

Risk Factors of Inuit Suicide in Canada

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Abstract

This paper focuses on what factors influence the high rates of suicide within Canada's Inuit populations. The areas that have data include Nunavut, Nunavik, and Nunatsiavut. Based on studies, specific factors that have been found through psychological autopsies will be assessed throughout the paper. These factors include the historical cultural influences, such as the devastating effects of residential schools, that have been shown to have been passed on through generations. Social learning theory has the potential to explain why effects of residential schools are still felt in Inuit populations. Also, relationships have been found to have an impact on suicide, specifically relationship satisfaction. Substance abuse is also prevalent among Inuit who die by suicide, including alcohol and cannabis use. Physical and sexual abuse play a role in Inuit who die by suicide. Lastly, specific psychopathologies are assessed as they are prevalent in Inuit who die by suicide. Through a review of the literature these factors that increase the risk of suicide in Inuit are assessed and examined. This information is critical to implementing effective strategies to reduce the risk of Inuit suicide. A possible solution to decrease the risk of suicide is gatekeeper training, where community members are trained in suicide prevention. Traditional Inuit cultural activities should be considered in implementing a successful prevention program, as Inuit reported how traditional activities increases their mental health.

Risk Factors of Inuit Suicide in Canada

Suicide rates are drastically higher among the Inuit populations compared to the general population of Canada. According to Crawford (2016), this rate could be as much as 40 times higher within a specific Inuit population compared to the general population of Canada. This specific population includes men aged 15- to 29-years-old in Nunatsiavut during 2009 and 2013. Colonialism had a major impact on Inuit people as it rapidly changed their traditional culture, including their methods of survival, relationships, and education (Kral, 2016); residential schools were a significant contributor to cultural and emotional issues within Inuit because of the harsh treatment experienced. Social learning theory (Bandura, 1963) is a possible explanation as to why the effects of residential schools are still felt across Inuit culture. Studies have been conducted to assess what factors influence the high rates of suicide within Inuit communities, specifically in the Nunavut and Nunavik regions (Chachamovich, Kirmayer, Haggarty, Cargo, McCormic, & Turecki, 2015; Boothroyd, Kirmayer, Spreg, Malus, & Hodgins, 2001). From these studies the risk factors of Inuit who die by suicide include cultural history, interpersonal relationships, substance abuse, sexual and physical abuse, and psychopathy. It is important to assess what these risk factors are in order to create a successful intervention to reduce the risk of Inuit suicide. An approach that has shown to be effective is the training of gatekeepers (Teo, Andrea, Sakakibara, Motohara, Matthieu, & Fetters, 2016). Gatekeeper training includes training individuals in suicide prevention so that they know how to approach an individual with suicidal ideation or is contemplating suicide (Nasir et al., 2016), which possibly may aid in reducing the stigma of seeking professional help. The term “gatekeeper” is a metaphor for opening a gate where people can seek help for suicide. According to Nasir et al. (2016) it is

necessary to implement a culturally specific suicide prevention plan for Indigenous people, due to the rich unique cultural history of this group.

Cultural History

History is important in understanding how a culture, and its members, is shaped from influences of the past. Inuit have been living in the Canadian Arctic for thousands of years before the first major influence of explorers affected the traditional way of life (Kral, 2016). These were whalers from Scotland and the United States during the mid-1800s to approximately 1920. The Inuit helped the whalers and were given flour, tobacco, guns, and small boats in return (Kral, 2016). From these four items, it is possible to see how Inuit lives could have been radically changed, such as guns making it easier to hunt animals than with traditional handmade tools. During this period Inuit also began to settle into camps along coasts rather than continuing their nomadic lifestyle. According to Kral (2016), the second wave of European influence was called “trinity” and took place during the 1920s to the 1950s. During this time religious missionaries, the Hudson Bay fur company, and the Royal Canadian Mountain Police established themselves within Inuit communities. These outside forces influenced the function of Inuit people as they were exposed to a Westernized economic system that valued religion and capitalism. Although this may seem to have had drastic effects, what is even more severe is when the Canadian government took control of the Inuit during the 1950s and 1970s (Kral, 2016). Inuit were forced to resettle from their camps into communities that were controlled by the Northern Service Officers. Within only a few generations it is evident that there have been substantial changes that required a great deal of adjustment. This is the period in which the lasting and traumatic effects of residential schools took place, which considerably contributed to the effects of colonialization that Inuit in Canada had dealt with.

Residential Schools

Residential schools are a part of a dark period in Canada's history. Aboriginal youth were taken away from their families and culture, and forced to assimilate into "white" culture. They were taught fundamentally different values in life such as that their parents and grandparents were inferior to white people (Kral, 2016) and how being a good hunter was less prestigious than working jobs for an income. These values are pointedly different from traditional Inuit values, as Inuit value respect to their elders, and being a good hunter was extremely important as it was necessary for survival living in the sub-Arctic and Arctic regions of the Canadian North.

A study conducted by Bombay, Matheson, and Anisman (2011) explores the lasting effects of Indian Residential Schools (IRS) on second generation survivors. Although the IRS was comprised of different First Nation groups, excluding Inuit, the fundamental concepts are comparable. The IRS were in effect from about 1863 to 1996 which brought neglect, abuse, and trauma to the attenders (Bombay et al., 2011). This study hypothesized that depressive symptoms in adults whose parents attended IRS would predict stressful life experiences and would be more prevalent than adults whose parents did not attend IRS. The participants in this study included First Nation groups from multiple provinces in Canada. For this analysis it is important to note the wide range of participants as the results show significant effects that happened in multiple places throughout Canada. Bombay et al. (2011) found that participants with at least one parent who attended IRS showed statistically significant higher amounts of depressive symptoms ($M = 7.21$, $SD = 6.66$) compared to participants whose parents did not attend ($M = 4.38$, $SD = 3.95$; $p < .01$), even after age and household income was controlled for. Additionally, this study assessed the mediating role of parental IRS attendance and the

vulnerability of depressive symptoms. It was found that there was a significant interaction between participants whose parents attended IRS and the number of adult traumas experienced ($p < .05$) and perceived discrimination ($p < .05$). In the control group, participants whose parents did not attend IRS, were found to have depressive symptoms that were comparable to a sample of older Euro-Canadians. Childhood adverse experiences were also assessed. It was found that First Nation adults whose parents attended IRS reported more childhood adverse experiences ($M = 4.93$, $SD = 2.53$) compared to First Nation adults whose parents did not attend IRS ($M = 3.00$, $SD = 2.78$). These results show that the depressive symptoms may be more closely linked to cultural experiences rather than on a personal level since adults with parents who attended IRS showed more depressive symptoms compared to adults whose parents did not attend IRS. This shows that IRS continue to have an influence on Inuit peoples throughout generations.

Therefore, this exemplifies the need for a specific, culturally-tailored prevention plan, including Inuit as they have gone through similar experiences in residential schools. The results of Bombay et al. (2011) show that the influence of IRS is lasting, as it is passed on through generations of First Nation groups across Canada. The importance of understanding this cultural influence is critical in assessing aboriginal groups as this is a specific event that happened to a culture. If the effects are being passed on through generations then it is important to realize that these effects may influence the high rates of suicide among Inuit in Canada.

Social Learning Theory

Social learning theory may play a role in why the effects of residential schools are being felt through generations of Inuit. Children who were exposed to violence may elicit violence to their children, thus repeating the cycle through generations. In Bandura, Ross, and Ross' (1963) study of nursery children between the ages of 38 and 63 months, children have demonstrated the

effects of expressing aggression after being exposed to a short film. Children were shown a film where the actors either played with toys aggressively and then rewarded for their aggression, actors who played aggressively then punished for their aggression, actors who played non-aggressively, and a control group. Children were assessed on how aggressive they played with toys later in a laboratory setting. It was found that children who were exposed to the film that contained aggressive and rewarding conflict were significantly more aggressive compared to the aggressive punishment condition ($p < .05$), the non-aggressive condition ($p < .025$), and the control group ($p < .001$). These results demonstrate the strength social learning theory has on children, as using aggressive behaviour was seen as a reward to get what the actor wanted (Bandura et al., 1963). This has a negative consequence as children may identify with the aggressor's behaviour and attribute the reward to themselves (Bandura et al., 1963). Children who attended residential schools have experienced negativity, hostility, and abuse when they were assimilated into "white" culture. From a social learning perspective, these children may have learned aggressive behaviours and expressed it throughout their lives. Furthermore, Bandura (1969) argues that people may identify with other sources other than their parents; people can learn to identify from multiple models such as teachers, other adults, community members, peers, and the media. As it was a culture that felt the effects of residential schools, not just the individual members, aggression can be amplified to a much greater strength.

Knowledge about cultural history is critical to understanding the lasting effects on a culture and its people. It is possible that what survivors have learned while attending residential schools may be passed on through generations of Inuit, who are still experiencing the effects today. Understanding this should be considered when implementing prevention strategies for

dealing with the high suicide rates of Inuit populations, along with the knowledge of what risk factors are prevalent within Inuit populations.

Relationship Status

Relationship status has been found to influence people's risk factor to die by suicide. Studies have assessed what correlations exist in people who died by suicide compared to people in the same population who are still living. In Chachamovich et al. (2015) participants who died by suicide were more likely to be single than the control group. Fifty-two and a half percent of suicide subjects, compared to 37.5% of the control subjects were single, while 40.8% of suicide subjects and 56.6% of control subjects were either married or common law. These findings are consistent with Fraser, Geoffroy, Chachamovich, and Kirmayer (2015), who assessed gender differences of Inuit youth in Nunavik, Quebec. They found that 28.9% of participants who died by suicide were married, indicating that approximately 70% of participants who died by suicide were single. These correlations show that relationship status, primarily being single, plays a role in people who die by suicide. However, since this is correlational data no causal claims can be made although there may be a relationship involved.

Till, Tran, and Niederkrotenthaler (2016) studied the risk factors involved with relationship satisfaction and suicide. Till et al. (2016) divided their participants into high relationship satisfaction ($N = 104$), low relationship satisfaction ($N = 117$), and no relationship ($N = 156$). Participants were in relationships for a mean of 12.6 years with a standard deviation of 13.5 years. There were no significant differences between relationship length and suicidality, hopelessness, and depression in their findings. Since no correlations were found it is possible that people may have longer relationships may have longer relationships because they are secure and satisfied in them. However, there were significant results between the groups with high

relationship satisfaction, low relationship satisfaction, and no relationship relating to suicidal ideation ($p < .001$), hopelessness, ($p < .001$), and depression, ($p < .001$). Specifically, it was found that people with high relationship satisfaction had the lowest suicidal ideation compared to participants who had a low relationship satisfaction ($p < .001$) and participants who were not in a relationship ($p < .001$). Individuals with low relationship satisfaction may have more psychological distress in their lives which could contribute to their suicidal ideation because their relationship may possibly be their source of stress. Hopelessness was higher among individuals who were single than those who had a high relationship satisfaction. This was also significant for rates of depression ($p < .05$). Furthermore, participants who had a low relationship satisfaction had even lower levels of suicidal ideation, hopelessness, and depression than participants who were single. These results indicate that people with a high relationship satisfaction are at a lower risk of suicide than people who are single, and especially compared to people who are in a low satisfaction relationship. This information is important to acknowledge when treating people who are at a risk for suicide because their relationship may play a factor in whether or not they are going to kill themselves.

Relationship conflict was also assessed in Till et al. (2016). Significantly more participants in the unresolved conflict group had higher levels of suicide ideation ($p < .001$), hopelessness ($p < .001$), and depression ($p < .001$). This demonstrates the effect that unresolved relationship conflict can have on an individual. A study conducted by Kuster et al. (2015) on avoidance orientation and escalating negative communication in relationships aids in the explanation of how relationship dynamics are complex. It was found that relationship satisfaction correlated with negative communication, in that couples who were satisfied in their relationship communicated less negatively. Couples who engaged in high avoidance behaviours

had more negative communication during the study that escalated over time. Although this information may seem like common sense, it is relevant in the treatment to individuals who are at an increased risk for suicide. Since there is research that has shown relationship satisfaction increases the risk for dying by suicide it is important to recognize relationship's dynamic and the influence a poor relationship could have on an individual. Specifically, since research has shown relationship status is a factor in Inuit dying by suicide it is important to recognize who is at risk. If Inuit are in a dissatisfied relationship then professionals can use this knowledge to address the needs of their clients effectively, as a relationship with low satisfaction increases suicidal ideation.

Substance Abuse and Relationships

It is now evident that relationship satisfaction plays a role in people's decisions to die by suicide, but with the additional conflicts of substance abuse relationships may be under even more pressure. Problems may arise financially, communicatively, or interpersonally, as drugs are a major part of a substance-abuser's daily life. Stewart and Birchler (1998) studied marital conflicts of couples with a drug-abusing husband and compared to them to married couples with non-drug related relationship problems. In the drug-abusing couples it was found that they engaged in emotionally charged discussions, failed to remain focused on the identified disagreement, allowed negative interactions to escalate quickly, made verbally abusive and threatening comments, and failed to resolve solutions on identified problems (Stewart & Birchler, 1998), while the control group expressed these behaviours less. Furthermore, it was found that drugs were an emotionally charged topic for wives to bring up in arguments. This is because the drugs affected regions of the couples' lives such as financially, intimately, and in household duties. But how does this information relate to reducing the risk of Inuit suicide?

Studies of Inuit populations in Canada found correlations to people who died by suicide and substance abuse (Chachamovich et al., 2015; Fraser et al., 2015).

Substance Abuse

Chachamovich et al. (2015) found participants who died by suicide were more likely to have at least one first-degree relative with either an abuse or dependence on alcohol and drugs compared to the control group. Participants who died by suicide were more likely to have a diagnosis of a dependence or abuse to alcohol (37.5%) compared to the control group (17.5%) in the past 6-months prior to death. It was also found that participants who died by suicide were significantly more likely to have had abused or depended on cannabis (57.5%) than the control group (25.6%). Comprehending the prevalence of drug and alcohol abuse within Inuit populations is important to know when assessing the types of treatment that is needed to be effective. If individuals are under the influence of a substance, especially a depressant, and their cognitive abilities are impaired, then they may decide to kill themselves without fully thinking their decision through. Unfortunately, even though it may be regretted moments prior to death, we cannot know if the decision to end their life was actually what the person wanted.

In Fraser et al.'s (2015) study of Inuit youth of Nunavik, a difference of alcohol and cannabis use was found between gender. Overall, significantly more men reported using cannabis than woman (84.1% and 65.2%, $p < .05$). However, a closer examination of the age differences (15-17 year olds vs. 18-24 year olds) showed that older women were more likely to use cannabis than younger women. These results express the need to specifically understand what groups are vulnerable to substance abuse for the prevention of suicide, as people who died by suicide have experienced substance abuse issues. For effective treatment, having knowledge about what methods are effective in substance abuse disorders is useful for treating people who

are at an increased risk for suicide. However, effective treatment may not be enough to reduce the effects of abuse, especially in correlation with suicide, if people are not willing to seek treatment.

Probst, Manthey, Martinez, and Rehm (2015) assessed alcohol use and the reasons why people do not seek treatment ($N = 1,008$). They found the most common reason why people do not seek treatment for alcohol abuse is because people did not see their drinking as a problem or they did not need help for their drinking (55.3%). This is a problem itself because people may not realize how alcohol can negatively influence their lives. The second most common reason was stigma or shame (28.6%). This is an important factor to consider when trying to get people to reach out for help, within a range of mental disorders, because it holds people back from realizing they need to seek professional help but are too concerned with the way other people may perceive them. Other reasons include encounter barriers (22.8%), such as not wanting to stop drinking, and wanting to cope alone (20.9%). Although the participants come from 6 European countries, it is important to assess what factors influence the reasons why people do not want to seek help for alcohol abuse. As reported previously, suicide rates in Inuit populations who died by suicide are correlated with alcohol abuse. It is plausible that Inuit may encounter similar reasons for not seeking help for their addictions. Possible studies for determining what reasons hold people back for seeking treatment within Inuit populations in Canada may be influential in getting people to seek treatment that they need. If an Inuk has a substance abuse problem, knowing how to get them to seek treatment will be one step closer to preventing suicide.

Physical and Sexual Abuse

Abuse of any sort can be harmful to the person that is feeling its devastating effects. Physical and sexual abuse increases Inuit men and women's suicidal risk. In Chachamovich et al.'s (2015) study of Inuit youth in Nunavut it was found that participants who died by suicide were more likely to be abused than the control group. More specifically, sexual abuse was more frequent in the participants who died by suicide (47.5%) compared to the control group (27.5%). Participants who died by suicide (15.83%) were more likely to report sexual abuse during childhood than the control subjects (6.66%). Although there were more reports of physical and psychological abuse among participants who died by suicide compared to the control group, it did not reach significance. In a health survey of Inuit peoples ($N = 1923$) in Nunavut by Galloway and Saudny (2012) between 2007 and 2008, 31% of participants experienced severe physical abuse during childhood. Furthermore, 50% of participants reported severe physical abuse as an adult. Shockingly, 41% of participants reported experiencing severe sexual abuse as a child, while 18% of participants reported experiencing severe sexual abuse as an adult. Experiencing physical and sexual abuse increases the risk of an individual dying by suicide (Galloway et al., 2012), so it is important to have the knowledge of abuse prevalence that can increase the risk of suicide.

Exposure to violence, relationship violence, and relationship satisfaction plays a role in adolescents' and young adults' perceptions of romantic attachment (Godbout, Daspe, Sabourin, Lussier, & Dutton, 2017). It was found that perpetrated relationship violence was a mediator between an anxious attachment style and relationship satisfaction. This is a perplexing finding as it indicates the effects that violence can have on a person, although the effects are not directly observable. The results show that the individual with attachment insecurity had an increased risk of perpetrating relationship violence and experiencing poorer relationship satisfaction (Godbout

et al., 2017), indicating that exposure to violence as an adolescent or young adult may have a negative effect on an individual, causing them to express violence as well. As previously mentioned, children who attended residential schools were exposed to violence as children (Kral, 2016). It is possible that the Inuit children could have learnt violence and passed it down generationally through the process of social learning theory. Dysfunctional families may have an influence on its members' psychological adjustment (Yama, Tovey, & Fogas, 1993).

Yama et al. (1993) assessed childhood family environment and sexual abuse for predictors of anxiety and depression in women. The results indicate that participants with a history of sexual abuse reported higher levels of depression ($p < .025$), and anxiety ($p < .025$) compared to the control group. It was also reported that their families growing up were less cohesive ($p < .01$) and they had conflict with family members ($p < .05$). Interestingly Yama et al. (1993) found that family environment acted as a buffer between childhood sexual abuse and symptoms later in life. Participants who were sexually abused and grew up in a family environment high in conflict, low strictness, and high cohesiveness lead to a greater likely for depressive symptoms. These results indicate the role of the environment as a mediator for interpreting events. Commonly it is expected that sexual abuse as a child will leave traumatic effects on an individual, including depression and anxiety, which is exactly what these results show.

Inuit who died by suicide were more likely to have had histories of physical and sexual abuse, which may have been a contributing factor in their decision to die by suicide.

Understanding the prevalence and effects of physical and sexual abuse is important so professionals can effectively treat Inuit who experienced abuse.

Psychopathy

Psychological disorders play a role in suicide risk, however you do not need a psychological disorder to make the decision to kill yourself. In the case of the Inuit population of Nunavut who died by suicide, family history of psychopathy showed a significant prevalence, especially with participants with a first-degree relative who had major depressive disorder (Chachamovich et al., 2016). Major depressive disorder, according to the DSM-IV (American Psychological Association, 2014), is characterized as depressed mood most of the day, nearly everyday, loss of interest in activities, changes in weight, changes in sleep, feelings of worthlessness, and loss of energy, just to name a few symptoms. An individual must have at least 5 of the listed symptoms for at least a 2-week period. Based on these criteria, major depressive disorder causes a significant difference in the quality of life to an individual who remains untreated. Chachamovich et al.'s (2016) participants who died by suicide were significantly more likely to be diagnosed with a mental illness compared to the control group. Additional testing revealed that of these participants who died by suicide were more likely to receive a diagnosis of major depressive disorder in the past 6 months prior to death compared to the control group (54.16% and 8.3%, respectively). Across the lifetime analysis shows that the percentages with 60.8% of the suicide participants and 24.6% of control participants were likely to be diagnosed with major depressive disorder.

Impulsivity plays an important role in suicide because an individual can make a rash decision to end their life. In Chachamovich et al. (2015) it was found that participants who died by suicide were more likely to be diagnosed with Cluster B personality disorders according to the DSM (American Psychiatric Association, 2013). Cluster B personality disorders include borderline personality disorder, antisocial personality disorder, conduct disorder, and obsessive-compulsive personality disorder. It was found that participants who died by suicide had

significantly higher rates of these personality disorders than the control group. Participants who died by suicide had a diagnosis rate of 20.53% for borderline personality disorder, compared to only a 4.76% rate in the control group. Borderline personality disorder is characterized as an unstable perception of interpersonal relationship, self-image, and emotions, along with increased impulsivity. Interestingly, one of the criterion includes recurrent suicidal behaviour, gestures, threats, or self-mutilating behaviour (American Psychiatric Association, 2013). This shows that there is possibly a link between borderline personality disorder playing a role in the increased number of suicides in the Inuit population of Nunavut. Similarly, in Fraser et al. (2015), suicide attempters reported they were more likely to get angry more quickly compared to non-attempters (35.7% vs. 13.6%, respectively). However, this did not reach statistical significance ($p = .51$). Investigating what mental illnesses affect Inuit populations is extremely important as it suggests which specific behaviours may be involved. Mental health professionals will be able to increase their effectiveness when knowing what psychological disorders are prevalent in Inuit cultures, as Inuit culture differs greatly from other cultures.

Gatekeeper Training

Gatekeeper training educates members of a community about suicide prevention to help those who are in a suicidal crisis (Shtivelband, Aloise-Young, & Chen, 2015). According to Shtivelband et al. (2015) it is possible that gatekeeper training subsides over-time. They assessed what gatekeepers feel is needed to ensure that there are lasting effects. It was found that areas that can improve gatekeeper suicide prevention includes social network, continued learning, community outreach, accessibility, reminders, program improvement, and certification. Community outreach, defined as the process involving more individuals within the community with suicide prevention through recruitment, program tailoring, awareness, and volunteer

opportunities (Shtivelband et al., 2015), provides insight into what areas of gatekeeper training need to be highlighted to be effective. It is important to understand that gatekeeper training needs to be continued and maintained in order to help community members dealing with suicide.

In a study conducted by Teo et al. (2016) brief gatekeeper training was shown to be effective in reducing the risk of suicide among Asian-Americans. Participants of this study had to listen to a 15-minute lecture about how to directly ask a person about suicidal thoughts, how to persuade a person to reach out for help, and how to make a referral for professional assistance. The control group received a lecture on the issues of suicide in Japan with an emphasis on history, anthropology, medical practice, and literature. This study found that 86% of the participants in the gatekeeper condition found the lecture excellent, while only 27% of the control group found it excellent. Participants in the intervention group overall reported that they were more likely to use gatekeeper behaviour in a suicidal situation ($p < .001$). Providing a successful, well-liked intervention for community members that can potentially reduce the risk of suicide demonstrates a possible method to reduce suicide rates. Also, the intervention group reported that they would question, persuade, and refer, individuals in a suicidal situation significantly more than the control group. Interestingly, the intervention group also reported a significant increase in their promotion of treatment as a social norm and the belief that seeking mental health professionals would be help a person who is at suicidal risk. This brief intervention shows many positive results in the promotion of helping people who are at risk of suicide. Based on Teo et al.'s (2016) study, an intervention aimed towards Inuit populations may be effective in reducing the risks of suicide. If family, friends, and community members are able to support people who are at risk for suicide by asking them about it, persuading them to get help, and making a referral for them then the risk of suicide in Inuit populations may decrease.

Incorporating Traditional Culture

Another method to treat Inuit in Canada includes incorporating traditional activities, such as fishing, hunting, and berry picking, into interventions as a coping mechanism to experiencing distress. In a survey conducted by Galloway and Saudny (2012), it was found that participants were more likely to report how important it was to be able to go out on the land. Eighty-six percent between the ages of 18-29-years, 89% between the ages of 30-49-years, and 96% over 50-years reported that being able to go out on the land was very or somewhat important to them. Other activities that were commonly reported included picnics, walking long distances, and recreational snowmobiling. In a qualitative study done by MacDonald, Willox, Ford, Shiwak, Wood, the IMHACC Team, and the Rigolet Inuit Community Government (2015) assessed perspectives of mental health on Inuit youth (ages 15-25-years-old) in Nunatsiavut. Five major protective factors were found that Inuit youth used to increase their mental health; being on the land, connecting to Inuit culture, strong communities, relationships with family and friends, and staying busy. One participant stated “Oh yes, [the land] can help you. It can soothe you and help you take things off of your mind. You can go off wooding or something like that. And take your frustrations out on a junk of wood...” (MacDonald et al., 2015). Participants in this study reported being on the land as one of the most important tools for connecting to their traditional culture. Traditional culture is tied to their social identity as it shapes their values, memories, and relationships (MacDonald et al., 2015). Since tradition and culture are important aspects that increase mental health in Inuit across Canada, implementing culture into suicide prevention is an appropriate approach to consider. Inuit are shaped by their culture and community so having knowledge to as to how it may increase mental health is an important aspect to reflect on in creating a successful prevention plan for Inuit suicide.

Conclusion

Inuit populations of Canada have a unique history that creates a different cultural context than the rest of the general population. Unfortunately, the Inuit populations in Canada are at an increased risk of suicide, sometimes as high as 40 times greater than the general population (Crawford, 2016). According to Crawford (2016), in the Inuit region of Nunatsiavut, men aged 15-29-years old during 2009 and 2013 have reached this peak risk. The Nunavut and Nunavik regions have been studied and shown to have prevalent issues within its Inuit populations through psychological autopsies. Cultural history, relationship status, substance abuse, physical and sexual abuse, and psychopathy have been shown to play a role for an Inuk to die by suicide. By knowing these issues, it is important to use this information into consideration in order to implement an effective suicide prevention plan, as cultural relativism plays a crucial role (Nasir et al., 2016). However, an effective method, gatekeeper training, has shown to be an effective method in increasing positive attitudes toward suicide prevention strategies. Participants who were briefly trained showed increased attitudes in helping a person at suicidal risk by questioning them, persuading them to get help, and making a referral for further help. To decrease suicidal risk in Inuit populations, the gatekeeper method may be effective in increasing people's attitudes toward suicide. An approach that professionals should take into consideration is traditional Inuit culture of being on the land. Doing traditional activities, such as hunting and fishing, were shown to increase mental health in Inuit youth in Nunatsiavut (MacDonald et al., 2015). Gatekeeper training, and incorporating traditional Inuit culture into intervention plans are a potentially effective way to reduce the risk of suicide in Inuit populations across Canada.

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