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RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

Centre intégré universitaire de santé et de services sociaux de l'Estrie – Centre hospitalier universitaire de Sherbrooke
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IMPLEMENTING GOOD PRACTICES IN SUICIDE PREVENTION IN NUNAVIK

Assessment of the situation: Perspective of people in the field October 2016

WRITING

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Assessment of the situation: Perspective of people in the field

Introduction

A Regional Suicide Prevention Committee (RSPC) was put in place in 2012 to ensure efficient coordination of local and regional suicide prevention efforts in Nunavik. The committee put forth numerous recommendations, which were proposed and approved by the Nunavik Regional Board of Health and Social Services (NRBHSS). Some of these recommendations called for :

- improving the ability of communities to prevent suicide locally;
- enhancing the suicide prevention competencies of local interveners;
- designing locally adapted suicide prevention projects.

A project proposal addressing the first two recommendations was submitted to the RSPC. This project included training interveners in suicide prevention and involving communities through mobilization workshops.

The MSSS (Ministère de la Santé et des Services sociaux) has agreed to finance the initiative and the CIUSSE-CHUS will be overseeing the implementation of good suicide prevention practices in Nunavik. The CIUSSE-CHUS has a successful track record, having implemented such best practices throughout the provincial local services network as well as with the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC). It is renowned for having adopted an approach that promotes the contribution and empowerment of all involved partners and can be tailored to reflect the needs and realities of the communities.

The following objectives were identified in the mandate:

- To analyse the specific issues related to suicide in Nunavik;
- To review the tools developed during the course of previous projects (particularly training sessions for interveners and community-mobilization workshops);
- To launch a pilot project for in four communities (two on the Ungava coast and two on the Hudson coast).

Two committees were created to support this implementation, a strategic committee and a working committee.

The strategic committee was assigned the mandate of:

- Ratifying general objectives and decisions under consideration;

- Identifying optimal strategies to support the implementation process and facilitate the establishment of winning conditions;
- Fostering adhesion within the members' respective organizations;
- Encouraging concerted efforts in support of various suicide prevention initiatives in Nunavik;
- Ensuring the organizational feasibility of decisions.

The working committee's role, in turn, focused on:

- Coordinating the required actions;
- Favouring cooperation among all of the key actors in the area of suicide prevention;
- Submitting issues and recommendations to the strategic committee as and when needed.

The process outlined below was proposed to ensure a successful implementation.

PROCESS
"Implementing good practices in suicide prevention in Nunavik"

ASSESS THE SITUATION

1. Based on coroner reports, analyze various characteristics of suicide cases involving Inuit: gender, age, method, site, intoxication, associated factors, season, time of day, expression of suicide intent, village, mental disorders, triggers, family history of suicide, consultation of social services.
2. Identify the needs of interveners, front line workers, ASIST trainees and natural caregivers in terms of intervention.
3. Identify problems/issues and services related to mental health and suicide prevention. What services are offered to suicidal persons? What are some of the problems associated with the use of social services?
4. Identify best practices from field experience and research.
5. Identify local suicide prevention/intervention practices.
6. Identify conditions to facilitate community mobilization.

SUPPORT OWNERSHIP

1. Evaluate process in the 4 communities.
2. Validate the process and the associated tools.
3. Revise the related material.
4. Support the process' implementation in all communities.
5. Plan the service offer.

DEVELOP PROCESS AND TOOLS

From the analysis of the situation in the 4 communities:

1. Identify good practices.
2. Develop a community mobilization process.
3. Revise the training "Best practices in suicide intervention" to anchor it in the Inuit reality
4. Translate the material into Inuktitut

IMPLEMENT

1. Implement mobilization workshop in the 4 pilot communities to initiate the suicide prevention action plan.
2. Train interveners in "Best practices in suicide intervention".

This report, “Assessment of the situation: Perspective of people in the field”, is part of the first phase of the process, namely “Assess the situation”. While a first report, “Analysis of deaths by suicide”, was completed in conjunction with the first element of this phase, the present report, in turn, aims to provide an overview of the situation from the perspective of the other elements.

It begins by looking at the methodology used to prepare this overview, after which it presents the results of the data analysis process as well as the recommendations for the remainder of the “Implementing Good Practices in Suicide Prevention in Nunavik” project.

1. METHODOLOGY

Following discussions with RSPC members and after consulting with the NRBHSS, 4 communities were chosen to take on the role of partners for the implementation of good practices in suicide prevention. Two of these are located on the Hudson Coast (Inukjuak and Salluit) and the other two on the Ungava Coast (Kuujjuaq and Kangiqsujuaq).

In order to assess the situation, two methodologies were used to gather information: interviews and focus group in the 4 communities and a review of the literature on suicide prevention among the Inuit.

A meeting was held in Kuujjuaq with a trainer from the CIUSSE-CHUS to complete the interview questionnaire, learn about the interview and information gathering process, and identify key contacts and other actors in the area of suicide prevention in the 4 communities.

It was suggested that the interviews be conducted by community suicide prevention liaison workers or by working committee members, as people would be more at ease responding to interview questions in their own language and with a person they knew. Marta Inukpuk Iqaluk, Mae Ningiuruvik, Valerie Lock and Normande Hébert carried out the interviews, some of them in Inuktitut, others in English or French.

A total of 42 persons were interviewed between October 2015 and February 2016. Twenty-two of them through individual interviews and twenty in 4 focus groups. Interveners***, first responders, elders, natural caregivers, physicians, front line workers, police officers and managers, both Inuit and non-Inuit, were among the people interviewed.

The semi-directed interviews sought to learn about significant and positive suicide prevention experiences. The persons interviewed were asked to describe, among other things: successful interventions with suicidal persons; the various resources and services used; prevention, intervention and postvention practices; and, suicide prevention training needs. Participants were also asked to describe their vision of a community having introduced a tighter security net for suicidal persons.

The interview results were grouped into three sections:

1. Needs of services for the suicidal individual
2. Needs of interventions with loved ones following a death by suicide
3. Needs in training and support of the interveners.

A series of recommendations as regards prevention, intervention and postvention measures in Nunavik can be found at the end of this document.

2. Summary of needs

2.1 Needs of services for the suicidal individuals

Generally speaking, the people interviewed mentioned that the Inuit know what resources are available and what steps they can take in the event of a suicide crisis. In other words, they know who to call for help (the police or social services being prime examples).

> *Feeling suicidal went with the police. When he started talking, he felt better, want the pain off* [intervener].

While community members seem aware of who to turn to during a suicide crisis, some respondents said it was important to increase awareness of available services ahead of time, i.e., before a crisis actually occurred [police officer].

Before turning to a health and social services centre, suicidal persons will often speak about their problems or share their suicidal thoughts with a family member or friend [physician, intervener].

> *From my experience, if they can't trust anybody, they close down and keep it to themselves and at the last minute, when the glass overflows, that's when they actually ask for help. […] It starts with family and friends, sometimes they will be less shy and they'll go to the social services* [police officer].

Measures identified by respondents included broadcasting the details of available services over the radio and offering family members tools to identify suicidal tendencies [focus group]. Loved ones do not always know how to help a suicidal person who confides in them: *I didn't use resources but I just listened because I didn't know what to do* [intervener].

One intervener cited the ASIST training as a means of helping family members who are worried about a loved one. This training could teach worried parents the signs to look out for as well as the ways in which they can help:

> *If the members of the family would get this kind of training, they would be more sensitive to what's going around. They are the best people to prevent suicide* [intervener].

In fact, services other than the ones directly associated with suicide could also be promoted and advertised. Mental health and addiction services are a good

example of something that could notably be better explained to the population (McCormick et al., 2014). One intervener stated:

> *Addiction and violence are linked with suicide, more work should be done on reduction of alcohol and trauma* [intervener].

Some communities have established intervention protocols, which should be made available to the population at large [intervener].

Favouring collaboration and mobilization

Several people brought up the importance of channeling efforts and promoting collaboration at the community level. What matters is identifying what we can do together to prevent, intervene and support. *Favouring a systemic approach* [intervener].

> *When the roles are divided up, it is very confusing. It is under this person work , no it is under this person work. We ask "Where do we go?"* [manager].

> *Each individual need to decide to work together. Not just saying those people will do it for us. Or this should be handled by those people. All households should decide because suicide is too painful* [manager].

Suicide is a shared responsibility of the community and the organizations offering relevant services. Numerous people brought up the idea of working in collaboration and identifying a key player or a committee to channel and align the efforts made at the community level.

Others suggested organizing activities in which both Inuit and non-Inuit could participate, to notably promote exchanges outside of the service framework.

I guess working together toward the same goal is the way it is going to make it a success. We need to have a recognised team in each community. (23, 21)

> *It becomes confusing how to help although we are many helpers, there is no wellness plan in our community* [intervener, manager]. *A need for coordination, a place to go. Having a town meeting for everybody and having social workers explain what their job is and how they can help* [police].

> *There has to be a system in place for people to know what to do, where to go if someone is suicidal* [intervener].

The literature proposes various means of mobilizing or rallying the community, with one omnipresent message: wanting to work together at a community level to prevent suicide. One approach, "Through pain to wellness: Community-based suicide prevention program", has been used by Aboriginal communities for the past 20 years. Darien Thira also tested and documented the implementation of a community response team. "Weaving a safety net for suicide individual" favours

the mobilization of First Nations communities through appropriate workshops and by setting up local concerted action plans in the area of suicide prevention. These approaches can serve as inspiration to communities and SPLWs (suicide prevention liaison workers) as they strive to mobilize communities and develop local suicide prevention plans.

Ensuring close follow-up with suicidal persons

Services to follow-up with suicidal persons should be introduced; they should, moreover, be offered by interveners from the health and social services network along with trained members of the community.

> *Provide a follow-up to those suicidal persons who are open to the idea, and carry out the necessary monitoring. I will reach out for you tomorrow* [manager].

Employee turnover has proven to be a real obstacle to following up with suicidal persons: two months in Nunavik and away for one month. Respondents have noticed this, but have yet to find a solution. *It's difficult for the client, it's difficult for the works too, because sometimes we don't know their history* [intervener].

> *For doctors and social workers, there is a lot of change in personnel and it was difficult to always get the same person. Same thing with psychiatrist. So this didn't work. It was a regular follow-up and the presence of someone stable, always the same person, who made the difference* [physician].

Respondents reiterated the need for community members to benefit from increased access to a psychologist. Ideally, there should be Inuit physicians and psychologists, rather than only professionals from outside of the region: *I think the care would be even more effective* [physician].

Adapting offered services to the local culture

The people interviewed voiced their desire to see the services proferred (in general) increasingly take the Inuit culture into account.

> *Not just a way of doing something because they are easy to learn. But teach them to hold onto cultural activities. How do we help a suicidal person in our cultural perspective? I want these to be explored* [manager].

According to some respondents, the manner in which non-Inuit intervene and offer support to suicidal persons does not adequately reflect the Inuit way of thinking and doing things.

> *Probably the white man way and Inuit natural way of helping each other are not compatible. There is a big history of colonization. There is something not working. I think it have to be Inuk, really Inuk way* [intervener].

The literature illustrates the need to integrate healing methods recognized by Aboriginals in the psychotherapy models vehicled in the culture of the majority (Waldram, Herring and Young, 2006); Gone and Alcantara, 2007; in McCormick et al., 2014).

Two examples were cited which could well successfully address the need to have access to services that take the Inuit culture into account: the first concerns giving suicidal persons time to express themselves and the second, carrying out interventions in Inuktitut.

Giving suicidal persons time to express themselves

Knowing how to listen and allowing suicidal persons to speak out constitute an approach that is not only important, but should be enhanced and retained.

> *I was surprised about the power of healing and sharing. I wish people knew how good it feels to talk* [intervener].
>
> *How we helped her is we talked with her because it's the main thing to do when someone is suicidal* [police officer].

A review of the key factors that can help suicidal Aboriginal youth work through their issues revealed the importance of ensuring they felt understood, heard, accepted and encouraged, be it by a loved one or a professional (McCormick et al., 2014: 356).

Carrying out interventions in Inuktitut

One solution put forth as a means of reconciling Inuit and non-Inuit points of view concerns providing greater access to services in Inuktitut.

> *The closer you get to the people the more they will open up. They are able to share their stories. Listening is a quality you need to recognize. When you carefully listen for real, by listening, by looking for other resources, culture based. People need to be able to speak their own language* [intervener].

Having access to services in Inuktitut was voiced as a need by the people interviewed. A good practice to retain would be to have an Inuk accompany all non-Inuit interveners.

A joint intervention by a non-Inuit intervener and an Inuk could, as a starting point, allow suicidal persons to express themselves in the language they desire. This type of intervention could also increase the non-Inuit intervener's awareness of key cultural elements.

> *Be aware of the reality, the local people deal with their loves one, non-Inuit need to realize that the way to live here is different* [police officer].

> *However some social workers in the community have learned the Inuit way of doing things, we have to recognize it* [focus group].

Offering support to people who are following Living Works' ASIST training

Respondents describe the training offered by ASIST as a good way of offering support to non-interveners who are helping suicidal persons. ASIST training can prove useful to those people who are helping suicidal persons feel more sure of themselves.

> *ASIST training now it does work because you feel you have tools and you know what to do* [police officer].

> *ASIST is a good model. Many people received the training. They found it therapeutic. It helped them recover from their feelings* [intervener].

> *We feel more comfortable and confident to talk about suicide* [focus group].

Regular long-term support should nonetheless be offered to people who are ASIST-trained, they also need help. More specifically, caregivers would need to attend debriefing sessions and meet with a person able to offer them feedback [police officer].

> *After ASIST, we promise to have a coffee night. Next step to keep us going. We need follow-up, debriefing. Sometimes the outcome might not be successful and you need to know about it. We need to do it as a team, support them, refresher, mental preparation* [first responder].

> *I appreciate very much the group when we were in training for ASIST. Although we didn't become friends after that because we didn't meet another time and it would be good that we know who to contact if we need support […] Just to re-inforce the group* [intervener].

Post-training support could thus mobilize those who have been trained, creating a sense of belonging, breaking any isolation, and offering additional support in times of crisis.

Training youth

According to respondents, youth should be invited to take part in suicide prevention workshops or life promotion activities, to learn to better identify signs of distress or impending crises among their peers.

> *Teachers, Youth Protection workers are front line workers; youth are front line volunteers. Having youth having those skills. […] Not by ASIST training because they are too young to get training* [focus group] but other measures.

Valuing the role of elders

Elders, with their ability to listen and understand, have a deep-rooted role in Aboriginal communities (Thira, 2014). Respondents consider the role of elders as important, and this because "*they are able to keep confidentiality*" [focus group].

Elders can also provide support to suicidal persons. Activities on the land, such as hunting, have been identified as good suicide prevention strategies throughout the circumpolar region. Respondents also spoke of the importance of such activities, especially for men.

> *Taking the young man hunting and developing his hunting skills. We asked a hunter, he was a good role model as a man. The Youth summer camps are good, it would be better if intergenerational families got a chance to camp together, perhaps at the Unaaq's camp* [focus group].

Coming up with ways of connecting with suicidal persons on Facebook

Several respondents commented that many youth used Facebook as a forum for expressing suicidal thoughts [intervener, manager, focus group]. At present, family members and friends are unsure how to react to negative comments or suicidal thoughts posted on Facebook.

> *People are crying for help on Facebook. Family members seeing messages of their child. It's shameful. How do parents feel it?* [focus group].

Respondents emphasized the need for acting quickly when someone posts suicidal thoughts on Facebook. Some interveners, in fact, monitor Facebook. This being said, the practice does not appear to be an "official" one, nor consistently applied: *Facebook is another tool we should be using. No one doing work with Facebook* [intervener].

> *I start chatting with him, no answer. Getting ready. The nurse, the social worker, the police read what he wrote on Facebook. They went down and he was still alive. Isolation for the night. This one was positive* [first responder].

2.2 NEEDS OF INTERVENTIONS WITH LOVED ONES FOLLOWING A DEATH BY SUICIDE

Postvention measures primarily consist of providing support and assistance to persons impacted by a death by suicide (Monk and Samra, 2007, in Lane et al., 2010), and include treatment and recovery initiatives (Centre de recherche et d'intervention sur le suicide et l'euthanasie, in Lane et al., 2010).

The actions of persons who commit suicide have an effect on their entire family as well as their friends (Séguin et al., 2004). Postvention measures also include mechanisms for controlling the stress, crises or feelings of mourning that persons impacted by suicide may experience. The sequence and timeframe of the interventions must extend beyond the immediate period (of shock) following the news (Séguin et al., 2004).

> *When someone commits suicide, the community get together, they say we need to meet, to talk and do something about suicide. After a few days, it is all gone. There is no long-term support after death. Everybody is tired and not taking it seriously* [focus group].

Respondents stressed the importance of trained persons being able to offer postvention services. A large number of families coping with the suicide death of a loved one suffer in silence. The ensuing short- and long-term impacts are known: "studies suggest that professional help should occur automatically and not occur solely on the request of the family" (Miers, Springer and Abbott, 2014: 309).

> *It would be good if we had a team to work on suicide prevention full time. Highly skilled person to follow up with friends and family, because suicide is contagious* [intervener].

> *Actually the Inuit Values group comes to help when there is a suicide in a community. In the immediate there is a lot of support after as time goes on*… [intervener].

> *Family and friends are taking care of them right after, contribution of Inuit values is better and more needed after a while, structure the intervention in the community by the community* [intervener].

Each family member grieves in his own way, and the need for support may only be felt weeks or months after the suicide of a loved one. For some persons living a crisis, support measures extended immediately after a suicide, i.e., with no request having been formulated by the persons in question, may be sufficient. Other persons, however, may feel overwhelmed by such immediate, unrequested help (Miers, Springe and Abbott, 2014: 309). "Assistance for family members may need to be repeated many times during the bereavement period to adequately address the needs of this population." (Provini, Everettet Pfeffer, 2000 in Miers, Springe and Abbott, 2014: 309).

> *When there was a suicide last year, people coming, but not before or after* [intervener].

> *I ran a program for women in grieving. A group once a week or a month that they can go and grieve. It does not go away in one week-end* [intervener].

Formal professional support and informal assistance (for example, from a friend) are the resources most people mourning a suicide will turn to. A study on persons in grieving following a suicide revealed that "what was surprising was the fact that one-on-one support from a suicide survivor was the one resource for healing

identified as being helpful or highly helpful" (Miers, Springe and Abbott, 2014: 310). This was also brought up by a respondent: *family that went through suicide are the best support* [first responder].

The creation of a sharing circle by a professional or community member trained in the Inuit Values approach was suggested by a number of respondents.

2.3 NEEDS OF INTERVENERS FOR TRAINING AND SUPPORT

Access to appropriate training so as to carry out comprehensive interventions with suicidal persons

At present, ASIST training is the only program available to help Nunavik interveners provide support to suicidal persons. The interveners currently receive the same training as laypersons (non-interveners) who offer support on a volunteer basis.

And while ASIST training is appreciated and valued by Inuit communities, some respondents noted that certain health and social services network interveners should receive training on comprehensive interventions with suicidal persons. Interveners, nurses and physicians should all be able to evaluate the risk of a person actually committing suicide and by applying good practices, do crisis management and close follow up. According to some respondents, ASIST training does not focus on this goal:

> *Social workers here are very experienced. They are affected as well but nursing staff is not great at suicidal evaluation. Mental health nurse could help the nurse and the doctor* [intervener].

According to respondents, training in "Best practices in suicide intervention" could also target community members with a similar role to that of interveners. They added that such an approach could help compensate for employee turnover in the health and social services sector.

> *More training for local people to prevent staff turnover* [intervener].

Access to support

Interveners often feel powerless, given their inability to implement prevention measures or offer support to suicidal persons. Working in such circumstances can culminate in professional burnout if no support is made available.

> *Organizing support for those who offer support* [intervener].

> *Some interveners even feel drained and overwhelmed; others can actually take on their patient's distress (transference)* [physician].

Implementing a clinical supervision process is recommended as a means of allowing interveners to speak up and have postvention discussions. A postvention

protocol should also be established to provide support in the event of a user or co-worker suicide (Lane et al., 2010).

> *It is hard for the soul. It should not be a burden only on one person […]. The longer you are in the community, the more you feel connected to them. If this is your community, more outside support, someone you could call. Having teams of social workers and nurses* [interveners]*.*

3. **RECOMMENDATIONS**

A total of thirteen recommendations, aiming to help prevent suicide in Nunavik, are presented below. Some of these recommendations are directly associated with the regional suicide prevention committee's priorities.

These recommendations were established on the basis of: a) an analysis of the interviews from people in the field; b) an analysis of the coroner reports of suicide deaths in Nunavik; and, c) an analysis of the background/situation and issues related to suicide prevention services in Nunavik.

The regional committee's work and the ideas that will be put forth during the implementation of good suicide prevention practices in Nunavik may well increase the odds of the recommendations being acted upon in Inuit communities.

> **Given** the indisputably excessive number of suicide victims in Nunavik and the avoidable nature of such loss of life;
>
> **Given** that the formal services offered by the health and social services network are underused by suicidal individuals and their entourage;
>
> **Given** that young women and young men are the principal victims of suicide;
>
> **Given** that a suicide affects the individual's loved ones as well as a large number of other persons and that it is recognized that a suicide can accentuate vulnerability to suicide (White and Jodoin 2004);

The following recommendations are being submitted to health and social services managers and to decision-makers at the various levels of government, including at the Ministère de la Santé et des Services sociaux:

1. Ensuring access to structured postvention services. These services must include:

    - in the short term, intervention for controlling the stress, crises or feelings of mourning that persons impacted by the suicide of a loved one or someone close to them may experience[1] (examples: debriefing, crisis intervention);

- over the long-term, support for loved ones who are grieving (example: support groups[i] in the presence of a trained intervener).

2. Offer training "Best practices in suicide intervention" to the interveners/practitioners in order to train them in:
    - Suicide crisis management;
    - Assessing the degree of risk of suicidal individual;
    - Close follow up services;
    - Supporting family and friends;
    - Postvention.

3. Introducing various support measures for interveners, first responders and community caregivers. These could include:

    - structured clinical support for interveners (examples: : co-development, webinars, etc.);
    - formal support for persons who followed Living Works' ASIST training (example: follow-up and exchanges designed to mobilize those involved and break their isolation);
    - support for police officers and first responders (example: teaming up with a co-worker).

4. Introducing a "reaching out" service organized to allow for listening to the needs of persons at risk of committing suicide (primarily youth) who are not asking for help.

5. Increasing awareness of available services and contact persons at the community level (from the community and the health network):

    - all while taking into consideration the notion of "cultural safety"; and,
    - re-establishing the reputation and image of the services and making sure they are characterized by confidentiality and trust. [III]

6. Close follow-up with persons who have attempted suicide as well as persons considered serious suicide risks over the short term.[IV]

7. Introducing a monitoring and intervention system for social media while simultaneously posting positive messages promoting life (Facebook).

8. Coordinating efforts, clearly establishing roles and processes, and making services available and accessible at the community level.

9. Mobilize the community around suicide prevention and create a local committee to coordinate all the efforts in suicide prevention, intervention and postvention.

10. Encourage co-facilitation (accredited trainer and ASIST trainer) for the training “Best practices in suicide intervention” to ensure good anchorage in the social and cultural realities.

11. Reduce access to means: Remove hanger poles from closets and distribute trigger locks among firearms owner;

12. Document deaths by suicide.

13. Improve front-line services :

    - Set-up safe sobering-up centres;
    - Propose specific services for individual known for violent or impulsive behaviors;
    - Promote telephone line;
    - Pursue initiatives that permit speaking out and sharing feelings;
    - Develop positions for suicide prevention liaison workers.

The recommendations in this document focus on services for suicidal persons and their loved ones. In fact, all actions with a potential long-term impact on the well-being of the Inuit are both valuable and necessary (one such example being improving existing health determinants). Efforts must be comprehensive, integrated and synergistic. It is now accepted that no single approach can tackle the complex issue that is suicide[V]. All projects that rally the population and stakeholders while bringing hope to the Nunavik region are likely to bring about an improvement in the health and well-being of the Inuit. Examples of these projects include a professional trade school, intergenerational activities in the field, etc.

Lastly, we again emphasize that the governments involved must take responsibility for ensuring that health and social services are truly made available to the Nunavik population.

****Note: In this context, the word “intervener” designates any person responsible for offering suicide prevention services: identification, intervention, postvention, follow-up, etc.). These individuals are employed by various organizations (health centre, regional board, school, municipal council, etc.).*

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