

Suicide in Canadian First Nations

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Suicide is intentionally causing your own death out of despair. It is considered a behavior and may result from a form of mental illness, but is not classified as a distinct psychiatric disorder. It can stem from different factors such as personal, social, financial or historical well-being.

("Mental health and wellness," 2013)

According to STATS Canada, suicide is the leading cause of death among Canadian aboriginals between youth and adults under 44 years old. (Kirmayer et al., 2007, p. xv)

The rate of suicide among aboriginal Canadians is three times higher than that of the general population, and the rate for Inuit youth is eleven times higher than the national average. These are some alarming numbers across Canada and the world. ("Mental health and wellness," 2013)

For the purpose of this paper "Aboriginal Canadians" will include Inuit, Metis and all First Nations' status and non-status natives.

Canadian aboriginal youth are up to six times more likely to commit suicide compared to non-aboriginal youth. Youth on reserves are six times more likely than aboriginal youth off reserve to commit suicide. Canadian aboriginal males are more than twice as likely to commit suicide as females however females make attempts more often. (Kirmayer et al., 1993, p. 5)

Even with the knowledge of these alarming statistics there is still not enough education, ethno-cultural information or evaluation and intervention programs available; especially on the reserves where healthcare in general is hard to come by, let alone mental health education. (Kirmayer et al., 1993, p. 5)

This paper will outline the reasons, risk factors and interventions needed to reduce the increasing rate of suicide among aboriginal people in Canada.

There are many reasons attributed to the claims by Canadian aboriginals about the alarming increase in suicide rates across the country. First is the horrifying past of the residential schools of the last 100 years, that still leaves a shadow of despair across the aboriginal communities. These schools directly caused dire social and economic problems. Families and communities were destroyed, thousands of children who were pulled from their homes never made it back. The children lost their culture, language and dignity and in turn many lost their sense of self. (Anaya, 2013) This terrifying experience has directly impacted the mental health of aboriginal people and communities. A study done by “the Aboriginal Healing Foundation” found that over 75% of case files from residential school survivors contained a mental health diagnosis of substance abuse, major depression and post-traumatic stress disorder. (“Mental health and wellness,” 2013) The overall impact of cultural suppression and assimilation leftover even after the closure of the residential schools has such a negative effect it can be passed down through the generations through individual experience, family systems and communities. (Kirmayer et al., 2007, p. xvi) This passing down of emotions and experiences is called intergenerational trauma which increases depression rates, hopelessness, mental illness, substance abuse, sexual abuse and violence across communities. The unfortunate manifestations of these incidents can lead to suicide. (MacMillian, MacMillian, Offord, & Dingle, 1996)

Another factor aboriginals claim that has contributed to the increasing suicide rates is the inadequate housing and reserve conditions. Overcrowded living arrangements are 16 times more common in Canadian aboriginal communities than the rest of the country and adequate sewage and water supply are largely unavailable. The overcrowding of homes causes external problems such as premature deterioration of the structure, housing depletion and unsafe living conditions. (Anaya, 2013, para. 11) Social problems due to overcrowded houses such as family violence,

unemployment, medical problems, increased risk of tuberculosis, and unwanted displacement of the youth to urban centers in search of jobs, all attribute to the rise of mental illness in communities. (Anaya, 2013, para. 11) Adding to this phenomenon is that the displaced youth find themselves in an alienating environment with no cultural or family support in these urban centers. Prejudice, racism, limited opportunities for employment and the lure of drugs and alcohol can be very strong. Incidences of homelessness and incarceration are considerably higher than that of the non-aboriginal youth. (Olson, 2013, p. 3) Close to half of all Canadian aboriginals are under the age of 24 and this age group is growing fast. Suicide mainly affects aboriginal youth aged 14-24 years old and in the year 2000, 22% of all youth and 16% of adults aged 20-44 deaths were caused by suicide. (Kirmayer et al., 2007, p. 21) If communities could produce better housing situations, jobs, education and healthcare options, the youth would not have to leave the reserves in search of employment, education and a better quality of life.

Substance abuse is a major concern among Canadian aboriginals and is one of the main factors contributing to suicide. Central nervous system depressants including alcohol intensify negative emotions, reduce inhibitions and increase impulsivity. One of these impulses may be suicide while intoxicated in a person who did not have serious suicidal intentions prior to drinking. (Kirmayer et al., 2007, p. 38) Central nervous system depressants also have the ability to decrease fears of dying and block out any negative consequences a person may feel. When alcohol is taken with these drugs it can increase the lethality of them and may be used as a means to commit suicide intentionally or unintentionally. (Kirmayer et al., 2007, p. 38) Not only do alcohol and CNS depressants affect a person's behavior and mood it can also indicate pre-existing psychological factors and social problems that are related to suicidal behavior. (Kirmayer et al., 2007, p. 38)

Another substance that is being abused among many youth is inhalants; these drugs however tend to be more common in aboriginal communities than in the general population. Inhalants such as gasoline, glue and solvents are most typically used by adolescent males who have a family history of violence, alcoholism and low self-esteem issues. (Kirmayer et al., 2007, p. 38) inhalants cause cognitive impairment and other neuropsychological problems that may directly or indirectly relate to studies where, users were 8 times more likely to attempt suicide. (Kirmayer et al., 2007, p. 39) The lack of support and breakdown of communities are part of the substance abuse epidemic.

The last contributing reason for this paper which relates to the increase of suicide in Canadian aboriginals is limited access to healthcare, especially mental health and addictions counselling. Barriers to receiving proper health care are due to geographical isolation and shortage of trained professionals in the aboriginal communities. Up to 50% of aboriginal communities are so remote they can only be accessed by air, leaving limited options to seek mental and physical healthcare. (Kirmayer et al., 1993, p. 1572)

Risk factors that increase the chance of suicide in Canadian aboriginals are similar to those of the general population. Hopelessness, depression, substance abuse, low self-esteem, negative self-concept, history of physical or sexual abuse, family violence, neglect, social isolation, suicide of a family member or peer, poor school performance, unsupportive parents or hanging out with peers that have substance use issues are all factors that contribute to suicide. (Kirmayer et al., 2007, p. 40) Intergenerational trauma, weak traditional and cultural values and lack of community also contribute to the negative outlooks associated with suicide. (Kirmayer et al., 2007, p. 40) Some of the main predictor's of a suicide attempts is past attempts, physical illness,

frequent trouble with law enforcement, multiple home placements or foster care and vocalization of wanting to die.(Kirmayer et al., 2007, p. 51)

A few main patterns identified in existing literature that relate vulnerability to suicide are severe depression, life crisis, substance abuse and aggressive impulsive personality traits, these play an increased role in suicide especially among aboriginal youth. ("Mental health and wellness," 2013, p. xvi) These patterns help to identify youth who may be at a higher risk for suicide in the community especially those with mental health problems. Communities with mental health services, social support, and community involvement lower the risk factors of suicide. (Kirmayer et al., 2007, p. 54)

Prevention of increased suicide starts with implementing interventions into the aboriginal communities. The first step is to improve education by ensuring that funding for aboriginal students is equivalent to that available to each provinces educational system. (Anaya, 2013) Giving aboriginal youth the opportunity to participate in school and earn their education ~~it~~ promotes self-confidence, self-respect and a more positive outlook on life. By providing social support, mental health services and increasing community involvement the risk of suicide should decrease. Families and community support in the early intervention stages may reduce suicidal behaviors. (Kirmayer et al., 2007, p. 54)

There are three levels of prevention that can help reduce the risk of suicide in aboriginal communities. The first level is primary prevention. This level is based on acting before the action takes place. Improving community mental health by adding life skill education in the schools, parenting programs and increased mental health services to the communities would help address a wide range of problems contributing to the increase in suicides. (Kirmayer et al., 2007, p. 81) The next step is secondary prevention. This is for early intervention and treatment aimed at

individuals who have attempted suicide in the past or are feeling suicidal now. Programs such as crisis phone lines, counselling and support groups or supervision of a suicidal person who has given indications they are at risk, can all help reduce the chances of suicide occurring. (Kirmayer et al., 2007, p. 81) The last stage is tertiary prevention. This stage is focused on people who have been affected by suicide in the past either by friends or family committing suicide or by attempting to themselves. Friends and family members of a deceased person who committed suicide are at higher risk for distress, psychiatric morbidity and developing suicidal behaviors. This stage focuses on counselling and supporting the person affected. (Kirmayer et al., 2007, p. 82)

Prevention methods for suicide can target different levels such as the community, family or individual. Time frames relating to the reason can also be addressed such as childhood trauma, adolescence vulnerability or the crisis itself. These levels help choose the appropriate interventions such as community centers, schools, congregation, health care, social services and mobile crisis teams depending on community availability. (Kirmayer et al., 2007, p. 82) Factors that help contribute to an individual's resilience are based on family harmony and activities, communication of feelings and understanding, good peer relationships and success in school ("Mental health and wellness," 2013, p. xvi) Reducing risk factors is an important part of preventing a suicide from occurring. The more involved an individual and their family are in the community the more options and support they have if they need help.

The purpose of this paper is to show that there is an alarming increase in suicides by aboriginal people in Canada on and off reserve. This essay outlines the reasons that contribute to the

increase of suicide, as well as risk factors and interventions to help prevent and educate the aboriginal youth of Canada about suicide. The common feelings expressed in suicidal individuals are pain and hopelessness; these feelings may be fueled by psychiatric disorders or other social factors such as racism, substance abuse, economic disadvantages and loss of identity. (Kirmayer et al., 1993, p. 10) In order to promote change, reduce the increase of suicides and provide positive mental health and wellness in aboriginal community's proper education and interventions must be put in place. Suicide affects not only the person who dies but their family and community as well. By understanding the social and cultural factors behind this alarming increase in aboriginal suicides, we as Canadians can spread awareness and educate communities on prevention.

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