

February 29, 2016

## **Submission from The Inuit Circumpolar Council to the Office of the United Nations High Commissioner for Human Rights on the Right to Health and Indigenous Peoples with a Focus on the Mental Health of Inuit Children and Youth**

Prepared under the direction of the Inuit Circumpolar Council

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### **INTRODUCTION**

This submission outlines the position of the Inuit Circumpolar Council (ICC) on the right to health and Inuit people, with a particular focus on the needs of children and youth.

Despite improvements in health and survival amongst circumpolar Inuit, and despite variations in the economic, political and social circumstances of the four Inuit countries, stark health disparities remain between Inuit and the broader national populations of the USA, Canada, Greenland and Russia (see Table 1).

**Table 1 – Comparative health indicators for Inuit and national populations**

<b>Indicator (2000-2004)</b>	<b>USA</b>	<b>Alaska natives</b>	<b>Canada</b>	<b>Nunavut</b>	<b>Denmark</b>	<b>Greenland</b>	<b>Russia</b>	<b>Chukotka</b>
Life expectancy at birth	M 74.6 F 80.0	M 68.1 F 75.4	M 77.2 F 82.2	M 66.6 F 70.0	M 74.9 F 79.6	M 63.7 F 70.0	M 58.8 F 72.1	M 53.6 F 63.7
Infant mortality/1000 live births	6.9	10.8	5.3	15.3	4.7	12.1	13.3	20.3

Source: ICC (n.d., p. 2)

The Inuit Circumpolar Council advocates for Inuit rights internationally and represents approximately 160,000 Inuit across Greenland, Canada, Alaska (US) and Chukotka (Russia). ICC plays a significant role in regional Arctic cooperation, and also acts as a representative of Inuit in the UN Permanent Forum on Indigenous Issues and is a Permanent Participant in the Arctic Council. It is therefore well placed to make a submission on health issues facing Inuit across national boundaries.

Guiding this submission is the ICC's 2014 Kitigaaryuit Declaration, ratified by the Inuit of Alaska, Canada, Greenland, and Chukotka, on the occasion of the 12th General Assembly of the Inuit Circumpolar Council. The Kitigaaryuit Declaration recognizes that Inuit children and youth are the fastest growing demographic and that healthy Inuit children and families are the foundation of healthy communities in *Inuit Nunaat* (Inuit homelands). It also recognizes that supporting mental wellness among Inuit is central to addressing a wide range of health issues.

The ideas presented here further originate in the pan-Inuit ICC Summit in 2009 on health and well-being, and the Circumpolar Inuit Health Action Plan, 2010-2014, a declaration of the organization's goal to promote policy development, research, and awareness of Inuit health in

international fora. The strategy approaches Inuit health by identifying a number of uniquely Inuit social determinants and other factors that impact Inuit health. It identifies mental health as a key concern and as one of the highest priority health issues, and names child and youth health as one of the overarching principles underpinning a strategy for health improvement.

As signatories to numerous international human rights covenants, states have obligations to ensure the “highest attainable standard” of health for its citizens. The right to health extends to the enjoyment of all the conditions, facilities and services *necessary* for attaining healthy individuals and communities. For Indigenous peoples, such as Inuit, forced assimilation, political and economic marginalization, and poverty experienced under colonialism lead to a lack of control over health and, for some, extremely poor mental health outcomes. Under articles 23 and 24 of the UN Declaration on the Rights of Indigenous Peoples, Indigenous peoples have an equal right to the enjoyment of the highest attainable standard of physical and mental health, as well as the right to develop and administer health programs affecting them. The literature on Inuit mental health is consistent in underlining the importance of having access to culturally appropriate programs that are Inuit-specific, and the need for more Inuit control over services and approaches to mental health.

It is in this context that ICC has chosen to focus this submission on the mental health and well-being of Inuit children and youth. First, we outline culturally-relevant notions of well-being to Inuit, and how mental health features in Inuit conceptions of health. Second, we provide a brief overview of the programs, policies, and services for Inuit youth in the circumpolar north. Finally, we evaluate how the right to mental health for Inuit children and youth can be advanced by relying on Inuit understandings of well-being and health. We define well-being in terms of the strength that comes from being integrated within a world of human and non-human relations, eating traditional foods, being on the land, and communicating well within families and between generations (Kral 2003).

### **BALANCING INUIT AND ‘WESTERN’ APPROACHES TO HEALTH**

At the Circumpolar Inuit Health Summit hosted by ICC in 2009 the participants identified a number of principles that needed to underpin improvements to Inuit health and wellness. Amongst these they stated that:

- Fostering traditional values with the help of elders is essential as communities wrestle with the challenges of balancing traditional and modern approaches to health and other social issues; and
- Individuals must take responsibility for their own health, families must take responsibility for ensuring the health and wellness of their children and communities must take ownership over responses to emerging crises and rely less on external support (ICC n.d., p. 5).

Inuit are therefore aware not only that their own traditions must inform how health is conceived and delivered, but also that they must play a role in this process. Developing this sense of agency requires that Inuit recognize and respond to the ways in which their experience of colonialism has forced them to adapt to non-Inuit understandings of health built into the

delivery of healthcare. As a result, for some Inuit taking ownership of their own health has been a challenge. The idea of 'cultural safety' helps both to understand this dynamic and address how healthcare systems can be evaluated and transformed to empower Indigenous peoples.

### **Cultural Safety**

Cultural safety stresses that Indigenous peoples' health must be understood within the context of colonialism and the unequal power relations built into settler colonial societies. It underscores that these dynamics are also expressed in the delivery of healthcare (Gerlach 2012). As a result, Indigenous peoples can experience a sense of risk when they engage with the healthcare system in which they feel demeaned, diminished, and disempowered. In contrast, healthcare systems that seek to provide environments of cultural safety underscore the creation of environments in which Indigenous peoples feel recognized and respected so that they are partners in their healthcare (Inuit Tuttarvingat 2009). According to Canada's former National Aboriginal Health Organization "cultural safety refers to what is felt or experienced by a patient when a health care provider communicates with the patient in a respectful, inclusive way, empowers the patient in decision-making and builds a health care relationship where the patient and provider work together as a team to ensure maximum effectiveness of care" (NAHO 2008, p. 19). To establish this sense of cultural safety the people and institutions involved in the delivery of healthcare must critically analyze how their understandings of health and wellness are culturally informed; they must also become conscious of the ways in which these assumptions become taken-for-granted in their practices and policies, which can ultimately give rise to health inequities.

Further, establishing culturally safe healthcare requires an understanding of Indigenous peoples' own knowledge of health and understandings of the relationships that contribute to well-being. In the next section, we draw upon the opinions expressed by elders to identify some of the central notions of health and well-being from an Inuit perspective, and pull out some of the ways in which these are expressed with respect to the mental health of children and youth.

### **Inuit Perspectives of Physical and Mental Health and Well-Being**

In discussing issues of health and well-being Inuit elders generally hold that it is important to develop a strong mind and a resilient body. Specific techniques for health can only be understood in the context of larger concepts and values that are in part spiritual. For Inuit elders, the body and mind are connected not only to one another, but also to the larger world they inhabit. A healthy body and a strong mind must be comprehended as being in relationship with all components of the universe.

Good health must not be conceived as *personal*, but rather it requires that individuals establish harmonious relations that integrate a person within an encompassing social environment. People's health and well-being reflect the quality of their relations with others in their family, in their community, with the animals, and with the larger world. In order to cultivate a strong mind Inuit must therefore pay attention to the quality of their relationships with the people

and environment around them, with those who came before them, and with the spiritual forces that surround them. For example, a Yup'ik elder from Alaska stressed that people's well-being must first be conceived in the context of *ellam yua*, the spirit of the universe. The Yupiit and the animals inhabit a sentient world infused with spirit. It is only in understanding and respecting the existence of *ellam yua* that the Yup'ik 'way of life', 'rules of life', and 'truth of life develop' together combine to contribute to people's well-being (Aynerak et al. 2014). Thus elders often speak of the importance of prayer in helping to address people's difficulties. Such prayers can take many forms. Elders from Alaska, for example, speak of ceremonies such as their traditional dances, as "a kind of prayer" that connect people to their larger community both living and dead (Aynerak et al. 2014, p. 94).

Biological and mental disorders are often interpreted as the expression of a deterioration of the social order. Sickness comes from outside the body and travels through it. Regaining health requires that the source of the sickness passes out of the body. For this reason successful healing of the body and mind entails two important processes:

- extraction of the offensive element from the body (or the need to talk to a reliable person in case of depression); and
- rehabilitation of the sick person in the community and eventually among the ancestors (human or spirits) (Ootoova et al. 2001, p. 2).

Amongst other things a strong mind requires that people learn not to panic in difficult and/or new situations (Ootoova et al. 2001; Pauktuutit 2006). In developing such a capacity one must learn to remain calm, and overcome challenges. If a person is confronted with an unfamiliar situation, they are inclined to withdraw, observe, and participate once they understand what is expected of them (Pauktuutit 2006). This can have important impacts when Inuit are dealing with 'Western' healthcare professionals who might perceive Inuit as passive, and therefore are unaware of the degree to which their interventions are impositions on their Inuit patients.

Elders consistently speak of the power of words; they can either harm or strengthen people's minds; sometimes they are necessary and sometimes they should be avoided. Speaking of one's hardships can strengthen people's minds, which can then also help them to feel better physically. As Canadian Inuit elder Ilisapi Ootoova said,

As we grow older we know for a fact that it is better to talk about things. We know the sea is calm on some days and rough on other days. It is hard trying to understand our young people today. We should tell them that the roughness will pass and the calmness will come again. It is hard to try and think about what kind of advice to give them. I try not to feel intimidated in situations I find threatening. I find comfort in expecting the rough seas to pass. It is not only you young people who go through hard times, we elders do as well. Only those who try and comfort each other and let things out can avoid getting chronically ill. It is very tiring to live an unhappy life (Ootoova et al. 2001, p. 254).

Yet it is considered immature to show strong emotions in public (Pauktuutit 2006). If one needs to express oneself emotionally, elders advise that one should either speak to those judged to be responsible for the emotional state, or talk to a person who is known to be trustworthy and disinclined to gossip. Elders repeatedly talk of the harm gossip can cause and the need to prevent it (Ajunnginiq Centre 2006; Ekho and Ottokie 2000; Ootoova et al. 2001).

If people are perceived to be depressed or lonely, others may give them particular attention. But it is generally considered ill-mannered to make specific reference to a person's emotional state (Pauktuutit 2006). Instead, people may seek to help by creating a happy atmosphere to help distract the person. Similarly, supporting a bereaved person involves frequently visiting with them and keeping them busy so that their mind will be distracted from their grief (Ajunnginiq Centre 2006). This tendency to deal with painful emotions in an indirect way can have implications for the manner in which Inuit engage with mental health practitioners, who might adopt a more direct approach.

The power of the mind can sometimes be so great that it affects the larger world. There are dangers if people think too much. Instead, they must learn to let go of their thoughts. Elders spoke of the impacts of abuse, for example, and of the dangers of thought and the dangers of not letting go of bad thoughts,

If you were thinking badly about me as the abuser and I repented my wrongdoing, if you still persisted in having bad thoughts, one of your relatives might have something [bad happen] to them. This could bounce back on you. [...] There are some individuals that are afraid to think about what they feel, as they are hurting so much. When you just keep things to yourself they really grow (Uqsuralik Ottokie in Ekho and Ottokie 2000, p. 98).

Dwelling on thoughts of hopelessness and negative experiences makes things worse. For this reason Inuit elders stress that it is important to:

- be aware of our thoughts and how they are affecting us;
- try to leave the past behind;
- think about the consequences of our behaviour;
- change our thoughts and perceptions about a situation if necessary;
- develop a more hopeful view of the future and ourselves;
- build belief in our abilities to cope; and
- keep telling ourselves that problems will pass, even in situations that seem very bad (Ajunnginiq Centre 2006, p. 19).

Elders stress the importance of developing the capacity to cope with emotional difficulties. The coping strategies they identify include:

- talking out negative feelings and problems;
- changing thoughts and the way one views a situation or one's own abilities; and
- learning and doing activities and behaviours that lead to more positive feelings and

thoughts (Ajunnginiq Centre 2006, p. 17).

Doing so will help people to learn that problems can be solved, that difficult times will pass, that they should not put themselves down even though they are experiencing a hard time, and that they are loved and not alone. Elders stress that such awareness is vital for addressing the emotional state that can lead to suicide. Instilling these coping strategies in children and youth is particularly important, and is something that Inuit elders discuss with respect to how best to raise children so that they are healthy in body and mind.

### **Inuit Perspectives of Childrearing, Relations with Youth, and their Health and Well-being**

Inuit elders underscore the need for wise and measured communication with children and youth to ensure their health and well-being. The quality of communication can affect children's physical and mental health; it can mould their personalities and sense of themselves; it can determine their relationships with others. Children must learn the importance of honesty, generosity, sharing, helping, consideration and respect for others. These traits are essential for building and maintaining healthy connections with people, the animals, and the world around them. Elders stress that developing and respecting the following behaviours are essential for a good life:

- be modest; don't show off;
- remember your connectedness – love one another;
- help out and share – don't wait to be asked or told;
- treat other people as you want them to treat you;
- don't gossip, spread rumours or tell lies about others;
- don't do anything to hurt people's feelings; and
- don't take things that don't belong to you (Ajunnginiq Centre 2006, p. 13).

Learning these beliefs and behaviours begins even before a child's birth. Everything a mother does and experiences can affect her unborn child. Unhappy mothers, parents in an abusive relationship, mothers abusing drugs or alcohol or engaging in other unhealthy activities, can all be felt by babies in the womb (Ekho and Ottokie 2000; Healey and Meadows 2008; Ootoova et al. 2001). If they grow up in abusive households, children may reproduce abusive relationships as adults.

It is important to maintain peace, model good behaviour, and resolve conflicts so that healthy relationships can develop. As an elder from Canada said, "Back then, they lived a life a lot better in a lot of ways, compared to now. A lot of these people had never seen their parents arguing with each other, they were living in harmony" (Ajuunginiq Centre 2006, p. 13). Cheerfulness and happiness are particularly desirable states that should be modeled for children whenever possible, so that they will learn to avoid anger and conflict (Alianait Inuit-specific Mental Wellness Task Group 2007).

Inuit elders speak often of the need for them to communicate with children and youth, for they have things to teach and learn. They stress that although the immediate family and

grandparents play a central role in childrearing, in fact the whole community is involved in raising a child (Ekho and Ottokie 2000). When Inuit were living in camps, everybody was implicated in a child's life. Openness to others, awareness of how one's own behaviour could affect others, and attention to others when it was obvious that they were troubled were essential elements of community and family life. Such connectedness is vital for children's and youths' well-being, and can help to prevent the development of emotional states that lead to suicide (Ajunnginiq Centre 2006).

Children were rarely left alone. From birth they were in their mother's *amauti* (a coat with a large pouch on the back in which babies are carried). They slept with a grandparent or a mother, for example. They were therefore in constant physical and emotional communion with others, and developed strong bonds with them. As a result, they were more serene and even-tempered.

Today parents put their babies in a room, give them a bottle and leave them alone. We used to carry babies on our backs. As soon as they would fall asleep we would start doing things. Babies were a lot calmer. Babies hardly cried because they were with us all the time and had physical contact with us. When the child and the mother have limited physical contact, then the child becomes hyperactive and difficult to deal with. It is very important to have physical contact when you are raising a child (Uqsuralik Ottokie in Ekho and Ottokie 2000, p. 66).

Such physical and emotional bonds include members of their larger community, and can extend backwards and forwards through time. Inuit believe that when a child is born, the 'soul' or spirit of someone who has recently died is taken on by the newborn. The newborn is named after this person, becoming, in a sense, the re-embodiment of that person. As such, the child can inherit and manifest their namesake's social and familial relations, their physical characteristics, their skills, and their personality traits. Since the child becomes the manifestation of the person after whom they have been named, and is enmeshed in the social relations that their namesake had in their own lives, children are necessarily understood not as an isolated individuals, but as interwoven with the community in which they are born and raised. In addition, since children are in some ways the personification of those who died, they are deserving of the same respect and treatment as their namesakes received while they were alive (Ekho and Ottokie 2000; Pauktuutit 2006). This means, for example, that the child knows what they want, or knows when they are hungry or tired. Inuit notions of non-interference mean that under these circumstances it would be considered inappropriate to tell a child what to do, particularly since this would be the equivalent of ordering an elder or another adult about.

Kinship and the extended family are important resources that build people's strength and identity. Elders express concern that this is being lost by youth, who are growing up without a complete knowledge of their extended family and where they come from. They talk about the need for young people to know kinship terms. Knowledge of one's family is required to build connections and form strong communities. In various ways elders express concern that this

knowledge is being lost as children are increasingly being raised in families without the help of extended kin, as children spend more time in schools, and as they increasingly watch television or spend time on the internet. This can cause Inuit teenagers to view their communities as boring and express the desire to leave for larger settlements or to go 'down south' (Pauktuutit 2006).

Elders stress that it is important to recognize that children learn at their own pace. To push children to do something before they are ready will harm them,

A mother could ruin a child by trying to make the child do things that he was still too young for. It is better for a child to learn some things when he's older. Some children who grow quickly are said to be more advanced physically than mentally but this eventually evens out. A child can be ruined if the parents have unrealistic expectations (Tipuula Qaapik Atagutsiak in Ootoova et al. 2001, p. 84).

Children will learn when they are ready; one must respect this, rather than interfere and force them to behave otherwise. "We have been taught not to correct children, [...] as they will eventually figure [things] out themselves" (Tipuula Qaapik Atagutsiak in Ootoova et al. 2001, p. 84). Whereas in the past children learned at their own speed by observation and practice, now, as they engage with such non-Inuit institutions as schools, children are obliged to learn at the same pace, no matter what their inclinations and capacities. "Today, they are not allowed to make mistakes" (Ilisapi Ootoova in Ootoova et al. 2001, p. 84).

This principle of non-interference means that children have freedom to explore their world. Parents are generally inclined to intervene only if children's activities may potentially cause harm to themselves or others or valued equipment (Ootoova et al. 2001; Pauktuutit 2006). Children who are pouting or throwing a tantrum may equally be ignored, since to do otherwise might possibly slow the development of the child's ability to reason and solve problems for themselves. Such lack of intrusive interference means that children develop self-reliance and self-confidence. Elders regret the ways in which non-Inuit institutions have deterred children from developing this capacity to take initiative and develop resourcefulness, because they are not permitted the freedom to learn from doing, including from their mistakes.

We do not really teach children how to think. We all think differently. [...] children today seem to be expected to speak like adults. When this happens, they are so used to being pushed, they can't think on their own. They will only do things if they have been told to do so. [...] Children tell themselves that they will only do things if they are told to. It seems we have to keep telling them what to do these days. "Dress warmly," or "Get dressed." They just sit and wait to be told what to do since they have never really done anything on their own. I have often noticed this about children who go to school (Ilisapi Ootoova in Ootoova et al. 2001, pp. 86-87).

What is required to make a child's mind strong is a careful balance between love and discipline. As Canadian elder, Alasi Joami, states, "What a child hears is going to lead him through life"

(Ootoova et al. 2001, p. 250). Thus, for example, too much criticism can harm a child. Instead, in order to strengthen children's minds, parents should praise them for doing well and discipline them in positive, rather than undermining ways. Love and acceptance must be communicated, even in discipline. As a consequence they will develop self-esteem whilst also learning how to behave appropriately.

Children should only be disciplined by adults via subtle verbal clues, or by teasing (Briggs 1998; Pauktuutit 2006). Physical punishment is used only rarely – in instances when children are about to harm themselves. Older children are rarely punished. Rather than direct confrontation for misconduct, children might be made to be aware of it by a parent talking about the bad behaviour to another person within the child's hearing. Such indirect forms of discipline do not necessarily fit well with the kinds of discipline that Inuit children encounter in non-Inuit institutions.

Elders speak of the need not to spoil children or be over-protective of them. Children must learn to handle difficult situations themselves. If parents defend their children too much this can ruin their minds and create disharmony, with the children tending to lack healthy confidence and consideration for others. Instead they will become bossy and aggressive. Such children can then become young people who answer back and show disrespect for others; they can ultimately become gossips who spread tales about others (Ekho and Ottokie 2000). Encouraging children to develop self-reliance and an awareness of how their actions affects others persuades them of their responsibility for ensuring that relations with others are harmonious, and it helps them to develop problem-solving skills. Developing the skill to solve problems is an important component of Inuit childrearing. It generates capacities for patience, perseverance, endurance, and resilience, which are necessary to address hardship and survive as healthy physical and emotional beings.

Strength of mind come not only from people's relationships with others, but also through interaction with the larger environment. Elders speak of the need for children to spend time outdoors and feel connected to the land, of the need for them to learn how to treat the animals with respect, of the need for them to recognize their relations with the powerful spiritual world (Ayunerak et al. 2014; Ekho and Ottokie 2000; Ootoova 2001).

Elders also speak of the ways in which changes in the physical environment in which children live can affect their well-being. Being indoors for too long, in school for example, is not good for children. Living in houses that separate people into different rooms can aggravate people's sense of isolation and permit children and youth to engage in thoughts and activities that harm them. Yup'ik elders speak, for instance, of their *qasiq* (sacred communal building), where men, women, children, and youth used to come together and model how to live, where they learnt the importance of interdependence, where they listened to elders talk about their traditional morals, values, and survival skills (Ayunerak et al. 2014).

The changes in people's lives that have come as a result of moving into government-built settlements have had implications for the ways in which people communicate. Although Inuit

elders often emphasize the need for them to interact with children and youth, this dynamic is complex. On the one hand elders said that customarily children and youth were simultaneously encouraged to learn indirectly through observation and discouraged from asking questions of adults, but on the other hand, they acknowledge that times have changed and that they welcome younger people asking them about Inuit practices. Elders acknowledge that this can be difficult, particularly if young people feel they lack the linguistic skills to converse easily (Ekho and Ottokie 2000; Ootoova et al. 2001; Pauktuutit 2006).

These difficulties of communication and radically changed parenting methods, in the context of historical and inter-generational experiences with colonial ruling relations, are most acutely felt by children and youth. Mental health erupts as a crisis whenever a child attempts or succeeds in committing suicide. Inuit youth have the highest suicide rates in the world (Morris and Crooks 2015, p. 322). Across the Inuit regions from 1994 to 2008, the suicide rate of Inuit youth under 18 was 30 times higher than that of their counterparts in the general population (ICC 2015, p. 7). In the Canadian Arctic where over half of total suicides are committed by males under the age of 25 (ICC n.d., p. 3), the rate of Inuit dying by suicide is estimated to be between 11 times higher compared to the national average, and suicide rates for boys and young men in Nunavut are reported to be 40 times the national average (Cameron 2011, p. 25). The Northwest Coast of Alaska, the east coast of Greenland, and Inuit regions of Russia have rates of suicide many times higher than that of the non-Indigenous population (ICC 2009, pp. 6-7).

In response to these deaths, considerable focus in the mental health field is being put on preventing future suicides. While these prevention programs address the particular problem of suicide, they recognize that protecting children and youth against suicide requires developing programs that restore a sense of well-being and mental strength. The most effective of these programs are developed as partnerships with Inuit, or are led by Inuit themselves. In the following section, we discuss 'best practices' in suicide prevention interventions, and examine the participation of Inuit in mental health initiatives.

### **Mental Health Programs for Inuit Children and Youth: Some Examples**

Suicide prevention programs in Inuit child and youth mental health comprise three streams of intervention: the provision of professional mental health services; Inuit cultural programs; and scientific research and data collection. The following are examples of programs that are considered by Inuit organizations and communities to model successful responses to the mental health challenges of children and youth.

#### ***Psychological interventions and counselling***

In combination with traditional 'talking circles', ASIST (Applied Suicide Intervention Skills Training) in Northwest Alaska fosters discussions about suicide and teaches participants how to perform a form of suicide first-aid. It teaches people to recognize a person at risk and to put that person in touch with professional help. It is hoped that the combination of traditional and formalized training will reduce suicide rates in Northwest Alaska (ICC 2009).

Also in northern Alaska, the Youth Leaders program uses peer-selected students as mentors and support workers to their fellow students. The program has increased school performance and attendance, which are known to be protective factors against youth suicide (ICC 2015, p. 7).

### ***Inuit and land-based approaches to mental health***

In Canada, the Clyde River Family Center, Ilisaqsivik, provides community members a place where they can find programs and activities to promote health and develop strength. Programs and services include: counseling by elders, where elders can advise individuals, families and youth about matters such as traditional lifestyles, personal or cultural issues, and proper use of Inuktitut (Inuit language); an archive project where elders' stories are digitally archived for preservation; counseling for women; a food bank; a prenatal nutrition program; an after-school program; a summer work-experience program for youth; a young men's healing program; a crime prevention project where a youth counselor meets with youth and oversees activities such as sports and cooking; wellness counseling; dog team races; and much more. Ilisaqsivik also provides a community library with books, videos and games, as well as a meeting room which is free to use for wellness activities (ICC 2009).

Another program in Nain, Nunatsiavut (Labrador, Canada) is called *Aullak Sangillivalianginnatuk* (Going Off, Going Strong), and aims to build resiliency in youth. As pairs and in groups on the land, hunters and fishers teach youth skills including navigating and harvesting and preparing traditional foods. This cost-effective outreach program is described as "a unified approach to complex and overlapping community challenges, including suicide prevention, mental health promotion, cultural connections and food security" (ICC 2015, p. 24). The program has strong grassroots connections, bringing together elders and youth, and targets overlapping community priorities including mental health, suicide prevention, cultural connections, and food security (ICC 2015).

### ***Research and regional coordinating programs***

RISING SUN (Reducing the Incidence of Suicide in Indigenous Groups – Strengths United through Networks) is a project of the Arctic Council that is an attempt at a systematic approach to suicide prevention across Arctic states. It is designed to create a common set of metrics to facilitate the sharing of data and the comparison of interventions across service systems. Traditional knowledge holders will be involved in a consensus-building process (including involvement in expert meetings) to ensure that project results are sensitive to local conditions and are implementable (Arctic Council 2015).

In Canada, the National Inuit Youth Suicide Prevention Framework sees community ownership and empowerment as existing alongside the central coordination of programs and research (Cameron 2011). Greenland has developed a new approach to suicide prevention emphasizing multi-sectoral collaborations. Its National Strategy for Suicide Prevention, adopted in 2004, sets out to coordinate preventive work across all sectors and regions, and to share results (ICC 2015).

### **Common Themes in Successful Mental Health Interventions**

Given the diversity of programs directed at Inuit mental health, Inuit organizations have worked to identify the characteristics of meaningful, effective approaches that merge ‘Western’ approaches with Inuit understandings, and that respect the right to self-determination as part of the right to health. Based on experience with programs and a literature review, research teams that included members from Canada, US, and Greenland identified interventions that ‘work’ and found that they share these common themes (ICC 2015, p. 8):

- ‘sense of control’ over one’s own life;
- moving from helplessness to self-control;
- self-determination;
- community engagement; and
- cultural competencies.

The most effective practices include:

- cultural and land-based programs;
- programs that focus on building capacity of youth and elders;
- teaching life skills;
- healing/grieving workshops;
- training teachers in suicide prevention;
- programs about stigma reduction;
- programs with a family or community focus; and
- teaching community members about resilience promotion and suicide prevention.

### **DISCUSSION**

All three streams of mental health response – professional intervention, land-based programs, and regional coordinating/research programs – are considered by Inuit to be necessary for improving child and youth mental health.

Whether to adopt Inuit and/or non-Inuit approaches to mental health is a decision that must rest with Inuit organizations and communities. Deferring to Inuit authority on this matter is crucial for achieving local acceptance and success. Notions of mental health coming from outside Inuit culture can lead to an emphasis on the individualistic, ahistorical and apolitical notions of positive thinking, self-esteem, and resilience. These ideas of self-help, in which people are instructed how and what to feel, are at odds with Inuit understandings of the individual, discussed above. The managerial culture of self-help is also contrary to the concept of the right to health because it masks colonial realities and the failure of states to provide the conditions necessary for health – focusing instead on the emotional needs of people identified as weak, vulnerable, and ‘at risk’.

When reframed in Inuit terms, however, messages of resilience can take on a more holistic character, recognizing that Inuit ways of maintaining and restoring harmonious relationships are important to the mental health challenges facing youth today (Inuit Tuttarvingat 2009). Being on the land is a source of strength, coping, and cultural competency.

Traditional activities teach and strengthen skills that can enhance self-esteem and contribute to personal and community wellness. But more importantly, they also teach many of the emotional and thinking patterns that are important in resilience. Hunting, for example, requires patience, determination, confidence, and the ability to cope with difficult environmental challenges. If you are unsuccessful, you must also cope with that failure without losing confidence and hope (Agunnginiq Centre 2007, p. 48).

In communicating mental health messages to children and youth, elders are often sought out to provide advice on self-care and behavioural strategies for building connectedness and good relationships with others. However,

Elders felt strongly that the contributions they can make have been ignored or pushed aside. They believe greater efforts should be made to include them and the knowledge they can provide in schools, and with more control over what they can do or say there. They frequently felt they could have done so much more good if they had been allowed to spend time on these topics rather than preplanned topics. They also want to be included in other helping initiatives, and community activities that encourage Elder and youth contacts (Agunnginiq Centre 2006, p. 28).

When elders are asked to serve as mouthpieces for mental health messages coming from the outside, youth are deprived of important opportunities to engage more directly with elders. Youth participating in one suicide prevention study felt that youth need to understand the older way of life, and that they should be taken out on the land and taught survival skills, as part of a holistic approach to suicide prevention (Agunnginiq Centre 2006, p. 29).

The erosion of some of the core values contributing to Inuit health and wellness that were discussed above, and the movement away from subsistence values and working together, are at the heart of much suffering and the weakening of children and youth, mentally and physically. Climate change, and the inability to go out on the land, compounds the mental health difficulties associated with family stress, increased time spent in the communities, and drug and alcohol abuse (Wilcox et al. 2013).

In Yupik communities of Alaska, experienced Inuit health workers recognize that youth are struggling because they no longer have the secure mooring of their Indigenous culture (Ayunerak et al. 2014). Families no longer need to rely on working together to meet their physical needs, which has had an impact on their collective well-being. The path to health is therefore not merely a matter of reviving cultural activities, but involves “repairing and revitalizing the cultural systems that structure activity in the communities” (Ayunerak et al. 2014, p. 92).

In Canada the National Inuit Youth Suicide Prevention Framework notes that initiatives need not be restricted to suicide prevention to contribute to community well-being (Cameron 2011). And while the Nunavut Suicide Prevention Strategy advocates a broad definition of suicide

prevention to include community development initiatives, it recognizes that the provision of mental health services is a pressing need (Government of Nunavut 2010). Land-based programs can also be paired with other kinds of skill-building programs. As one health worker in Labrador notes, spending time on the land is important, but,

We need to be careful that we teach people some transitioning skills, so that the healing that takes place there or the skills they learn are transferrable back to the community. Because you know, we often hear 'on the land programming, on the land programming,' and it's fine while people are on the land, but as soon as they're back to town, they're drinking or whatever they have access to. So yes, I agree wholeheartedly that the more on the land programming that we could do, the better, but we also need to be careful that we're transitioning people and teaching them the skills so that they're transferable when they go back to the community (Wilcox et al. 2013, p. 265).

Finding innovative methods of linking mental health promotion with the contemporary realities experienced by Inuit children and youth may facilitate communication amongst youth and between elders and youth in new and effective ways. Morris and Crooks (2015) identify various unusual initiatives that have proved successful for promoting the mental health of Inuit children and youth in Canada. These include: an interactive health promotion TV series that linked Inuit live across five time zones; circus projects; video projects; and hip hop projects. The hip hop project "brought elders in to try their hand (or feet) at hip hop and turntable scratching, which got youth interested in listening to elders and incorporating traditional Inuit drum dancing and throat-singing into hip hop" (Morris and Crooks 2015, p. 331).

While Inuit are drawing on their own cultural resources to address child mental health, they are also looking for socio-economic interventions to improve conditions in settlements. As things stand, in the Inupiaq region of Alaska, for example, youth are attending school and "graduating into what seems like no future" (Wexler 2006, p. 2941). It is to address dynamics such as this in many of their settlements that Inuit envision "holistic views of mental wellness, suicide prevention and preventing substance abuse that incorporate housing, economic development and jobs as key actions, in addition to regaining cultural pride" (Morris and Crooks 2015, p. 327).

Yet, despite transformations in their economies, Inuit insist that their hunting economy must be protected. Its current fragility is at the heart of what this Inupiaq elder from Alaska describes as loss of control that people feel over their lives,

[W]e have felt like our ability to control our own lives has been taken away. Our children are not able to communicate with us, our lives being very different through the changes that have occurred, *our constant battles with trying to protect our subsistence way of life*, to our young people not feeling like there's a future for them. We haven't replaced these things with an understanding of how to have healthy villages (Wexler 2006, p. 2942; emphasis added).

The principle of culturally appropriate care requires, therefore, the validation and protection of the subsistence economy as part of an economic response to the child and youth suicide crisis in *Inuit Nunaat*. Recognizing the unacceptably high rates of food insecurity, and the dire need for improved access to traditional sources of food, the ICC advocates for programs that adopt a food security lens to the promotion of community health (ICC 2014). The high cost of hunting, coupled with limited income, undermine both access to country foods and the cultural transmission of land-based knowledge, consequently weakening the interdependencies that are at the core of Inuit health and well-being (ICC n.d.). Empowering Inuit to create the environmental, social, and economic conditions necessary for restoring food security requires that nation states adopt a ‘Health in All Policies’ (Leppo et al. 2013) approach across the diverse realms of decision-making that impact the hunting economy, including climate change, contaminants, and wildlife management.

Despite numerous government-sponsored projects and programs there is no clear, unified vision among Inuit about what is the best programmatic response to the suicide crisis, especially given that larger, structural inequalities and ongoing colonial experience drive mental health outcomes for children and youth. In Canada, research has found that evaluation tools for suicide prevention and wellness programs are inadequate (Cameron 2011). Defining Inuit measures of success must take into account Inuit knowledge of community and family dynamics and traditional values, and the fact that Inuit culture is not monolithic and varies from region to region (Pauktuutit 2006). These are challenges for Inuit and their partners from the south as they work to prevent the loss of children and youth to suicide.

## **CONCLUSION**

The conventional determinants of health expressed in human rights covenants, such as adequate food, water, and housing, do not capture the totality of Indigenous peoples’ requirements for well-being and health, nor do they capture the ongoing effects of a politics of assimilation (Ferguson 2014). The Health in All Policies (HiAP) approach may be one way of understanding and addressing the health inequities that arise as a consequence of a wide range of decisions made outside of the health care sector. HiAP also improves the accountability of policy makers for health inequalities at all levels of public policy-making (Leppo et al. 2013). This accountability requires that we be able to assess the health implications of decisions made on behalf of Inuit people.

Much has been written in the medical and social science literature on the subject of Inuit child suicides. Research seeking causes and explanatory models has tended to focus on ‘social disorganization’ and the psychological vulnerabilities brought on by rapid culture change. This diminishes and obscures the colonial relationships of degradation, humiliation, and fear that have systematically abused Inuit over generations (Tester and McNicoll 2004). Acculturation across the circumpolar north has not been a passive process; although not always intentional, it is the result of the comprehensive changes wrought by nation states that have profoundly affected the Inuit way of life. In the context of mental health programs, being able to reconceptualize oppression as an *ongoing* experience with historical roots is a necessary component for developing effective, culturally safe responses to the conditions of ill-health

experienced by Inuit. Such a perspective is at the heart of ICC's stated goal to ensure that Inuit individuals, families and communities take responsibility for their own health (ICC n.d.), and it is part of the process that will empower Inuit youth to understand their personal experiences in a way that fosters their well-being (Wexler 2006).

Rather than seeking merely to prevent children from taking their own lives, Inuit are looking to achieve a holistic state of health, with strong children and youth as the foundations of strong communities. Mental health programming and services should aim not *simply* to address issues of substance or physical abuse, for example, but rather to restore the quality of relationships with family and community, which includes the land and the non-human world. Generally, Inuit view mental illness as an expression of the deterioration of the social order. Successful healing requires the recognition and restoration of all relationships, and relies on the participation of extended kin networks. Programs must go beyond the treatment of symptoms, and provide opportunity for self-expression and the development of a positive and knowledgeable cultural identity, involve elders, youth, and community, and be Inuit-specific and Inuit-controlled (Morris and Crooks 2015). This approach to health involves uniquely Inuit forms of child-rearing that respect the autonomy and abilities of children. Non-interference and freedom for children is part of an Inuit pedagogy that has been suppressed by a variety of non-Inuit institutions that have forced Inuit to adopt non-Indigenous family forms and modes of behaviour. Inuit are working to restore parenting and child-rearing skills that implicate the entire community and that build self-reliance and self-confidence in young people. In the Inuit world, adolescents are not a stage of life apart from adulthood or childhood, and they have a place in traditional decision-making processes. Adolescents should therefore not be considered as passive recipients of mental health programs (Kirmayer et al. 2003), but as partners in the development of these programs.

A continuum of culturally-relevant approaches that recognize the community as the best resource in addressing mental health initiatives, and that build partnerships at all levels in order to implement Inuit-driven approaches, are at the core of the mental health responses desired by Inuit (ITK 2014). The hope is that land-based programs can revitalize hunting and survival skills, and, in the long term, restore the social order that ties generations to one another, and to the land. Such mental health interventions are not professionalized forms of caring but part of the social fabric in which Inuit can recognize their ancestors and a future for their children. Given the colonial reality of settlement life, however, land-based skills must be made transferable, and Inuit themselves are calling for the pairing of land-based programs with other kinds of skill-building programs. Providing ample opportunities for elders and youth to participate directly in one another's activities, and to speak and be heard in the context of intergenerational trauma and colonialism, remain central to healing when community members (especially elders) can address Western psychological notions of healing on their own terms. Through regional strategies, Inuit have partnered with research and policy efforts to coordinate interventions and collect information on the efficacy of various programs.

## Future Directions and Needs

On the basis of the foregoing discussions, ICC has identified a number of areas that will specifically contribute to ensuring the right to health of Inuit children and youth, with a particular emphasis on their mental health:

- mental health responses should be controlled by Inuit, and build on the capacities of youth, parents, and elders;
- culturally relevant health indicators need to be developed;
- traditional Inuit parenting skills must be promoted, supported, and rebuilt where necessary;
- stable core funding for on-going programs must be provided by governments of the four nations that have encompassed Inuit homelands;
- elders should be included more in schools in ways that give them greater control over what they can do or say, rather than limiting their contributions to pre-planned topics;
- efforts must be made to link programs designed around spending time on the land with activities that occur in settlements to ensure that the skills developed and healing that takes place are transferred back to the community;
- at all levels of government, and in all domains of government policy-making, public policy should protect the right to hunt and strengthen Inuit food security;
- promoting Inuit health and wellness requires *positive* messages about the need to nurture positive relationship and positive life skills;
- programs that work for Inuit youth must be developed in partnership with Inuit youth;
- health and well-being projects should be adapted to Inuit priorities and experiences so that past and contemporary realities may both have a place;
- governments need to develop a more holistic conception of health and wellness that translates into a coordinated policy development and program delivery across sectors as reflected in the literature on Health in All Policies; and
- research must be combined with social action.

## REFERENCES

Ajunnginiq Centre (2006) *Suicide Prevention: Inuit Traditional Practices that Encouraged Resilience & Coping*. Ottawa: National Aboriginal Health Organization.

Ajunnginiq Centre (2007) *Resilience: Overcoming Challenges and Moving on*. Ottawa: National Aboriginal Health Organization.

Alianait Inuit-specific Mental Wellness Task Group (2007) *Alianait Inuit Mental Wellness Action Plan*. Ottawa: Inuit Tapiriit Kanatami.

Arctic Council (2015) *Project Proposal: Reducing the Incidence of Suicide in Indigenous Groups – Strengths United through Networks (RISING-SUN)*. Arctic Council SAO plenary meeting (eDocs code: ACSAOUS201) 21-22 October 2015. Arctic Council: Anchorage, Alaska, U.S.A.

Ayunerak, P., Alstrom, D., Moses, C. Charlie, J. and S.M. Rasmus (2014) “Yup’ik culture and context in Southwest Alaska: community member perspectives of tradition, social change, and prevention” *American Journal of Community Psychology* 54: 91-99.

Briggs, J. (1998) *Inuit Morality Play: the Emotional Education of a Three-year-old*. St. John’s, Nfld.: Institute of Social and Economic Research.

Cameron, Emilie (2011) *State of the Knowledge: Inuit Public Health, 2011*. National Collaborating Centre for Aboriginal Health.

Ekho, N. & U. Ottokie (2000) *Interviewing Inuit Elders, Volume 3, Childrearing Practices*. J. Briggs (ed.), Iqaluit: Nunavut Arctic College.

Ferguson, R. (2014) “Aboriginal-specific health initiatives and accessible health care in Canada: Are goodwill initiatives enough” in Toebes, B. et al. (eds.) *The Right to Health: A Multi-Country Study of Law, Policy, and Practice*, pp. 281-311. Den Haag : T.M.C. Asser Press.

Gerlach, A.J. (2012) “A critical reflection on the concept of cultural safety” *Canadian Journal of Occupational Therapy* 79(3): 151-158.

Government of Nunavut (2010) *Nunvaut Suicide Prevention Strategy, October 2010*.

Healey, G.K., L.M. Meadows (2008) “Tradition and culture: an important determinant of Inuit women’s health” *Journal of Aboriginal Health* 4(1): 25-33.

ICC (Inuit Circumpolar Council) (n.d.) *Circumpolar Inuit Health Strategy 2010-2014*. Ottawa: Inuit Circumpolar Council – Canada Office.

ICC (Inuit Circumpolar Council) (2009) *Circumpolar Inuit Health Summit. Yellowknife, Northwest Territories, Canada, July 9-10, 2009*.

ICC (Inuit Circumpolar Council) (2014) *Kitigaaryuit Declaration*. Inuvik, Canada: 12th General Assembly of the Inuit Circumpolar Council, 21-24 July 2014.

ICC (Inuit Circumpolar Council) (2015) *Sharing Hope: Circumpolar Perspectives on Promising Practices for Promoting Mental Wellness and Resilience*.

ITK (Inuit Tapiriit Kanatami) (2014) *Social Determinants of Inuit Health in Canada*. Ottawa, ON: ITK.

Inuit Tutturvingat (2009) *Cultural Safety and Knowledge sharing: Work on Mental Wellness at Inuit Tutarvingat*. Ottawa: National Aboriginal Health Organization (NAHO).

Kirmayer, L., C. Simpson, M. Cargo (2003) "Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples" *Australasian Psychiatry* 11(Supplement): S15-S23.

Kral, M.J. (2003) *Unikkaartuit: Meaning of Well-being, Sadness, Suicide, and Change in Two Inuit Communities. Final Report to the National Health Research and Development Programs*. Ottawa: Health Canada.

Leppo, K., et al., editors (2013) *Health in all Policies: Seizing Opportunities, Implementing Policies*. Ministry of Social Affairs and Health, Finland.

Morris, M. and C. Crooks (2015) "Structural and cultural factors in suicide prevention: the contrast between mainstream and Inuit approaches to understanding and preventing suicide" *Journal of Social Work Practice* 29(3): 321-338.

NAHO (National Aboriginal Health Organization) (2008) *Cultural competency and safety: A guide for health care administrators, providers and educators*. Ottawa, ON: National Aboriginal Health Organization.

Ootoova, I., et al. (2001) *Interviewing Inuit Elders, Volume 5, Perspectives on Traditional Health*. M. Therrien & F. Laugrand (eds.), Iqaluit: Nunavut Arctic College.

Pauktuutit (2006) *The Inuit Way*. Ottawa: Pauktuutit.

Tester, F. J. and P. McNicoll (2004) "Isumagijaksaq: mindful of the state: social constructions of Inuit suicide" *Social Science and Medicine* 58: 2625-2636.

Wexler, L. M. (2006) "Inupiat youth suicide and culture loss: changing community conversations for prevention" *Social Science and Medicine* 63: 2938-2948.

Willox, A.C., et al. (2013) "Climate change and mental health: an exploratory case study from Rigolet, Nunatsiavut, Canada" *Climatic Change* 121: 255-270.