

Suicide in the Aboriginal Population of Canada

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1. Introduction

Suicide is defined as an intentional act that leads individuals to cause self-inflicted harm resulting in death. It is an international health problem that affects all communities around the world. However, Canada especially its aboriginal youth population is at a particularly high risk compared to any other community on a global scale (Kral, 2012). Suicide rates in Canada have been consistent over time making it a real societal concern. Intervention methods have been largely unsuccessful wherein comprehensive studies have been made in order to understand the causes that lead young people to commit suicide (Kral, 2012). It is a considerable challenge in Canada to apply an effective intervention method based on sociological and psychological studies. However, most would agree that increased services of expertise in research and clinical services should be made more available in order to curb the trend of suicide among aboriginal youths (Hallet, Chandler, & Lalonde, 2007).

Aboriginals in Canada are more likely to commit suicide with rates as high as thirty six times compared to non-aboriginals. The aboriginal communities of Pikangikum and Inuit have a higher suicide rates than the country's national average resulting in 470 deaths per 100,000 and 178 per 100,000 respectively (MacNeil, 2008). These are even higher rates than the world's average, which is an alarming public health issue (MacNeil, 2008). Furthermore, future forecasts indicate that suicide rates are most likely to increase in aboriginal youth from ages ten to thirty nine that affects both males and females (MacNeil, 2008). Although there is some disparity in actual suicide death reporting, the general trend is upward calling for the Canadian government to implement stronger intervention methods (MacNeil, 2008). This paper examines the public health issue of suicide amongst aboriginal communities. It aims to identify social determinants

and ecological factors that affect this marginalized population. It will review current measures to address this health issue and propose plausible recommendations.

2. Literature Review

2.1. Suicide in aboriginal youth and its significance on public health status

Suicide in aboriginal communities is also a global health problem as incidences are similar in other countries such as Brazil, United States and New Zealand (Kral, 2012). It is especially more prevalent in young males but also affects the female population. Canada however, has the highest incidence rate of suicide amongst all countries wherein nearly eighty-four out of a hundred thousand commit suicide as of 2012 based on studies on the Inuit community (Kral, 2012). The rate of suicide has gradually increased since the new millennium peaking at 2003 with more than a hundred suicide deaths (Kral, 2012). Public health concerns began in the eighties as suicide rates were increasing amongst Canada's aboriginal communities prompting the government to implement research studies and intervention methods. However, suicide rates have continued to increase through the decades prompting a re-evaluation of research methods and clinical services pertaining to the rise of psychiatric and mental health problems in aboriginal populations (Kral, 2012).

The most dramatic effects are seen in aboriginal youths wherein they are twenty times more likely to commit suicide compared to non-aboriginals in the same age category (MacNeil, 2008). This affects the youth as young as ten years old (MacNeil, 2008). In some comparative studies that were published in the nineties, suicide has a higher incidence rate of nearly six times especially for those aged ten to nineteen. By 2003, suicide was considered as the leading cause of

death in Canada with nearly fifty three thousand deaths since the late eighties. Moreover, suicide is at greater risk for adolescent males compared to adolescent females wherein males are most likely to be successful in committing the act (MacNeil, 2008). This is not to discount the number of adolescent females who have also attempted to commit suicide (MacNeil, 2008). The rate of suicide in both genders are considered to be highly similar but particularly affects females groups between the ages 15–24 and 25–39 years wherein it is estimated that 35 per 100,000 are able to complete suicide acts (MacNeil, 2008).

The Canadian government provides federal funding for health services in aboriginal communities (Tester & McNicoll, 2004). Since the nineties, mental health professionals have provided training on suicide intervention working with community leaders and members (Tester & McNicoll, 2004). For example, this was implemented in Inuit community through the Nunavut government. However, this intervention was considered unsuccessful, as suicide rates have continued to increase (Tester & McNicoll, 2004). The only positive result of the collaboration was being able to highlight suicide risk factors wherein colonial intergenerational trauma and distress was cited as a causal factor for suicide rates (Kral, 2012). In this way, linkages between traumatic events that are particularly unique to the aboriginal culture was determined that allows for a better understanding of suicide causality (Kral, 2012).

The Nunavut government was able to publish a suicide prevention report by 2010 that provided recommended strategies to improve mental wellness amongst its youth. This included community based activities that seek to improve mental health under the assumption that suicides were caused by psychiatric disorders (Kral, 2012). This also reflects the intervention methods applied amongst aboriginal communities in Canada wherein clinical services focused on

providing psychiatric intervention as a means to promote mental health. As such, there was an emphasis on scientific or Western form of intervention rather than actual aboriginal community collaboration. The Canadian government has since followed psychiatric approaches in treating the aboriginal youth suicide problem (Kral, 2012).

However, this highlighted another problem in addressing this public health issue as there is a contrast in the intervention method used versus cultural acceptance of Western science. This is similar to the cases in aboriginal communities in other countries based on ethnographic studies of indigenous people who live in reservations e.g. United States Native Americans (Kral, 2012). The intervention methods are government based which was evaluated to be ineffective in meeting the unique cultural needs of aboriginal communities. For example, aboriginal families preferred traditional cultural methods of healing rather than pharmacological approaches. While psychiatric treatment has received academic and scholarly acclaim for its effectiveness as a prevention science, these practices are not widely accepted amongst indigenous cultures making intervention methods thus unsuccessful (Kral, 2012).

The significance therefore of resolving this public health issue is important as suicide rates in Canada are the highest in the world (Mann, Apter, Bertolote, Beautiars, Currier, Han,...Hindin, 2005). By not accepting psychiatric forms of treatment, this creates a quandary of problems for the government in properly resolving the issue. As such, suicide ranks as one of the leading causes of death in the country (Mann et al., 2005) it highlights the prevailing mental and societal problem that supports the prevalence of suicide incidence rates. Furthermore, with the lack of cultural acceptance and support from community leaders and members the country will be unable to mitigate the problem of suicide deaths. In this way, community participation is

highly valued to help increase cultural acceptance of scientific based methods. Moreover, it is recommended that more in-depth community studies be undertaken in order to find the underlying causes, which leads aboriginal youth to commit suicide (Mann et al., 2005). By focusing on cultural and historical studies, it is believed that a comprehensive culturally sensitive intervention method can be implemented that is a hybrid of scientific and cultural beliefs. This multi-faceted approach is seen to be a more effective solution in resolving suicide as a public health issue (Mann et al., 2005).

2.2. Social determinants that affect suicide rates in aboriginal youths

2.2.1. Social Determinant Theory

The Social Determinant theory studies the economic and social conditions that affect a population's health and exposure to risk (Marmot and Wilkinson, 2001). It takes a collective perspective of prevailing external environmental conditions that affect health statuses rather than individual factors. Primarily, this supports the idea of how income, wealth and working conditions affect health rather than individual behavioural risk factors, which influence the rise of certain diseases and illnesses (Marmot and Wilkinson, 2001). Within this context are public policies that affect political conditions for populations, which also determines their access to health care. The lack of economic opportunities and weak social policies implemented by governments therefore has a negative effect on public health (Marmot and Wilkinson, 2001).

2.2.2. Suicide

The study of suicide has many complexities, which many consider as a phenomenon due to its multi-dimensional causality factors. It encompasses many scientific disciplines such as

biology, psychology and sociology wherein it recommended that these perspectives be taken into consideration when researching on the cause and effects of suicide in societies (Mota, Elias, Tefft, Medved, Munro & Sareen, 2012). It is particularly relevant to study the cultural background noting how values and belief systems come into play when determining mental health. These collective factors have been acknowledged to be contributors to the phenomenon of suicide especially as individuals are unable to cope with life stressors (Mota et al., 2012). In particular, the relation of these individuals to their external environment become instrumental in causing psychological pain (Mota et al., 2012). These multiple factors when combined result in a strong desire to end one's life, wherein the person, their immediate family and even health care personnel are unable to intervene and resolve environmental distresses (Mota et al., 2012).

Significantly, Canada has been trying to resolve the mental health status gap between its aboriginal and non-aboriginal communities. It is also an issue of human rights especially since social determining factors have an encyclical relationship with income inequality and poor mental health (Ruckert & Labonte, 2012). The social determinant factors that affect aboriginal communities include the lack of access to health care, food and sanitation. The health inequality is a great factor wherein there is a lower standard of health infrastructure provided for with aboriginal communities (Ruckert & Labonte, 2012). As such, given this social determinant the government and its policies play an important role in improving health strategies targeted for aboriginal communities being part of their basic human rights. It should be a holistic approach, which seeks to improve all aspects of human life from physical, cultural, emotional and spiritual health (Cutcliffe, 2005). It requires a total approach in improving social well-being by empowering community governance and capacity (Cutcliffe, 2005).

2.2.3. Cultural factors

Aboriginal youth have been studied to suffer from cultural and identity loss stemming from land displacement in their own country (MacNeil, 2008). Historically, they have been marginalized populations delegated to live in reserve communities far from their traditional lands (MacNeil, 2008). While it has been decades since their displacement, aboriginal communities still suffer from the traumatic loss wherein there is an erosion of their language and culture (MacNeil, 2008). This has affected communities since they no longer feel part of their ancestral culture. It has resulted in different familial relationships as family health behaviours have changed. Aboriginal youth are largely separated from community elders, parents or older family members (MacNeil, 2008). This exacerbates the problem of mental health as members already have low self-confidence with the prevailing lack of culture continuity (MacNeil, 2008). Aboriginal youth in particular face a cultural disconnection affecting their own individual understanding of life, which affect their decision-making skills (MacNeil, 2008).

Using a historical perspective, aboriginal youth have had to face institutional and individual discrimination especially with anti-Indian policies that prevailed during the peak years of colonization (Leenars, Wenckstern, Sankinofsky, Dyck, Kral & Bland, 1998). This has suppressed aboriginal belief systems due to repeated political, social and cultural discrimination. In this manner, native spirituality is no longer practiced or as strong as an influencing factor on a societal and individual level (Leenars et al., 1998). The self-identity of aboriginal youths has deteriorated, which has led them to develop self-destructive behaviours (Leenars et al., 1998). It is also apparent that aboriginal communities must have a sense of self-governance and control wherein it has been studied to have less suicidal rates (Leenars et al., 1998). However, in general

aboriginal communities prefer non-interference since this even leads to less families reporting on suicide or mental health problems.

As such, the compounding problem of aboriginals are due to lack of cultural celebration, which could help improve confidence levels about their heritage (MacNeil, 2008). Furthermore, as aboriginal's hunting culture condone the use of firearms it has become an easy alternative for youth to use these methods for self-inflicted harm and injuries. The sense of cultural shame and hopelessness is also to blame as aboriginal cultures have been fractured under years of oppression (MacNeil, 2008). This has undermined their sense of self-worth wherein they do not have a unified cultural, economic and political environment (MacNeil, 2008). This unstable environment is ripe for racial stereotyping wherein aboriginal youths have succumbed to beliefs of their inferiority to other races (MacNeil, 2008).

2.2.4. Social, economic and physical factors

As aboriginal youths are twenty times more likely to commit suicide compared to non-aboriginals, one can only estimate the large overwhelming sense of insecurity and grief that plague the youth (Laliberte & Tousignant, 2009). These feelings including grief remain highly unresolved resulting in self-destructive behaviours (Laliberte & Tousignant, 2009). In addition to cultural inferiority, the physical environment of aboriginal communities are of lower standard as they live in highly polluted and poverty stricken areas (Laliberte & Tousignant, 2009). The aboriginal communities are at higher risk to develop physical illnesses as well as mental decline due to their social environment (Laliberte & Tousignant, 2009). Many aboriginals live in sub-standard conditions with a lack of employment opportunities (Laliberte & Tousignant, 2009). Their environment has been described as to have high exposure to drugs and alcohol

compounded with their hunting culture of firearms making their living conditions unfavourable for physical or mental health (Laliberte & Tousignant, 2009). Aboriginal families have low incomes wherein many of their basic needs are not met. In this way, the parents are not able to properly care for their children wherein they are at a comparative disadvantage compared to non-aboriginals or mainstream society. In this manner, aboriginal youths are unable to cope with life stressors as they cannot fully assimilate into the national culture or their own native culture (MacNeil, 2008) (Lynch, Davey Smith, Kaplan & House, 2000).

As such, their social, economic and physical environment is not conducive to leading healthy lives as aboriginal youths become oriented with alcoholism at an early age (Bridges & Kunselman, 2005). This also leads to alcohol related deaths or injuries, which is higher compared to non-aboriginals (Bridges & Kunselman, 2005). Furthermore, as gun ownership is considered part of aboriginal culture its males see hunting and alcoholism as part of the cultural norm (Bridges & Kunselman, 2005). This increases their risk to accidents, injuries and even physical and mental health problems. In fact, this cultural deterioration is higher than the national average with more aboriginal males dying from alcoholism and automobile accidents (Bridges & Kunselman, 2005).

This also affects aboriginal females who more than thirteen times likely to commit suicide as well due to substance abuse, accidents and alcoholism (MacNeil, 2008). These prevailing unhealthy living conditions have led to a society reliant on substance abuse of drugs and alcohol. This is an indicator of a decline in mental health as depression and substance abuse is linked to suicide (Leenars et al., 1998). Alcoholism is also thought to be the cause for poor physical and cognitive development of aboriginal youth as many were exposed to pre-natal

substance abuse (Leenars et al., 1998). Aboriginal mothers were found to have high cases of fetal alcohol syndrome and fetal alcohol effects, which may have an effect in the social behaviours of aboriginal youths (MacNeil, 2008). They have poor cognitive skills and are unable to adjust to life stressors making them have dominant feelings of helplessness, despair, and loss of meaning (MacNeil, 2008). Family members are also affected by suicides in the family wherein it is not uncommon for other family to commit suicide as well due to overwhelming grief (MacNeil, 2008).

Familial conditions and relationships are unable to provide full support to other family members especially the young since their physical environment is also characterized by overburdening of social responsibilities (Leenars et al., 1998). Parents may also have substance abuse problems, which creates a ripple effect of having poor family support systems that could help children from learning proper coping mechanisms. Family health behaviours are also at high risk since aboriginal populations are susceptible to chronic diseases and illnesses such as obesity and heart disease (Leenars et al., 1998). This increases the problems amongst aboriginal youth without parental supervision resulting in risky sexual and substance abuse behaviours that usually lead to higher incidences of suicide (MacNeil, 2008).

2.2.5. Suicide prevention

The causes of suicidal behaviour is a result of many contributing factors such as life stressors that trigger impulsive reactions. The presence of psychiatric illness, mood disorders, substance abuse and unhealthy social, economic and physical environments all help increase the likelihood of suicide. As such, suicide prevention requires a multifaceted approach especially taking into account the mental health of patients and cultural background (Isaak, Campeau, Katz,

Enns, Elias, Sareen & swampy Cree Suicide Prevention Team, 2010). In the case of aboriginal youths in Canada, a special health research was funded by the Canadian Institute of Health Research, which would seek a participatory approach in understanding the prevalence of suicidal culture amongst aboriginal youths. This would help develop a guideline for intervention that would allow mental health and social workers to provide optimum health care services for aboriginal communities (Isaak et al., 2010).

Simply, as individuals are products of their cultural and social environment it was necessary to conduct a study on their cultural background and specific triggers that result in suicidal behaviours. The intervention also seeks to include community involvement in order to develop effective intervention strategies that maintain cultural sensitivity (Isaak et al., 2010). This resulted in the establishment of the Swampy Cree Suicide Prevention project that would help in identifying issues and challenges of mental health and suicide prevention. The research group also solicited the help of experts from other countries in order to develop culturally sensitive intervention strategies within a five-year study period (Isaak et al., 2010). The research was a collaboration with Departments of Psychiatry and Community Health Sciences at the University of Manitoba and members of Cree Nation Tribal Health, which is responsible for the delivery of health care for eight First Nations communities (Isaak et al., 2010).

It was a community led endeavour that allows aboriginal communities to be responsible for the social and public health problem of suicide. In this regard, the study was successful in collecting qualitative information through direct interviews and observation of aboriginal youths (Isaak et al., 2010). The research also facilitated the development of continuous dialogue between health care workers, government programs and community leaders in order to have

close communication of the subject of suicide prevention. Although the research faced trust issues from aboriginal communities especially since many had felt they were already studied enough, the findings suggest that multi-variables exist that are causal factors for suicide. This includes high rates of depression and substance abuse wherein it is more likely to lead to suicidal behaviour (Isaak et al., 2010). It is also important to note that suicidal rates amongst aboriginal communities differ wherein it is difficult to identify one or two suicidal triggers. In this manner, suicide prevention in Canada aims to address general issues of mental health that is characterized by cultural sensitivity (Isaak et al., 2010). Furthermore, by making suicide prevention programs and clinical services more available it is hoped that more aboriginal families will take initiative in seeking professional medical care (Isaak et al., 2010).

Significantly, raising awareness has been one of the positive mitigating factors for suicide prevention. As more information is given to community elders especially in handling cases of suicide prevention, aboriginal youths have become more conscious to the growing social concern (Navarro and Shi, 2001). In this manner, suicide prevention is not only a governmental and community effort but also works as a communication platform for fellow youth peers to be able to discuss suicidal prevention procedures. By empowering aboriginal youth that medical care and services are offered, they are able to seek treatment either through therapy or a combination of pharmacological approaches. It can also be drug and alcoholism rehabilitation programs, which also helps address the issue of suicidal tendencies as well (Navarro and Shi, 2001).

The Canadian Association of Suicide Prevention is a non-profit organization that helps in the creation of suicide prevention communities nationwide including crisis centres that function as provision of clinical treatment. The group works closely with private sector establishments

such as schools, communities and religious groups to help raise awareness about suicide prevention. Furthermore, they prioritize the transfer of knowledge by providing toolkits and resource material in the early identification and treatment of suicide (Canadian Association of Suicide Prevention, 2012).

It is important to note that many suicide prevention organizations in Canada also work with the government in promoting access to healthcare services for those individuals identified at risk for suicide. However, mental wellness and drug rehabilitation programs are separate. In this manner, some treatment services may not be able to fully address the comorbidity of suicide with addictive behaviours. Treatment services may also not include cultural sensitivity issues that are unique to aboriginal communities. The aims of similar suicide prevention non-profit organizations as a whole is to prevent suicide in a national scale that also provides treatment for non-aboriginals. In this manner, their methods may be successful for non-aboriginals but are unable to fully reach the marginalized communities of aboriginal people (Elias, Mignone, Hall, Hong, Hart, L. & Sareen, 2012)

2.2.6. Ecological framework on the risk factors of suicide

The four ecological frameworks are societal, community, relationship and individual. On a societal level, economic and social inequalities have been identified as causal factors. The high rates of poverty and cultural norms that support violence help create a suicidal culture amongst aboriginal youths (Richard, Gauvin & Raine, 2011). In a community level, crime, drugs and unemployment help support feelings of depression amongst the youth wherein they develop substance abuse and deviant behaviours. Relationships with parents and community elders are also strained wherein youths are only able to form relationships with their peers (Richard et al.,

2011). In this manner, aboriginal youths find acceptance and tolerance from their fellow youths, which can be dangerous since this also increases the incidences of suicide as friends can also make suicidal pacts (Leenars et al, 1998). The individual is characterized by a personality or psychological disorder wherein they have poor parental supervision. They are highly prone to substance abuse making them highly vulnerable to life stressors (Leenars et al, 1998).

All of these factors are taken into consideration for suicide prevention programs wherein the Canadian government has taken a pro-active approach in raising awareness and community involvement (Leenars et al, 1998). The support of research studies will also help in developing a deeper understanding of aboriginal cultures especially their thought processes and interpretation to life events. In this manner, suicide prevention is able to include unique cultural backgrounds in the treatment and identification of suicidal behaviours (Leenars et al, 1998). By gaining a deeper understanding of the reasons behind suicidal behaviours and patterns, the government and community programs are able to create effective suicidal prevention strategies, which rely on self-governance and communal responsibility (Leenars et al, 1998).

3. Conclusion and Recommendations

It is important note that Canada does not have national suicide prevention strategy. This is perhaps the largest barrier in carrying out successful suicide prevention programs (Elias et al., 2012). In spite of this, suicide prevention programs are initiated by province through the help of the local government and community leaders. This has shown some effectiveness in resolving a public health issue especially in establishing cultural continuity amongst aboriginal communities (Elias et al., 2012). Cultural continuity is defined as upholding the native cultures of aboriginal communities with an emphasis on creating community activities that celebrate their culture and

traditions. This intervention program is recommended since it will allow its youth to form a stronger cultural and self-identity (Chandler & Lalonde, 1998). By sharing and promoting cultural values and practices they are able to develop learned human behaviours such as being open to changes or Western science intervention. The prevailing collaboration and open communications with medical practitioners, government programs and community leaders is an excellent foundation for establishing an effective suicide prevention program (Elias et al., 2012). However, the school can play a stronger role in the identification & prevention of suicide amongst aboriginal adolescents. Schools are able to integrate cultural sensitivity in the administration of programs providing valuable information for clinical intervention (Elias et al., 2012).

Cultural continuity will allow the aboriginal community to survive and thrive even with the onset of diversification and modernization. In this way, community elders will have a prominent and influencing role in society that can positively affect their youth promoting their culture of shared values (Chandler & Lalonde, 1998). It is also a vehicle for parents to learn parenting skills based on their own heritage and adopting this into modern times. By strengthening the community, this can positively support other ecological factors such as family relationships, which play an important role in aboriginal cultures. The reestablishment of cultural continuity is a viable alternative in preventing suicidal behaviours as stronger communal and familial ties are encouraged (Chandler & Lalonde, 1998).

Evidence suggests that aboriginal communities with stronger self-governance have lower suicidal rates compared to those who have none. It is estimated that they have a hundred less suicide deaths, which entails that self-governance increases communal roles and citizen

participation in suicide prevention. Furthermore, aboriginal communities who have more control over healthcare services show lower suicide rates as well (Chandler & Lalonde, 1998). This indicates that community members are able to mitigate suicidal behaviours by being more accountable to youth social behaviours in their community via monitoring and family reporting. Aboriginal communities that also have more cultural facilities also show lesser incidences of suicide as the group is able to practice and promote their native culture (Chandler & Lalonde, 1998). Furthermore, traditions and values are upheld by families contributing to better family relationships. Aboriginal communities that have been successful in land claims and have stronger control over their education, police and fire services have also been studied to have less suicide incidences (Chandler & Lalonde, 1998).

The reduction of suicidal risk is great as studies show that self-governance reduces suicidal rates by eighty five percent, land claims at forty one percent, education at fifty two percent, health at twenty nine percent, cultural facilities at twenty three percent and police and fire services at twenty percent (Chandler & Lalonde, 1998). The presence of these factors help reduce suicide rates especially if all six factors were established amongst aboriginal communities. Studies indicate that in some communities where all of these factors were present they had less or even zero incidences of suicide. This is indicative that cultural continuity supports a suicide prevention framework wherein societal factors are strengthened empowering community members through information and services that will allow them to meet the mental health needs of their youth members (Chandler and Lalonde, 1998).

In addressing the complex problem of suicide, this human tragedy can be easily prevented as mental disorders are treatable conditions. Moreover, through improved dialogue and trusting

relationships with aboriginal communities joint suicide prevention programs can become even more successful in reducing this public health issue. Primarily, public awareness on suicide and mental illness have also been effective ways in reducing the frequency and commonality of aboriginal youth suicides (Elias et al., 2012). It helps target them as special populations of concern wherein senior officials and institutional members can increase their surveillance on risk assessment of suicidal behavioural tendencies. (Elias et al., 2012). It is necessary to remove the social stigma of suicide and even provide an environment that actively promotes mental health care. This will create a supportive community that allows aboriginals to find coping mechanisms through Western science (Elias et al., 2012). It is also recommended that treatment services address substance abuse, alcoholism and mental health. The current practice in Canada is to have two separate programs of each that may address the needs of non-aboriginals. However, for aboriginal youths it is necessary to have intervention programs that includes a rehabilitative factor for youths with substance abuse problems (Elias et al., 2012). Clinical services that offer both services are able to address vital social determinants that are influencing factors in encouraging suicidal behaviour (Labonte, 2012).

This would also not be made possible without a stronger commitment from the government as well wherein it is recommended that they help establish cultural continuity measures in all aboriginal communities. They are also responsible for increasing health services made available to this group especially in developing physician education on risk assessment for suicidal tendencies (Labonte, 2012). They also play a significant role in policy making that will affect the social, physical and economic environment of aboriginal communities. By focusing on improving these social factors, it is expected that families are better equipped to financially support their children. Furthermore, strengthening efforts against drug abuse should be made in

order to build a safer society for aboriginal youths (Labonte, 2012). This will help in reducing environmental factors that contribute to suicide wherein aboriginal youth are removed from discriminatory practices by having equal opportunity access to social services and economic development (Hogan, Rowley, Bennett & Taylor, 2012).

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