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 sufficient to ascertain the causes of suicidal tendencies among Indigenous peoples.

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By Greg Macdougall
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Participants at the Celebrate Life event at Parliament Hill on September 10, 2018

Photo credit: Inuit Tapiriit Kanatami

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 an urgent crisis but is not sufficient to ascertain the causes of suicidal tendencies among Indigenous peoples.

The report examines each of the three groups separately, and is based on 2,011 populations, when the census data showed 853,560 people self-identify as First Nations, 59,445 as Inuit and 451,795 as Métis.

The report estimates that there were 1,945 total deaths by suicide of the Indigenous population in Canada from May 10, 2013, through Dec. 31, 2017. Among Indigenous people, between ages 15 and 44, suicide is the leading cause of death. Suicide is considered a disease of social and economic determinants, and a deep-seated mental illness that demands the attention of governments and Indigenous communities.

Canada's suicide rate is twice the world average. Mortality from suicide is highest for men in their early adulthood and highest for women in their late middle age. The rate of suicide by Indigenous people is among the highest in the world. Children, youth and adults are disproportionately more likely to die by suicide. Indigenous men age 15-44 are 6.8 times more likely to die by suicide than non-Indigenous men in the same age group. Indigenous women age 15-44 are 3.4 times more likely to die by suicide than non-Indigenous women in the same age group.

According to the latest data available from India Health Plan, which receives data on suicide from Indigenous communities across Canada, suicide rates among Indigenous people are higher than among non-Indigenous people. Indigenous males are almost three times more likely to die by suicide than non-Indigenous males. Indigenous females are over twice as likely to die by suicide than non-Indigenous females.

Suicide rates vary across Indigenous communities, with the highest rates occurring in the Northwest Territories, followed by Nunavut, and then the Yukon. In the Northwest Territories, suicide rates are more than five times higher than the national average, and in Nunavut, suicide rates are almost three times higher than the national average.

The report shows that suicide is a complex problem, with a variety of factors contributing to it. These factors include poverty, social isolation, lack of access to mental health services, and a lack of community support systems. The report also highlights the importance of addressing the underlying social and economic determinants of health, as well as the need for more effective mental health and suicide prevention programs.

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issues is that it is negative or problem-focused, this report did aim to "look at it from the perspective of resiliency [instead] of having a deficiency-based mindset," 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 49 Inuit communities had a zero suicide rate."

These numbers do need qualifying, as suicide rate data does not 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

The 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 the approximate population (2.3 per cent) of self-identified Indigenous people in the country.

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

For Métis, some areas included the Métis Settlements of Alberta — were canvased as part of this part of the survey, and Métis living outside those areas were part of the general population. A random selection process to receive the survey.

For Inuit, every household in Inuit Nunangat, the Northwest Territories, Nunavut, and Labrador, as well as all of Nunavut) received the survey, but individuals or households who are transient 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.

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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 census," 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 15 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 with the appropriate age groups, 38 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 (closer to 50 per cent when household income was factored with the northern living costs). To illustrate what this adjustment means (in statistical terms, "controlling for these variables), is that First Nations median income in 2011 was $51,615 compared to $82,239 for non-Indigenous, but a 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 76, 38, 37, 40).