# REPORT ON Eutinahk awen upimaatisiiwin ("Someone who takes his own life")

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## MANDATE

We were asked by the Director of Public Health on February 10 to prepare a report on deaths of people who have taken their own lives, including the most recent. This report documents the 33 deaths from 1985 to July 26, 2005, a roughly 20-year period. Prior to this, in the period from 1981 to 1984, we have documentary evidence of 1 person who took his own life in 1984.

## HOW DEATH STATISTICS ARE TYPICALLY COLLECTED IN PUBLIC HEALTH

We report mortality statistics from two sources: reports from clinics kept in a death data file, and reports from the Ministry of Health and Social Services compiled from death reports received through the Institute of Statistics of Quebec. For various reasons, each of these two sources has strengths and weaknesses. Many years ago, Dr. Elizabeth Robinson decided that, unlike other Public Health Departments which only report deaths from the Ministry sources, we should keep our records from each source so that we could benefit from the strengths of each. For example, our injury study last year pointed out that our internal death data file had much more complete information about deaths from injuries than the Ministry source. However, the Ministry source is a much better source for information about deaths from cancers.

Typically, our Department only reports on deaths after we have received information from each source. Because of the small numbers, reports on deaths are usually only done every 10 years or so. Unlike the situation of declarable diseases, the clinics have no mandate to inform us at the time that a death occurs, even when the death is from an injury that might have been prevented. As a result, our information about deaths is always received and reported several years after the fact.

## HOW THE INFORMATION FOR THIS REPORT WAS COLLECTED

For the past year and a half, Chisasibi has been experiencing a 'cluster' of suicides. Because of the urgency of the current situation, our Director asked us to report on past suicides as well as on the most current.

There are no systems in place for people working at the community level to report on current deaths to regional offices of the Public Health Department, and the Department has no mandate to collect this kind of information except through special requests.

In this context, we attempted to obtain information about recent suicides and para-suicides (attempts) from CBH archives, Social Services, the regional police, several Public Health Officers, and a few community members.

## SUICIDE IN IIYIYIU ASCHII 1985 – JULY 2005

***How does Iiyiyiu Aschii compare to Nunavik and Quebec?***
Table 1 is part of a larger table developed by our collaborator, Jerome Martinez of the Quebec National Institute of Public Health (INSPQ) as an exercise in how to do statistics with small numbers. Figures for Iiyiyiu Aschii were updated using the latest information available (as of July 2005).

**Table 1: Deaths by suicide for Nunavik, Quebec, 1997-2001 and Iiyiyiu Aschii, 2000-July 2005**

| Statistical mesure | Nunavik | | | Iiyiyiu Aschii | | | Québec | | |
|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| Annual average # of cases | 10.6 | 2.0 | 12.6 | 0.8 | 1.4 | 2.2 | 1,108 | 296 | 1,404 |
| Raw rate / 100,000 | 215.8 | 43.6 | 132.7 | 11.6 | 21.2 | 16.3 | 30.6 | 8.0 | 19.1 |
| Ajusted rate* / 100,000 | 186.5 | 27.8 | 107.5 | 8.9 | 13.7 | 11.3 | 30.8 | 8.0 | 19.2 |

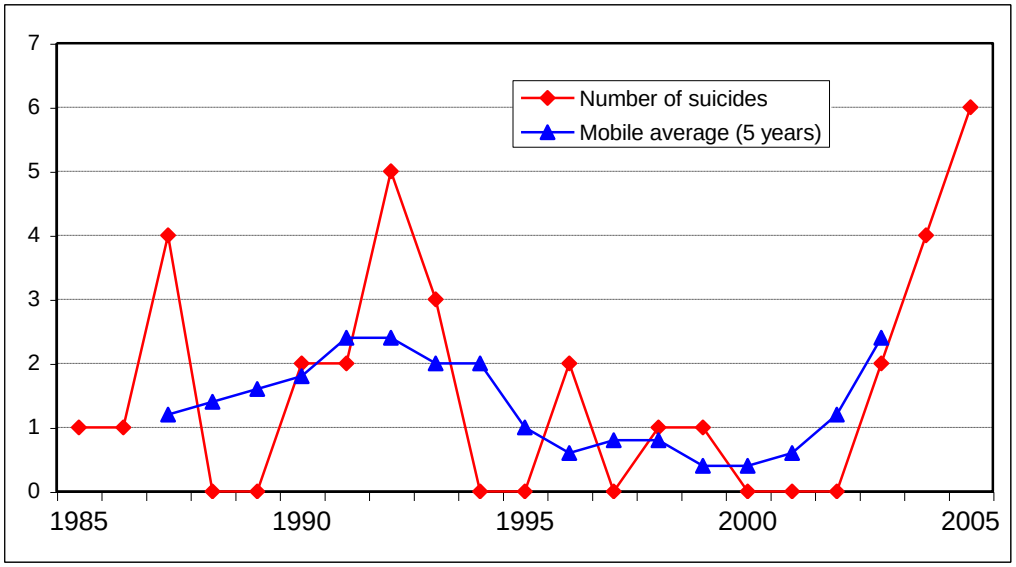
* Reference population: Québec, 2001

What Table 1 shows is that, compared to Nunavik, Iiyiyiu Aschii presents a much lower rate of suicide while the comparison to Quebec indicates a general lower standardised rate although females present much higher rates.

***Suicide trends in Iiyiyiu Aschii over the past 20 years***

There have been a total of 33 deaths by suicide in the past twenty years[1]. Figure 1 has two lines: the numbers of actual suicides (diamond marker) and a 5-year mobile average of suicides (triangle marker). Because the numbers of suicides varies greatly from year to year, the moving average over 5 years gives a better idea of the trends over time. As we see, there was an increase in the early 1990s and there is a current increase where the line is going up from 2000 to 2003.

**Figure 1: Number of people committing suicide, 1985-2005 (July)**




[1] Because of the numerous sources– the Public Health Department death data file, the Ministry reports, and various research studies – from which we have compiled our historical profile of suicide cases, we have a discrepancy in the 1987-1991 period for which we may be reporting one death too many.

***Age and sex of people who have committed suicide over the past 20 years***
Table 2 shows the age and sex of people who have taken their own lives. As we see, the majority are male and from the 15 to 24 age groups. The most striking point about the numbers by sex is that 7 of the 10 females who have taken their own lives over the 20 year period have done so in the past 2 years while only 2 males did the same in those 2 years.

**Table 2; Age and sex of suicide, 1985-2005 (July)**

| Age group | Male | Female | Total |
|---|---|---|---|
| 10 to 14 yo | 2 | 3 | 5 |
| 15 to 19 yo | 6 | 4 | 10 |
| 20 to 24 yo | 6 | 3 | 9 |
| 25 to 29 yo | 2 | - | 2 |
| 30 to 34 yo | 4 | - | 4 |
| 35 yo and + | 3 | - | 3 |
| Total | 23 | 10 | 33 |

***Community of residence of people who have taken their own lives in the past 20 years***
Table 3 shows the community of residence. Roughly 50% of all suicides have come from Chisasibi where roughly 25% of the population of Iiyiyiu Aschii lives. The two suicides in Whapmagoostui both happened within the past 7 months. Before the recent suicide in Waswanipi, the last time someone had killed themselves in that community had been in 1992. No one has killed themselves in Mistissini since 1996. In our records, no one from Wemindji has ever taken his own life.

**Table 3: Community of residence of suicide, 1985-2005 (July)**

| Community | N |
|---|---|
| Chisasibi | 15 |
| Eastmain | 1 |
| Mistissini | 5 |
| Nemaska | 2 |
| Ouje-Bougoumou | 1 |
| Waskaganish | 3 |
| Waswanipi | 4 |
| Whapmagoostui | 2 |
| Total | 33 |

***Methods used to commit suicide over the past 20 years***

Table 4 is based on 5-year averages up to July 2005. It shows that although gunshot has been the most used method over the 3 first periods, hanging has recently become almost exclusively used. Note that the 10 latest suicides have all been by hanging. The 'other' category includes drowning, falls, poison, and inhalation of smoke.

**Table 4: Methods used to commit suicide, 1985-2004**

| Method | 1985-89 | 1990-94 | 1995-99 | 2000-05 | Total |
|---|---|---|---|---|---|
| Gunshot | 5 | 5 | 2 | 1 | 13 |
| Hanging | - | 4 | 1 | 10 | 15 |
| Other | 1 | 3 | 1 | - | 5 |
| Total | 6 | 12 | 4 | 11 | 33 |

## CONCLUSION

This short report on people who have taken their own lives in Iiyiyiu Aschii is based on the statistics. Except for the comparison with the rates in Nunavik and Québec, it has not made any references to what has been learned elsewhere. There are excellent materials that have been developed by our partners at the Native Mental Health Team at McGill. As well, our regular diabetes collaborators at the Quebec National Public Health Institute are also the Quebec experts in suicide. If it could be useful, the Specialized Services Team could summarize some of the existing literature for the Board. Alternately, we would be prepared to organize a series of 'sessions with the experts' to permit people working inside of Iiyiyiu Aschii to talk with people who have addressed the issues of suicide clusters elsewhere in Quebec and in Québec's North.

During the 20 year period covered in this report, there have been two 'clusters' of people who have taken their own lives: in the early 1990s and in the past year and a half. During the first 'cluster', people came from a number of communities; in the current 'cluster' they are mainly from Chisasibi. There are two departures from previous patterns with this current cluster: it is predominantly young women and they have been hanging themselves.

In summary, it is important to keep in perspective the fact that, compared to its surrounding cultures, Iiyiyiu Aschii clearly has many protective features which prevent people from opting to take their own lives in moments of distress. At this time, it is as important to understand what these protective features are and to do everything to support and build upon them, as it is to respond to the current 'cluster' of events in Chisasibi. From the perspective of the Specialized Services Team, despite the recent tragedies, Iiyiyiu Aschii is still relatively 'suicide healthy'. We must move quickly to understand the basis of this health, so we can ensure that we are building in prevention for the future.