

Nunavut's new suicide prevention strategy

Just days after the resignation of Nunavut's first cabinet minister responsible for suicide prevention, the territory released a new one-year strategy aimed at reducing suicide rates and the risk factors that drive them.

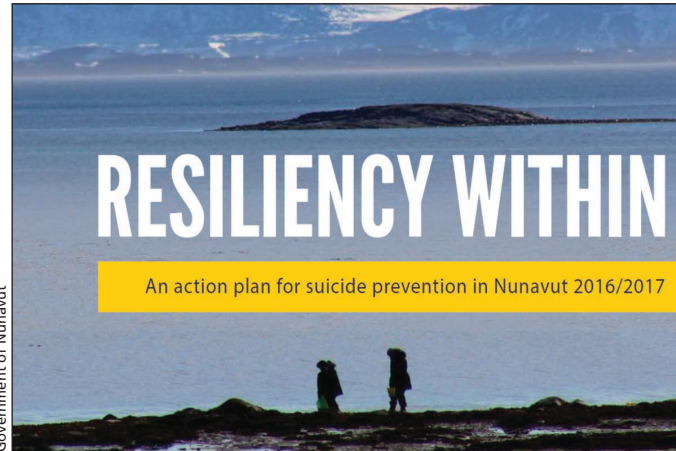
On Mar. 3, Health Minister Paul Okalik, who was also [responsible for suicide prevention](#), resigned because he opposed the government's plan to open a beer and wine store in Iqaluit for the first time in nearly 40 years. Okalik, who identifies himself as an alcoholic who quit drinking in 1991, said he opposes the sale of alcohol because there is no addiction-treatment centre in the territory.

Four days after Okalik's emotional resignation, Premier Peter Taptuna released *Resiliency Within*, the prevention strategy that Okalik had shepherded since October, when he was given the suicide-prevention portfolio. Taptuna also reinstated former health minister Monica Ell-Kanayuk to replace Okalik.

"We are committed to working with our partners to end the suicide crisis in Nunavut," Premier Peter Taptuna said in releasing the strategy.

The new document is based on the territory's [suicide-prevention strategy and a three-year implementation plan](#), which was developed and released in 2011 by the Government of Nunavut, the RCMP, the Embrace Life Council and Nunavut Tunngavik Inc. (NTI), which administers Inuit responsibilities under the Nunavut Land Claims Agreement. The new strategy also incorporates responses to the recommendations from a [coroner's inquest](#) last fall into the territory's disproportionately high suicide rate.

Since the territory was created in



Since 1999, when Nunavut was created as a territory, 492 people have completed suicide. This new action plan aims to end the crisis.

1999, 492 people — all but a handful Inuit — have completed suicide. In 2015, there were 32 suicides, down from the record 45 in 2013. The territory's population is 37 000, about 85% of whom are Inuit. From 1999 until 2014, Nunavummiut took their lives at a rate of 111.4 per 100 000 population — nearly 10 times the rate of other Canadians (11.4 per 100 000), according to the most recent Statistics Canada data (2000–2011).

A key element of the new strategy is a stakeholders' summit to develop a longer-term plan to support community organizations. It is to be held in May.

Other significant commitments include:

- expanding the use of a mobile trauma response team based in remote Clyde River;
- training educators to integrate prevention programs into school curriculum;
- creating an evidence-informed strategy to prevent and respond to child sexual abuse;
- hiring seven family resource workers to support families in communities;
- increasing funding to family violence shelters; and,
- starting a pilot project to create grief support networks in communities.

Two expert witnesses at the inquest

who testified about critical elements of successful suicide prevention praised the "very ambitious" new strategy for acknowledging the jury's recommendations and building on the 2011 plan.

"It means they took the inquest seriously. They are trying to map their action plan onto the jury recommendations," said Dr. Allison Crawford, director of the Northern Psychiatric Outreach Program for the Centre for Addiction and Mental Health in Toronto, who practises in Nunavut.

"If everything in the plan was implemented fully, they'd go a long ways towards reducing the suicide rate," said Brian Mishara, another expert witness at the inquest. He is the director of the Centre for Research and Intervention on Suicide and Euthanasia at the Université du Québec à Montréal.

"However, without a time frame and without a clear indication of who is going to be doing what, it's not easy at this point in time to understand when and how and if those goals will be achieved," he said.

In addition to lacking a time frame, the plan does not assign costs or priorities. Although it makes some specific commitments around providing mental health resources, it is vague on prevention activities, such as the plan to stop sexual abuse.

The plan does recommit Nunavut to collecting data about suicide attempts — something it promised under the last implementation plan, but failed to do. These data allows health care providers or volunteers to follow up with people who have tried to take their own lives, one of the effective suicide-prevention approaches Mishara testified about. — Laura Eggertson, Ottawa, Ont.

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