Suicide in Eeyou Istchee

An overview of the death and hospitalization statistics, 1985-2007

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Should we be worried about the suicide rate in Eeyou Istchee? Who is most likely to attempt or complete suicide?
These are questions that residents and health workers often ask—but sometimes the answers are surprising…

About suicide and suicide prevention

> *There is evidence that some undoubtedly well-intentioned initiatives can have harmful effects. (…) The point is (…) to* ***do the things that have been proven to be safe and effective*** *in preventing suicide.*[1]

To begin, it will help to know two things about suicide statistics.

First, in all western countries, there is a strong gender pattern to suicide. Rates of completed suicide are typically much higher in males, while rates of attempted suicide are higher in females. This pattern can also be seen in Eeyou Istchee.

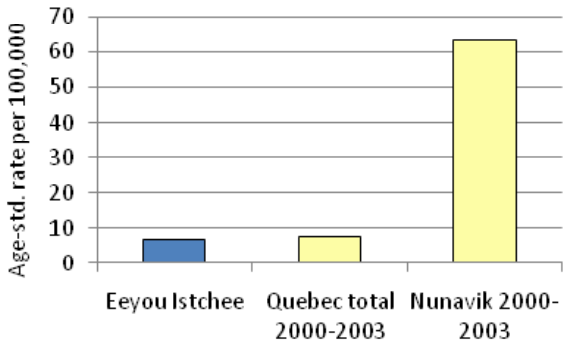
Second, there is often a "copycat" or "cluster" effect in suicides. A region may have no suicides for years, and then experience several within a few months, as one suicide apparently sets off others.[2,3,4] Research shows that this copycat effect is stronger in teenagers than in adults. It also seems to be particularly strong in Aboriginal communities, where people all know one another.

The copycat effect may explain part of the pattern that Eeyou Istchee has experienced in recent years. Because of this effect, experts warn against programs that focus mainly on raising awareness of suicide; drawing attention to the issue can actually increase the rate. Instead, it seems to be more helpful if programs focus on mental health, coping skills, or suicide intervention skills.

Are suicide rates high in Eeyou Istchee?

Many First Nation groups have very high suicide rates, but Eeyou Istchee is an exception: its rate is at or below the Québec average. However, the region saw an unusual number of female suicides in 2004 and 2005: although there had been no female suicides in the previous 11 years, suddenly there were eight, most of them in the Coastal communities, and all using the same method. The female suicide rate fell back to zero in 2006, suggesting that this may have been a cluster rather than the start of an ongoing trend for more young women to commit suicide. The suicide rate among males, meanwhile, has been stable or even dropping.

Figure 1: Age-standardized* suicide rates, Eeyou Istchee 1997-2006 and other regions 2000-2003



Data for Nunavik and Québec total drawn from reference [5].

*"Age-standardized" means that the rates have been adjusted to compensate for the fact that Eeyou Istchee has a higher proportion of youth (the group most at risk for suicide) than Quebec as a whole. The resulting rate is not a true one; it is useful only for comparisons between regions.

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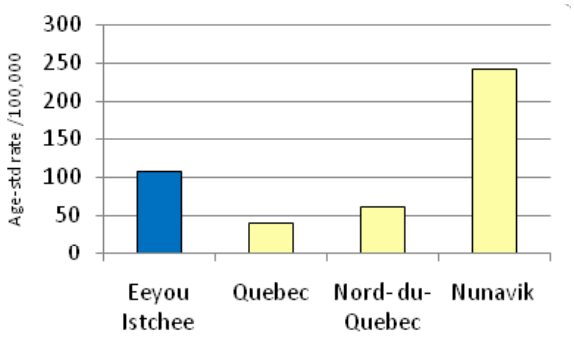
But although rates of completed suicide are average in Eeyou Istchee, hospitalization rates for suicide attempts are higher than average (Figure 2). In females, suicides attempts are the top cause of injury hospitalization, ahead of falls and motor vehicle accidents. (In males, suicide attempts are further 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



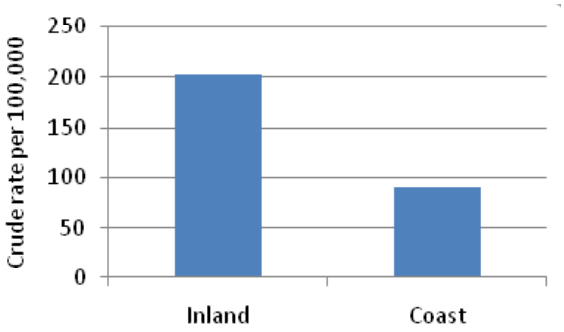
Who is at risk of suicide?

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:*

1. 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

- 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 examens the proof for the effectiveness of approaches with youth and makes recommendations.

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

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.

References

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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