

The Indigenous suicide crisis in Canada is worse than we thought

A Statistics Canada report's central finding — that First Nations people die by suicide at three times the rate of non-Indigenous Canadians, Inuit at nine times the rate, and Métis at two times — illustrates an urgent crisis but is not likely to surprise those familiar with the dynamics of the problem

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By Greg Macdougall
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A new report on Indigenous suicide in Canada has generated the most comprehensive picture of the crisis to date, despite health authorities continuing not to collect data about the problem.

Released at the end of June, the Statistics Canada report titled *Suicide among First Nations people, Métis and Inuit (2011-2016)*⁽¹⁾ found that, overall, Indigenous people in Canada die by suicide at a rate three times as high as for non-Indigenous Canadians.

While comprehensive, the report acknowledges there are limitations to the findings that likely result in underestimations of the actual rates. The report's analysis includes a number of socio-economic factors, as well as comparative differences based on age, sex, and location — on or off reserve.

The lead researcher of the report, Mohan Kumar, said he wants readers to remember that for each of the numbers in the report “there is a person behind them, and their deaths meant an incredible loss to family, friends, community and the society at large.”

He also contextualizes the findings in light of existing research that shows how aspects of colonization contribute to the Indigenous suicide crisis. So that the high rates, he says, shouldn't be taken as indicative of personal, community or cultural failings.

Canada doesn't track suicides specifically by Indigenous identity⁽²⁾,



Participants at the Celebrate Life event at Parliament Hill on September 10, 2018
Photo credit: Inuit Tapiriit Kanatami

and the process that Kumar and co-researcher Michael Tjepkema used to overcome this is important to look at, as are the limitations inherent to these findings. The findings are estimations not full counts, as they're based on only a sample portion of the full population, and there are some population groups not surveyed.

But as Indigenous researchers Roland Chrisjohn and Shaunessy McKay⁽³⁾ wrote in their 2017 book *Dying To Please You: Indigenous Suicide in Contemporary Canada*⁽⁴⁾, discourse about the problem and solutions is often unhelpful and not evidence-based: “It sounds like drumbeats of a PR bandwagon, like Native people are being recruited to a mainstream viewpoint rather than being convinced with real data; with all parties repeating a mantra over and over again until they parrot it without any real understanding.”

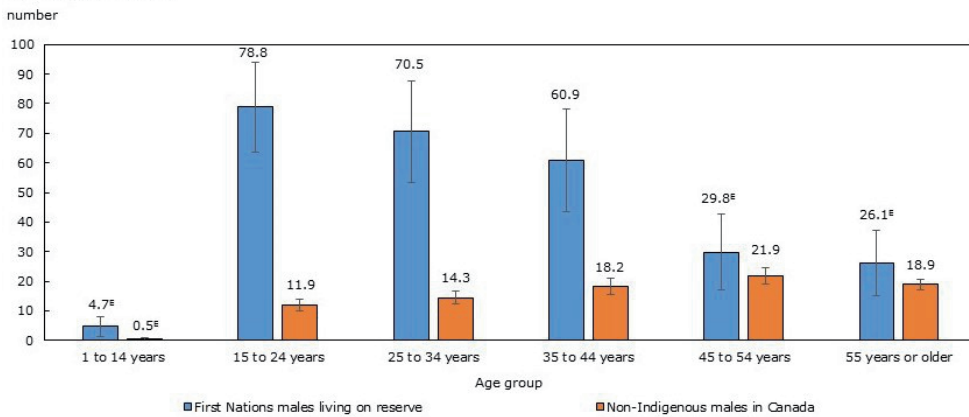
Thus, the Statistics Canada report's contributions in terms of new, fuller data analysis are important.

The report's central finding — that First Nations people die by suicide at three times the rate of non-Indigenous Canadians, Inuit at nine times the rate, and Métis at two times — illustrates a crisis but is not likely to surprise those familiar with previous statistics. For those unfamiliar, it puts Inuit among the people with the highest rates of suicide anywhere in the world.

The report examines each of the three groups separately, and is based on 2011 populations, when the census had 851,560 people self-identify as First Nations, 59,445 as Inuit and 451,795 as Métis.

The report estimates that there were 1,845 total deaths by suicide of the Indigenous population in Canada from May 10, 2011, through Dec. 31,

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Age-specific suicide rates of First Nations males living on reserve, compared with non-Indigenous males: one of the charts from the 2019 StatsCan report

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2016. This total consists of 1,180 First Nations people, 250 Inuit and 415 Métis.

Looking at it side by side with murder data can help contextualize the scale of the problem.

For the five years since StatCan started tracking homicides by Indigenous identity, there have been 710 recorded Indigenous victims of homicide⁽⁵⁾. The number of estimated suicides from the StatCan report is approximately two and a half times larger, though it applies to a slightly longer period.

The public interest in addressing the problem of missing and murdered Indigenous women and girls (MMIWG) in Canada illustrates the scale of the energy that could be mustered in service of a similar reckoning with the suicide crisis.

Younger Indigenous people suffer higher rates of suicide

When comparing overall populations of the identity groups, the report uses age-standardized suicide rates to account for the groups' different age distributions — the 2011 census shows median age was 26 for First Nations, 23 for Inuit, 31 for Métis and 41 for non-Indigenous. Kumar said the approach ensured that the findings were in the form of “the rate that would be expected if the age structures of the populations were the same.”

The highest rates of Indigenous suicide are seen in youth and young adults, between the ages of 15 and 24, Kumar told National Observer. For First Nations people, the rate for these ages is 6.2 times higher than for non-

Indigenous population in the same age range; for Inuit people, the rate is 23.9 times higher. (There wasn't enough data to generate accurate rates for Métis by age range.)

First Nations females have a disproportionate suicide rate

Indigenous suicide rates are higher for males than for females, for each of the three groups, as is the case for the overall non-Indigenous population, which has a ratio of approximately three males dying by suicide for each female who does.

And yet, whereas First Nations males are 2.4 times more likely to die by suicide as non-Indigenous males, First Nations females are five times more likely than non-Indigenous females.

This still leaves First Nations males with a suicide rate that is 1.5 times higher than that of First Nations females, while the estimated rates for both Inuit and Métis people are three times as high for males as for females, the same ratio as for non-Indigenous Canadians.

Not all communities are equally affected by the suicide crisis

For the First Nations population, the suicide rate was two times as high for those living on-reserve as those living off-reserve.

While a critique of much of the general discourse around Indigenous

issues is that it is negative or problem-focused, this report did aim to “to look at it from the perspective of resiliency [instead] of having a deficiency-based estimate,” according to Kumar.

In conversation, he highlighted that the report's findings show that of “close to 600 bands ... 60% of those First Nation bands had not experienced suicides [of any of their sampled population], so they have a zero suicide rate.”

For Inuit Nunangat, “11 out of 50 Inuit communities had a zero suicide rate.”

These numbers do need qualifying, as these zero suicide rates don't necessarily mean there were no deaths by suicide from these bands and Inuit communities over the roughly five-and-a-half-year period covered by the report. This is due to the methodology.

How to count Indigenous suicides when the government doesn't track Indigenous suicides

This research is based on the 2011 National Household Survey (NHS), which replaced the long-form census, and was based on voluntary responses. These responses accounted for a total of just over six million of the Canadian population, including what was then approximately a third (466,000) of self-identified Indigenous people in the country.

For the First Nations communities that participated in the NHS (over 90 per cent of the over 600 in Canada), all households on reserve received the survey while First Nations people living off-reserve were, like those in the general population, selected to receive the survey at random.

For Métis, some areas — including the Métis Settlements of Alberta — were canvassed where all households received a survey, while Métis living outside those areas were part of the general random selection process to receive the survey.

For Inuit, every household in Inuit Nunangat (spanning parts of Northwest Territories, Quebec, and Labrador, as well as all of Nunavut) received the survey, but individuals outside of the territory were selected for the NHS at random as part of the general population.

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The NHS was used as a way to determine who among the suicide deaths were Indigenous, because the Canadian government doesn't track that in its records of health statistics.

"In the Canadian Vital Statistics Database (CVSD), there are no Indigenous identifiers, so you can't say if a death that occurred is of a First Nations person or a Métis or Inuit," Kumar explained.

"So the only way we can do that is we link the mortality records [from the CVSD] to the National Household Survey records, and in the NHS people self-identified as either a First Nations person, Inuit or Métis, or they didn't identify as Indigenous and so they would be considered non-Indigenous."

He noted a small percentage identify as belonging to more than one of the three Indigenous groups, about 0.8 per cent of the 2011 Indigenous population, though there is no separate analysis of their data in this report.

The report uses the deaths by suicide recorded in the CVSD starting from the day the NHS was collected, May 10, 2011, through the end of December 2016 — the period of 5.6 years.

Who — and what — was and wasn't counted

The NHS is a survey of private dwellings that omits people living in institutions (jails, medical facilities, etc.), collective dwellings (group homes, hostels, etc.), and many of those who are homeless.

These unmeasured groups may have higher rates of death by suicide compared with those who were surveyed; also, a higher proportion of the Indigenous population may be in those unmeasured groups than of the non-Indigenous population. It is for these reasons, and other less specific factors relating to the counting of deaths by suicide, that the report states "suicide rates presented (here) may underestimate the true rates."

The NHS also doesn't include data on gender or sexual identity, so there are no specific suicide rates in this report for Two-Spirit people or by sexual orientation or trans and non-binary gender identities — though these individuals are part of the overall statistics, except for those who are part of the unmeasured groups.

SUICIDES

Per 100,000 Population at Each Age Level
1977

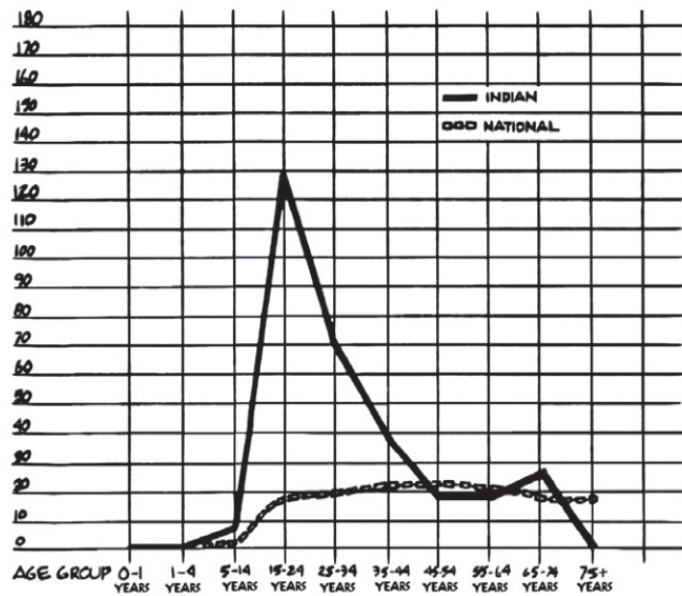


Chart comparing Indian and National suicide rates, from 1978 DIAND annual report
Source: *Dying To Please You: Indigenous Suicide in Contemporary Canada*⁽⁴⁾

Kumar said the government is testing the option of having a gender identity question included in the 2021 long-form census, while they consider sexual orientation more suitable for social surveys.

"There are so many other factors that are behind the suicide rate we couldn't look into because we were restricted to what was collected in the NHS," Kumar said. The report itself identified some of these factors: "historical and intergenerational trauma, community distress, cultural continuity, family strength and mental wellness were not explored here."

Socio-economic factors

The report was able to do an analysis based on five socio-economic factors contained in the NHS: household income, level of education, labour force status, marital status, and, for First Nations, on- or off-reserve, while for Métis and Inuit, the size of the community in which they lived.

This itself, may be a unique contribution to the knowledge base of research on Indigenous suicide, especially with the large population range covered in this research.

But there were limitations to this too: only individuals 25 and older could be included to accurately analyze the roles of education, labour and

marital status. This is a problem, because suicide rates for Indigenous youths and young adults are disproportionately high, and they are not reflected in this part of the report's analysis.

Adjusting for these socio-economic factors found that for the applicable age groups, 78 per cent of the difference in suicide rates disappears when the five factors are controlled for between First Nations and non-Indigenous; for Métis, 37 per cent of the difference disappears; and for Inuit, 40 per cent disappears (and closer to 50 per cent when household income was factored with the northern higher costs of living).

To illustrate what this adjustment means (in statistical terms, 'controlling for' these variables), is that First Nations median income in 2011 was \$15,615 compared to \$28,239 for non-Indigenous, but this part of the analysis compared the rates of suicide for First Nations and non-Indigenous who have similar incomes (and similarly adjusts for the other four factors), and found rates that were only 22% different. This also implies that for the non-Indigenous population in and of itself, suicide rates are not uniform, but vary corresponding with these socio-economic factors.

Kumar commented on the differing percentages of difference (i.e. the 78,

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37, and 40 per cents, respectively) that disappeared for First Nations, Métis, or Inuit: "There are so many other things that are going on ... probably the better answer is that we don't quite understand why there is a difference."

It's also important to note the difference between causation and correlation: this analysis doesn't necessarily mean these factors are the cause of the different suicide rates, but that they are occurring together, which may be indicative of what is behind the problem.

Where to go from here

This analysis indicates that widespread societal imbalances between Indigenous and non-Indigenous populations are a large aspect of the Indigenous suicide crisis. Thus, individual-focused suicide-prevention programs are not a full solution.

That idea is parallel to how the Calls to Justice from the National Inquiry on Missing and Murdered Indigenous Women and Girls' final report do not solely focus on directly stopping murderers or murders, nor say that the murders and disappearances are the genocide itself, but look more to changing the current conditions that result from the continuity of genocidal practices and that cause Indigenous victimization.

Three of the five socio-economic factors — the areas of education, employment and poverty — are included in parts of the MMIWG inquiry Calls For Justice⁽⁶⁾, as well as in the *Master List of Report Recommendations*⁽⁷⁾ that the inquiry compiled from 100 previous reports they reviewed during their process.

LINKS TO REFERENCES

- 1: <https://tinyurl.com/statcan-19>
- 2: <https://tinyurl.com/aptn-nodata>
- 3: <https://tinyurl.com/rc-sm-feature>
- 4: <https://tinyurl.com/DTPY-bookpdf>
- 5: <https://tinyurl.com/h2014-2018>
- 6: <https://tinyurl.com/mmiwg-part2>
(Calls To Justice = pages 170-222)
- 7: <https://tinyurl.com/comb-n-recs>
- 8: <https://tinyurl.com/fncfcs-chrt19>
- 9: <https://tinyurl.com/GLFN-cbc>
- 10: <https://wisp2020.ca/>
- 11: <https://tinyurl.com/inan-vid>
- 12: <https://tinyurl.com/inan-report>



Indigenous and Northern Affairs (INAN) parliamentary committee on June 19, 2017⁽¹¹⁾ releasing their report, "Suicide Among Indigenous Peoples and Communities"⁽¹²⁾

The need for repair, to create equitable conditions and treatment, was also recognized recently when the Canadian government was ordered⁽⁸⁾ by the Canadian Human Rights Tribunal to pay \$40,000 each to all individual First Nations children and some parents/grandparents who were affected by the government's discriminatory practices in child welfare and service provision, including in the area of suicide-prevention services, as part of an ongoing tribunal case to end discriminatory policies.

The Statistics Canada report findings may help shape future research on Indigenous suicide: "There are lots of questions that probably come up [based on this report], which need to be addressed in future research," Kumar said.

"I think it's up to other researchers to come up with questions or what sort of direction other research should go."

Kumar, who previously worked at the National Aboriginal Health Organization, also noted the importance of the involvement of national Indigenous organizations, including Inuit Tapiriit Kanatami, the Métis National Council, and the National Association of Friendship Centres, and their contributions to the research process: it's important that

Indigenous peoples do have a leading role in such knowledge production, and in developing approaches to these problems.

What people, communities, organizations, and governments do about the continuing suicide crises is crucial. It is a long-term problem that hasn't been adequately addressed, often only appearing in general public consciousness when a specific community is forced to declare a state of emergency — as God's Lake First Nation, about 1,000 kilometres northwest of Winnipeg, did at the end of August⁽⁹⁾.

International Suicide Awareness Day was marked on Sept. 10, with the annual Celebrate Life event hosted by Inuit at Canada's Parliament Hill and other events across the country. Next summer, the bi-annual World International Suicide Prevention Conference is being held in Canada, in Winnipeg August 25-27⁽¹⁰⁾, an opportunity for all working on this problem; the report's findings may contribute to the discussions there.

But perhaps the most important part of the report may be its affirmation, with the best quantitative evidence currently available, that there continues to be a crisis and that the approaches used to address it have not been sufficient.

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