

## **Mental Health and Suicide in Indigenous Communities in Canada**

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## Problem History

Canada's Indigenous population, including First Nations, Inuit, and Metis peoples, comprises 4.3% of the general population. Despite making up a fraction of the population, the suicide rate for First Nation communities is disproportionate as it is 2.1 times higher than the rate seen in the general population.<sup>1</sup> What is more appalling is that suicide and self-inflicted injury is the leading cause of death in First Nation youth ages 15-24, whereas in the general population it is accidental death.<sup>2</sup> An example which speaks to the urgency of this issue is the number of suicide attempts in Northern Ontario communities - such as in Attawapiskat - which has now reached a nearly epidemic level.<sup>3</sup> To meet the resource demand imposed by this escalating problem of youth suicide in this region, Attawapiskat declared a state of emergency; however, health care workers responding to the crisis were (and continue to be) overwhelmed by this public health crisis.<sup>3</sup>

While suicide is not a distinct psychiatric disorder, 98% of suicide victims are believed to have a mental illness; as such, physicians have an obligation to identify symptoms of mental illness, provide care, and ensure the safety of those at risk for suicide.<sup>4</sup> Risk factors in the general population (which includes Indigenous peoples), include: a previous suicide attempt, a recent discharge from hospital, and a concurrent major depressive episode.<sup>5</sup> Other risk factors include substance use, psychosis, lack of social supports and access to means.<sup>5</sup> With regard to Indigenous persons, the National Aboriginal Health Organization has put forward specific risk factors for suicidal behaviour, which may be broadly organized into predisposing factors, contributing factors, and precipitating factors.<sup>6</sup> Predisposing factors include having a family member, friend, or community member commit suicide, or engage in self-harm.<sup>6</sup> Contributing factors include poor coping skills, limited social supports, financial difficulties, mental health issues, familial and interpersonal conflict, separation of child from family, abuse (physical, mental, and/or sexual), and unresolved grief.<sup>6</sup> Precipitating factors that were identified include a recent move, a sudden loss or failure, and humiliation.<sup>6</sup> These elements, while also risk factors in the general population, are often more prevalent in the Indigenous population due to factors such as small community size, with large families in close proximity, and deficits in infrastructure stemming from generations of neglect by the Federal government and other parties, as described below.

As evidenced by a substantial body of qualitative research and a wealth of personal testimony, the now-defunct federal Indian residential school system, which was created under direction of the Indian Act, left a legacy of trauma which has contributed to the current Indigenous suicide rate.<sup>7</sup> Under the guise of formal education, which has now been acknowledged to have been part of an assimilationist policy, residential schools that were operated by various churches and the Federal Government subjected Indigenous children to all forms of abuse, including verbal abuse, physical abuse, sexual abuse, and neglect.<sup>8</sup> Factors including but not limited to poor sanitation, inadequate health care, physical abuse as punishment, and malnutrition resulted in physical and mental harm to students,<sup>9</sup> and are reflected in the prevalence of psychiatric disorders among survivors. To illustrate this point, The British Columbia Aboriginal Survivor's study found that out of 127 residential school survivors, only 2 were free of mental illness.<sup>10</sup> Compared to the general Canadian population, 30.4% residential school survivors experience a major depressive episode, 26.1% experience chronic depression and 64.2% suffer from post-traumatic

stress disorder.<sup>11</sup> The aforementioned psychiatric disorders are risk factors for suicide in the general population.<sup>5</sup>

The former students of residential schools are not the only Indigenous people affected by the system. As stated, evidence from qualitative studies, personal testimonies, and court cases against branches of various churches have pointed to a long-standing history of sexual abuse in the residential school system.<sup>11,12</sup> What has also been revealed is that the victims of sexual abuse at residential schools were more likely to become perpetrators of sexual abuse later in life, often in their home communities.<sup>13</sup> As has been described in criminal behaviour studies in various settings, internalization and normalization of physical and sexual abuse by students led to former residential school students to become offenders later in life.<sup>14</sup> Unfortunately, this process has culminated in generations of abuse in Indigenous communities.<sup>7,15,16,17</sup>

Furthermore, intergenerational trauma, which refers to a process by which trauma and stress is transmitted from generation to generation, is strongly linked to the residential school experience in Canada.<sup>6</sup> A report prepared for Aboriginal Healing Foundation summarizes aspects of the residential schooling system and how they contributed to a trauma cycle resulting in suicidal behaviours.<sup>18</sup> Overrepresentation of Indigenous peoples in Canadian penitentiaries has been connected to the loss of cultural identity as a result of colonial institutions such as residential schools.<sup>19</sup> Furthermore, it is a well characterized phenomenon that adverse childhood experiences are associated with later suicide.<sup>20,21</sup> The residential school system, and its associated physical and psychological abuses, cultural deprivation, and forced isolation of students from their homes and families, was a milieu for the traumatization of thousands of children directly or indirectly through intergenerational trauma.

Mounting public knowledge and evidence of the failure of the residential school system led the federal government to phase out the program.<sup>12</sup> The decline in overt assimilationist policy gave way, however, to the “Sixties Scoop”, a multi-decade period in which thousands of Indigenous children were removed from their birth families and placed in the care of child welfare wards.<sup>22</sup> The greatly disproportionate apprehension of Indigenous as compared to non-Indigenous Canadian children in the 1960s by the child welfare system initiated a trend which continues to this day.<sup>23,24</sup> A 2016 report from the Office of the Child and Youth Advocate regarding Indigenous child welfare in Alberta acknowledges that Indigenous children and families are “overrepresented in every part of Alberta’s child welfare system”.<sup>25</sup> Previous reports from the Ministry of Children and Family development in British Columbia, and academic reviews have identified that Indigenous children are more often taken into care, remain in care longer, and less likely to be reunited with their family.<sup>23,26,27</sup> The ongoing child welfare crisis in Canada has been posited to be an ongoing colonizing process that disrupts the family unit and destabilizes the psychological well-being of parents and child; children in the welfare system are in turn at increased risk of suicide.<sup>28,29</sup>

Data supports the use of holistic approaches to mental health and well-being— especially in the context of Indigenous health.<sup>30,33</sup> Restoule et al. describe a successful approach to culturally safe multidisciplinary mental health programs in Indigenous communities that incorporate a diversity of professionals in a community-driven framework.<sup>31</sup> Anecdotal experience and published literature support suicide and psychiatric intervention programming that focuses on rectifying structural rather than individual deficits.<sup>31, 32</sup> Evidence suggests that a cohesive, unified intervention program with government, research agencies, health care authorities and Indigenous communities as stakeholders, which takes into

account the culture, needs, and preferences of individual communities, is most likely to be effective at reducing rates of suicide and self-harm.<sup>34</sup>

The Truth and Reconciliation Commission (TRC) final report released in 2015, strongly confirms that Indigenous individuals and their culture were subject to a systematic atrocity through the residential school system<sup>8</sup>. In addition, as part of its calls to action, the TRC specifically names suicide as an indicator that the federal government, in consultation with Indigenous peoples, should assess as part of a collective effort to bridge the gap in health outcomes between Indigenous and non-Indigenous citizens.<sup>8</sup> National policy, originating over a century ago, has had intergenerational repercussions and has negatively impacted the wellbeing of Indigenous people in Canada. The Canadian Indigenous population has had to endure a tragic history of systematic abuse stemming from colonial policies, and continues to suffer from its long term consequences.

### Problem Definition

Government policies and programs, including the Indian Act and the residential school system, have contributed to increased prevalence of mental illness, intergenerational trauma, suicide attempts and overrepresentation in the child welfare and penitentiary system. Even though the last residential school closed in 1996, continued trauma is experienced within Indigenous communities and is reflected by the high suicide rates - more than double those seen in the general Canadian population. Currently, the efforts of the Canadian healthcare system are inadequate in addressing the short-term increase in suicides in Indigenous communities, and addressing the associated long-term issues, such as tackling social determinants of health and ensuring the availability of adequate mental health services. Additional effort in the form of education for medical students, opportunities created by medical faculties and the CFMS, petitioning the Federal Government and Provincial Health Authorities for change, and seeking input from Band Councils and other groups of Indigenous leaders (for example: Metis Nations or the Inuit TapiriitKanatami) must be made a priority; lest, those suffering from mental illness will not receive the help they need, the cycle of trauma will continue, the Indigenous population will remain overrepresented in the child welfare system and penitentiaries, and many more lives will be senselessly lost.

### Position Statement

There is a disproportionate burden of suicide among Indigenous peoples in Canada. This high rate of suicide is inextricably linked to past governmental policies and action that served to marginalize and disenfranchise Indigenous persons in Canada, as well as reverberations of systemic racism and inequality that presently affect Indigenous persons in Canada. These include (but are not limited to) the Indian Act, the residential school system, the Sixties Scoop, and the ongoing child welfare crisis. As future medical practitioners, the CFMS believes that it is a healthcare worker's duty to acknowledge this public health crisis and to devote resources to working with and supporting affected communities. Moreover, it is imperative that through medical education, medical trainees and faculties develop an understanding of the unique needs of Indigenous communities in Canada, and commit themselves to collaborative, non-judgmental, and community-driven suicide prevention efforts. As community-based prevention is considered paramount to adequately address this rapid increase in suicides, a list of recommendations has

been made to encourage collaboration between medical trainees and Indigenous communities. With redirection in government policy, significant investment of resources, and an increasing support from non-Indigenous Canadians, it is the hope of the CFMS that rates of suicide and psychiatric disorders amongst Indigenous peoples in Canada will decline.

### Recommendations

1. The CFMS recommends that the Faculties of Medicine implement curriculum that specifically emphasizes the issue of mental health and suicide in Indigenous communities in the following ways:
  - a. Education on the historical factors that have contributed to the disproportionate amount of mental illness in this demographic
  - b. Education on mental health therapies, management and suicide prevention specific to Indigenous communities
  - c. Developing a culturally appropriate psychiatric interview for Indigenous patients that incorporates factors such as attendance at Residential schools and intergenerational trauma.
  - d. Equal emphasis should be placed on traditional suicide prevention strategies and culturally appropriate strategies
  - e. Providing elective opportunities for Indigenous interactions in the healthcare setting
2. The CFMS recommends that the Federal Government and Provincial Health Authorities support education in First Nations communities that are specific to mental health including:
  - a. Providing mental health counsellors and guidance counsellors
  - b. Inclusion of emotional intelligence in the curriculum
  - c. Discussion of Residential schools and intergenerational trauma in the History syllabus
  - d. Support wellness resources for students (i.e. guidance counselling, community groups) who leave the reserve to pursue further education
3. The CFMS recommends that the Band Councils or other groups of Indigenous leaders, Federal Government and Provincial Health Authorities support improvement in the accessibility and delivery of mental health services for Indigenous People on-reserve and off-reserve in the form of:
  - a. Counsellors trained in ACEs, PTSD, substance use disorders
  - b. Timely and geographically-accessible detox and rehab
  - c. Available addiction specialists and psychiatrists
  - d. Support the formation and maintenance of social support programs (e.g. sharing circles) especially after loss
  - e. Availability of counsellors that deal with conflict resolution

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