

in Nunavut, and that this knowledge will facilitate the development of more effective suicide prevention and intervention measures in the territory.

Suicides by Nunavut Inuit, 2003 to 2006

From coronial records the study is aware of 120 deaths by suicide by Nunavut Inuit during the years 2003 through 2006. The one death in Nunavut by a non-Inuk during this period is not included in the study.

Sex: 99 (82.5%) were male and 21 (17.5%) were female.

Age: 92 (76.7%) were between 15 and 29 years of age. Six (5.0%) were less than 14 years of age, while 22 (18.3%) were 30 years of age or older. The median age at time of death was 22 years for men and 17 for women. The youngest suicide victims were 13 years old, while the oldest suicide was 62 years old.

Location: 110 (91.7%) took place in the community that the person had spent the most time in while growing up, while 10 (8.3%) took place in a community where the person had spent a relatively short period of time. Seven of the latter group occurred in Iqaluit.

Region: 84 (70.0%) were by Inuit from the Qikiqtani region, 16 (13.3%) were by Inuit from the Kivalliq region, and 20 (16.7%) were by Inuit from the Kitikmeot region.

Community of affiliation (the community in which the person had spent the most time while growing up):

Iqaluit	14
Pangnirtung	13
Pond Inlet	11
Cape Dorset	10
Igloolik	10
Qikiqtarjuaq	10
Kugluktuk	9
Clyde River	6
Arctic Bay	5
Arviat	4
Baker Lake	4
Gjoa Haven	4
Cambridge Bay	3
Hall Beach	3
Rankin Inlet	3
Coral Harbour	2
Kugaaruk	2
Repulse Bay	2
Resolute Bay	2
Taloyoak	2
Chesterfield Inlet	1

Operations

The study has maintained an Iqaluit-based staff of three through the past year. Jack Hicks has been the co-ordinator of the study from the outset. Rian van Bruggen made a significant contribution to the study from its early days until accepting a position with GN last year. Taravat Ostovar is now studying at McGill. Isabelle Dingemans, an employee of the Douglas Hospital who has also conducted research on suicide in India, joined the project in the spring of 2007. Dr. Astrid Søjting, a Danish psychiatrist who has worked in Greenland, will be joining the study for the first six months of 2008. It is anticipated that another interviewer will join the project for the fall of 2008 through to the summer of 2009.

The interview team hires community liaisons/interpreters in Iqaluit and in the communities they travel to.

Upon arriving in a community at least one day is spent meeting the Mayor and Senior Administrative Officer at the municipal office, the Nurse-in-Charge at the Health Centre and her/his staff (including any mental health workers), the Social Workers, the RCMP detachment, the high school principal, and any suicide prevention and/or counseling groups that exist in the community. We almost always receive a very high level of support from any of the above who we ask for assistance, as there is a general recognition of the importance of learning more about the reasons for Nunavut's tragically high rate of suicidal behavior.

The interviewing strategy to date has been to concentrate first on Iqaluit and the other communities which have experienced the highest numbers of suicides (all but one, Kugluktuk, are in the Qikiqtani region). Interviews have been conducted in ten communities – Iqaluit plus nine others.

Progress to date

Files have been opened on 69 cases to date. Most families we have contacted have agreed to participate in the study – immediately in some cases, and after discussion and consideration in others. In only one case so far have we had to conclude that we will be unable to obtain interviews. 44 of the 69 cases have been completed, while the rest require additional contact work or file review. Very rich data is being obtained, and we are optimistic about the contribution that the study will be able to make once they have been analyzed. Interviews have also been conducted with 17 of the controls.

One of the concerns that had been expressed when the study was first proposed was that the process of being interviewed about their loved ones who had died by suicide would result in serious retraumatization for many families. As the experience of similar studies conducted elsewhere suggested, that has not been the case – we are not aware of cases in which significant retraumatization has occurred. On the contrary, the interviews are usually quite cathartic for the people with whom we speak. We often receive heartfelt thanks at the end of an interview, as the people we speak with both appreciate the chance

to have a good talk about what happened and understand that they are contributing to a study which may help prevent others from losing a loved one.

In two communities the liaisons/interpreters we worked with expressed the belief that “someone – be it the government or the church – should do these interviews on an on-going basis, as I can see how helpful they are for the people you have interviewed here.”

Reference Group

A 10-person Reference Group co-chaired by Methuselah Kunuk and Nancy Anilniliak has been formed to advise the study, but it has been a challenge getting the members together with the project leader (who is based in Montreal) and the study team (who are also often away from Iqaluit conducting interviews). We are very much hoping to hold a meeting of the Reference Group in February, at which time progress to date and our future plans will be reviewed in detail.

Analysis

We are hoping to finish investigating the 14 cases – and the 14 controls – in Iqaluit in the coming weeks, and to then prepare a very preliminary analysis of the data obtained in the capital. This preliminary analysis will not be made public, but will be shared with the Reference Group and the institutions in Nunavut which have supported the study. This preliminary analysis should give all concerned parties a better idea of the kind of results that can be expected from the study.

Additional Work

In addition to the suicide follow-back study, the grant proposal to the CIHR emphasized the importance of knowledge transfer and of research into the roots of resilience. Work is underway to explore options for knowledge transfer to Nunavut organizations and to the communities; this is a subject that will be discussed with the Reference Group in 2008. We also hope to begin work on resilience research in Nunavut in 2008, and realize that this will require a separate scientific research licence from the NRI.

Conclusion

We very much appreciate the assistance of the Nunavut Research Institute as an institution, and the help and advice provided by the friendly and knowledgeable people who work there. We would also like to recognize the contribution made by the Chief Coroner of Nunavut, Tim Neily, without whose support this study would not have been possible.

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