DEVELOPING SÁMI MENTAL HEALTH SERVICE: FROM VISION TO IMPLEMENTATION

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In the mid-1980s the county municipality of Finnmark, Norway, decided with the chairman's casting vote to establish an institution with a particular responsibility to develop a mental health service for the Sámi people in the county.

The vision of those arguing for the need of an mental health institution in the heart of Sámland was to develop a service that was responsive to the Sámi people's need. Those who were against this idea, politicians and professionals alike, either argued that this was violating the Norwegian notion of equality or that it would be impossible to staff it with the required specialists/clinicians.

In 2002 the institution achieved status as a Sámi national centre for mental health. In 20 years time the institution has gone from a staff of 8, none of them specialists, to a staff of close to 120, made up of specialist as well as researchers, and with a budget of 77 million Norwegian kroner (U.S.$11 million).

This paper identifies and analyses how the challenges in developing a mental health service for the Sámi people that was integrated in the ordinary Norwegian health services were met by the staff.

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FROM THE HEART PLACE: HOLISTIC HEALTH

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The present health care system of the High North can be argued is a reflection on southern health care principles which have failed the North at not fault of anyone. A new approach needs to be examined; one that reflects plans for prevention and care that are designed by northern Aboriginals.

Therefore, this presentation will focus on what northern health means for northern residents and looks at the five domains of Aboriginal health and how southern care workers can incorporate these five domains into their health care plans. The reality is that a majority of health care is presently provided in southern hospitals and clinics with little to no insight into the reality of the North. The five domains are emotional health, mental, physical and spiritual health, which are defined in a wheel I developed when I was a director of social services in Nunavut.

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THE UTILIZATION OF NATURE IN HEALING FOR CANADA'S ABORIGINAL PEOPLES

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"The earth does not belong to humans. Humans belong to the earth." Chief Seattle spoke these words when he addressed the United States Government in 1854. It was the case even 155 years ago that many humans thought that they owned the earth. It was thought that the natural world was something that humans were destined to conquer and control. It is not surprising that many peoples of the earth have forgotten that the natural world is a tremendous source of guidance, sustenance and healing. Aboriginal peoples of Turtle Island (North America) have never forgotten that the earth teaches us how to lead a good life, a healthy life. Examples of how nature provides us with healthy healing resources will be provided in this presentation by such teachers as the rivers, oceans, forests, mountains, the sky, trees, rocks, fire, open spaces, the wind, animals, birds and fish. Some of the outcomes of healing that can be obtained from these teachings will be discussed, such as cleansing, perspective, connecting, grounding, empowerment and guidance.

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THE EMERGING ISSUE OF CRYSTAL METHAMPHETAMINE USE IN FIRST NATIONS COMMUNITIES

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Crystal methamphetamine use among people in some First Nations communities (both in Canada and the United States) has evolved into an issue that is requiring more and more attention. Indicative of this is that, in July of 2005, the Assembly of First Nations (AFN) in Canada passed a resolution specifically directed at this emerging issue.

As a result of this resolution, the AFN has identified the need for the development of a First Nations National Task Force on Crystal Meth to develop a strategic action plan to address the emerging issue of crystal meth in First Nations communities. Generally speaking, this paper provides basic information about crystal methamphetamine as well as information that is First Nations specific.

The first part of the paper discusses what crystal meth is; who is using it; how it is used; how it is made and; how it affects the body, mind, relationships and the environment.

In the second part, interactions between governments (e.g., health/drug strategies), large pharmaceutical companies and organized crime are examined (e.g., production levels of amphetamines). The role that these entities play in activities surrounding the production and sale of crystal methamphetamine – with an emphasis on issues related to First Nations – is articulated. First Nations crystal meth treatment strategies are also examined.

The third sections puts a "human face" on the rising problem of crystal methamphetamine addiction in First Nations communities. Tala Tootooosis' (Plains Cree/Nakota) story is briefly described and the crystal meth addiction situation across the border on the Navajo Nation is commented upon. These examples aim to illustrate how crystal meth addiction has negatively affected a First Nations individual and the devastating impact the drug has had on one Native American community.

While the emergence and use of crystal meth is a relatively new phenomenon (i.e., compared to other mind altering agents), the issue of addiction is nothing new. While it is important to focus on the specifics of how to most effectively deal with meth production and use, it is also just as important not to overly focus on it. For instance, Michael Siever of the Stonewall Project in San Francisco notes that even with the introduction of crystal methamphetamine into the addiction picture, the crack cocaine problem is still as prevalent as ever. Thus, just because crystal methamphetamine is now part of the "addictions picture" does not mean addictive behaviours with regard to other substances will magically go away. Thus, especially for First Nations, effective holistic substance abuse strategies should be taken into consideration.

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HIGH RATE OF SELF-PERCEIVED HIV-RELATED STIGMA AMONG A COHORT OF INDIVIDUALS ACCESSING HIGHLY ACTIVE ANTIRETROVIRAL THERAPY IN BRITISH COLUMBIA

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Background: Research indicates that self-perceived stigma is an inhibitor to adhering to prescribed antiretroviral therapy and contributes to nondisclosure of HIV-positive status. Consequently, stigma affects prevention and treatment efforts as well as significantly impacting a person's psychological well-being. We examine the prevalence and factors associated with self-perceived HIV-related stigma among a cohort of individuals receiving HAART in British Columbia.

Methods: Data are drawn from the Longitudinal Investigation into Supportive and Ancillary Health Services (LISA) study. LISA participants completed an interviewer-administered survey, which included questions on sociodemographics, stigma, depression, quality of life and perception of standard of living. Clinical variables, which included CD4 count, viral load and adherence,
were obtained through the British Columbia HIV/AIDS Drug Treatment Program. Categorical variables were compared using Fisher’s exact test and continuous variables were assessed using the Wilcoxon rank-sum test. Multivariable logistic regression was performed to determine the independent predictors of self-perceived HIV-related stigma.

Results: Forty-six percent of participants self-perceive HIV-related stigma. In the adjusted multivariate analysis, depression was associated with perceiving stigma (adjusted odds ratio [AOR] 2.04, 95% Cl 1.22-3.41), along with four quality of life variables: health worries, financial worries, disclosure worries and sexual function (AOR 0.72, 95% CI 0.64-0.82; AOR 0.89, 95% CI 0.80-0.99; AOR 0.61, 95% CI 0.53-0.70; and AOR 0.87, 95% CI 0.77-0.99). Participants who reported lower standards of living compared to neighbours were more likely to perceive stigma (AOR 0.40 95% CI 0.2-0.80).

Conclusions: Further efforts are needed to support the mental and emotional well-being of those who access treatment. Our study identifies depression, poor quality of life and poor standard of living as independent variables associated with perceiving HIV-related stigma. These factors must be addressed when implementing effective and sustainable programs designed to reduce stigma and improve the lives of people living with HIV/AIDS.

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CANADIAN INUIT COMMUNITY ENGAGEMENT IN SUICIDE PREVENTION
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Objectives: To review suicide patterns among Inuit in Canada and highlight new developments in Inuit-driven and community-based suicide prevention.

Study Design: Narrative review of suicide among Inuit in Canada, strides towards Inuit autonomy and community and government action towards suicide prevention.

Methods: Review of Inuit meanings of mental health, movements towards Inuit control across Inuit Nunaat (the four Inuit regions) of Canada and of community and government action towards suicide prevention.

Results: Economic advancement is occurring in Inuit Nunaat following land claims settlements, and territorial and provincial governments are overseeing Inuit well-being. Inuit community engagement in suicide prevention is taking place, and studies are being planned to evaluate the efficacy of such action for suicide prevention and community mental health. Initial evidence demonstrates that community control over suicide prevention itself can be effective towards preventing suicide.

Conclusions: A new orientation is taking place in Canada in the name of Aboriginal community empowerment. There is a new hope for the model of meaningful community engagement and partnership with the Canadian government in suicide prevention and well-being.

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POSTPSYCHIATRY IN THE REGIONS OF RUSSIAN NORTH
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The term of “postpsychiatry” is an invented term used in the assessment and treatment of mental disorders of the postmodern culture. In present-day Russia, the postmodern culture is visible mostly in the urban areas of the big towns and cities. It coexists with the big zones of the traditional and modern culture. The impact of postmodern culture on the population of the North intensifies the migration processes. The traits of the postmodern culture include rapid changes in the areas of one’s personal, social and professional life; the weakening of interpersonal links; the decrease of intimacy; an increase in callousness, moral numbing, indifference, hardness and the “no time” phenomenon; and a narrowing of the scope of one’s moral universe. The structure and functions of the postmodern society form the predisposition for the development of previously known mental disorders to appear as new
syndromes. Variants of antisocial and borderline personality disorders, dissociation identity disorder, attention deficit disorder in adults and Munchausen syndrome by proxy will be assessed and described. Also discussed are the new situations in the field of the mental health that cannot be treated using traditional biological approaches and the challenges of the postmodern demand on the development of the new brand of psychiatry, which will utilize mainly psychological, social and object relation psychodynamic tools.

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"THE WAY I SEE IT": HOW STIGMA AND DEPRESSION AFFECT SELF-PERCEIVED BODY IMAGE AMONG HIV-POSITIVE INDIVIDUALS ON HAART

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Background: With significant reductions in AIDS-related morbidity and mortality, HIV is increasingly viewed as a chronic condition. However, people on HAART are experiencing new challenges such as metabolic and morphological body changes, which may affect self-perceived body image. The concept of body image is complex and encompasses an individual’s perception of her/his existential self, physical self and the social interpretation of her/his body by others.

Methods: The LISA cohort is a prospective study of HIV+ persons on HAART. An interview-administered survey collects information regarding body image, stigma, depression (CES-D 10), food insecurity and quality of life among other information. In univariate analysis, chi-squared tests and the Wilcoxon’s rank-sum test were used to compare individuals reporting positive body image with those reporting negative body image. In a multivariate analysis, logistic regression was used with the odds ratio being the measure of the association between positive body image and the covariates.

Results: Of 472 LISA participants, 57% reported positive body image. The adjusted multivariate analysis showed that being male (AOR= 2.09), employed (AOR=2.44) and having a suppressed viral load (AOR=1.84) are associated with positive body image. Alternatively, stigma (AOR=0.37) and depression (AOR=0.27) are associated with negative body image. The estimated probability of a person having positive body image without stigma or depression is 80%. When stigma is included alone, probability drops to 66%, and when depression is included alone probability drops to 53%. Depression and stigma combined result in a probability of 37%.

Conclusions: Further efforts are needed to address body image issues among people living with HIV. In order to lessen the impacts of depression on body image, such issues must be addressed in health care settings. Community interventions are also needed to address stigma and reduce negative body image in an effort to improve the lives of people living with HIV.

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MENTAL HEALTH PROMOTION AND PREVENTION IN 12–18 YEAR OLD INUIT YOUTH IN NUNAVIK

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The population of Nunavik is very young (42% is under 18 years of age versus 21% for the province of Quebec) and presents certain mental health issues. For example, the suicide rate of 15 to 19 year-olds is forty times higher than that of Quebec youth of the same age group. Research on health promotion has shown that initiatives promoting community engagement are empowering and lead to better health outcomes than "top-down" ones. The authors are partners in a community-based participatory research project addressing the following question: What mental health promotion and prevention initiatives
are put into place by the Nunavimmiut to meet the mental health needs of their 12-to-18-year-old youth? Specifically, we propose to examine the mental health promotion and prevention programs and services aimed at 12-to-18-year-old Nunavimmiut presently implemented in Nunavik by government and community organizations and the Nunavimmiut themselves; evaluate the mental health needs of 12-to-18-year-old Nunavik youth in order to analyse how these services and programs meet their needs and how to better adapt them; suggest recommendations based on the analysis of programs/services and needs regarding youth mental health promotion and prevention programs and services in an empowerment perspective.

The study’s context, objectives, methodology and its participatory approach will be presented and discussed in this talk. This project employs an interactive or deliberative approach, which involves critical thinking and a co-construction of the research process, the production and the analysis of the results by the study partners and the involved community members, practitioners and decision-makers. A case study methodology will be adopted, where a village represents one case. Various methods will be used, such as documentary analysis, individual interviews and a focus group with key decision-makers and practitioners and photovoice with community youth, parents and elders.

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MENTAL HEALTH AND ADDICTIONS IN THE NORTHWEST TERRITORIES: PERSPECTIVES FROM THE FRONTLINE SERVICE PROVIDERS

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Much attention has been paid in recent years to the impacts of rapid change in the Canadian North. Discussions on this topic often turn to how social and economic changes may be affecting the health and social wellness of communities, particularly in terms of community mental health and rates of alcohol and other drug use.

It is within this context that I have undertaken exploratory research to determine (1) the perspectives of community-based mental health and addiction professionals in the Northwest Territories (NWT) on the state of mental health and wellness in communities, and (2) how such professionals conceive of current change in the territory in relation to their professional practice.

In this presentation, I first provide an overview of the research questions and methodological approach for this research as well as an account of findings from in-depth qualitative interviews with 16 community mental health and addiction professionals from across the NWT conducted in the spring and summer of 2008. I also discuss key themes emerging from interviews in the context of current policy and health infrastructure in the Northwest Territories.

My inquiry is part of a multidisciplinary research program for International Polar Year entitled “The Impacts of Oil and Gas Activity on Peoples in the Arctic Using a Multiple Securities Perspective” (GAPS). Given that my research is undertaken as part of this larger initiative, I also discuss the collaborative measures I took to ensure that local priorities are reflected in the wider multidisciplinary, multicountry research project.

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BEYOND VICARIOUS TRAUMA: HELPING OURSELVES AS WE HELP OTHERS

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There exists unfixable suffering. Those of us who have trained and chosen to work in the helping professions will see it. We will also at some point experience vicarious trauma as a result of exposure to unfixable suffering as a part of our chosen professional life. How can we provide care to those affected by these life tragedies and still maintain our ability to care, our zest for life and our desire to work creatively in highly challenging circumstances? How might one accomplish this? Is transcendence possible? What is transcendence when facing unfixable suffering? How do we work with those areas that are amenable to intervention knowing some may never be, without feeling demoralized or as though we have lost a part of our soul? The speaker will discuss what she has
learned from her clinical practice, the research of others and her own research that helps us do more than survive in difficult times. It may be possible to thrive despite unfixable suffering.

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SECONDARY TRAUMA AND NORTHERN HELPING PRACTITIONERS

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This research study considered the experience of northern helping practitioners in providing trauma support in isolated communities in northern BC and the Yukon. In these communities, access to specialists in the field of trauma counselling is severely restricted due to the long distances from main centres. Economic and cultural factors leave the support of survivors of trauma to helping practitioners in various fields with varying levels of training and supervision (Boone, Minore, Katt, & Kinch, 1997; Trippany, Kress, & Wilcoxon, 2004). Many northern communities have experienced historical trauma and continue to experience intergenerational trauma, contributed to by current psychosocial conditions linked to the legacy of colonization (Brave Heart, 2003; Duran, Duran, Brave Heart & Davis-Yellow Horse, 1998; Tafoya & Del Vecchio, 1996). In remote communities, helping practitioners may be working in their home communities, sometimes sharing similar trauma experiences to that of their clients (Morrisette & Naden, 1998). Helping practitioners in the North are also hired from “outside” to provide service to communities, arriving with limited knowledge of the specific context of the communities. These helping practitioners may be at personal and professional risk of developing secondary traumatic symptoms from repeated exposure to clients’ trauma in the helping relationship (Baird & Jenkins, 2003).

Using a narrative inquiry process, the stories of eight helping practitioners were analysed using a three-phase analysis developed by Lieblitch, Tuval-Mashiach and Zilber (1998). The narratives were summarized into experience portraits that were then analysed for content and change processes. The themes that emerged from the data indicated the effects on practitioners and the strategies used by practitioners in maintaining their ability to practice under challenging conditions. Ten categories provided a structure for arranging the data. Five metathemes were interpreted from the narratives: helping takes over life, humanity, respectful engagement, invested and embedded, profoundly affected and belief.

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ETHNIC DISCRIMINATION AND BULLYING IN THE SÁMI AND NON-SÁMI POPULATIONS IN NORWAY: THE SAMINOR STUDY

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Objectives: To investigate the prevalence of self-reported experiences of ethnic discrimination and bullying among Sámi and non-Sámi adults.

Methods: SAMINOR is a population-based study of health and living conditions that was administered in 2003(4) in 24 different Norwegian- and Sámi-populated municipalities within central and northern Norway. This analysis was based on 12,265 men and women aged 36–79 years. Ethnic distribution was Sámi (33.1%), Kvens (7.8%) and the ethnic Norwegian majority (59.1%).

Results: Overall, Sámi and Kven respondents reported more ethnic discrimination and bullying in general than ethnic Norwegians (p<0.001). The reporting was highest among the younger participants (p<0.001). Men reported more ethnic discrimination than women, while women reported more bullying. Respondents with the strongest Sámi affiliation reported higher levels of ethnic discrimination outside the Administrative Area, while respondents with weak Sámi affiliation, Kvens and ethnic Norwegians, reported higher levels inside this district. Among the respondents that reported bullying previously, the most common type was discriminating remarks and the most common location was public schools. For those who reported bullying in the past year, the most common types were gossiping and discriminating remarks, and the most common locations were at work and in the local community. Two out of three of those reporting ethnic discrimination,
independent of ethnicity, also reported bullying.

Conclusions: The findings from this study show that the Sámi and Kven population more often experience bullying and ethnic discrimination than ethnic Norwegians. These results are consistent with experiences from other minority and marginalized groups that experienced colonization. More research is needed to understand the role bullying and ethnic discrimination play in the well-being and health of the Sámi and Kven population.

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MEASURING THE HEALTH EFFECTS OF HISTORICAL AND CONTEMPORARY CULTURAL LOSSES

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Rapid cultural changes induced by climate change and infringement on traditional circumpolar cultures by the outside are likely to have consequences on the well-being of Indigenous adults and adolescents. These consequences may include psychological and substance use problems, suicidal ideation and behaviours and stress-related physical illnesses. Yet the measurement of cultural losses is still in its earliest stages. There is a need to develop and share measures of cultural loss across Indigenous cultures so that a cumulative body of research can be developed. Using measures we developed to assess the stress effects of historical losses among North American Indigenous people as a starting point, we propose the development of uniform measures of historical and contemporary cultural losses. This presentation will describe our measure of historical loss and provide an overview of its factor structure for adults and adolescents. Our approach has been to focus on recalled historical losses and the degree to which recurring or intrusive thoughts about these losses impinge on moods and behaviours (Whitbeck, Adams, Hoyt, & Chen, 2004). We dealt with the problem of history in terms of specific past losses identified in focus groups with Indigenous elders. Then, similar to measures of stress-related trauma, we asked how often the individual thinks about these losses: never, yearly or only at special times, monthly, weekly, daily or several times a day. The underlying assumption is that thoughts pertaining to losses daily or several times a day may be intrusive and affect moods. The presentation will conclude with mental health, substance abuse and health correlates of the measure among Indigenous people and the potential for use of similar methods for assessing the effects of progressive cultural losses among circumpolar Indigenous peoples.

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SUICIDE ATTEMPTS AND ALCOHOL DEPENDENCE IN GREENLAND

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Objectives: Greenland has an alarming record in suicide rates. Alcohol is an important risk factor for suicidal behaviour. A recent survey revealed that the prevalence of alcohol dependence in Greenland has increased from 22% in 1999 to 30% in 2005-2007. The purpose of this study is to examine suicide attempts in relation to alcohol dependence.

Method: Analyses were based on data from a cross-sectional population survey of 2,247 Inuit in Greenland (2005-2007). Participants aged 18 years answered a self-administered questionnaire including questions on their childhood, suicidal behaviour and alcohol consumption and an interview including sociodemographic conditions. The association between suicide attempts and alcohol dependence, measured by the CAGE questionnaire, was analysed for men and women separately, using logistic regression and adjusted for sociodemographic factors and childhood conditions.

Results: Women more often than men reported ever having attempted suicide (17% and 12%, respectively [p<0.001]). Men (38%) were more often than woman (26%) CAGE positive (p<0.001). Being CAGE positive was associated with suicide attempts (OR=2.91 [CI 2.0-4.2] for women and OR=1.56 [CI 1.0-2.5] for men. Multivariate analysis revealed no association between suicide attempts and alcohol dependence when adjusted for sociodemographic factors and childhood conditions.
conditions. Suicide attempts was associated with neglect during childhood, frequent alcohol problems at home (OR=3.34 [CI: 1.7-6.4] for women and OR=2.8 [CI: 1.3-6.0] for men), having been sexual abused as a child (OR=5.88 [CI: 3.5-9.8] for women and OR=4.6 [CI: 2.4-8.7] for men), suicide by family members or close friends (OR=2.35 [CI: 1.3-4.2] for women and OR=2.0 [CI: 1.1-3.6] for men).

Conclusions: No association between suicide attempts and alcohol dependency were found when adjusted for sociodemographic factors and childhood conditions for men and women. The association between suicide and alcohol dependency is complex; however, the results indicate that suicide attempts are associated with underlying factors related to a troubled childhood.

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SUICIDE AMONG INDIGENOUS SÁMI IN ARCTIC NORWAY 1970–1998
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Suicide mortality was examined in a cohort of 19,801 persons categorized as Sámi in Arctic Norway between 1970 and 1998, stratified by age, gender, cultural context and traditional Sámi core management. The results indicated that there was a significant moderate increased risk for suicide among indigenous Sámi (SMR=1.27, 95% CI: 1.02-1.56) compared to the reference population. In the study period, 89 suicides occurred (70 men and 19 women) with increased suicide mortality both for Indigenous Sámi males (SMR=1.27; 95% CI: 0.99-1.61) and females (SMR=1.27; 95% CI: 0.77-1.99). The results showed a significant increased suicide mortality among Sámi aged 15–24 for both males (SMR=1.82; 95% CI: 1.13-2.78) and females (SMR=3.17; 95% CI: 1.17-6.91). Significant increased suicide mortality was found for Indigenous Sámi males residing in Sámi core area (SMR=1.54; 95% CI: 1.04-2.20) and for Indigenous Sámi males not belonging to semi-nomadic reindeer herding (SMR=1.30; 95% CI: 1.00-1.65). Moreover, Sámi belonging to semi-nomadic reindeer herding households did not have a significantly increased suicide mortality.

In conclusion, the finding of a significant increased risk of suicide among Sámi is consistent with the general findings among other Indigenous groups. However, compared to several others Indigenous groups, the suicide rates found among Sámi is moderate and may be explained by better living conditions and subsequently lower prevalence of general risk factors. Furthermore, several common features concerning Indigenous suicide have been identified among the Sámi, such as within group variation, age distribution, gender differences, cluster of suicides and frequent use of violent methods.

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A CULTURAL MODEL OF SUICIDE PREVENTION FOR CARRIER FIRST NATIONS YOUTH
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Carrier Sekani First Nations Peoples have their own institutions for maintaining language, governance, health and knowledge related to all aspects of life. Carrier legal systems, such as the bah’lats, are situated to address governance of knowledge generated from within their communities and provide mechanisms for the protection of individual and community knowledge. In addition to traditional mechanisms, Carrier Sekani Family Services, an institution responsible for health, social and legal services to 11 First Nations communities in the Central Interior of British Columbia has developed a research department and research ethics policy and in doing so has become a leader in community-based research.

The youth suicide research project is an example of a partnership with the University of Northern British Columbia (UNBC), funded by the Canadian Institutes for Health Research (CIHR), Institute for Aboriginal Peoples Health, that directly responds to goals of ethical research conducted in First Nations’ communities. The project investigates the effectiveness of community-based interventions in preventing suicide and tracks youth views of self-esteem, depression and other indicators over the course of the project. The knowledge gained from this research project will help guide CSFS and its member communities in offering
programs and services that will assist in reducing the number of suicides in our communities.

This presentation will focus on how this research is reflective of the needs of community, including development of a community steering committee, community ownership of information, involvement of community in all aspects of the project and the use of interventions such as culture camps that provide direct community benefit from the onset of the research. In addition, we will present our findings regarding pretesting, design of the intervention model, community overviews and results from culture camps.

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THE ETHNIC AND CULTURAL FEATURES OF THE COURSE OF ALCOHOLISM IN INDIGENOUS PEOPLES OF THE NORTH OF KHABROVSK TERRITORY

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Alcoholism is one of the topical and terrible health problems among Indigenous peoples (IPs). It is a grave problem that needs to be solved immediately because the lives of IPs are at stake. The high level of suicides are directly related to alcoholism.

The Indigenous reindeer herders, fishers and hunters live in conjunction with nature. A forced sedentary way of life implies that Indigenous peoples have to be forcibly engaged in non-Indigenous trades and occupations, new forms of work relations and new ways of behaviour. As a result, they experience psychological tension and emotional depression that they can ease with the help of alcohol. Long-term stress has been caused by the intrusion of civilization into Indigenous cultures. Some of the causes leading to destructive behaviours affecting health include:
- destructive behaviours affecting health include
- destruction of traditional ways of life and, as a result, changes to diet
- lack of qualified medical care because the villages are situated far away from towns and cities
- closing of hospitals Indigenous settlements
- loss of religious and spiritual roots and language
- new working relationships

In some villages, medical measures were undertaken in order to cure alcoholism; however, effects were short lived if people did not receive social rehabilitation at the same time.

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GAMBLING: A NEW PLAYER IN GREENLANDIC PUBLIC HEALTH RESEARCH

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Background: A growing public and professional awareness of pathological gambling combined with the acknowledgement of a yearly increase in revenues among gambling suppliers has led to an interest in gambling in public health research in the Arctic.

This paper aims to analyse gambling patterns and the prevalence of pathological gambling among Inuit in Greenland and its association with socio-economic positions and childhood conditions. The underlying hypothesis is the social epidemiological assumption of an uneven distribution of gambling problems among different social groups in society corresponding to the social inequality in health. In order to analyse inequality we need to know more about how to best define social groups in Greenland today.

Methods: Analyses included 1,331 Inuit from Greenland, ~18 years, from a cross-sectional study conducted in 2005-2007. Data were collected by interviews and self-administered questionnaires. The participants reported time and money spent regarding four different types of gambling. Four questions addressed pathological gambling. The questionnaires also included questions on current socio-economic conditions as well as childhood conditions.

Results and Discussion: Preliminary analysis showed that 77% of the participants had engaged in gambling activities during the last year. No difference was found between men and women, but gambling varied according to age group...
(p<0.001). The relevance and validity of socio-economic positions and childhood conditions as social determinants for gambling require a methodological study, which has not previously been carried out in Greenland. Besides sex and age, childhood conditions, education, occupation, income and assets can be used as measures of socio-economic positions. These measures have not been sufficiently validated in an Arctic context and the quality of the variables is therefore unknown. The validity of different measures of socio-economic positions among Greenland Inuit will be discussed in relation to pathological gambling.

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THE INFLUENCE OF RELIGIOUS FACTORS ON DRINKING BEHAVIOUR AMONG YOUNG INDIGENOUS SÁMI AND NON-SÁMI PEERS IN NORTHERN NORWAY

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Objectives: This is the first longitudinal survey investigating the influence of the religious revival movement (Laestadianism or evangelics) and importance (personal Christian) on drinking behaviour among Indigenous Sámi and non-Sámi adolescents and young adults in northern Norway.

Study Design: A two-wave longitudinal epidemiological questionnaire study, including 2,950 respondents (675 Sami); 15–19 years; RR: 85% (T1:1994/95) and 1,510 follow-up respondents (360 Sami) 18–22 years; RR: 57% (T2: 1997/98).

Results: More Sámi were Laestadians (10% vs. 3%) and personal Christians (14% vs. 7%) than non-Sámi (p<0.001) at T3. Generally, significant negative associations were noted for religiousness and abstinence, drinking frequency and style (drunkenness), and it also influenced youth drinking context at both assessments. Ethnicity and ethnic context (region) moderated the effect of religion on drinking. The lower frequency of drinking noted earlier among young Sámi may partly be explained by ethnic differences in religiosity, as the effect of ethnicity generally became non-significant when adjusted for sociodemographics, ethnic context, family and school factors.

Conclusions: Generally, religious factors had strong protective effect upon drinking behaviour. Laestadianism’s profound impact on Sámi culture and strong anti-alcohol norms may have contributed to a religious-sociocultural context of abstinence, explaining the higher abstinence rate and lower drinking rates found among Sámi.

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SNUFF USE AND CIGARETTE SMOKING AMONG INDIGENOUS SÁMI AND NON-SÁMI 10TH GRADERS IN NORTHERN NORWAY 2003–2005

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Objectives: The presentation summarizes snuff use and cigarette smoking rates and combined snuff/tobacco use among Sámi and non-Sámi 10th graders in Northern Norway. This is the first study investigating snuff use among Indigenous Sami.

Study Design: Data were collected from the “Youth and Health in North Norway,” a cross-sectional, school-based study conducted in 2003–2005.

Methods: The total sample included 4,880 participants (response rate was 83%). Sámi comprised 9% (n=450) and females 50% (n=2,442) of the total sample.

Results: The proportion of current (occasional and daily) snuff users was 19% (n=907), and gender (males 29% vs. females 9%; p<0.001) differences occurred. No significant ethnic differences existed. Similarly, the proportion of current (occasional and daily) smokers was 27% (n=1,295), and gender (females 33% vs. males 22%; p<0.001) and ethnic (Sámi 33% vs. non-Sámi 25%; p<0.001) differences existed. Mean age for initiating smoking averaged 13 years, with males and Sámi being slightly younger. Sámi more often non-Sámi reported living together with a smoking sibling (19% vs. 12%; p<0.001), while no ethnic differences

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occurred for living with a smoking mother (37%) or father (30%). The number of combined cigarette and snuff users were 10% (n=503), and gender (males 14% vs. females 7%; <0.001) and ethnic (Sami 13% vs. non-Sami 10%, p<0.05) differences occurred.

Conclusions: In the new millennium, a decrease in smoking rates has been noted among Norwegian youth, while snuff use rates have increased considerably. Findings from the 1990s generally indicated similar smoking rates among Sámi and non-Sámi. Compared to these earlier findings (Spein et al., 2002), the preliminary results of larger numbers of Sámi 10th graders becoming smokers in 2003–2005 suggest a less positive smoking development among young Sámi when compared to regional and national Norwegian trends. The findings are further discussed in light of sociodemographics, education plans and risk-taking behaviour variables.

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CHALLENGING THE STEREOTYPE: A PORTRAIT OF HEALTHY INDIGENOUS YOUTH PARTICIPANTS AT THE COWICHAN (BRITISH COLUMBIA, CANADA) 2008 NORTH AMERICAN INDIGENOUS GAMES

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Objective: Existing literature frequently and persistently portrays Aboriginal youth as having poor health and engaging in multiple risky behaviours. Reports of higher rates of accidents, injuries, substance abuse, sexual transmitted infections, school dropouts and suicides among Indigenous youth are widespread. Using a questionnaire, the objective of this study was to survey the unhealthy portrayal of Indigenous youth by exploring the role of sport in the health and resiliency of participants at the 2008 North American Indigenous Games (NAIG).

Methods: The Aboriginal Youth Lifestyle Survey questionnaire was designed to inquire into youth tobacco use and other health-related factors and was used to survey youth at the 2002 NAIG. The same survey, with minor revisions, was used in this study to survey Aboriginal youth athletes at the 2008 NAIG.

Results: There were 277 survey participants who met the inclusion criteria. Of those for whom smoking status could be assessed, 238 (93.7%) were currently non-smokers. Qualifying to compete at the NAIG suggests a certain level of physical fitness, but in addition, over half (55.1%) of the athletes also reported participating in physical activity without an instructor four or more times a week. Nearly three-quarters (73.3%) of participants reported very good or excellent health. In addition, the participants also scored high on self-esteem and positive peer group indicators.

Discussion: These findings indicate that the athletes participating in the 2008 NAIG were a healthy population of Indigenous youth, and the findings are consistent with the findings from the 2002 NAIG survey. This suggests that Indigenous athletes are healthier than their Indigenous and mainstream North American counterparts and that sport may act as a protective health factor for Indigenous youth. Further research into the benefits of sport may be a crucial step in closing the gap in health status that currently exists between Indigenous and non-Indigenous people.

Contact: Rachel Link (rlink@uwic.ca)

FAMILY HEALTH AND WELL-BEING: RESEARCH, RESPONSIBILITY, REACTION

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During the last decade, research have given a lot of knowledge about health and well-being in the family of the Arctic. In many Arctic regions, we have to say that the data about "well-being" place a lot of responsibility on the community. Responsibility to handle the knowledge about alcohol abuse, suicide, sexual abuse, infectious diseases, inequality in health and well-being. The research, the data and the responsibility have to be discussed between the research team and
society. Research has shown the problems but not suggested a way to handle the knowledge about the well-being or not well-being in the Arctic family. The responsibility has to be taken. Family responsibility and community responsibility is our responsibility. New directions have to be planned. The involvement of society and the family in coping with responsibility and the reactions to the new knowledge will be discussed. Research, responsibility and reaction; together, we can find a solution.

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THE APPLICATION OF STRENGTHS-BASED ASSESSMENTS AND INTERVENTIONS WITH CHILDREN AND ADOLESCENTS EXPERIENCING MENTAL HEALTH DIFFICULTIES

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This workshop is intended for front-line staff and their supervisors, particularly those working in a northern environment. The presentation will focus on utilizing strengths-based perspectives in working with children, adolescents and their families, including First Nations families. Clinicians will be presented with a developmental model that defines strengths and shows how strengths play an integral role in the developmental profile of children and adolescents. Clinicians will be provided with an instrument for assessing strengths in individuals and their families. The instrument used for the assessment of strengths was developed particularly with a northern focus and thus reflects the unique spiritual and cultural influences on the psychological development of northern youth. Clinicians will also be provided with a framework to incorporate the assessed strengths into their treatment plans for children, adolescents and their families. This framework complements the more commonly used diagnostic approach and emphasizes a holistic and cultural model for working with clients.

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THREE CHILDREN ON ONE BIKE: AN ANTHROPOLOGICAL STUDY ON WHAT CHILDREN ARE CAPABLE OF AND WHAT CHILDREN WANT

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In Greenland today children may be classified as relatively poor or implicitly poor, among other classifications. Children must bear all these classifications without knowing themselves what they mean. Adults classify children, but how do children look at themselves? Are they aware of these classifications or are other factors and values involved?

This study focuses on children's resources and competences instead of on privation or social inequality. The study deals with what children are concerned about and looks at children as interpreters of their own lives.

Our study has been in progress since November 2007. The study has taken place in the capital city of Nuuk and in Qaanaaq, the most northern town in Greenland. The focus group is schoolchildren in different public places.

We want to demonstrate how we apply qualitative anthropological methods like participant observation, interviews and observations to our fieldwork. We will take you to the places where we find the children and to places children have shown us through their pictures. In this presentation we would like to show you our pathways. Pictures from our fieldwork will illustrate the presentation.

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CAMP COHO: A CULTURALLY APPROPRIATE GRIEF CAMP FOR ALASKA NATIVE CHILDREN

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Background: Alaska Native children living in remote communities do not have access to cancer support resources generally available in less remote settings. There are few cancer support programs for children that incorporate cultural values. Camp Coho is a one-day camp that helps Alaska Native children ages 6-2 years better understand and share their feelings about
losing a loved one. Each child teams up with a Big Buddy. Camp Coho provides activities based on national standards to support children who have lost someone close to them. The camp honours the child’s culture and incorporates cultural values. Campers learn healthy ways to remember the person and better understand their own feelings of loss.

Methods: A Camp Coho planning committee was established. Staff identified 20 Alaska Native children, ages 6–12 years, to attend Camp Coho. A quantitative and qualitative evaluation was developed, with debriefing of staff and Big Buddies at the day’s end to share observations. The project involved tribal, for-profit, volunteer and non-profit organizations.

Results: Through observations by staff and written evaluations completed by the campers and Big Buddies, camper participation and openness in sharing increased as the day’s activities progressed. Follow-up mailed evaluations completed by parents indicated the positive impact of Camp Coho continued in their home community.

Conclusions: Camp Coho demonstrates that one-day grief camps can be an effective grief support resource when standard resources are not available. The Camp Coho model can be adapted and implemented by other special populations.

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THE ROLE OF MENTORING ABORIGINAL YOUTH PARTICIPANTS OF THE COWACHIN (BRITISH COLUMBIA, CANADA) 2008 NORTH AMERICAN INDIGENOUS GAMES

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Objective: Mentorship is believed to positively benefit the health of youth, although evidence of such benefits is limited. Indigenous Peoples of North America represent a population with unique demographic, geographic, social and cultural characteristics that may shape the nature of Indigenous youth mentorship. This paper explores the prevalence and roles of mentors identified by a sample of healthy Indigenous youth athletes.

Methods: The Aboriginal Youth Lifestyle Survey (AYLS) was designed to survey Indigenous youth regarding their tobacco use and associated factors. Four questions regarding mentorship were added to the AYLS to investigate mentorship among Indigenous youth participants at the 2008 North American Indigenous Games (NAIG). Questions were designed to be relevant to Indigenous youth and to avoid limiting the responses of youth to a Western definition of mentorship.

Results: Of the 298 participants for whom mentorship could be assessed, 259 (86.9%) reported having at least one mentor. Nearly three-quarters (74.1%) of participants reported more than one mentor while almost a third (27.0%) of participants reported more than five mentors. Almost half (43.6%) of all mentors identified were family members of the respondent while one third (34.8%) were informal non-family relationships and less than a quarter (20.8%) were formal non-family relationships. More than three-quarters (78.8%) of participants reported that they provide mentorship to others.

Discussion: This was a preliminary study of Indigenous youth mentoring, an area of research which is largely unexplored. The findings suggest that there are multiple mentors present in Indigenous communities with whom these healthy youth formed natural mentoring relationships and it seems that youth themselves can mentor others. Further research on the health benefits of Indigenous youth mentoring is warranted and of interest to educators, policy makers, Indigenous community leaders and others that seek to close the gap in health status between Indigenous and non-Indigenous people.

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INFLUENCE OF ADVERSE ECOLOGICAL FACTORS ON PSYCHOPHYSIOLOGICAL AND EMOTIONAL CONDITION OF TEENAGERS LIVING IN THE EUROPEAN NORTH OF RUSSIA

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Owing to biological and psychological reasons, teenagers are especially prone to the influence of anthropogenic pollution of the environment,
since the peculiarities of the juvenile age determine the increased risk for the development of adaptive disorders under adverse ecological effects. Teenagers (boys and girls) in two districts ("non-polluted" and "polluted") in the European part of Russia were given a psychological and psycho-physiological test. The research revealed gender differences in the psycho-emotional and functional conditions of senior schoolchildren in the investigated groups. Whereas the boys more often had functional disorders (decrease of activity, disorder of attention, headaches), the girls in addition to the functional disorders also had psycho-emotional disorders (a high level of anxiety, fear of not being able to learn the lesson material). Disorders of a number of functional conditions were discovered in both groups, such as state of health, activity, attention problems and frequent headaches. These disorders are established in the "polluted" district. When psycho-physiological indexes are compared, it is observed that schoolchildren from the "polluted" district have a more intense nervous system, which is manifested in an increase in the reaction time. It was discovered that the boys from the school in the "polluted" district have a decrease of the nervous system liability (indexes of the critical frequency of shimmering). Thus, it seems to be possible to connect the discovered peculiarities to the adverse influence of ecological factors on the functional condition of the schoolchildren. No significant influence of adverse ecological factors on the psycho-emotional condition was discovered.

In my presentation I will reflect the results of a study focused on school-children's experiences on physical sexual harassment (Sunnari et al. 2009, in process to be published) at school. The data for the study was collected from about 1,700 boys and girls aged 11-12 years in the schools of north Finland and north-west Russia. The research indicates that physical sexual harassment is common in schools even in the northern peripheries of Europe. In addition to groping explicitly in the form of physical sexual harassment, especially Russia children wrote about other types of violence. Furthermore, it was common for the Russia children to say that they did not want to describe the details of the experienced physical harassment. The silence of the details gave a message that the experience had hurt their intimacy deeply. Girls constituted the vast majority of the victims of physical sexual harassment and boys constituted the vast majority of perpetrators.

In my presentation I will compare the characteristics of the harassment that the children described to have experienced at school with the research results that have focused on characteristics of violence in intimate relationships, a topic area that has been widely researched during the last few decades in a variety of countries.

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ON THE LAND CANOE TRIP FOR YOUTH AND ELDERS SUPPORTING MENTAL HEALTH AND WELLNESS

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The NWT Recreation and Parks Association (NWTRPA), a non-profit organization that works with communities across the Territory to promote healthy living through active recreation, coordinates the Mackenzie River Youth Leadership canoe trip for youth and elders of the Dehcho and Sahtu regions of the NWT. The core curriculum of this sixteen-day canoe trip incorporates four components of an Indigenous model of mental health and healing: community, cultural identity, holistic approach and interdependence.

The canoe trip is built on the foundation of community participation through social events such as ceremonies, celebrations and feasts in each community along the route. With the help of elders, the canoe trip provides access to elements of Dene cultural identity such as language, stories,
Indigenous knowledge, land and nature. A holistic approach to programming is honoured during the canoe trip because its spiritual framework fosters respect for the historical and sacred significance of the land, the waterway and its people. Participants on the canoe trip are encouraged to build interdependence by developing mutually reliant relationships with oneself, nature and others.

When youth are given the opportunity to learn about their environment and place, they develop a relationship to the people, the land and their elders. The Mackenzie River youth trip builds on research completed with Dene elders that acknowledges the importance of land programs for cultural resilience. The NWTRPA aims to make valuable contributions to the mental health and well being of NWT residents by supporting the development and sustainability of an on-the-land canoe trip engaging youth and elders in the NWT and that values the community, a cultural identity and interdependence using a holistic approach.

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NATIONAL STRATEGY TO PREVENT ABUSE IN INUIT COMMUNITIES AND NATIONAL INUIT RESIDENTIAL SCHOOLS HEALING STRATEGY

D. Tagornak
Pauktuutit Inuit Women of Canada, Canada

Pauktuutit Inuit Women of Canada is the national organization that represents all Inuit women across Canada. Established in 1984, the non-profit organization has achieved widespread recognition for its dedication to and advocacy for Inuit women. Our mandate is to foster a greater awareness of the needs of Inuit women, and to advocate for their equitable participation in community, regional and national concerns in relation to social, cultural and economic development.

Pauktuutit has developed two strategies in the area of abuse prevention and addressing the impacts of residential schools.

1. National Strategy to Prevent Abuse in Inuit Communities

Pauktuutit is actively implementing its National Strategy to Prevent Abuse in Inuit Communities. This strategy has six priorities that the project will address: (1) make abuse in Inuit communities a priority issue; (2) raise awareness and reduce tolerance of abuse; (3) invest in training and capacity development; (4) sustain front-line workers and community services; (5) deliver services that heal Inuit; and (6) expand on programs that build on Inuit strengths and prevent abuse. The overall goal of the strategy is a steady reduction in incidents of violence and abuse in Inuit communities and the eventual predominance of caring and respectful relationships.

2. Journey Forward – the National Inuit Residential Schools Healing Strategy

Pauktuutit has also developed a National Inuit Residential School Healing Strategy. This strategy has seven priorities that the project will address: (1) strengthen Inuit language and culture; (2) form partnerships and strengthen relationships; (3) increase the number of Inuit who can help others; (4) develop the knowledge of service providers in Inuit communities; (5) educate and raise awareness about Inuit in residential schools; (6) share information and effective healing practices; and (7) identify and fill gaps in healing services and programs.

Implementation activities of both strategies will be presented.

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PSYCHOSOCIAL RISK FACTORS AMONG SÁMI WOMEN OF REINDEER-HERDING FAMILIES

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Objective: The aim of the present study was to identify psychosocial risk factors among reindeer-herding Sámi women.

Materials: The data originated from a comprehensive health and working environment study, performed from 2003 to 2006, in collaboration with individuals from seven Sámi communities in Sweden (women=66). The women of reindeer-herding households were compared with two control populations of Swedish women who participated in the MONICA-project in 2004, one living in rural (n=132) and one in urban (n=132).
areas of northern Sweden. The control populations were matched by age to the study population.

**Methods:** Questionnaires about psychological factors such as demand vs. control at work, well-being, social support and a sense of coherence were used together with interviews of 13 women from reindeer-herding households. The interviews were performed in focus groups and via telephone calls and included questions about what women regarded as important in life, for example, meaningfulness, participation, appreciation and support.

**Results:** The reindeer-herding Sámi women experienced a significantly lower sense of coherence than both the rural (p<0.002) and the urban Swedish women (p<0.011). The meaningfulness (p<0.000 for both groups) and manageability (p<0.007 and p<0.026 for urban and rural women, respectively) were significantly lower among the Sámi women, but not the comprehensibility that was similar in all populations. The reindeer-herding women had larger social networks (p<0.000) and reported more close relations (p<0.000) than the control groups. There were no differences in work-demand, decision latitude, intellectual discretion, job strain ratio or social support at work between the three populations. Also the well being in the social, the physical and the mental domain was reported to be very similar between the groups. The interviews were analysed by content analysis and will be further discussed at the meeting.

**Conclusions:** It seems that the reindeer-herding Sámi women experience a lower sense of purpose in life in comparison with other Swedish women. The Sámi Women showed similar comprehensibility but reported lower degrees of meaningfulness and manageability. These results might be explained by a life situation that is unpredictable and characterized by low status, low profitability, lack of external understanding and lack of appreciation.

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**BORDERLANDS: A NARRATIVE INQUIRY INTO FIRST NATIONS’ WOMEN’S EXPERIENCES OF DEPRESSION**

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The central focus of this study is the examination of how living on rural reserves effects individual First Nations’ women's lives and their ability to cope with depression within a highly politicized context. These issues of social structure where biology, history and politics intersect, play a particular role in how experiences of depression are conceptualized, practised and expressed and, therefore, how they effect the way First Nations' women construct their individual and social identity. Women who reside on reserve land, live, love and experience life within the boundaries of their rural, and First Nations' identities. This study will challenge the political ideals that have created these social and cultural borderlands and will attempt to offer insights into First Nation's women's two-world and multifaceted construction of self by exploring the First Nation's women's stories of wellness and depression, and how these experiences affect their understanding and construction of identity when living in a rural context. Narrative Inquiry will be used to portray the experiences of 5 women over a ten-month period through individual interviews and focus groups called peace gathering. This process is a suitable and meaningful method that utilizes traditional possibilities that are common and familiar to First Nation's people.

Contact: Brenda Green (bgreen@firstnationsuniversity.ca)
EFFECTS OF CLIENT AND THERAPIST ETHNICITY AND ETHNIC MATCHING

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We explored the effects of ethnicity on mental health treatment in the population of northern Norway that largely consisted of Indigenous Sámi and non-Sámi Norwegians. As the two groups are comparable in their socio-economics, ethnic effects can be separated from their most common confounders. The effect of client and therapist ethnicity and client-therapist ethnic match on treatment was examined among psychiatric outpatients in this setting.

Methods: Client (n=335) and therapist (n=33) demographics and ethnicity were recorded prior to intake. Self-reported psychosocial distress was recorded at intake, termination and during a 20-month follow-up. Therapists reported their clinical assessment and their treatment delivery at intake and at discharge. The association between the ethnic variables and treatment delivery, clinical status and improvement were examined with regression analyses and analyses of variance. We used linear growth curves to explore ethnic variations in changes to psychosocial functioning over time.

Results: The results indicated that therapist’s ethnicity was associated with the amount and type of service provided, but improvement was not. Both the delivery of treatment and improvement did not differ significantly by client ethnicity. Ethnic matching was associated with greater symptomatic improvement in treatments of moderate duration.

Limitations: This study was conducted in the small multi-ethnic communities in northern Norway. The sample size was moderate and the measures used to describe clinical status were global. The use of a categorical ethnic classification and global categorization of the types of interventions may have served to veil the complexity of the interaction between ethnicity and treatment. Challenge: Little is known about how therapist ethnicity shapes treatment, something that warrants further investigation.

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AWARENESS OF THEIR HEALTH & HEALTH ATTITUDES IN MALES AND FEMALES AGED 25–64 YEARS DURING SOCIAL AND ECONOMIC CRISIS IN RUSSIA (MONICA-Psychosocial Program)

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Aim: To assess the attitude of the population in Russia towards its health, its readiness to participate in preventive measures and to implement guidelines for changing lifestyles.

Methods: A random representative sample of males and females (2,400) aged 24 to 64 years from two districts in the city of Novosibirsk was examined within the framework of screening “MONICA-psychosocial” program. We used a questionnaire entitled “Awareness and Attitude Towards Health.”

Results: More than 60% of the males (p<0.0001) and 85% of the females (p<0.0001) reported that they were “not quite healthy” or that they were “ill,” only 7% of the individuals had their health examined, although almost 100% noted that they were most likely to fall ill with a serious disease within 5 to 10 years. The males were more optimistic in their assessments than were the females. With age, the frequency of assessments, such as “not quite healthy” and “ill” (p<0.05), concern about their health, and participation in prophylactic examinations increased. Forty-five percent of the respondents reported a high level of stress in their workplace. The opportunity of the examinees to have rest at home was extremely low. Family stress was significant for both sexes. The females showed a more negative attitude towards smoking than did the males. The males more frequently considered that they did not need to alter their dietary habits or exercise than did the females. A total of 2.4% of the males and 2.5% of the females changed their dietary habits for their health. Only 50% of the males and 31% of the females slept well or very well, this parameter decreased with age.

Conclusions: Despite a positive motivation in the context of prophylaxis, there are negative trends in both social and behavioural characteristics of the population.

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RESILIENCY AND INHALANT ABUSE TREATMENT

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In Canada, a major and innovative national response to inhalant abuse among First Nations youth has been the establishment of residential treatment centres through the federally funded National Native Youth Solvent Addiction program (NNYSA). This paper focuses on the role of a holistic conception of resiliency in inhalant abuse treatment in the NNYSA program. A blending of policy and practice issues and their contribution to the health status of First Nations youth inhalant abusers guide the paper’s discussion of resiliency and its fundamental role in NNYSA’s traditional Native teachings program. A holistic conception of resiliency is viewed as a key contributor to the program’s achievements to date. The focus on resiliency has been identified in assisting youth in uncovering their inner spirit and strengthening their spirit by drawing on available community resources. Data and case illustrations from two NNYSA treatment centres – White Buffalo Youth Inhahent Treatment Centre (Prince Albert, Sask.) and Nimkee NupiGawagan Healing Centre (Muncey, Ont.) – are presented. The paper also offers NNYSA policy solutions that have been guided by a holistic concept of resiliency and account for the intersecting roles of culture, spirituality and community in creating and maintaining the health of First Nations youth solvent abusers. The paper concludes with suggestions for future research.

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MAKING THE PATH BY WALKING IT: A COMPREHENSIVE EVALUATION OF THE WOMEN AND CHILDREN’S HEALING AND RECOVERY PROGRAM

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This pilot project – Making the Path by Walking It: A Comprehensive Evaluation of the Women and Children’s Healing and Recovery Program (WCHRPa) – underwent a review that was prepared by the Four Worlds Centre for Development Learning. The review examines the outcomes of the pilot project, which is focused on addressing the therapeutic needs of northern women. Specifically, the evaluation looked at whether or not the program met the needs of the women they intended to serve, whether the models and strategies used by the program were aligned with best practice and whether or not the partnership and management structures were effective and appropriate.

The WCHRPa was created to assist women who have suffered the impact of trauma as a result of colonization and ongoing violence with their journey to greater wellness. The vision shaping this initiative called for a program that would be especially for women and that would work on the underlying trauma that perpetuates self-destructive behaviours such as addictions; offer longer-term options than the traditional 28-day treatment cycle; have strong roots in the communities it serves; and be sensitive to the cultural values, worldviews and experiences of the Aboriginal peoples of the North. The implementation of this vision brought together two agencies with a long history of working for the well-being of women and their families – the Yellowknife Women’s Centre and the YWCA of Yellowknife. This dynamic partnership was designed to maximize impact through building on existing institutional strengths.


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