Abstract

Canadian Inuit include ~55,000 inhabitants in parts of Labrador, Quebec, Nunavut, and the Northwest Territories. The rate of suicide in these communities is 10.4 per 100,000 individuals - 12 times the Canadian average and one of the highest in the world. This structured review explores the existing evidence supporting an association between social capital and rates of suicide amongst Canadian Inuit. Initially, a search strategy was developed corresponding to the terms "suicide" and "Inuit" in the PubMed (Medline), Scopus, and Web of Science databases. The final search procured nine relevant references. The research emphasizes suicide as a stressor within Inuit population. Social capital contributes to risk factors including, unemployment, being single, legal problems, abuse history, and a record of mental illness. The mean age of suicide is 23.4 ± 5.8, with 75% being male. Within individuals 15-24, 45% have had suicidal thoughts in their lifetime, and 15% had attempted suicide in the past year. Those experiencing the "good life" (family and traditional culture) report higher levels of social capital and rates of suicide. This is attributed to Inuit experiencing social relationships with Inuit to prioritize, empower, resilience, and suicide prevention. Crisis lines have been implemented to resolve immediate distress, while other Inuit led programs have the potential as long term solutions. This inquiry allows for a better grasp of social behavioral rationale, and the emerging trajectory of suicide prevention.

Results

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<th>Author</th>
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<tr>
<td>Chachamovich et al.</td>
<td>Retrospective case control study</td>
<td>120 cases who died by suicide and 120 controls</td>
<td>The mean age of suicide was 23.4 ± 5.8, 75% male. Cases were more likely to have high social capital, single, unemployed, legal problems, abuse history, and a record of mental illness.</td>
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<td>Fraser et al.</td>
<td>Cross sectional study</td>
<td>305 Inuit between the ages of 15-24</td>
<td>More females reported psychological distress and physical/sexual abuse. Males reported participation in hunting, and females reported gathering. 45% had suicidal thoughts in their lifetime, 24% thought about it in the past year. 35% had attempted suicide at least once in their life, and 15% attempted within the past year. In females, psychological distress and violence during childhood were associated with suicide attempts in the past year. In females, psychological distress and physical/sexual abuse were associated with suicide in the past year. In males, social relationships were protective.</td>
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<td>Kral et al.</td>
<td>Systematic Review</td>
<td>69 journal articles on Aboriginal suicide in 2 communities</td>
<td>Canada is now entering a collaborative era with a focus on Aboriginal empowerment and suicide prevention. Traditional ‘good life’ is being supported by family, with familiar land, food from hunting, and bạnnaal migration. Colonialism was the most profound social change in Inuit history where marriage, gender roles and parent-child relationships were changed. Indigenous youth now manifest very high suicide rates. Reasons include youth feeling alone, romantic relationship problems, family problems, and anger. Now Inuit-run programs address suicide prevention through youth identity, engagement, and community action.</td>
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<td>Olivier et al.</td>
<td>Cross sectional study</td>
<td>Outside Nunavut (60-150), Nunavut (307/225)</td>
<td>Between the years 2004 – 2008, the ASMR for ages 1-19 was 188/100,000 persons years, compared to 35.4 for the rest of Canada. Suicide accounted for 40% of all deaths versus 8% in the rest of Canada. For girls suicide rates are ~40 deaths per 100,000 person-years at risk from 1994-2008, compared to 2.4 for boys. Among boys, the suicide rate was 72 deaths per 100,000 person-years at risk in 1994-1998 and 101.6 in 2004-2008. In contrast, 6.1 of all 2.4 deaths in the rest of the men fall into 6.1 from 4.2 to 2.4 in 2008. As a result, the suicide rate rose from 15 to 35.</td>
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<td>Richmond et al.</td>
<td>Cross sectional analysis of 2620 surveys</td>
<td>26 290 sections were completed (46 % from 26 290) from 53 Inuit</td>
<td>Women, married individuals, those who spoke/understand the native language, and those 45-54 were more likely to report high levels of all types of social support. Elderly individuals (55+) were the least likely to report high levels of social support. When Inuit participated in harvesting activities they were more likely to report higher levels of social support. This is especially significant in those who participated in harvesting activities.</td>
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<td>Tan et al.</td>
<td>NHIG logs were studied by six independent raters.</td>
<td>3,974 calls were received between 1991 and 2001</td>
<td>More calls were made by females (54.36%) and, at ages (81%). 71.5% of callers were single. Distress calls fell into several major categories (1) relationship problems, (2) material problems (3) physical abuse, (4) psychological and/or mental health, (5) substance abuse, (6) stress, (7) legal problems, and (8) bereavement. Females were more likely to receive suggestions and be aided. Several callers noted the benefits of the crisis line, including a release of emotional tension within a confidential environment, gaining a clearer perspective, and arriving at potential solutions.</td>
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Discussion

Social capital has shown to be an important factor regarding the increased rates of suicide in Inuit populations. Specifically, changes in social capital related to familial relationships, cultural values, and male-female interactions has been associated with recent colonization and residential schools. A general loss of the “good life” and positive cultural identity has resulted in an increase in suicide prevention. As well as a risk factor for suicide, the most significant predictors for suicide: according to Chachamovich and his research team, these risk factors do not differ across the rest of Canada. This literature is consistent with the findings of widespread evidence that shows the issue of suicide manifests. While within designated Inuit communities females tend to experience more psychosocial stress than males, there are higher rates of suicide amongst Inuit young men. The literature shows that Inuit females, in particular, utilize social resources – a likely reason for the disproportionate number of male suicides.

Limitations

To this study included confinement to articles written in English, published in only the PubMed (Medline), Scopus, or Web of Science databases, and research specific to Canadian Inuit populations. An emphasis on suicide prevention within Inuit populations has just recently started to gain global attention. Therefore, without the benefit of longitudinal results, it is difficult to say with certainty what is an is not an effective means for prevention. Further, it is vital to note that these findings can only be used to benefit Canadian Inuit and cannot be generalized to other Aboriginal groups.

Future Research

From this research, it is clear that deficits in social capital (specifically social support and participation in cultural activities) are related to lower self-rated scores on well-being and increased rates of suicide. For this reason, suicide prevention programs constructed by the Inuit themselves will have the best results. Supports that are specific to Inuit culture, based on traditional values, and foster community action will demonstrate the greatest efficacy. Forcing other groups to design programs will undermine the culture of the community and exacerbate the issues resulting from recent colonialism. Instead, a reductive approach concentrated on the healing of parental-child relationships, empowerment, and utilizing culturally specific cohesive community support is the key to an effective program.

References


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Research Question

What evidence exists to support an association between social capital and rates of suicide in Canadian Inuit Communities?

Method

This structured review was based on the search terms of “suicide” and “Inuit” in the databases, PubMed (Medline), Scopus, and Web of Science. Findings were narrowed to publication dates between 2004-2016. Each inclusion/exclusion criteria included:

1. Language: only results available in English were included.
2. Populations: only research studies based on Canadian Inuit, and excluded ones focused on general Aboriginal populations.
3. Relevance to Topic: included only results pertaining to suicide and/or social capital.
4. Accessibility: excluded abstracts and full texts not accessible through the University of Ottawa library databases.

Figure 1. Canadian Inuit Regions

Figure 2. Flow Chart: Structured Review Process

Figure 3. Stages of the Systematic Literature Review