



Injury Prevention Series

SUICIDE IN CREE COMMUNITIES OF EASTERN JAMES BAY : A 10-YEAR STUDY

Suicide causes much more emotional trauma and suffering among family and community members than deaths from other causes. Suicide has long term harmful effects on both present and future generations.

Attempts to commit suicide, known as parasuicides, may be the only way a victim knows how to call for help. All parasuicides must be taken very seriously for two reasons. First, the victim might try again and succeed. Second, since a victim of parasuicide does not know how to communicate his or her inner problems in a less harmful way, he or she needs special help with expressing unmet needs.

You may have heard of a study on injuries in Cree communities that began in 1992. It was initiated by the Cree Board of Health and Social Services with the collaboration of the Injury Prevention Module of the Montréal Public Health Department. Information was analyzed for deaths and hospitalizations during the 10-year period between 1982 and 1992. For hospitalizations, information was obtained from provincial files and actual hospital records. For deaths, information came from interviews with family or friends of victims and from coroners' reports. This material was used to prepare a detailed report of the circumstances of suicides among the Cree with recommendations for prevention. This paper is a summary of the longer report.

Suicides happen with about the same frequency in Cree communities as in the rest of Canada. Cree suicide rates are lower than those of many other First Nations and Inuit communities.

ARE SUICIDE AND PARASUICIDE AN IMPORTANT HEALTH PROBLEM FOR THE CREE?

Because of the anguish these incidents cause, every suicide and parasuicide is important,

We can compare suicide rates among the Cree with those in other groups to see if the problem is more frequent among the Cree. This is done by looking at the number of deaths per 10,000 Cree compared with the number per 10,000 people in other locations.

There were about 8,000 Cree living in the communities of eastern James Bay during

1982-1992. There were 10 deaths from suicide during the 10 year study period, which represents about 1.2 suicides per 10,000 Cree people per year. Thus, on average about 1 person per year committed suicide in all of the Cree communities of eastern James Bay. This is

about the same rate as for the general population of Canada. The suicide rate for Cree females was about half of the rate for women in the rest of Canada, and the rate for Cree males was about the same as for other Canadian men. The suicide rates for the Northwest Territories (where there are many First Nations and Inuit people) and for the Inuit of Quebec were several times higher than for the Cree in Quebec.

Suicides accounted for 14% of all deaths from injury among the James Bay Cree (see Figure 1). Thus about 1

of every 7 deaths from injuries was a suicide. Drownings and motor vehicle injuries were the only other injuries that caused more deaths of Cree than suicide.

There were 80 Cree hospitalizations for para-

suicide during the 10 year study period. Thus there were about 8 hospitalizations per 10,000 Cree people per year, i.e., about 8 times as many hospitalizations as deaths. Parasuicides made up about 8% of all hospitalizations for injuries during the study period. Thus, about 1 in every 12 hospitalizations for injury was for a parasuicide. Furthermore, many victims of parasuicides are never hospitalized, and there may be as many as 18 other victims for each hospitalization.

WHY DO PEOPLE COMMIT SUICIDE OR PARASUICIDE?

Suicide

Nine of the 10 people who committed suicide were male and 5 out of 10 were between 25 and 39 years old.

Information about personal problems and alcohol abuse was available for only some of the victims. All 6 victims for

whom information was available had serious family, marriage or other personal problems at the time they killed themselves. Seven of the 8 for whom information was available had drunk alcohol before they killed themselves.

Parasuicide

Of the 80 hospitalizations for parasuicide, 32 were male and 48 were female. Most were

between 15 and 29 years old. 77% of the males and 47% of the females were reported to be drunk when the incident occurred. About 10% were chronic alcohol abusers. In another 15% of victims, chronic alcohol abuse by someone close to them was a problem.

For more than half of the Cree who committed parasuicide, no previous mental health problems had been noted in the hospital chart. About 25% of victims had made a previous suicide attempt, and 18% were depressed.

Many people who attempted suicide were noted to have long-standing problems. The most frequent were difficult home situations, serious personal problems, feeling rejected or disapproval, chronic misunderstandings and alcoholism (see Figure 2).

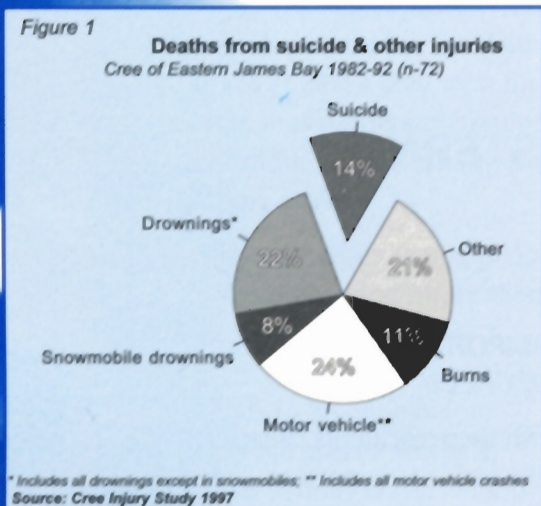
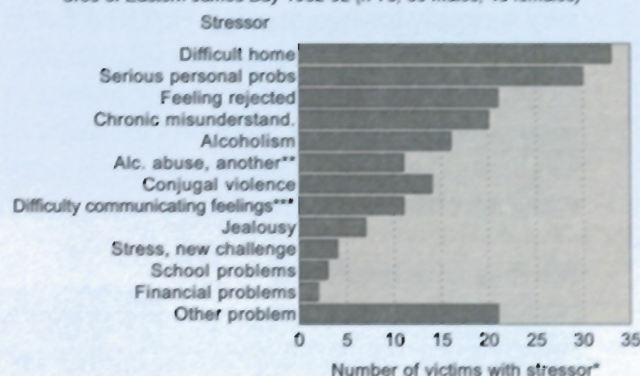


Figure 2
Hospitalizations for parasuicide by chronic stressors
Cree of Eastern James Bay 1982-92 (n=73; 30 males, 43 females)



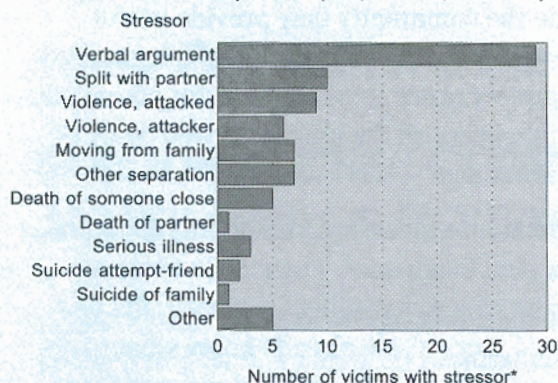
On top of chronic problems, an acute problem was often the «last straw». For males, the most frequent acute problems were an argument with someone close, a split with a girlfriend or partner, and having recently acted violently or been a victim of violence (Figure 3). For females, an argument, moving away from family and other separations and being a victim of violence were the most frequent «last straws».

WHERE DO CREE COMMIT PARASUICIDE?

About 9 out of every 10 parasuicides occurred inside the home in the village. Parasuicides were rare in the bush. This might be because there is less alcohol and less stress in the bush. This has important implications for safe storage of firearms in village homes.

Alcohol is involved in most suicides and parasuicides.

Figure 3
Hospitalizations for parasuicide by acute stressors
 Cree of Eastern James Bay 1982-92 (n=73; 30 males, 43 females)



* Multiple or no response possible: 17 with 1 reported stressor; 8 with 2; 1 with 3; 47 none;
 Source: Cree Injury Study 1997

ARE SUICIDES BECOMING MORE FREQUENT?

In this study, when we compare the earlier years, 1982 through 1986, to the later years, 1987 through 1992, there was an increase in the number of suicides and parasuicides. The most important change was the increase in incidents involving firearms among young adult males 15 to 40 years old. There were 27 parasuicides during the first 5-year period and 46 in the second five years. Part, but not all, of this increase may be due to the increase in the number of young Cree who are at highest risk of suicide and parasuicide.

WAS THERE ANY WARNING THAT SOMEONE MIGHT TRY TO COMMIT SUICIDE?

Most Cree victims of parasuicide had one or more symptoms of depression before harming themselves (Figure 4). It is important for everyone to be aware of these symptoms in order to recognize people who need help.

WHAT CAN BE DONE TO PREVENT SUICIDE?

In general, there are two approaches to preventing suicide. The first is imme-

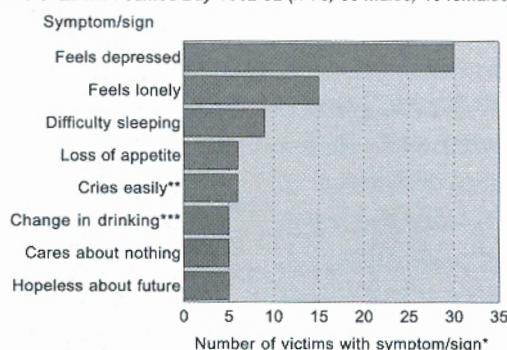
diates short-term emergency prevention with someone who seems depressed, who has perhaps broken up with a partner or moved away from home, and may have a history of violence with themselves or others. These individuals need to be encouraged to talk about their problems, and ensure that they do not use alcohol to avoid their problems. «Binge drinking» involves drinking a lot at one time and is particularly dangerous. When possible, families can help by avoiding keeping pills and guns in the home, or at least be sure that they are locked up at all times. This is especially important in the village where young people have access to alcohol and may be under greater stress.

All victims of parasuicide, even incidents that appear relatively minor, need counselling and follow up, because many victims have long-term difficulties that need to be sorted out. Every suicide or parasuicide should be considered an emergency by the local health staff, and assistance provided to friends and family of victims. The media can help by avoiding publicizing details such as the method of suicide that might encourage imitation by other people.

The second type of suicide prevention is longer term. People need to feel positive and hopeful about themselves and their community. They also need to know how to communicate and share their problems and where to find support during difficult times. Thus the prevention of suicide is a priority for both families and communities and not only a problem of «sick» individuals. For good mental and spiritual health,

people who live in isolated communities need regular healthy recreation, including exercise and some sort of meaningful work or community activities. First Nations communities have been working hard to develop better ways of communication between youth and elders, recreational programs, stronger support and self-help networks in communities, more job creation, more family counselling and so on.

Figure 4
Hospitalizations for parasuicide by symptoms & signs of depression
 Cree of Eastern James Bay 1982-92 (n=73; 30 males, 43 females)



* Multiple or no response possible: 19 with 1 reported; 15 with 2; 4 with 3; 2 with 4; 2 with 5; 28 with none; ** 5 of 6 were females; *** All were males
 Source: Cree Injury Study 1997

If everyone in Cree communities stored guns and ammunition separately in padlocked storage, this would prevent many suicides, violent assaults, and other incidents such as shootings when children play with firearms. Safe firearm storage is particularly important for preventing impulsive suicide among temporarily upset young males.

Similarly, when young people develop an alcohol problem and injure themselves in other ways, this should be a strong signal that something needs to be done before they harm themselves in more serious ways. Parents also often need support to learn parenting skills and coping mechanisms, especially if they were deprived by early separation from their parents of the opportunity to learn such skills as a child. Cree males have grown up in a society where a strong silent man was admired. This type of behaviour may have worked well in the bush. However, because of the many stresses of living and working in towns, men need to be able to communicate what they are feeling and talk about their problems before they become dangerously upset. Otherwise, a man could harm himself or others. Thus many men need special help in learning to communicate their distress and asking for assistance before their problems become too severe.

Participation in traditional activities has been an important source of self-esteem for Cree men. In villages where traditional activities have become less frequent, new skills can be developed to provide a sense of pride and accomplishment. With rapid change, it is a challenge to find new ways of maintaining essential traditions and spiritual beliefs. People who feel empowered are strong and they wel-

come positive changes and resist harmful ones. While some development projects that originate outside the community may provide useful short-term benefits such as paid employment, each project needs to be assessed for potentially harmful effects on the long-term well being of the community.

Some communities have found it useful to prepare a plan in advance. Then when someone harms or tries to harm him or herself, the people already know what to do. This plan includes collaboration of the schools, media, health workers, police, counsellors, and others. It involves helping the affected person, their family, friends, and the community before the harmful behaviour spreads to others. People have found it helpful to share the responsibility of coping with and preventing these tragic events.

In the village, guns and ammunition should be kept locked up at all times in order to prevent suicides and parasuicides. This also prevents assaults when people are drunk or angry and prevents children from playing with guns and shooting someone.

For further information or to see the detailed report on which this summary is based, call the *Public Health Module -- Cree Region of James Bay* in Montreal at (514) 861-2352 or fax (514) 861-2681. Copies will also be distributed to local clinics & social services offices, band councils, and schools.

The report was prepared by Dr Peter Barss, assisted by Isabelle Masson, Dr Nicole Damestoy, Dr Joyce Pickering, Nadine Gros-Louis, & Dr Elizabeth Robinson. Design by Paul Cloutier. Thanks to Cree interviewers, Public Health Officers, Safety Officers, & Clinic Staff for help and support. The Ministry of Health and Social Services of Quebec provided partial funding. The image of Canada geese is based on a painting by Margaret Orr, a Cree artist from James Bay. The geese symbolize Cree life and culture. Their upward flight evokes a sense of freedom, and suggests traditional values guiding the way to the future.