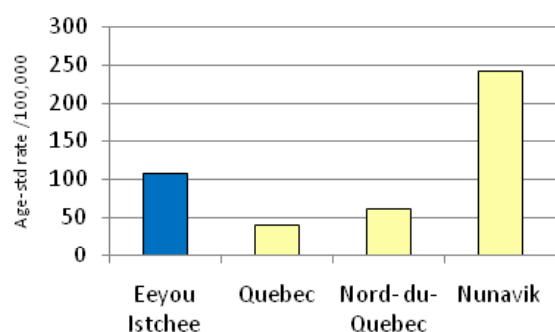




But although rates of completed suicide are average in Eeyou Istchee, hospitalization rates for suicide attempts are higher than average (Figure 2). In females, suicides attempts are the top cause of injury hospitalization, ahead of falls and motor vehicle accidents. (In males, suicide attempts are further down the list.) And while the male rates have gone down over time, until recently female rates were higher than they had been in the early 1990s. Only in the most recent two years of data (2006 and 2007) is there any sign that female rates are returning to previous levels.

FIGURE 2: AGE-STANDARDIZED RATES OF HOSPITALIZATION FOR SUICIDE ATTEMPTS, 2001-2005, EEYOU ISTCHEE AND OTHER REGIONS



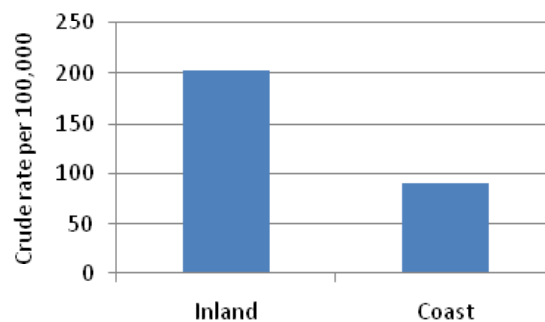
### Who is at risk of suicide?

As is typical, most suicides in Eeyou Istchee involve teenagers and young adults (15-24 years). Tighter control of firearms might help, since over half the male suicides employed firearms. However, in Eeyou Istchee, hanging is also a fairly common method of suicide among both males and females.

Rates of attempted suicide are also highest in teenagers and young adults; after age 45, suicide attempts are extremely rare. Most of the attempts that end up in hospital involve young women who have taken an overdose of drugs.

Rates of attempted suicide are also much higher Inland than on the Coast (Figure 3). This pattern is not as obvious in the data for completed suicides.

FIGURE 3: HOSPITALIZATION RATES FOR ATTEMPTED SUICIDE, INLAND AND COASTAL AREAS, 2001-2005



Note: difference shown is statistically significant.

### Summary: what the suicide statistics tell us

Rates of completed suicides—which mainly involve males—are average or below average in the region; but rates of attempted suicide—which mainly involves females—are above average. And while male rates of both completed and attempted suicide are dropping, this is not clearly the case for the female rates. The problem is concentrated in young people age 15-24, and may be greater in the Inland communities. All of this suggests that suicide-prevention efforts should focus on young people, and perhaps on young women in particular.

### What helps to prevent suicide?

At least three types of actions can help to prevent suicide:\*

- I. Improving life in the community, so people never feel the need to attempt suicide. This can mean building communities in which residents:
  - Have a sense of where they belong in life.
  - Have networks of people who can help them.
  - Feel connected to their traditions.
  - Know how to be good parents.
  - Know how to cope with problems.

Possible actions include courses for youth on how to communicate and solve problems; parenting courses; or cultural activities to maintain pride in traditions.

\*The suggestions in this list are a composite drawn many different sources, notably references [6] to [11].

2. Helping people who are having problems and are at risk of suicide. This can mean:
  - Helping them to talk about their problems.
  - Helping them to avoid alcohol, which is often involved in suicides.
  - Keeping medicines and firearms locked away. (Firearms should be stored in a public firearm-storage facility, or in a locked cabinet separate from the ammunition.)
  - Providing hot lines and crisis counselling.
3. Supporting the family and friends of a person who has attempted or committed suicide.

### Some useful resources for groups planning suicide-prevention programs

- Kirmayer, Laurence, et al. (2007). *Suicide Among Aboriginal People in Canada*. Ottawa: Aboriginal Healing Foundation.

A comprehensive review by a team of experts at McGill. The report's appendices list recommended suicide prevention training programs and resource manuals.

- White, Jennifer and Nadine Jodoin (2004). *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies*. Calgary: Centre for Suicide Prevention.

A look at 17 different strategies that have shown promise, from life skills training through to cultural enhancement in the community.

- First Nations Centre, National Aboriginal Health Organization (2005). *Assessment and Planning Toolkit for Suicide Prevention in First Nations Communities*. Ottawa: National Aboriginal Health Organization.

A short and practical introduction to the topic, available on the web at [www.naho.ca/firstnations/english/documents/NAHO\\_Suicide\\_Eng.pdf](http://www.naho.ca/firstnations/english/documents/NAHO_Suicide_Eng.pdf)

- Marie Julien et Johanne Laverdure (2004). *Avis scientifique sur la prévention du suicide chez les jeunes*. Institut national de santé publique du Québec.

Available at <http://www.inspq.qc.ca>

This practical review examines the proof for the effectiveness of approaches with youth and makes recommendations.

### About these statistics

The statistics in this factsheet are drawn from a larger report called *Injuries in Eeyou Istchee: Analysis of Mortality and Hospitalization Statistics 1985-2007*. They are based on mortality records for the years 1985 to 2006, and hospitalization records for the fiscal years 1987-88 to 2007-08. The report was prepared for the Public Health Department of the Cree Board of Health and Social Services of James Bay.

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11. Quebec, Ministère de la santé et des services sociaux (1998). *Stratégie québécoise d'action face au suicide. S'entraider pour la vie*. Québec. Available at <http://publications.msss.gouv.qc.ca>

Copies of this factsheet may be found at:  
<http://www.creehealth.org>