



Statistical data on death by suicide by Nunavut Inuit, 1920 to 2014

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Introduction

In public discourse in Nunavut on the painful subject of elevated rates of suicide in the territory, one hears a wide range of opinions on the question of ‘what was the suicide rate in our society before settlement in communities?’ Opinions range from ‘Inuit never killed themselves before the Qallunaat came’ to ‘Suicide is part of our culture’ (the suggestion being that historical Inuit society had a high rate of suicide).

Greater clarity about suicide behaviour in the past may be helpful because perceptions about the frequency and nature of suicide in historical Inuit society can impact on how people understand suicide behaviour today (i.e. whether suicide behavior today reflects traditional cultural norms). This report presents data from a variety of sources that may help clarify understanding about what we know and don’t know about the development of elevated rates of suicide in Nunavut in the last 100 years.

The 19th century

There is no accurate way to determine the rate of suicide by Inuit in the area what we know today as Nunavut before the 20th century.

The reports of early anthropologists such as Knud Rasmussen and Franz Boas are detailed and fascinating, but their observations are based on a handful of stories and cannot be relied upon to explain the entirety of what was happening across Inuit society at the time. The fact that Rasmussen recorded the suicides of three elderly persons during his first winter in the Canadian Arctic does not tell us what happened in other winters, or in other parts of Nunavut.

The Igloodik Oral History Project

The most comprehensive and detailed body of knowledge we have about Inuit life in the first half of the 20th century is the Igloodik Oral History Project (IOHP).¹

Several of the elders interviewed for the IOHP shared recollections and thoughts about suicide behaviour in the North Baffin.

Noah Piugaattuk told interviewers that suicide was “known to have happened now and then,”² and George Agiaq Kappianaq said that suicide occurred in the past:

... once in a long while. ... [T]here were cases when a person was ill for so long that they got tired of living which would get them to commit suicide as they were tired.³

Rosie Iqalliyuq commented:

When a woman got tired of being beaten she would just commit suicide, and people used to be scared of that happening.⁴

The sense one gets from reading these and other IOHP interviews is that while suicide was not unknown, neither was it a common occurrence. And when it occurred, it occurred for understandable reasons. While these are significant and valuable insights, the IOHP cannot support the calculation of a *rate of suicide* in the North Baffin.

RCMP files 1920 to 1945

One source of information about the past that has not been examined previously is case reports prepared by members of the Royal Canadian Mounted Police (RCMP) in the Northwest Territories (the pre-division NWT, including the Inuvialuit region). Review of these files found 27 cases; the first in 1920 and the last in 1945. The RCMP seems to have taken great interest in investigating unexplained deaths by Inuit, perhaps because of the fear of religious groups deviating from the Anglican and Catholic traditions – especially after the 1922 murder of two men at Kivitoo (a camp near present-day Qikiqtarjuaq) who failed to accept a self-styled prophet. RCMP officers often travelled great distances to ascertain the circumstances of these deaths, and when possible conducted numerous interviews with family members and friends of the deceased person.

There may well have been suicides which were never brought to the RCMP's attention, and therefore not investigated. And while it may be the case that the careful review of the files missed one or more cases, the cases found and reviewed tell an important story.

Of the 27 suicide cases found, 25 were by Canadian Inuit.⁵ If we use the NWT 'Eskimo' population from the 1931 Census as the denominator, we can calculate a suicide rate of roughly 20 per 100,000 population.⁶ 18 of the suicides were by men, and seven were by women. There was only one youth suicide, a boy of about 17 (whose circumstances of death were uncertain). No use of alcohol or other substances was mentioned in any of the 25 files.

The most significant causal factor in these files was clear: 15 of the 25 cases involved adults with intense physical or mental distress that went untreated. In other words, life adversity that could result in hopelessness and despair when the only physical and mental health care – and care for the elderly – available was what the family group could provide.

It is possible that some of these situations would not have resulted in death by suicide if they were to occur with the present-day health system in place. For example, the earliest case, from 1920, was of a woman (age not specified) who had long expressed a wish "to leave this world" as a result of her blindness. There were other cases of suicide due to depression resulting from blindness, both as a result of blinding as a result of macular degeneration and of blinding because of hunting accident. There have, however, been no documented deaths by suicide as result of blindness in recent decades.

The second case was a woman who had lost her son, his wife and child and the wife of a second son to starvation after failing to find their food caches. When her surviving son became ill, she hanged herself. As a Hudson Bay Company trader later wrote about the boy, "As far as [he] was concerned, it was a perfectly simple matter. His mother believed that he was going to die. Without him to care for her, life would have been intolerable. It was her wish that she should die." There were several other cases involving intense grief after the death of loved ones.

The last case (in 1945) was of a woman who had endured years of beatings by her husband. Both her father and her brother told the investigating officer that "on several times [she] had threatened to kill herself but they had not taken her seriously."

The period from 1946 to 1966

Administrative changes that took effect in 1945 resulted in the kinds of RCMP files cited above no longer being copied to Ottawa, so comparable archival research after that year is not possible.

There are surviving commentaries from a range of sources between 1945 and 1967, but they are rare – and cannot be relied on to give us a comprehensive understanding of what was happening across the Eastern and Central Arctic in terms of suicide behaviour during those years.

The best-known case from this period is the death of the elder Qulitalik (or Kolitalik), which resulted in three men being charged with assisting in a suicide. The case came before NWT Justice J.H. Sissons in Igloolik in April 1963. The three men pled guilty to the charge, but were given a suspended sentence.⁷ Qulitalik's may have been the last 'iconic' example of an Inuit elder deciding to end his or her life rather than endure terminal suffering.

It is also noteworthy that there were "several cases where patients either tried to commit suicide or succeeded in it" to avoid being sent South for tuberculosis treatment.⁸

There is another source of data on this period, the work of anthropologist Asen Balikci. Balikci spent part of the summer of 1959 and the winter of 1960 among the Arviligjuarmiut residing at Pelly Bay (present-day Kugaaruk). At the time, the population of the group was about 120 individuals. In a paper presented shortly after his fieldwork, Balikci wrote that in the previous 50 years the Arviligjuarmiut had suffered 35 deaths by suicide and many other suicide attempts. On this basis he calculated an astonishing suicide rate for the Arviligjuarmiut of 575 per 100,000. Balikci cited one suicide by a 10 year-old boy, and five by teenagers. The stories Balikci told in his paper were often dramatic. For example:

Two families are voyaging in a canoe across Pelly Bay. Suddenly a strong wind starts blowing, the sea waves become dangerous. The travellers believe everything is about to be lost. A 10 year old boy was persistently asking for a gun to kill himself.⁹

There are no RCMP records resembling this supposed suicide that Balikci described. The death by suicide of a 10 year old would certainly have been reported, and commented upon, by the police.

Neither are Balikci's stories and statistics supported by the publications and personal papers of the Oblate missionary Rev. Franz Van De Velde. Van De Velde, known to Inuit as 'Ataata Vinivi',¹⁰ had lived among the Arviligjuarmiut since 1936 and spoke fluent Inuktitut. Without Van De Velde's assistance and support, Balikci would not have been able to conduct the fieldwork which launched his academic career.

Given Van De Velde's incredibly detailed knowledge of his tiny flock, as evidenced by his publication "One hundred fifteen years of Arviligjuarmiut demography",¹¹ it is inconceivable that he would have not heard about, or would have failed to document, 35 deaths by suicide in such a tiny population. Furthermore, the one suicide that Van De Velde described is not mentioned in Balikci's paper.

Since Balikci's paper has provided the primary academic support for theories of sharply elevated rates of suicide in historic Inuit society, deeming his findings as 'uncorroborated' and setting them aside gives us a very different historical picture – that of a society where suicide occurred "once in a long while" (to requote George Agiaq Kappianaq), usually by individuals in intense physical and/or mental distress or with other known risk factors such as grief over the loss of a loved one.

Data from the Office of the Chief Coroner of the Northwest Territories (1967 to 1999) and the Office of the Chief Coroner of Nunavut (1999-2014)

The embryonic headquarters of the Government of the Northwest Territories (GNWT) was relocated from Ottawa to Yellowknife in 1967, and that year saw the establishment of a Coroner's office. A Chief Coroner located in the capital kept in contact with a network of community coroners in the communities – much like the arrangement prevailing in Nunavut today.

The author obtained record-level data on deaths ruled to have been suicides in the pre-division NWT, since records began being kept in 1967, through an Access to Information request to the GNWT Department of Justice.

These data have both strengths and weaknesses:

- Strength: There are compelling legal reasons for governments to accurately rule on cause of death, and the data obtained from the GNWT were collected with a consistent methodology over time. These are the official records.
- Strength: Unlike death certificates in the provinces, death certificates in the territories are coded by ethnicity.
- Weakness: Some of the earliest records of suicides in the post-1967 NWT did not record the age of the deceased.
- Weakness: The GNWT Dep't of Justice withheld the sex and age of the other suicide records, so as to make it impossible to identify the deceased individuals.

The last two factors are significant, as they prevent us from understanding the trends by sex and age group. Additional administrative data (from the records of the former GNWT Dep't Health & Social Services) on some suicides between 1977 and 1988 and all suicides between 1989 and 1999 allows analysis of trends by sex and age group beginning in 1989.

Data on deaths by suicide in Nunavut since April 1, 1999 were obtained from the Office of the Chief Coroner of Nunavut.

Table A combines data from the NWT and Nunavut Coroner's offices and presents the number of deaths by suicide by Inuit in the area we know today as Nunavut, by community of death, from 1967 to 2014.¹² 746 Inuit are recorded as having died by suicide during those years. There have also been 11 deaths by non-Inuit – for a total of 757 deaths by suicide since systematic recording began in 1967.¹³

The right-hand column of Chart A presents the overall rate of death by suicide by Inuit in Nunavut, per 100,000 population, using 5-year rolling averages. Rates were calculated using demographic data obtained from Statistics Canada and the Nunavut Bureau of Statistics.

Chart 1 presents the number of deaths by suicide by Inuit in Nunavut from 1967 to 2014. Chart 2 presents the overall rate of death by suicide by Inuit in Nunavut, per 100,000 population, using 5-year rolling averages. Chart 3 presents the same data as Chart 2, but adds the suicide rate for Canada as a whole¹⁴ to illustrate the almost ten-fold difference in rates between Inuit in Nunavut and Canadians as a whole in recent years. Chart 4 compares Inuit in Nunavut to the populations of the provinces and other territories.¹⁵

Table A: Deaths by suicide by Inuit in Nunavut, by community of death, 1967-2014; and, Rate of death by suicide by Inuit in Nunavut, per 100,000 population, 5-year rolling average

	Arctic Bay	Arviat	Baker Lake	Cambridge Bay	Cape Dorset	Chesterfield Inlet	Clyde River	Coral Harbour	Gjoa Haven	Grise Fiord	Hall Beach	Igloolik	Iqaluit	Kimmirut	Kugaaruk	Kugluktuk	Pangnirtung	Pond Inlet	Qikiqtarjuaq	Rankin Inlet	Repulse Bay	Resolute Bay	Sanikiluaq	Taloyoak	Whale Cove	Total	Rate per 100,000 pop. -- 5-year rolling average
1967																										0	
1968				1																						1	
1969																										0	
1970																1										1	
1971													1													1	
1972					2																					2	9.7
1973				2																						2	11.3
1974																								1		1	12.8
1975				1												2										3	16.0
1976																1				1						2	17.4
1977					1															1	1					3	18.6
1978			1						1				5			1	1			3		1		1		14	37.9
1979				2									1										1			4	41.8
1980			1	1				1					1													4	42.4
1981	1				3								1					1								6	47.5
1982											1	1	1													3	46.0
1983																		1		2	1			1		5	47.2
1984					1						2		2			2			1	1						9	40.1
1985			1	1	1		1						1		1	1				1	1				1	10	47.5
1986	1			1	1	1	2		1		1		2		1	3	1		2						1	18	62.8
1987	1		1		1		2						1			1	1		3	1						12	73.1
1988		1	1	1			1					1	2	1			2	1	2							13	81.6
1989			1		1							1	6			3	2			1					1	16	88.0
1990					1						1		4			1		1				1	2			11	86.6
1991		2				1		1	1				3							1						9	73.2
1992				1	1		1			1	1		2		1	1	1	1	2					1		14	73.5
1993	2				2		1				1		8					1	1	2						18	77.1
1994	2								1			2	6			3	1	2		2	1			2		22	81.3
1995	1		1	1	1		1		2		1		1			1	1	1		1	1	1		1		16	84.2
1996	1				3							3	3			5		2		4					1	22	95.1
1997			1	1	2							2	5	2		3	1	1	1					3		22	100.4
1998			1	1	1	1					1	3	10			1		1	1	4				1		26	105.5
1999	1	1	1		1		1	1				1	5		1	3	2	1	1	1				1		22	103.4
2000	1	2	1	2		1					2	2	7			2		1		2	1		1			25	109.8
2001	1	1	1		2		2	3			2	1	3	3		1	2	1	1	2				1		27	112.3
2002	1		2		2		3				1	1	3	1			3	2	2	2	1			1		25	112.9
2003	1	2			3		2	2	2		1	2	4			2	5	3	4	2				1		36	119.7
2004	2					1	2				1	4	6		1	3	3	1	1			2				27	120.3
2005		2	3	2	4		1		1			1	4				2	3	2							25	116.8
2006	1		1	1	1		1		1			1	7		1	4	2	2	1	1	2	1		1		29	115.0
2007	2	2	1	1					1		2	1	4			5	1	1		2			1			24	111.1
2008	2		2		4		1						7		2	2	2	2	1	3	1		1			30	103.4
2009	1	1	2	1	4		2	1	2	1			2				7	2	1	1			1			29	103.2
2010		1	3	1	1		4		0		1	1	5		1	1		3	1	2	1				1	27	103.0
2011		1	1	3	6		1			1			11		2		2	2		1	2					33	104.3
2012		1	1	1	2							0	5			1	2	5		4	2			1		25	103.3
2013		4	3	3	2		1	1	1		1	3	10	1		3	4	3		3	1		1			45	112.3
2014		1	1		1	1	2		2		1	1	6			1	2	3	1	4						27	109.2
Total	22	22	32	29	55	6	32	10	16	3	21	32	155	8	11	58	51	48	26	57	16	7	7	16	6	746	
	Arctic Bay	Arviat	Baker Lake	Cambridge Bay	Cape Dorset	Chesterfield Inlet	Clyde River	Coral Harbour	Gjoa Haven	Grise Fiord	Hall Beach	Igloolik	Iqaluit	Kimmirut	Kugaaruk	Kugluktuk	Pangnirtung	Pond Inlet	Qikiqtarjuaq	Rankin Inlet	Repulse Bay	Resolute Bay	Sanikiluaq	Taloyoak	Whale Cove		

Chart 1: Deaths by suicide by Nunavut Inuit, by year, 1967-2014

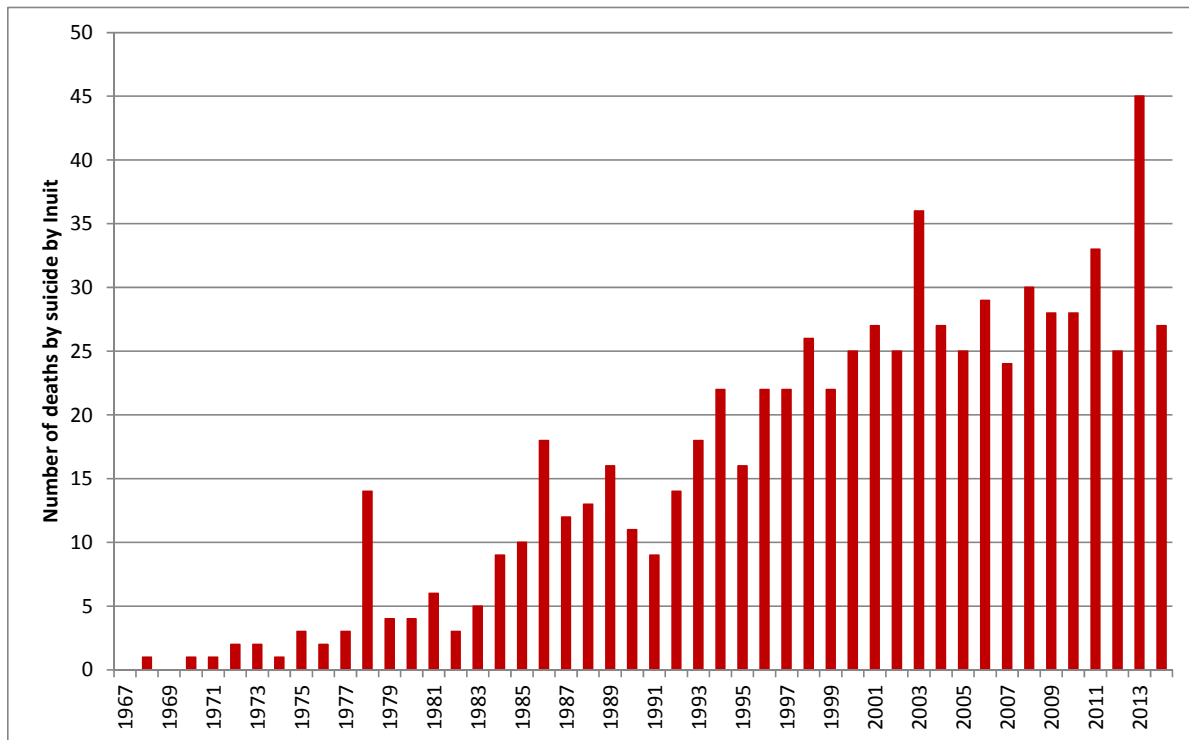


Chart 2: Rate of death by suicide by Nunavut Inuit, per 100,000 pop., 5-year rolling average

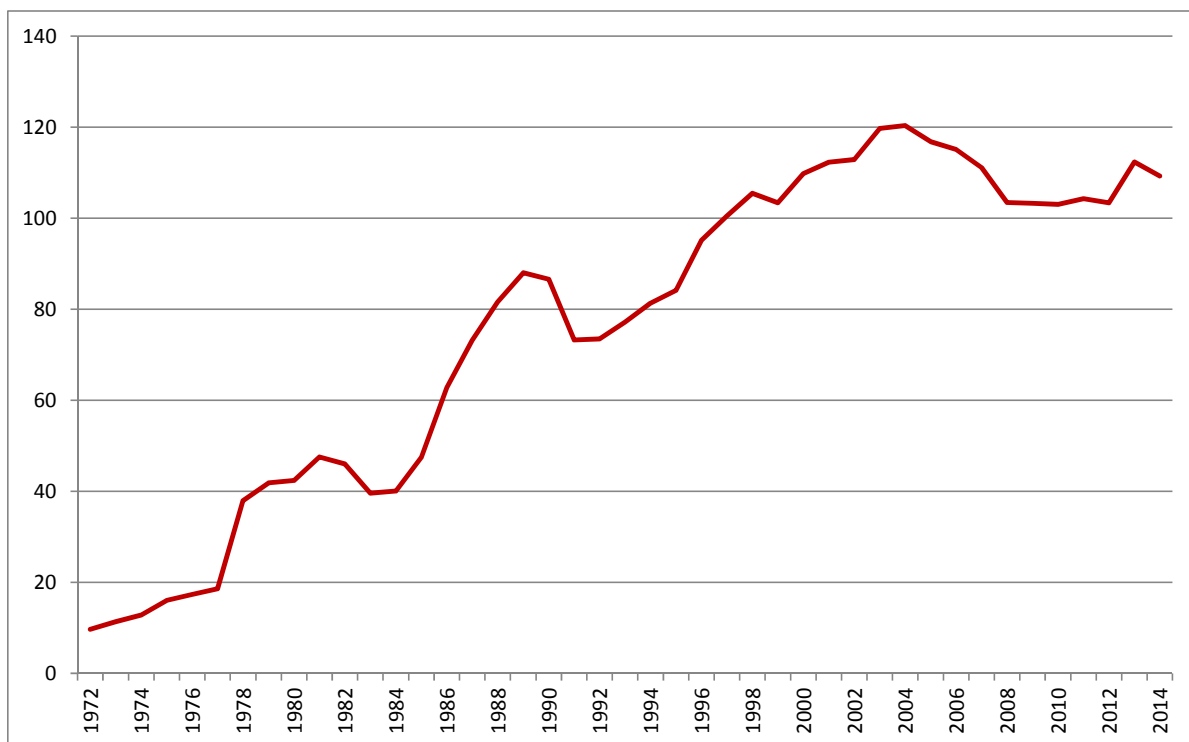


Chart 3: Crude rate of death by suicide by Nunavut Inuit and all Canadians, 1972-2014

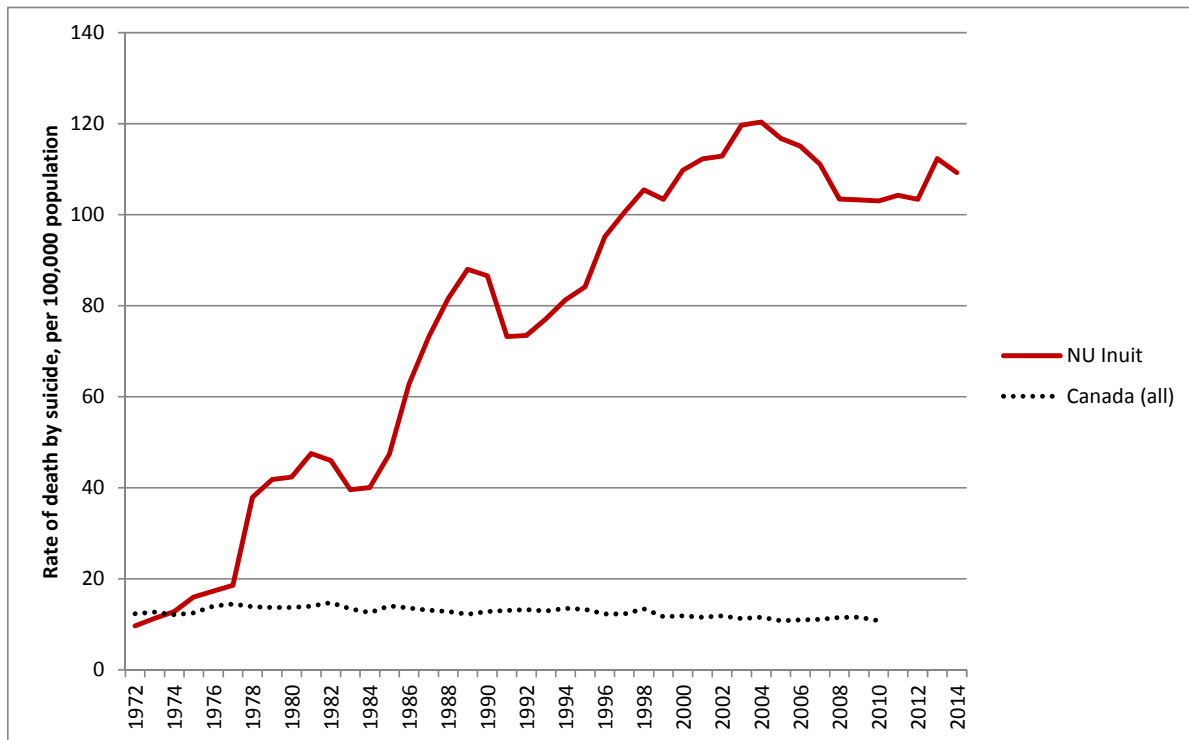
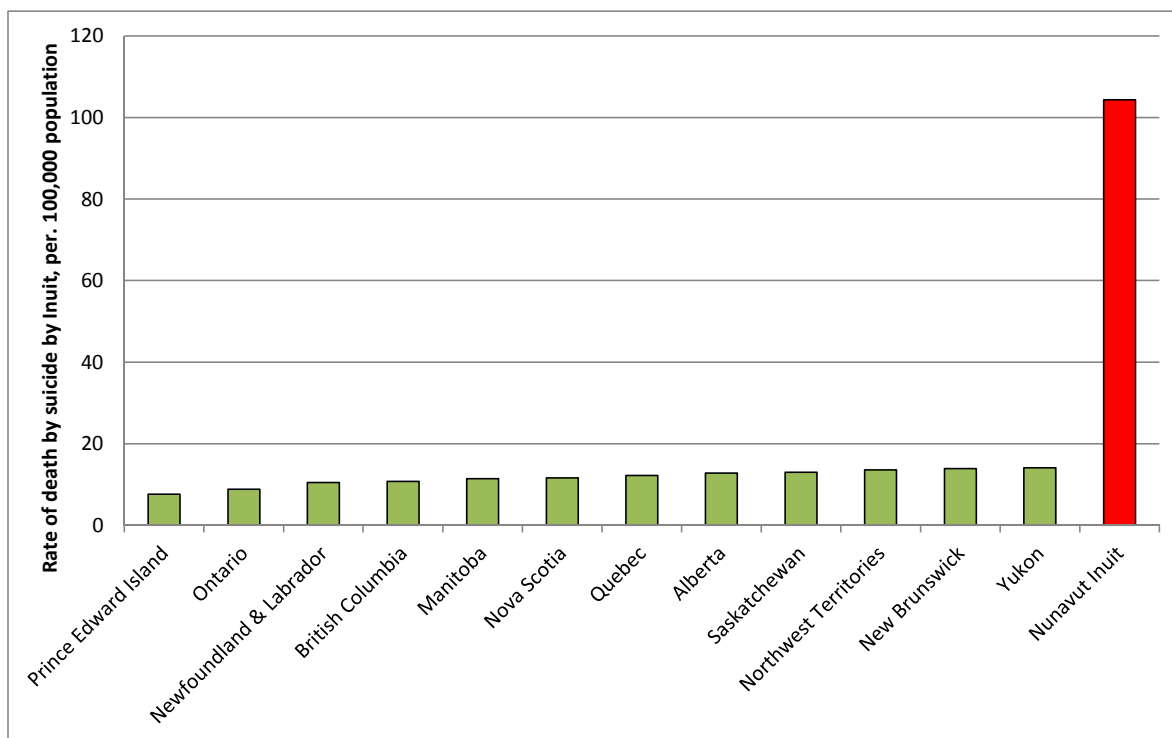


Chart 4: Crude rate of death by suicide, provinces/territories and Nunavut Inuit, 2011



The following table and charts present the change in rates of death by suicide by Nunavut Inuit by region, sex and age-group by five-year time periods with Census years as the median years:

Table A: Rates of death by suicide by Nunavut Inuit, by five-year time period

		Five-year time period						
		1979-83	1984-88	1989-93	1994-98	1999-03	2004-08	2009-13
by Region								
	Qikiqtani	38.3	93.4	104.2	122.3	153.2	133.2	140.8
	Kivalliq	32.2	55.6	46.9	60.2	85.7	53.2	87.3
	Kitikmeot	23.7	88.0	51.6	129.0	83.5	104.1	77.8
by Sex								
	Men			124.6	170.8	202.3	165.8	167.5
	Women			27.7	42.3	34.2	39.0	55.8
by Age Group								
	10-14			9.4	48.3	32.3	70.1	39.9
	15-24			219.0	317.9	457.7	277.0	273.6
	25-34			150.7	160.2	137.5	123.1	197.5
	35-44			52.6	108.4	55.2	101.5	84.7
	45-54			19.4	15.9	27.3	54.7	73.9
	55+			18.3	15.0	13.2	11.0	28.4

Chart 5: Rate of death by suicide by Nunavut Inuit, by region, 5-year rolling average

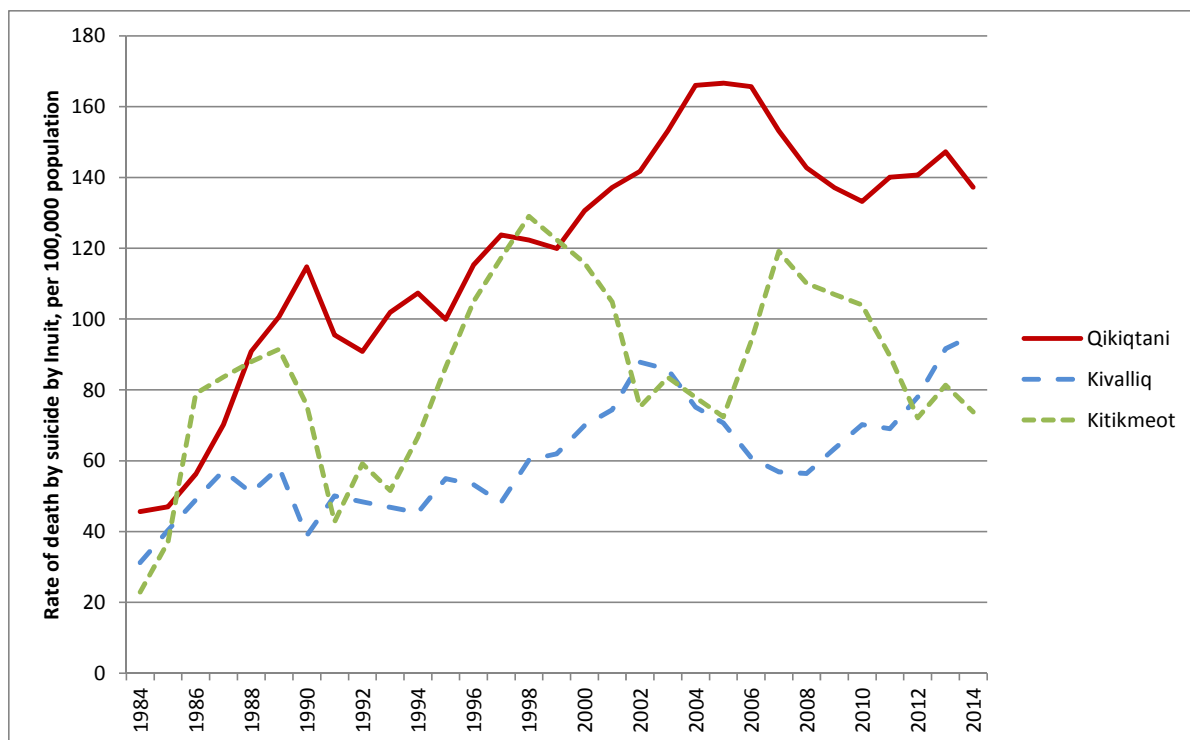


Chart 6: Rate of death by suicide by Nunavut Inuit, by sex, by five-year time periods

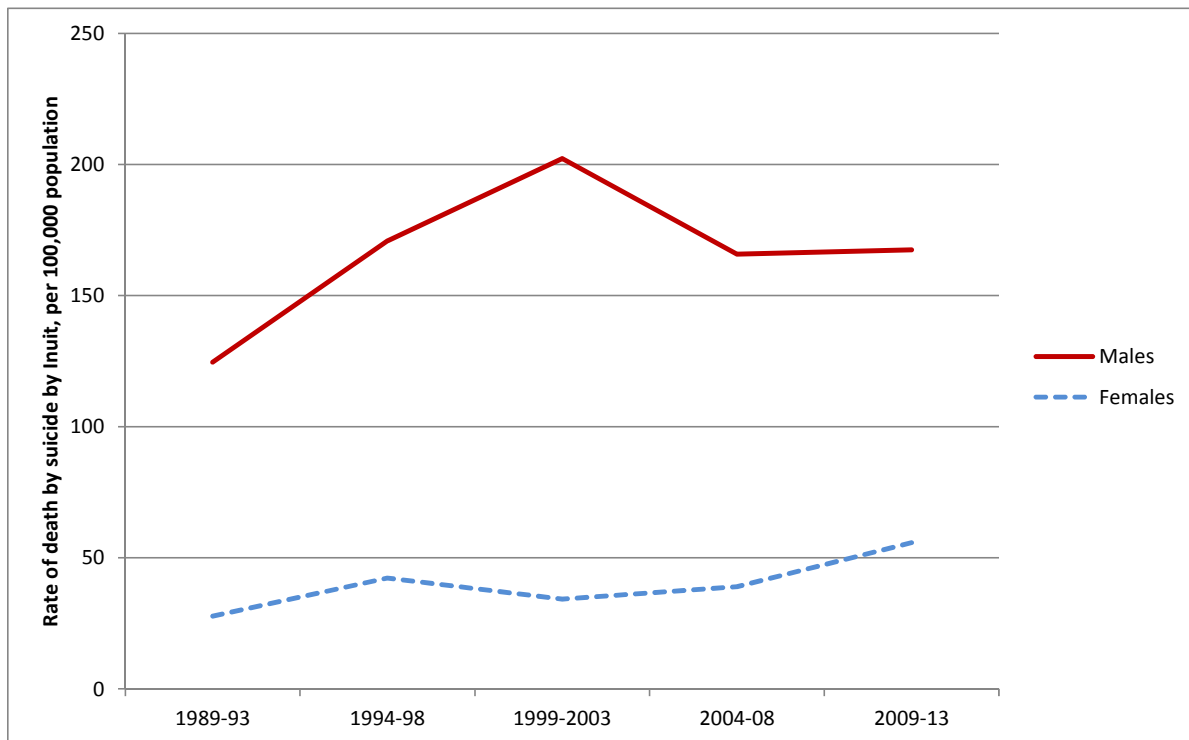
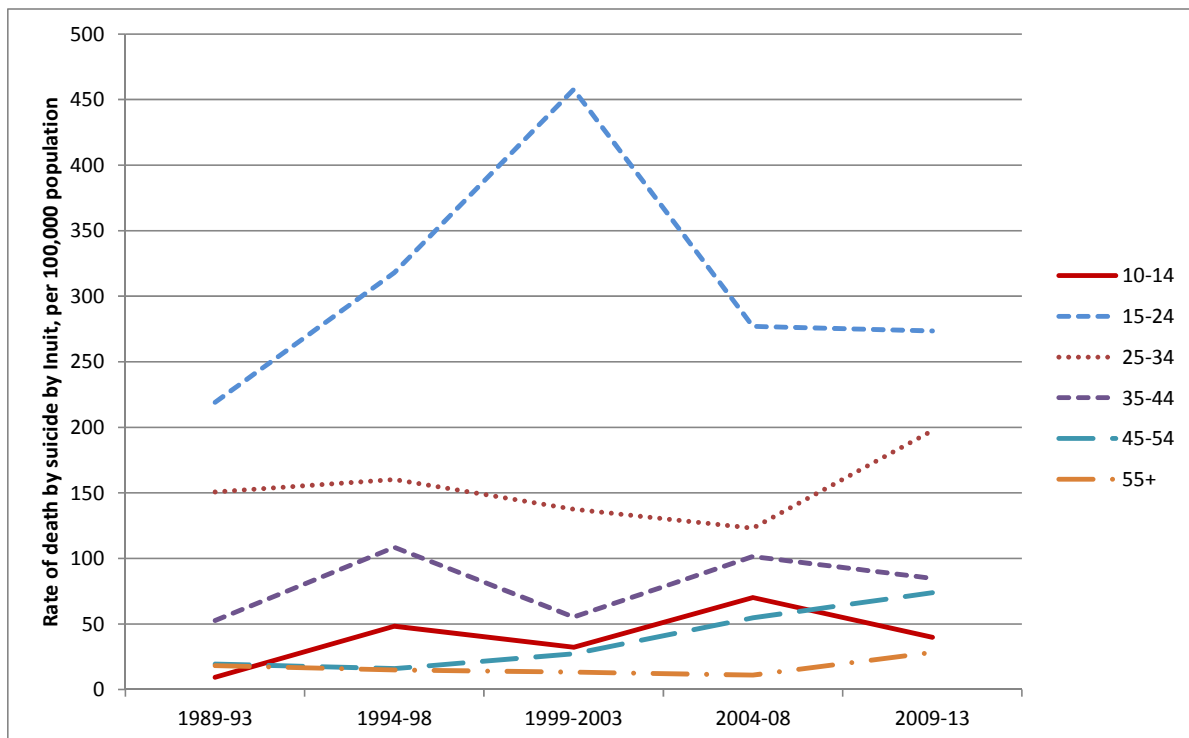


Chart 7: Rate of death by suicide by Nunavut Inuit, by age group, by five-year time periods



Nunavut's first 15 years: April 1, 1999 to March 31, 2014

The following table and charts present data on the deaths by suicide by 436 Nunavut Inuit during the territory's first 15 years, April 1, 1999 to March 31, 2014. Rates were calculated using demographic data obtained from Statistics Canada and the Nunavut Bureau of Statistics.

The rate of death by suicide for Nunavut Inuit over those 15 years was 111.4 per 100,000 population – 9.8 times the rate for Canadians as a whole (11.4 per 100,000 for the period 2000 to 2011, according to Statistics Canada's CANSIM Table 102-0552). The rate for Inuit men during that period was 185.8 per 100,000, for Inuit women 47.9 per 100,000.

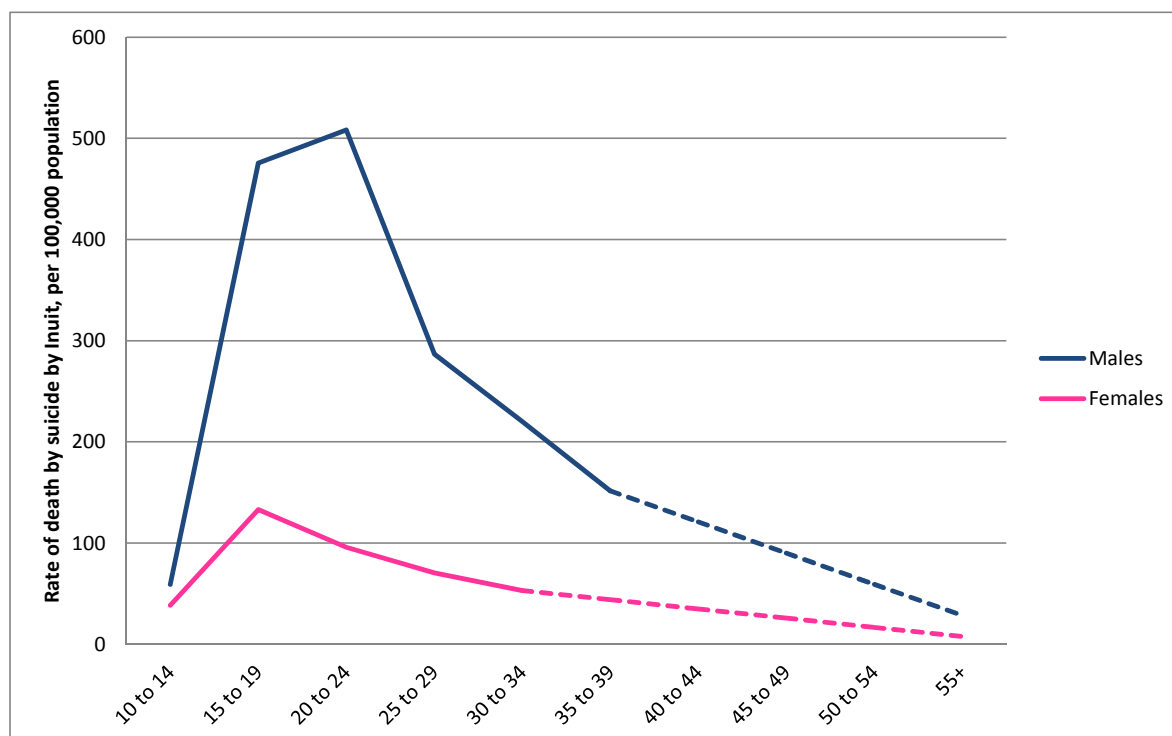
The numbers and rates – total, by sex and by region – by age group were:

Table B: Numbers and rates of death by suicide by Nunavut Inuit, April 1, 1999 to March 31, 2014, by age group

Number		Age group					
		10-14	15-19	20-24	25-29	30-34	35+
Total		23	147	111	57	37	61
by Sex							
	Men	14	117	94	46	30	48
	Women	9	30	17	11	7	13
by Region							
	Qikiqtani	14	95	68	41	26	35
	Kivalliq	6	37	25	6	5	13
	Kitikmeot	3	15	18	10	6	13
Rate per 100,000		Age group					
		10-14	15-19	20-24	25-29	30-34	35+
Total		48.8	311.7	306.3	179.9	138.0	58.1
by Sex							
	Men	59.1	475.6	508.2	286.6	220.3	91.0
	Women	38.4	133.0	95.8	70.4	53.0	24.9
by Region							
	Qikiqtani	58.6	405.2	361.2	241.5	187.8	65.9
	Kivalliq	42.2	254.6	237.4	66.7	61.2	42.4
	Kitikmeot	33.3	163.4	261.4	175.4	125.0	61.3

Chart 8 presents the suicide rate by sex and age group.

Chart 8: Rate of death by suicide by Nunavut Inuit, April 1, 1999 to March 31, 2014, by sex and age group



During Nunavut's first decade, April 1, 1999 to March 31, 2010, 85% of the 302 deaths by suicide by Inuit occurred in residences or associated sheds. Most of the rest occurred at different places in communities, and only a few occurred outside communities.

Suicides were slightly more likely to occur during the summer months: 40.2% occurred during the months of May through August, compared to 29.8% from January to April and 30.0% from September to December. The pattern was particularly pronounced among women: 60.7% of suicides by women occurred during the summer months. Suicides were also slightly more likely to occur on weekends. Fridays (18.7%) and Saturdays (16.3%) were the days of the week with the highest number of deaths; Wednesdays (12.0%) had the lowest.

230 of the deaths by suicide occurred by hanging, 61 by firearm, 6 by stabbing, 3 by overdose, and 2 by other or unknown methods. The pattern differed somewhat by sex: among men, 74% occurred by hanging and 23% by firearm; among women, 85% occurred by hanging, 6% by firearm and 4% by overdose.

Toxicological samples were obtained from 82.7% of the deceased. 27.2% of the samples tested positive for ethanol, at rates ranging from well below the level of intoxication to levels of extreme intoxication. 73.0% of samples from Iqaluit and 71.4% of samples from Cambridge Bay tested positive for ethanol, but only 16.2% of samples from the 23 other Nunavut communities did. 34.7% of samples tested positive for cannabinoids. Among suicide victims between the ages of 15 to 19, 11.4% tested positive for ethanol and 41.9% tested positive for cannabinoids.

The two following charts present the rate of death by suicide for Nunavut Inuit by ‘community of affiliation’ over the fifteen year period April 1, 1999 to March 31, 2014. Where known, people who died in hospital in Iqaluit after having been medivac’ed from their home community – or who had only been briefly in Iqaluit before their death – have been recoded to their home community.

- Over the fifteen year period 1999-2014 there was 6.8-fold difference between the rate of suicide in Nunavut’s highest-rate community and the rate of suicide in the territory’s lowest-rate community:
- Nine communities, with a combined population of 7,781 Inuit in 2006, had a rate of death by suicide higher than Iqaluit’s.
 - 15 communities, with a combined population of 14,411 in 2006, had a rate of suicide lower than Iqaluit’s.

Iqaluit is the community marked in white in Charts 9 and 10.

Chart 9: Rate of death by suicide by Nunavut Inuit, April 1, 1999 to March 31, 2014, by community

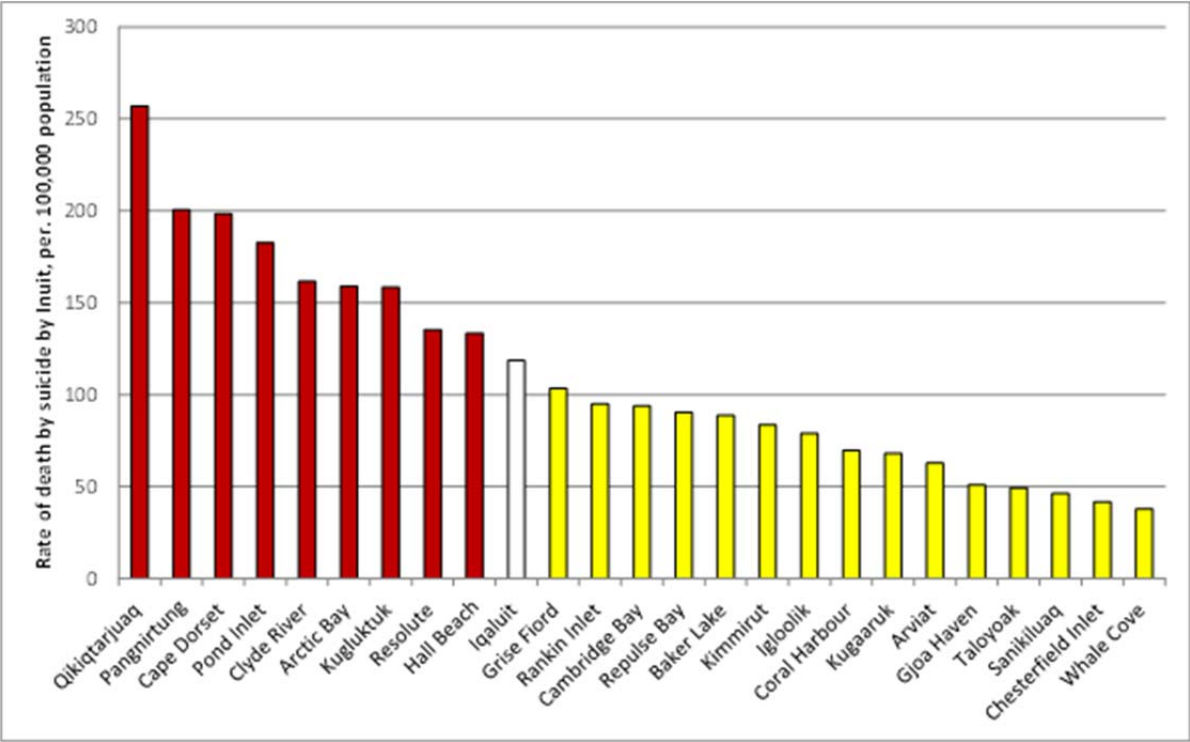
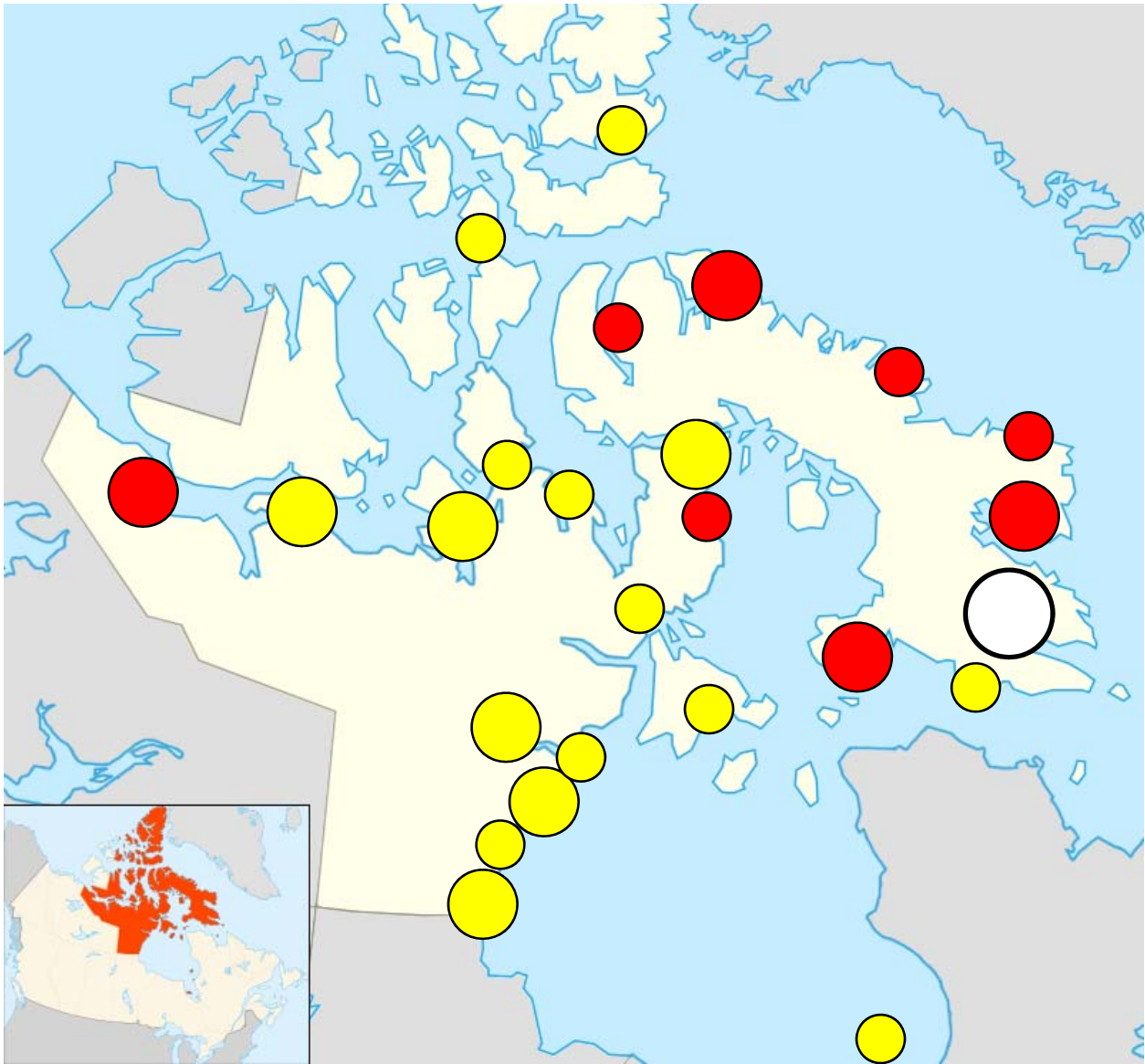


Chart 10 presents the same data in map format.

Chart 10: Rate of death by suicide by Nunavut Inuit, April 1, 1999 to March 31, 2014, by community



Discordance between the statistics published by the Office of the Chief Coroner and those published by Statistics Canada

Early each year the Office of the Chief Coroner of Nunavut releases a summary of the number of all deaths by suicide (combined counts of Inuit and non-Inuit) that occurred during the previous year. The most recent such document is entitled 'Suicide Stats by Community 1999 - Dec 31, 2014'.

There is a delay of several years before Statistics Canada can complete the processing required to allow release nation-wide statistics on causes of death. 2011 is currently the most recent year for which data is available on CANSIM Table 102-0552, 'Deaths and mortality rate, by selected grouped causes, age group and sex, Canada,' which was last updated in September 2014. The data presented below are the counts for 'Intentional self-harm (suicide)' [ICD-10 coding X60-X84, Y87.0].

Table C: Number of deaths by suicide, combined Inuit and non-Inuit, as per the Office of the Chief Coroner of Nunavut and Statistics Canada

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
CANSIM table 102-0552*	25	26	25	31	24	20	16	20	22	21	23	24
Nunavut Coroner's count	26	28	25	37	27	25	29	24	29	29	30	34
difference	-1	-2	0	-6	-3	-5	-13	-4	-7	-8	-7	-10
*accessed September 1, 2015												

27% of the deaths deemed to have been suicides by the Office of the Chief Coroner of Nunavut between 2005 and 2011 are missing from the statistics presented on CANSIM. The author has been unable to obtain an explanation for this discrepancy.

Conclusion

This report has presented the available statistical data on one aspect of the epidemiological transition that has occurred among Inuit in Nunavut in the last 100 years: from a society with relatively low rates of death by suicide to a society with tragically high rates of death by suicide. The overall pattern of risk factors for suicide behaviour has changed considerably over time, so it is important to differentiate suicide behaviour by Inuit in the past from suicide behaviour by Inuit today. Suicide is not "a part of Inuit culture," except in the sense that suicide behaviour occurs in all human societies.

A team of researchers from the McGill Group for Suicide Studies conducted the 'Learning from lives that have been lived' suicide follow-back (or 'psychological autopsy'). The study investigated all 120 cases of suicide by Inuit that occurred in Nunavut between January 1, 2003 and December 31, 2006. The study team interviewed multiple family members and friends of each of the deceased, and reviewed their medical records. This allowed the study to document the deceased's family structure, childhood experiences, school history, work history, relationship history, history of alcohol and drug use, medical history, psychological history, and other factors which may have played a role in his/her death.

It was a case-control study, meaning that for every deceased person a living ‘control’ was matched by community, sex and age. This allowed the researchers to compare the results for persons who had died by suicide with their peers who had not died by suicide.

Results have been released in a project report available on the Embrace Life Council website,¹⁶ a methodology article in an open-access academic journal¹⁷ and most recently an open-access academic article presenting the findings.¹⁸

The follow-back study found that:

- Compared with control subjects, subjects who died by suicide were more likely to have experienced childhood abuse, have family histories of major depressive disorder and suicide completion, and have been affected by major depressive disorder, alcohol dependence, or cannabis dependence in the last 6 months.
- Subjects who died by suicide were more likely to have been affected with cluster B personality disorders and had higher scores of impulsive and aggressive traits.

and concluded that:

- At the individual level, clinical risk factors for suicide among Inuit are similar to those observed in studies with the general population, and indicate a need for improved access to mental health services.
- The high rate of mental health problems among control subjects suggests the need for population-level mental health promotion.

As a guest editorial in the *Canadian Journal of Psychiatry* noted,

This higher burden of psychiatric illness signifies the importance of clinical risk factors that are relevant to suicide globally. In other words, the high rates of suicide in Nunavut can be understood in terms of general models of suicidal behaviour This is a contribution to the debate around whether suicide in Indigenous contexts is qualitatively different than suicide in non-Indigenous populations, with implications for the consequent role of mental health interventions.¹⁹

Endnotes

¹ “In 1986, a group of Igloolik community elders met to consider ways of preserving, for posterity, the language, traditions, values and history of the Iglulingmiut. The elders decided to systematically record on audiotape as much of their accumulated knowledge as possible and the Igloolik Oral History Project began. From the beginning, community support and involvement in the project was significant.”
http://www.archivescanada.ca/english/search/ItemDisplay.asp?sessionKey=999999999_142&l=0&lvl=1&v=0&coll=1&itm=220961&rt=1&bill=1; see also
http://www.nunatsiaqonline.ca/archives/nunavut000131/nvt20121_10.html

² Piugaattuk, Noah: IE-011. Igloolik Oral History Project, Nunavut Research Institute. Igloolik, 1993.

³ Kappianaq, George Agiaq: IE-455. Igloolik Oral History Project, Nunavut Research Institute. Igloolik, 2000.

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- ⁴ Iqalliyuq, Rosie: IE-027. Igloodik Oral History Project, Nunavut Research Institute. Igloodik, 1987.
- ⁵ There was one suicide was by a non-Inuk RCMP officer, and one by a “Siberian Eskimo” employed by the Hudson’s Bay Company.
- ⁶ This rate contrasts with the rate of 3.0 calculated for Greenlanders for the period 1900 to 1930 by Dr. Alfred Berthelsen, the island’s first Chief Medical Officer. Berthelsen noted that the few suicides occurring during that period were the result of serious mental illness. See: Berthelsen, Alfred. “Grønlandsk medicinsk statistik og nosografi I: Grønlands befolknings-statistik 1901-30.” *Meddelelser om Grønland* 117:1, 1935. pp. 1–83.
- ⁷ See: Rasing, Wim. “The case of Kolitalik on the encounter of Iglulingmiut culture and Canadian justice,” in: C. Buijs (ed.), *Continuity and Discontinuity in Arctic Cultures*. Leiden: CNWS, 1993. pp. 91-107; and, Eber, Dorothy H. *Images of Justice*. Montreal & Kingston: McGill-Queen’s University Press, 1997. pp. 131-5.
- ⁸ Grygier, Pat S. *A Long Way From Home: The Tuberculosis Epidemic among the Inuit*. Montreal & Kingston: McGill-Queen’s University Press, 1994. p. 115.
- ⁹ Balicki, Asen. “Suicidal behaviour among the Netsilik Eskimos.” Paper presented at the annual meeting of the Canadian Political Science Association, 1960. p. 11.
- ¹⁰ See: Brandson, Lorraine E. ‘Franz Van De Velde, O.M.I. (1909-2002).’ *Arctic* 55:4, 2002. pp. 407-8. <http://pubs.aina.ucalgary.ca/arctic/Arctic55-4-407.pdf>
- ¹¹ See: Van De Velde, Franz, et al. “One hundred fifteen years of Arviligjuarmiut demography, Central Canadian Arctic.” *Arctic Anthropology* 30:2, 1993, pp. 1-45. <http://www.jstor.org/stable/pdf/40316336.pdf>
- ¹² Coroners record a person’s place of death as precisely that – the community in which the person died. This can slightly distort community-level reports, as people who attempt to end their lives in communities in the Qikiqtani region are sometimes medivac’ed to the hospital in Iqaluit, and die there. They are (accurately) recorded as having died in Iqaluit, but they were not a person from Iqaluit.
- ¹³ People who attempt to end their lives in Nunavut and are medivac’ed to hospitals in southern Canada or the Northwest Territories, and who die there, are (accurately) recorded having died in a province or territory other than Nunavut. Their deaths are not included in the statistics released by the Office of the Chief Coroner of Nunavut. There is no accurate count of such cases; the author is aware of seven such cases since 1999.
- ¹⁴ Data for 1972 to 2008 from <http://www.statcan.gc.ca/pub/82-624-x/2012001/article/desc/11696-08-desc-eng.htm>, data for 2009 to 2011 (most recent year available) from Statistics Canada CANSIM Table 102-0551.
- ¹⁵ It should be noted that other jurisdictions have sub-populations whose suicide rates far exceed that of the jurisdiction as a whole – most notably Inuit living in Nunatsiavut (Newfound & Labrador), Nunavik (Quebec) and the Inuvialuit Settlement Region (Northwest Territories). It is impossible to measure the suicide rate among Inuit living in the south, as death certificates in the provinces are not coded by ethnicity.
- ¹⁶ Chachamovich, Eduardo, and Monica Tomlinson. *Nunavut Suicide Follow-Back Study: Identifying the Risk Factors for Inuit Suicide in Nunavut*. Montreal: McGill Group for Suicide Studies, 2013. <http://inuusiq.com/news-and-upcoming-events/nunavut-suicide-follow-%C2%ADback-study-identifying-the-risk-factors-for-inuit-suicide-in-nunavut/>
- ¹⁷ Chachamovich, Eduardo, et al. “A psychological autopsy study of suicide among Inuit in Nunavut: Methodological and ethical considerations, feasibility and acceptability,” *International Journal of Circumpolar Health* 72, 2013. <http://www.circumpolarhealthjournal.net/index.php/ijch/article/view/20078>
- ¹⁸ Chachamovich, Eduardo, et al. “Suicide among Inuit: Results from a large, epidemiologically representative follow-back study in Nunavut,” *Canadian Journal of Psychiatry* 60:6, 2015. pp. 268-75. <http://publications.cpa-apc.org/media.php?mid=1906>
- ¹⁹ Crawford, Allison. “A national suicide prevention strategy for Canadians – From research to policy and practice.” *Canadian Journal of Psychiatry* 60:6, 2015. pp. 239-41. <http://publications.cpa-apc.org/media.php?mid=1911>
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