neglect;
- Mental illness (psychobiological factors);
- Conflict with the law;
- Poverty and unemployment;
- Breakdown and/or loss of cultural values and belief systems;
- Accumulation of trauma and inter-generational trauma (e.g. residential schools and child welfare systems);
- Extreme interpersonal conflict or the loss of a major relationship;
- Dislocation from land;
- Barriers to accessing health care, especially mental health and substance abuse treatment; and,
- Rapid cultural change (colonization, erosion of traditional practices)” (NAYSPS 8).

While not all of these factors have a direct impact on the mental health of Inuit teens, some questions (colonization, dislocation from a homeland region) are the foundation of the intergenerational or historical trauma and its ongoing legacy. Suicide most frequently results from the interaction of most of the aforementioned variables. Each risk factor can influence others in a way that can amplify the combined risk. For youth, a common catalyst to consider suicide is the end of a romantic relationship. Teenagers who survive suicide attempts typically point to talking to a parent or peer as the reason for their survival. Due to the complicated nature of many families’ relationships, such a rescue is often unrealistic, and children end their own lives, typically by hanging themselves during the night, in their own homes with people around them (“Postcolonial” 310). Since many traumatized parents were unable to fulfill their parental obligations and often kept their kids with internalized unhealthy behaviors from the schools, many dramas resulted. Prior to the colonization era, suicides occurred rarely and were mostly committed by elderly people who did so out of compassion amid the famine, not wanting to be a burden to their communities in difficult times (Kral 690).

The terrible socioeconomic and health circumstances seen in post-colonial Indigenous communities around the world are commonly attributed to the intergenerational trauma. There is no question that the experience of residential schools and the resulting “disconnection from roots” drove survivors with post-traumatic stress disorder (PTSD) to turn to violence, burdening their families with anguish that is still being felt today (Menziez 42).

Post-colonial harm is evident in the gap between the Inuit and the ROC⁷ reflected in statistics on the lives of the Inuit. Out of all Indigenous groups in Canada, the Inuit are the least likely to graduate from high school – at the level of 56%, compared to 90% among non-Indigenous peoples (Indigenous Services Canada fig. 27); only 5% of the Inuit have graduated from college, compared to 30% of non-Indigenous peoples (Indigenous Services Canada fig. 34), and as many as 60% of dwellings in Nunavut are crowded, which is a figure about 6 times higher than for the ROC (“Housing conditions” fig. 3). Difficult access to health centers in the north contributes to procrastination of medical appointments, resulting in a decline in the overall health of the community (Liddy et al. 1).

The last few years, especially with the COVID-19-induced extensive lockdowns and the resulting isolation, have been significantly impactful for the general well-being and mental health of Indigenous communities around the world, including Canada. Due to a high rate of respiratory illnesses, which stem from terrible living conditions, especially on reserves, Indigenous people have been particularly vulnerable to COVID-19 and its most harmful long-term effects. Interestingly, while Indigenous communities in the USA had the highest hospitalization and fatality rate among all racial and ethnic minorities (“Hospitalization”), the Canadian First Nations, particularly individuals living on reserves, had a case rate that was 4 times lower and a mortality rate that was 3 times lower than among people of the non-Indigenous population (Richardson & Crawford 1100). In other words, the extensive self-isolating programs implemented by Indigenous leaders all over the country proved to be successful. However, the strict isolation that came with lockdowns in Canada had the strongest impact on these groups. 41% of Indigenous people participating in Statistic Canada studies reported symptoms consistent with moderate to severe anxiety during COVID-19, which is almost twice as many as among non-Indigenous participants (Arriagada, et al. chart 3). Lockdowns were particularly difficult for Indigenous women (Arriagada, et al. chart 2). Overall, almost 60% of Indigenous participants have reported worsened self-perceived mental health (Arriagada, et al. chart 1). While at this time little is known about the exact influence of the pandemic and isolation on the well-being of Inuit youth specifically, due to lockdowns some of the aforementioned protective factors in suicide prevention for Inuit youth have been negatively impacted: high-quality education, peer support, employment, physical activity and access to mental health services. Also considering the impact of increased risk factors, such as social isolation and barriers in accessing health care, it is likely that the pandemic had long lasting effects on adolescents, which will be evident in suicide rates in the future, unless counteraction is taken.

⁷ ROC is a commonly used abbreviation for “Rest of Canada”, in this context meaning non-Indigenous Canada.

Healing Through Self-Determination

The federal government first tried to address the suicide epidemic in the 1990s by implementing Euro-Canadian ways of healing (treating the symptoms without considering the broader historical context). These efforts were unsuccessful, and suicide rates continued to rise (Kral 690). One-on-one, Western-style therapy based on talking was felt as unnatural by many Indigenous people, who wanted enhanced connection to the land and their communities as the best strategy for healing. Group activities and grounding manual tasks were the most effective (Somos). Sending non-Indigenous doctors to the North proved to be an unsustainable solution to the deep-rooted community problem, because Indigenous groups distrusted outsiders connected to the federal government.

In 2010, alongside community-driven initiatives, the territory of Nunavut introduced its own strategy for addressing the suicide crisis. The “Nunavut Suicide Prevention Strategy” was drafted by the government of the territory in partnership with Nunavut Tunngavik Inc.,⁸ the Embrace Life Council, and the Royal Canadian Mounted Police. It came as a response to an alarmingly increased number of self-harm cases, suicide attempts, as well as suicides in the previous decade and earlier periods. As the main component of rapidly increasing rates of suicides, The NSPS identified the “intergenerational transmission of historical trauma and its results (increased rates of emotional, physical, and sexual abuse, violence, substance abuse, etc.)” (11). NSPS authors advised by other partners decided to build their strategy on three main components:

1. A full range of mental health services and supports.
2. Evidence-based interventions that have been shown in other jurisdictions to successfully decrease the rate of suicide.
3. Community-development activities (commonly known as “embrace life” or “celebrate life” activities) that promote individual and community mental wellness, build self-esteem and confidence, and give participants new skills to live healthier lives (NSPS 12).

Within the broad topic of suicide prevention, the NSPS considers three main approaches: prevention, intervention, and postvention. Prevention includes focusing on maternal and child health, as well as early childhood development initiatives. Intervention-based programs involve the identification of people at risk, active support, counseling, and therapy. Postvention is especially important in the context of “chain suicides,” commonly happening among close-knit Inuit communities when one suicide leads to a significant decrease in the mental health of this person’s relatives, who are at greater risk of doing the same. Postvention includes support to family and friends of a suicide victim, in hope of reaching the closure of “chain suicides” (13). NSPS authors have found that the problem they must tackle is the common use of suicide threats as a manipulative tactic (15). The main issue with the NSPS was how little involvement the Inuit had in the development of this particular program. As Kral points out, only one person involved in program creation

⁸ Nunavut Tunngavik Incorporated is the legal representative of the Inuit, serving as a treaty and land claims negotiator, administering the Nunavut Land Claims Agreement (Kikkert).

was an Inuk from Nunavut. Moreover, any ideas of forming an advisory committee composed of Inuit elders and youth were rejected, so the NSPS did not include Inuit-specific healing methods ("Postcolonial" 308).

In 2014, after the aforementioned 2013 peak in suicide cases, Nunavut's chief coroner called an inquest into the deaths and, in 2015, declared that suicide should be considered a public health emergency in the region (Somos). In 2013, another suicide prevention initiative was announced, designed specifically for youth. "The National Aboriginal Youth Suicide Prevention Strategy" (NAYSPS) is a Canada-wide program aimed at reducing youth suicide rates among the First Nations living on reserves and the Inuit. Overall, for its establishment, the federal government has committed around 65 million CAD (NAYSPS 4). The strategy's approach toward the Inuit was developed according to the guidelines created by the Health Canada (a federal department), but most importantly by one of the most important Inuit-led non-profit organizations, Inuit Tapiriit Kanatami,⁹ and its Youth Council (NAYSPS 4). It is due to the involvement of the Inuit, on the most fundamental level, that the NAYSPS chose a different approach than the NSPS. Instead of bringing in Western research-based therapies, the strategy gives funding to communities, non-profits, and other organizations. Currently, most federally initiated systemic programs are based on a similar approach. With these new financial means, each community can choose on its own the best course of action for the local environment. They do so by reducing risk factors and strengthening protective factors, organizing religious, cultural, nature-related, or sporting events involving all generations, especially Elders. The NAYSPS is also meant to help create spaces for safe interaction with peers and teachers, as well as programs to encourage people to take initiative and foster a sense of civic responsibility. At this point, more than 200 organizations and communities have been funded under the NAYSPS (10). Most of them aimed to implement traditional rituals, like sweat lodges, smudging, healing circles, pipe ceremonies, and powwows (Kral 690) into Euro-Canadian and Western therapies.

The most recent strategy created by Nunavut in partnership with the RCMP, Nunavut Tunngavik Inc., Embrace Life Council, and according to Inuusivut Anninaqtuq Action Plan 2017-2022, is based on the previous plans, especially the NSPS, while outlining concrete, step-by-step actions, and detailed outcomes. One of the several components of this action plan is strengthening youth resilience. This strategy includes campaigns against physical and sexual violence, emotional coping skills programs, organizing recreational activities and parenting classes, addressing bullying, promoting self-acceptance and diversity (19), developing sexual health resources, and multiple programs aimed at developing leadership among youth (20). With the help of Elders, the initiative hopes to promote linguistic and cultural skills, such as hunting, harvesting, making clothing, as well as arts and crafts (21). Additionally, active participation of Elders supports knowledge transmission and tackles language loss. With the help of Canadian Rangers, this strategy proposes a series of events and programs addressing substance abuse, focusing on prevention (22). Inuusivut Anninaqtuq is overall the most holistic and detailed action plan for suicide prevention in Nunavut.

⁹ Inuit Tapiriit Kanatami, established in 1971, is an advocacy organization representing over 65,000 Inuit in Inuit Nunangat. ITK's negotiations with the federal government resulted in forming a separate Territory of Nunavut for the Inuit in 1999 (Freeman).

Conclusions

Colonization processes disrupted the *ungajuk* – relational bond, and the *ilagijautiarniq* – sense of belonging (Kral 691) among very close-knit and autonomous communities, built on the foundations of tradition and kinship – with one another and with nature. An ongoing mental health crisis was brought on by the accumulation of several risk factors, with the legacy of residential schools being the most significant one. Abusive federal policies have had long-term impact that will damage future generations unless sweeping changes are made. As a result of the severe trauma caused by those policies, even children who have never entered a residential school are suffering.

Numerous attempts at reconciliation and achieving *saimaqatigiiniq*¹⁰ were made over the past 20 years and substantial resources were committed. “The Inuusivut Anninaqtuq Action Plan” was implemented with more than 35 million Canadian dollars, invested by the Government of Nunavut between 2017 and 2022 (3). It is still too early to know if this plan, or the NAYSPS, have been successful, as it is possible that, due to COVID-19-induced lockdowns, some progress could have been undone. What is known now, looking at the evolution of suicide prevention programs in the Arctic, is that due to the history of the Inuit, a comprehensive suicide prevention strategy must recognize sociocultural factors and address the issue through a series of culturally cultivating and community-building initiatives on all levels. In the case of suicide prevention, as with any other issue concerning the well-being of Indigenous peoples, the key to solving most problems is embracing their traditions, cooperation with community members, and respecting their autonomy. Giving the Inuit back the agency and tools necessary to help themselves, strengthens communal ties. Although it cannot be denied that there is still a long way to go for the federal government in order to make amends for its harmful policies, it looks like reconciliation efforts are underway, thanks to increased awareness of the problem and numerous federally funded, community-based initiatives, which prioritize the self-determination of local Inuit groups.

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¹⁰ *Saimaqatigiingniq* is an Inuktitut word meaning a new relationship “when past opponents get back together, meet in the middle, and are at peace” (QTC 15).

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