

CONTINUING OUR UNITY
Advancing Indigenous Suicide Prevention
in the Circumpolar Arctic



A Discussion Paper Presented by the Inuit Circumpolar Council Canada



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Submitted to Indigenous and Northern Affairs Canada
June 2017

Inuit Circumpolar Council Canada, Ottawa, ON

Cover photo: Harald Finkler

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1. EXECUTIVE SUMMARY & KEY MESSAGES

The 2015–2017 RISING SUN initiative under the Arctic Council aimed to enhance suicide prevention efforts among circumpolar Arctic Indigenous populations by contributing to the development of common evaluation tools. We propose that the impacts of this initiative extend beyond evaluation. This discussion paper addresses the question: Based on the results of the RISING SUN initiative, what are the next steps to move suicide prevention efforts forward at the international level to most effectively support community, regional, and national Indigenous suicide prevention in the circumpolar Arctic?

We explored ways to utilize the 25 RISING SUN outcomes by aligning them with the World Health Organization framework for suicide prevention and with three national or international Indigenous suicide prevention strategies in the Arctic—for Inuit in Greenland; Inuit in Canada; and Sámi in Norway, Sweden, and Finland. Further, during a breakout session led by the Inuit Circumpolar Council (ICC) and partners at the March 2017 RISING SUN meeting, policymakers, researchers, health care providers, and community members identified key priorities and actions for suicide prevention in the circumpolar Arctic for the next two years. RISING SUN outcomes were used to frame this dialogue.

Based on results of these explorations, we propose five main areas in which the results of the RISING SUN initiative can be built on, with collaboration as an overarching theme that supports the other four areas: articulating the underlying causes of suicide; implementation of interventions; evaluation; and research.

OVERARCHING THEME: COLLABORATION

- International collaboration has been a major achievement of the RISING SUN initiative

NEXT STEPS

- This network should be sustained, as was identified as a priority at the March 2017 RISING SUN breakout session
- Ongoing collaboration can be achieved through meetings, joint communication/awareness-raising activities, and research—including research that deepens links with communities and international collaborative efforts around data pooling and synthesis for suicide-related statistics
- Collaboration can improve communication and knowledge transfer between regions and serve as a useful advocacy platform
- As an international representative organization for Inuit in four countries, ICC proposes to have a significant role in facilitating future collaboration (e.g., by facilitating knowledge exchange opportunities or acting as a clearinghouse for data pooling and synthesis)

ARTICULATING THE UNDERLYING CAUSES OF SUICIDE

- RISING SUN outcomes have been presented without the underpinning ‘why’ of elevated suicide rates in Arctic Indigenous populations being made explicit; we show that a conceptual framework is implicit and that it relates to social determinants of health and social inequity, historical trauma from impacts of colonization, and multiplication of risk over the lifecourse and within communities
- Articulating why suicide occurs in the Arctic is important for directing priorities for prevention and intervention

NEXT STEPS

- Drawing out the conceptual understanding of suicide implicit in the RISING SUN outcomes to inform the international policy agenda, as well as research and practice

IMPLEMENTATION OF INTERVENTIONS

- RISING SUN outcomes can be understood as measures of implementation and/or evaluation, and can be used along a continuum of program development, implementation, and impact assessment
- Different regions and communities are in different places with regard to suicide prevention; we show that using a logic model or implementation framework can be useful in meeting communities 'where they are at' to move towards an achievable goal in terms of suicide prevention
- The RISING SUN outcomes provide a list of potential outcomes that communities can use to start a dialogue about what goals are feasible and most relevant, while the logic process helps to identify a key need, chosen areas for intervention, and critical resources/pre-conditions to move initiatives forward

NEXT STEPS

- At the international level, next steps are to facilitate the logic process—that is, identification of goals related to suicide prevention and key resources/pre-conditions—as well as knowledge sharing about the process to assist diverse communities and regions in moving forward on suicide prevention implementation

EVALUATION

- Currently, the RISING SUN team at NIMH is planning a web-based resource to share evaluation strategies and outcomes
- Use and adaptation of the RISING SUN outcomes and tools is expected to continue and vary across regional and national levels depending on local/contextual factors
- By aligning RISING SUN outcomes with three circumpolar national/international Indigenous suicide prevention strategies, we show that RISING SUN outcomes can be used as common language to facilitate dialogue among diverse regions

NEXT STEPS

- At the international level, next steps are to facilitate knowledge sharing about evaluation strategies, indicator development, and evaluation results in a way that is accessible and useful for communities and regions

RESEARCH

- The March 2017 RISING SUN breakout session identified the need to strengthen use of Indigenous knowledge, strengths-based approaches, and community involvement and decision-making in research
- Collaboration and knowledge sharing at the international level can facilitate identification of key areas for future research; allows for the possibility of data pooling and synthesis; and presents an opportunity to strengthen links between the circumpolar level and the community level, through community-based/participatory research

NEXT STEPS

- We identify a number of potential research directions including:
 - » Addressing significant data gaps in surveillance, especially around suicide ideation and self-harm
 - » Identifying existing data and synthesizing it at regular intervals to understand the current state of knowledge, identify gaps, and to help regions advocate for improved surveillance
 - » Understanding and articulating the underlying causes of suicide in the circumpolar Arctic related to social determinants of health/social inequity and impacts of colonization to inform prevention and intervention priorities
 - » Engaging in inclusive logic processes with communities to identify goals related to suicide prevention and key resources/pre-conditions, to aid with program development and create evidence to support advocacy
 - » Meaningful knowledge sharing between communities and regions around suicide prevention challenges and successes, which also can contribute to awareness-raising efforts and advocacy

2. INTRODUCTION



Photo: Hans Blohms

Suicide is a preventable global public health issue that affects some groups more than others (WHO 2014). Suicide is one of the most pressing public health issues in the circumpolar Arctic, where Indigenous populations experience some of the highest rates of suicide globally (Bjerregaard and Larsen 2015, Herne et al. 2014, Oliver et al. 2012). The high burden of suicide in Arctic regions cannot be understood without recognizing the negative impacts of government policies of colonization, dispossession, and cultural disruption on the social, political, and economic systems of Indigenous peoples and all aspects of health and wellbeing, including mental health (Bjerragaard and Larson in press, Kirmayer et al.

2007, ITK 2016, SANKS and Saami Council 2017, Silviken and Kvernmo 2007, Wexler 2006). Impacts of imposed large-scale changes in Arctic Indigenous societies interact with social determinants of health and other factors, such as remoteness, to erode protective factors and increase risk factors for suicide and suicide-related behaviours. While governments, communities, researchers and health care and service providers in the circumpolar Arctic have dedicated significant efforts to identify and reduce risk factors for suicide and strengthen protective factors, the magnitude and seriousness of this issue clearly requires that more be done.

International collaboration under the umbrella of the Arctic Council to address mental health and suicide among Arctic Indigenous populations has been ongoing for years. Recently, under the 2013–2015 Canadian Chairmanship of the Arctic Council, two international research teams identified promising practices for suicide prevention in the Arctic (Sustainable Development Working Group 2015). This research demonstrated the importance of community innovation in identifying problems and developing and implementing solutions, and found that diversity among communities and regions poses a challenge to the scalability of promising interventions. This research also identified the need for better tools and support for evaluating mental wellness interventions. Research under the 2015–2017 U.S. Chairmanship of the Arctic Council endeavored to build on these findings, through the Reducing the Incidence of Suicide in Indigenous Groups—Strengths United through Networks (RISING SUN) initiative led by the U.S. National Institute of Mental Health (NIMH). The purpose of the RISING SUN initiative was to compile a common set of outcomes and their associated measures to create a toolkit for evaluating suicide prevention efforts across the circumpolar Arctic. Now that RISING SUN has come to an end, there is a need to reflect on the results of this initiative to better understand what was achieved and what we can build on to best forward international efforts to support local, regional, and national suicide prevention for circumpolar Indigenous populations.

While the RISING SUN initiative aimed to enhance suicide prevention efforts primarily through developing evaluation tools, we suggest that the potential impacts and utility of the initiative extend beyond this. We propose that these results include fostering a promising international collaboration of suicide

prevention researchers, health care and service providers, policymakers, and community leaders. The RISING SUN initiative created a list of collaboratively developed outcomes of suicide prevention initiatives that can be used as a ‘common language’ to facilitate discussion about next steps in suicide prevention in the circumpolar context.

This discussion paper is guided by the questions: How can the RISING SUN outcomes be used as a link or common language to facilitate a circumpolar conversation and action plan around suicide prevention, recognizing the diversity of resources, contexts and priorities for addressing suicide across Indigenous regions and communities in the Arctic? Moreover, based on the outcomes of the RISING SUN initiative, what are the next steps to move suicide prevention efforts forward at the international level to most effectively support community, regional, and national Indigenous suicide prevention efforts in the circumpolar Arctic?

To address these guiding questions, we:

1. Explore connections between RISING SUN outcomes and current national and international Indigenous suicide prevention efforts in the circumpolar Arctic using case studies of Inuit and Sámi strategies;
2. Explore how RISING SUN outcomes can be used to as a framework for dialogue regarding suicide prevention priorities; and
3. Discuss future directions based on the results of the RISING SUN initiative in terms of collaboration, how we understand and address the reasons for suicide in the circumpolar Arctic, implementation of prevention initiatives, evaluation, and research.

3. THE RISING SUN INITIATIVE

BACKGROUND

To advance evaluation of suicide prevention interventions in Indigenous contexts across the circumpolar Arctic, the RISING SUN initiative compiled a list of common outcomes resulting from suicide prevention interventions, and originally aimed to identify their indicators. In the context of health, outcomes are changes in the health status of an individual, group, or population that can be attributed to an intervention (i.e., the impact of an intervention), while indicators are characteristics that can be measured and used to describe aspects of the health of an individual or population (i.e., the measurement of that impact) (Nutbeam 1998).

To identify common outcomes, RISING SUN adapted the Delphi technique, a group-based method of reaching consensus through successive rounds of input that was previously used successfully by the NIMH Grand Challenges in Global Mental Health initiative. Representatives of the eight Arctic states (Canada, Kalaallit Nunaat [Greenland – Kingdom of Denmark], Finland, Iceland, Norway, Russia, Sweden, and the U.S.A.) and five of the six Permanent Participants of the Arctic Council participated in a virtual Delphi panel and a series of three in-person RISING SUN workshops from 2015 to 2017.

After the first workshop, Delphi participants were asked: “In addition to reducing suicide deaths, what are the most important outcomes that suicide prevention interventions should achieve in Arctic communities?” Participants submitted over 600 individual responses in Round 1 that were reduced to 99 unique outcomes after eliminating duplicates and integrating overlapping responses. In Round 2, participants were asked to identify the top 25 outcomes, and in Round 3, they were asked to rate each of the top 25 outcomes across three criteria: Arctic relevance, feasibility, and immediacy of impact. Several regional focus group discussions supplemented this process.

The NIMH released an Executive Summary of findings from the RISING SUN initiative in January 2017 (NIMH 2017), which included a list of the 25 prioritized RISING SUN outcomes. As of June 2017, details about the prioritization of the 25 outcomes according to the three criteria of relevance, feasibility, and immediacy had not been released, but may be forthcoming in a technical paper by the RISING SUN NIMH team that will provide additional methodological details. A web-based toolkit that provides resources to help Arctic stakeholders evaluate interventions is under development and as of June 2017 has not yet been released.

OUTCOMES

Twenty-five RISING SUN outcomes were generated through the Delphi process (Appendix Table 7.1). The numbers beside each outcome represent the position of that outcome in the Delphi-ranking, from 1 to 25. The RISING SUN team at the NIMH further categorized the outcomes according to the following intervention levels: national/regional, community, clinic, family, and individual. While the work of RISING SUN represents a promising approach to working across the circumpolar region for suicide prevention, there are several areas that need further delineation to meaningfully implement the RISING SUN outcomes and use them to develop indicators for evaluation.

In presenting the final RISING SUN outcomes, the NIMH does not indicate how the level of intervention (i.e., national/regional, community, family, etc.) was selected for each outcome (NIMH 2017). This creates some challenges for implementation and evaluation. Should, for example, interventions related to any given outcome be matched only to that intervention level, and not others? Further, should impacts be measured only at that level? Suicide prevention programs could address many of these outcomes at multiple levels. To understand RISING SUN outcomes from another perspective, we drew on the World Health Organization (WHO) framework for

conceptualizing risk factors for suicide and relevant levels of intervention (WHO 2014, Appendix Figure 7.1). In this evidence-based model, universal prevention strategies are designed to reach an entire population, selective prevention strategies target vulnerable groups, and indicated strategies target specific vulnerable individuals. Figure 3.1 presents a possible 'best fit' for aligning RISING SUN outcomes with the WHO framework. This is a useful and more standard approach for understanding suicide risk factors and the related level of intervention that may result in each RISING SUN outcome. We note that regional factors (e.g., regarding governance, how much of the population is Indigenous or affected by suicide through grief) affect whether a given intervention would be considered universal or selective.

We also note that categorization of the outcomes can vary depending on how we understand the conceptual framework underpinning the RISING SUN outcomes for root causes of suicide and how these can be addressed. For example, sense of belonging could be solely an individual outcome related to an indicated intervention (e.g., mental health support) or a community or society-wide outcome related to a universal intervention (e.g., addressing systemic inequality and strengthening self-determination). The conceptual underpinning for the RISING SUN outcomes has not been made explicit. This means that there is a range of possible interpretations for the relevant risk factors and interventions for different

RISING SUN outcomes, which presents a challenge for their implementation. Conceptual frameworks are important for guiding the development of priorities and targets for suicide prevention. An explicit articulation of the conceptual framework for suicide prevention underpinning RISING SUN would be useful for guiding priorities related to interventions and evaluation within the Arctic.

Further, making this conceptual framework explicit could also help inform existing evidence-based frameworks, like the WHO framework, to better reflect Arctic Indigenous understandings of causes of suicide and approaches for addressing them (see the National Inuit Suicide Prevention Strategy in Canada for an example [ITK 2016]). RISING SUN outcomes include several related to reducing adverse childhood experiences, which reflects a documented association between childhood sexual abuse and suicide risk for the general population (Dube et al. 2001, Fergusson and Lynskey 1995) and for Inuit (Chachamovich and Tomlinson 2013). In both instances, the WHO framework could better reflect these key risk factors and Inuit priorities for addressing them. The RISING SUN initiative can be built on to create a common understanding of causes of suicide in the circumpolar Arctic among Indigenous peoples and how they can be addressed, which can also inform the global dialogue on Indigenous suicide prevention.

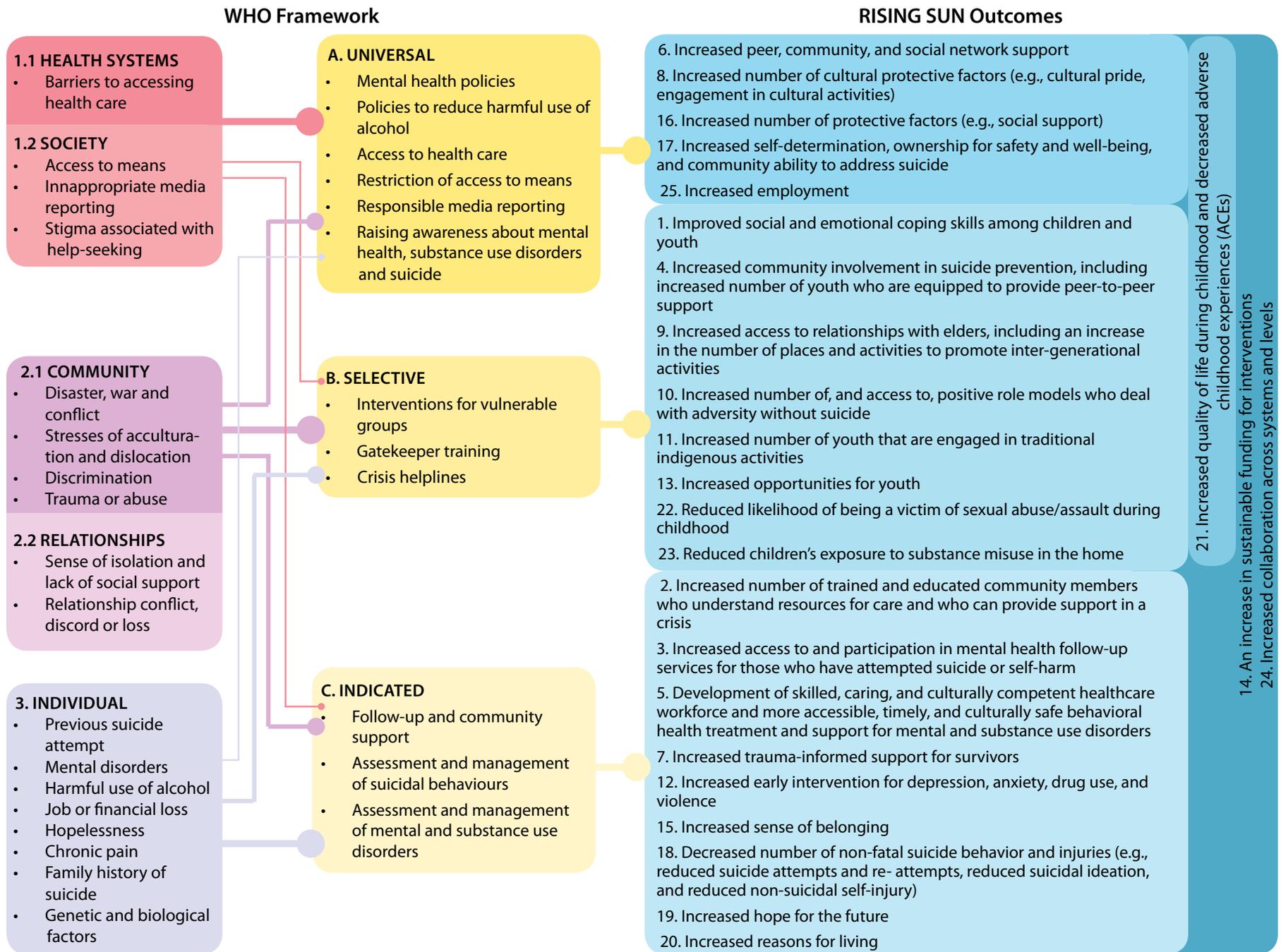


FIGURE 3.1 Aligning the RISING SUN outcomes with the WHO framework for suicide risk factors and relevant interventions

4. NATIONAL INDIGENOUS SUICIDE PREVENTION STRATEGIES

INTRODUCTION

Development of the RISING SUN outcomes was an international collaborative process that occurred parallel to ongoing suicide prevention strategy, policy, intervention, and evaluation development in Indigenous Arctic regions. There are currently two national Indigenous suicide prevention strategies in circumpolar Arctic: the National Strategy for Suicide Prevention in Greenland 2013-2019 (“the Greenland Strategy”) and the National Inuit Suicide Prevention Strategy (NISPS) in Canada. There is also one international strategy for an Indigenous population in the circumpolar Arctic—the Plan for Suicide Prevention Among the Sámi People in Norway, Sweden, and Finland (“the Sámi Strategy”). In addition to these three overarching strategies, some sub-national regions and communities have developed local suicide prevention strategies (e.g., the Inuit territory of Nunavut, Canada).

The overarching aim of a national suicide prevention strategy is to promote, coordinate, and support intersectoral action plans and programs for the prevention of suicidal behaviours at the national, regional, and local levels (WHO 2014). National strategies provide a broad plan of action and a comprehensive snapshot of priorities. A comparison of these three national/international strategies yields an understanding of the heterogeneity of Arctic regions, as is reflected in differences in their approaches for addressing a common issue—that of suicide and suicidal behaviours. These differences are related to factors such as governance/ jurisdiction, resources, and the constellation of risk factors for suicide in each context. We briefly introduce each strategy, present a preliminary comparison between the strategies based on a policy analysis framework, and align each strategy with the RISING SUN outcomes. We propose that RISING SUN outcomes can potentially help create common language around strategy objectives that

can facilitate communication and knowledge sharing between Arctic jurisdictions working to prevent suicide.

THE CONTEXT OF GREENLANDIC INUIT, CANADIAN INUIT, AND SÁMI SUICIDE PREVENTION STRATEGIES

To understand similarities and differences in purpose and context for three national/international suicide prevention strategies for Inuit and Sámi, we have compared them using a policy analysis framework (Table 4.1).

The Greenland Strategy was developed as a component of an overarching public health strategy and replaces the country’s first suicide prevention strategy that ran from 2005–2012 (Government of Greenland 2013). The goal of the Greenland Strategy is to reduce suicide and suicide attempts for Inuit living in Kalaallit Nunaat. The proposed strategies in the Greenland Strategy are concrete, and primarily draw on existing systems such as education and health to improve program and service infrastructure and increase awareness and support for those at risk for suicide, particularly Inuit youth. Emphasis is placed upon coordination across the education and health systems, and between local, community-based teams and centralized groups.

Released in 2016, the NISPS focuses on Inuit across Canada (ITK 2016). It was developed by Inuit Tapiriit Kanatami (ITK), a national Inuit organization with representation from all four Inuit regions in Canada that together form Inuit Nunangat. ITK acts as a democratic representative organization, advocacy group, and network for policy development aimed at improving the wellbeing of Inuit in Canada.

TABLE 4.1 Policy contexts of the Greenland Strategy, NISPS, and Sámi Strategy

Elements of policy cycle	Greenland Strategy	NISPS	Sámi Strategy
Problem definition	Suicide rates in Kalaallit Nunaat, particularly among young people	Suicide rates in Inuit Nunangat linked to risk factors/multiplication of risk from historical trauma, social inequity, intergenerational trauma, childhood adversity, mental distress, acute stress; modified by protective factors	High rates of suicide in Sápmi, and the lack of unified strategy for Sámi across national borders. Lack of recognition of Sámi issues within three countries; lack of surveillance data; gaps in understanding of effects of historical and current external policies on health and mental health
Agenda setting	Reduction of suicide and suicide attempts in Kalaallit Nunaat; inclusive of many government sectors (public health issue)	Aims to create change, influence policy at various governance levels; advocacy by national Inuit organization	Strategies for suicide reduction in Sápmi within three countries (Norway, Sweden, Finland) funded by NordRegio and the Sámi Parliament of Norway; aims to address Sámi specific issues not addressed in general suicide prevention programs
Policy development	Part of larger public health plan for Kalaallit Nunaat (Inuuneritta II)	Identifies six key strategic areas: create social equity; create cultural continuity; nurture healthy children; provide continuum of mental wellness services; address unresolved trauma and grief; apply Inuit knowledge for resilience and suicide prevention	Scientific evidence and 'grassroots' processes (workshops with Sámi)
Implementation	Coordination between central/local committees; cross-sectoral monitoring group and task force; targeted efforts in health and school systems; skill building; suicide prevention courses embedded locally	Some objectives more clearly laid out for implementation than others	Advocates for cross-border cooperation and resource pooling to achieve policy objectives (investment in services, data collection, awareness-raising)
Evaluation	<i>Process:</i> Unclear <i>Outcomes:</i> Outcomes assigned to system-level recommendations are evaluable	<i>Process:</i> Unclear <i>Outcomes:</i> Progress to be evaluated at two year increments; evaluation framework to be finalized	Not mentioned

Developed in partnership with academics and consultation with Inuit communities, the NISPS advocates for political actors and systems within the federated Canadian government to reduce social inequities for Inuit, as well as increase infrastructure for relevant programs and services to reduce elevated suicide rates. Like in the Greenland Strategy, young people are a focus. Risk factors, protective factors, and the multiplication of risk across the lifespan and within communities are understood within the context of historical trauma and social determinants of health. Policy objectives include broad advocacy-based directives, but also call for specific areas of investment in mental health services and in services aimed at reducing adverse childhood experiences.

Finally, the Sámi Strategy released in 2017 is directed at Sámi in Norway, Sweden and Finland, in which the majority of the Sámi homeland of Sápmi is located¹ (SANKS and Saami Council 2017). The Sámi Strategy is a response to gaps in how the specific challenges and needs of Sámi are addressed by general suicide prevention efforts within each country. Addressing elevated suicide rates among Sámi men, promoting self-determination, and improving surveillance are among the strategic priorities. Current prohibitions on collecting data on ethnicity in Nordic countries means that the full scope of the issue of suicide among Sámi is not well understood, and that Sámi organizations do not have access to the statistics that could help justify the changes in policies and targeted interventions that could reduce suicide among the Sámi. The audience for the Sámi Strategy appears to be international groups and national policymakers in the three target countries, with a view to raise awareness and generate data to strengthen knowledge and evidence bases upon which to act.

While all three strategies are created with the goal of suicide prevention, the authors, audiences, and policy stage factors vary with respect to each context. There are also differences in the complex interplay between Indigenous groups, policy networks and advocacy groups, and the decision-makers in each jurisdiction (or set of jurisdictions) who can inform resource investment, implementation, and evaluation. Given this diversity, RISING SUN outcomes are a tool that can be utilized to create a common language for implementation of suggested interventions to achieve the objectives set forth in the three national/international suicide prevention strategies and other regional strategies. This can potentially enhance the international dialogue

facilitated by the Arctic Council and create further opportunities for knowledge sharing between regions and countries.

One way to approach implementation of ambitious and wide-reaching policies is through the process of developmental program evaluation (Patton 2011). Developmental program evaluation takes into account the complexity inherent in tackling difficult policy issues. A common approach for planning implementation is a logic model, which identifies a linear progression from inputs, to activities, to short and long-term goals (National Collaborating Centre for Aboriginal Health 2013, W.K. Kellogg Foundation 2004; see Table 4.2 for definitions). To achieve long-term goals, it is valuable to identify and articulate the necessary pre-conditions that must be met, and why these are pre-conditions; in public health policy and evaluation, this is called a 'theory of change.' A logic model helps to solidify the theory of change that a community or region considers as the underlying link between an intervention and short and long-term outcomes or changes. Table 4.2 presents a sample logic model using one objective from the Greenland Strategy (courses on suicide prevention). This example illustrates how logic model scaffolding can be populated by items that are responsive to local needs and realities, including the RISING SUN outcomes, and shows how we can plan to move towards these or other objectives in communities and regions across the Arctic.

ANALYSIS OF THE NATIONAL STRATEGY FOR SUICIDE PREVENTION IN GREENLAND

The Greenland Strategy identifies seven major objectives and sub-objectives that outline plans for developing, implementing, and monitoring initiatives in the health, education, and social service sectors and for expanding human resource capacity. Overall, the Greenland Strategy aims to increase awareness of, and capacity for, suicide prevention.

Aligning RISING SUN outcomes with the Greenland Strategy shows that key areas of overlap include training and education of healthcare, service, and education providers as well as community members; improved and accessible early intervention and postvention; and improved support for family and friends of those who have died by suicide (Table 4.3).

¹Sámi in Russia were not included in the strategy due to lack of data.

TABLE 4.2 Example of an objective from the Greenland Strategy placed into a logic model (W.K. Kellogg Foundation 2004)

Logic model element	Definition	Example from Greenland Strategy: Courses on suicide prevention
Issue/need	Identify the issue or need in the community that you are trying to address	<ul style="list-style-type: none"> High rates of suicide among young people
Assumptions	The theory and assumptions that you are using/ making about how your program, intervention will work and why	<ul style="list-style-type: none"> Providing education about suicide to young people and gatekeepers will raise awareness and reduce silence about suicide such that young people will recognize when they, or a peer, may need support
Inputs	Resources (financial, personnel, places) that are needed to make the program/ intervention happen	<ul style="list-style-type: none"> Financial inputs: staff time, curriculum development Personnel inputs: staff delivering courses Places: locations for course delivery
Activities	Processes, techniques, tools, events, technology, and actions of the program/ intervention	<ul style="list-style-type: none"> Curriculum: number of sessions, follow-up
Outputs	The direct results of program activities (e.g., numbers of people who attended, sessions/ workshops given)	<ul style="list-style-type: none"> Number of training sessions delivered Number of sites where training was delivered Number of young people reached Number of gatekeepers reached
Outcomes	Changes in attitudes, behaviours, knowledge, skills, status or level of functioning	<ul style="list-style-type: none"> Changes pre/post in terms of knowledge, attitudes, behaviours/practices regarding suicide
Impact	Organizational, community or system level changes expected to result from program activities – including improved conditions, increased capacity and/or changes in the policy arena	<ul style="list-style-type: none"> Reduction of suicide rates Increased help-seeking behaviours in young people

Both documents target young people as a vulnerable population. However, overall only about a quarter of RISING SUN outcomes easily map onto Greenland Strategy objectives. Many of the RISING SUN outcomes that relate to social determinants (e.g., increased employment, cultural protective factors, and opportunities for youth and reduced adverse childhood experiences) are not specifically listed within the Greenland Strategy. As Kalaallit Nunaat is a predominantly Inuit country with self-government

and jurisdiction over most domestic affairs, there are numerous programs and policies that address these social determinants across government departments that may not be explicitly considered suicide prevention efforts. The governance and administrative context of Kalaallit Nunaat means that the Greenland Strategy functions as a concrete plan of action that targets direct clinical and other system areas for intervention and program/service development, and advocacy is not a primary goal or emphasis of the Strategy.

TABLE 4.3 Objectives of the National Strategy for Suicide Prevention in Greenland 2013–2019 and aligned RISING SUN outcomes

Greenland Strategy objectives	Aligned RISING SUN outcomes
<p>1. CROSS-SECTORAL AND INTERDISCIPLINARY COOPERATION</p>	
<ul style="list-style-type: none"> • Establish a local prevention committee with a local coordinator that will be responsible for preparation, testing and maintenance of local emergency response plans and initiation of local measures (e.g., suicide prevention courses). • Establish a central committee with representation from managers from different government departments to ensure dialogue and linkages between the national strategy and local efforts and collection of information on prevention activities 	<p>24. Increased collaboration across systems and levels</p>
<p>2. COURSES ON SUICIDE PREVENTION</p>	
<ul style="list-style-type: none"> • Establish courses by the local prevention committee and with interdisciplinary collaboration on issues that include suicide prevention counselling; supporting survivors and relatives; instructor training; grief and crises; and emergency responses 	<p>24. Increased collaboration across systems and levels 7. Increased trauma-informed support for survivors 2. Increased number of trained and educated community members who understand resources for care and who can provide support in a crisis 5. Development of skilled, caring, and culturally competent healthcare workforce and more accessible, timely, and culturally safe behavioral health treatment and support for mental and substance use disorders</p>
<p>3. SUICIDE PREVENTION IN THE EDUCATION SYSTEM</p>	
<ul style="list-style-type: none"> • Establish courses in emergency responses and psychological emergency responses for educational staff • Establish emergency response plans in all educational institutions • Develop accessible material on prevention of attempted suicides • Provide training/support for educational workers to engage in challenging conversations with youth • Provide training/support educational workers for detection of suicide-risk behaviour in youth • Provide additional training in suicide prevention and support for new teachers • Ensure availability of student-counselling in all schools 	<p>2. Increased number of trained and educated community members who understand resources for care and who can provide support in a crisis 12. Increased early intervention for depression, anxiety, drug use, and violence</p>
<ul style="list-style-type: none"> • Establish contact families for students living away from home for their education 	
<p>4. SUICIDE PREVENTION IN THE HEALTHCARE SYSTEM</p>	
<ul style="list-style-type: none"> • Investigate restrictions on acetaminophen access 	
<ul style="list-style-type: none"> • Improve follow-up with discharged patients among health care providers and between health care providers and social service providers 	<p>3. Increased access to and participation in mental health follow-up services for those who have attempted suicide or self-harm 5. Development of skilled, caring, and culturally competent healthcare workforce and more accessible, timely, and culturally safe behavioral health treatment and support for mental and substance use disorders 24. Increased collaboration across systems and levels</p>

Greenland Strategy objectives	Aligned RISING SUN outcomes
<ul style="list-style-type: none"> Develop protocols for treatment of people affected by suicide/attempted suicide and their families in the healthcare system, including improved ways to contact families 	<ul style="list-style-type: none"> 3. Increased access to and participation in mental health follow-up services for those who have attempted suicide or self-harm 5. Development of skilled, caring, and culturally competent healthcare workforce and more accessible, timely, and culturally safe behavioral health treatment and support for mental and substance use disorders 7. Increased trauma-informed support for survivors
<ul style="list-style-type: none"> Analyze the socio-economic costs of suicide 	
<p>5. INTEGRATION OF SUICIDE PREVENTION INTO THE EDUCATIONAL AND SOCIAL SERVICE TRAINING</p>	
<ul style="list-style-type: none"> Identify education and training programs for professionals that may have future contact with suicidal persons, and development of a plan for inclusion of suicide prevention and grief support content into training materials 	<ul style="list-style-type: none"> 2. Increased number of trained and educated community members who understand resources for care and who can provide support in a crisis
<p>6. SURVIVORS AND RELATIVES</p>	
<ul style="list-style-type: none"> Establish follow-up programs for survivors and relative for the first year after a suicide Develop guidelines for supervision of professionals providing support to relatives/survivors and additional supports for professionals (e.g., hotline) Increase visibility and accessibility of supports for citizens and professionals Explore the establishment of self-help groups for survivors, relatives, and people at suicide risk 	<ul style="list-style-type: none"> 7. Increased trauma-informed support for survivors
<p>7. MONITORING, EVALUATION, AND RESEARCH</p>	
<ul style="list-style-type: none"> Monitor the number of suicides and attempted suicides nation-wide 	
<ul style="list-style-type: none"> Research the causes of suicides and attempted suicides in Kalaallit Nunaat; suicide risk factors and protective factors in Kalaallit Nunaat; correlations between suicide and mental health issues; effective suicide prevention interventions; how mental health is treated in the healthcare system; and the relationship between suicidal thoughts, attempted suicide and suicide 	

ANALYSIS OF THE NATIONAL INUIT SUICIDE PREVENTION STRATEGY IN CANADA

The NISPS sets out six core objectives for reducing suicide in Inuit Nunangat, each of which has several sub-objectives. Table 4.4 presents these elements and aligns potential RISING SUN outcomes that may be achieved by implementing any given objective. This exercise demonstrates that there is significant overlap between the NISPS and RISING SUN outcomes. One of these areas of convergence is the identification of children and youth as a vulnerable population and the targeting of strategies to reduce risk factors and enhance protective factors for children and youth. Another area of convergence relates to the emphasis on social determinants and cultural protective factors in both documents. For example, around half of the RISING SUN outcomes align with NISPS objectives 1 and 2 (create social equity and cultural continuity, respectively). Thus, while the RISING SUN initiative does not make explicit the underlying conceptual framework for why suicide in Arctic Indigenous populations is elevated to help understand

and shape suicide prevention initiatives and priorities, the strong alignment with the NISPS suggest that there is an implicit conceptual framework underlying RISING SUN outcomes. We can draw on the conceptual framework for suicide articulated by the NISPS as being related to social inequity, historical trauma, and multiplication of risk over the lifecourse and within communities to better understand the framework that underpins RISING SUN.

Some RISING SUN outcomes do not map easily onto the NISPS. In the context of the NISPS, RISING SUN outcomes 14 (an increase in sustainable funding for interventions) and 24 (increased collaboration across systems and levels) can be understood as inputs or necessary conditions to address other objectives, and can also be understood as simply a necessary part of the access to a continuum of mental health services for Inuit in Canada. RISING SUN outcome 18—decreased number of non-fatal suicide behaviour and injuries (e.g., reduced suicide attempts and re-attempts, reduced suicidal ideation, and reduced non-suicidal self-injury)—also does not align easily and can be considered an impact or a long-term expected change in behaviour at the population level, should the NISPS recommendations be adopted.

TABLE 4.4 Objectives of the National Inuit Suicide Prevention Strategy in Canada and aligned RISING SUN outcomes

NISPS objectives	Aligned RISING SUN outcomes
<p>1. CREATE SOCIAL EQUITY</p> <ul style="list-style-type: none"> Connect suicide and other problems of mental wellness to social determinants of health Address underlying causes of suicide by creating social equity 	<ul style="list-style-type: none"> 17. Increased self-determination, ownership for safety and well-being, and community ability to address suicide 25. Increased employment 13. Increased opportunities for youth 8. Increased number of cultural protective factors (e.g., cultural pride, engagement in cultural activities) 16. Increased number of protective factors (e.g., social support) 21. Increased quality of life during childhood and decreased adverse childhood experiences (ACEs) 15. Increased sense of belonging 19. Increased hope for the future
<p>2. CREATE CULTURAL CONTINUITY</p> <ul style="list-style-type: none"> Connect Inuit youth with Inuit language, culture, and history 	<ul style="list-style-type: none"> 11. Increased number of youth that are engaged in traditional indigenous activities 9. Increased access to relationships with elders, including an increase in the number of places and activities to promote inter-generational activities 8. Increased number of cultural protective factors (e.g., cultural pride, engagement in cultural activities) 15. Increased sense of belonging

NISPS objectives	Aligned RISING SUN outcomes
<ul style="list-style-type: none"> Foster social connection at the community level and across generations 	9. Increased access to relationships with elders, including an increase in the number of places and activities to promote inter-generational activities 6. Increased peer, community, and social network support 15. Increased sense of belonging
<ul style="list-style-type: none"> Incorporate Inuit culture and language into mental health programming 	5. Development of skilled, caring, and culturally competent healthcare workforce and more accessible, timely, and culturally safe behavioral health treatment and support for mental and substance use disorders
<ul style="list-style-type: none"> Research best practices in Inuit-specific interventions, including impact on suicide prevention 	
3. NURTURE HEALTHY INUIT CHILDREN	
<ul style="list-style-type: none"> Prevent childhood maltreatment Support parents to create safe spaces for children, and homes free from violence Reduce the transmission of intergenerational trauma through parenting resources and programs 	21. Increased quality of life during childhood and decreased adverse childhood experiences (ACEs) 22. Reduced likelihood of being a victim of sexual abuse/assault during childhood 23. Reduced children's exposure to substance misuse in the home
<ul style="list-style-type: none"> Promote resilience through early childhood development programs Teach skills to support social-emotional development in schools Teach youth about healthy relationships and educate about the impacts of intimate partner violence 	1. Improved social and emotional coping skills among children and youth 10. Increased number of, and access to, positive role models who deal with adversity without suicide
<ul style="list-style-type: none"> Research the role of social media in suicide prevention, including possibilities for building a network of connection, support and resilience among Inuit youth 	6. Increased peer, community, and social network support
<ul style="list-style-type: none"> Identify at risk children within the education, healthcare and social services systems, and connect with appropriate referral and follow-up resources 	21. Increased quality of life during childhood and decreased adverse childhood experiences (ACEs) 22. Reduced likelihood of being a victim of sexual abuse/assault during childhood 23. Reduced children's exposure to substance misuse in the home
<ul style="list-style-type: none"> Develop Inuit-led research that explores the links between childhood adversity and later suicide, including links with experience in child protection, foster care, and adoption; and research into upstream interventions that aim to mitigate this risk 	
4. ENSURE ACCESS TO A CONTINUUM OF MENTAL WELLNESS SERVICES FOR INUIT	
<ul style="list-style-type: none"> Ensure access to Inuit-specific mental health services and supports, particularly services that address health promotion, suicide prevention, and interventions for those who are at risk of suicide or have attempted suicide 	2. Increased number of trained and educated community members who understand resources for care and who can provide support in a crisis 5. Development of skilled, caring, and culturally competent healthcare workforce and more accessible, timely, and culturally safe behavioral health treatment and support for mental and substance use disorders 12. Increased early intervention for depression, anxiety, drug use, and violence

NISPS objectives	Aligned RISING SUN outcomes
<ul style="list-style-type: none"> Ensure education and training in best practices in suicide prevention and intervention for community-based and frontline workers 	2. Increased number of trained and educated community members who understand resources for care and who can provide support in a crisis 5. Development of skilled, caring, and culturally competent healthcare workforce and more accessible, timely, and culturally safe behavioral health treatment and support for mental and substance use disorders
<ul style="list-style-type: none"> Ensure access to Inuit-specific addictions treatment at the community level 	12. Increased early intervention for depression, anxiety, drug use, and violence
<ul style="list-style-type: none"> Ensure access to Inuit-specific mental health and wellness services to those involved in the justice system 	
5. HEAL UNRESOLVED TRAUMA AND GRIEF	
<ul style="list-style-type: none"> Address the contemporary and ongoing impacts of historical and intergenerational trauma 	7. Increased trauma-informed support for survivors 19. Increased hope for the future
<ul style="list-style-type: none"> Develop Inuit-specific postvention approaches and resources 	3. Increased access to and participation in mental health follow-up services for those who have attempted suicide or self-harm
<ul style="list-style-type: none"> Provide Inuit-specific interventions and resources to heal grief from loss, including from suicide Research interventions that reduce the incidence of suicide related to exposure to suicide and that help to establish best practices in immediate response to suicide within Inuit communities Provide services for first-responders within communities who may be impacted by exposure to the aftermath of suicide and suicide attempts 	7. Increased trauma-informed support for survivors
6. MOBILIZE INUIT KNOWLEDGE FOR RESILIENCE AND SUICIDE PREVENTION	
<ul style="list-style-type: none"> Put Inuit knowledge into action to foster resilience and prevent suicide 	4. Increased community involvement in suicide prevention, including increased number of youth who are equipped to provide peer-to-peer support
<ul style="list-style-type: none"> Promote greater public awareness about suicide in the Inuit context and reduce stigma 	
<ul style="list-style-type: none"> Evaluate promising programs to contribute to knowledge and best practices in suicide prevention 	
<ul style="list-style-type: none"> Create an Inuit-led research agenda to add to knowledge in suicide prevention 	
<ul style="list-style-type: none"> Acquire and disseminate accurate data that reflects the most up-to-date statistics related to suicide and suicide attempts by Inuit 	

ANALYSIS OF THE PLAN FOR SUICIDE PREVENTION AMONG THE SÁMI PEOPLE IN NORWAY, SWEDEN, AND FINLAND

The Sámi Strategy outlines eleven strategies or objectives with one to several sub-objectives for each strategy. Overall about half of the RISING SUN outcomes align with the Sámi Strategy; in particular, outcomes 17 (increased self-determination, ownership for safety and well-being, and community ability to address suicide) and 8 (increased number of cultural protective factors) align with several Strategy objectives. The emphasis in the Sámi Strategy on self-determination and cross-border collaboration, increasing community capacity to address

suicide, and strengthening Sámi cultural identity relates to the geographic location of Sápmi extending across the borders of several countries and Sámi being a minority population in each of these countries. The Sámi Strategy does not have the same high emphasis on children and youth that the RISING SUN outcomes do, but it does identify men as a vulnerable population based on higher deaths by suicide than women. It also identifies Sámi with non-normative sexual orientation or gender identity and expression as being a potentially vulnerable population. Some of the RISING SUN outcomes likely do not align because aspects of suicide prevention aimed at the general population and already addressed by centralized health services within the Nordic welfare state model and national suicide prevention efforts are not repeated in the Sámi Strategy; instead, it focuses on needs specific to the Sámi population.

Table 4.5 Summary of objectives in the Plan for Suicide Prevention Among the Sámi People in Norway, Sweden, and Finland and alignment with RISING SUN outcomes

Sámi Strategy objectives	Aligned RISING SUN outcomes
1. FOCUSING EFFORTS ON SÁMI MEN	
<ul style="list-style-type: none"> Place special focus on Sámi men in suicide prevention among the Sámi people 	
2. PRODUCING STATISTICS AND STRENGTHENING RESEARCH ON SUICIDE AMONG THE SÁMI	
<ul style="list-style-type: none"> Enhance the ability to produce statistics on the occurrence of suicide among the Sámi and its trend over time 	
<ul style="list-style-type: none"> Initiate new research projects that examine suicide among the Sámi people, including causes and the best ways to prevent suicide among the Sámi 	
3. STRENGTHENING SÁMI SELF-DETERMINATION	
<ul style="list-style-type: none"> Ensure that the Sámi are given real opportunity to self-determination by allowing them to influence decisions that have direct or indirect impact on their ability to control their own situation 	17. Increased self-determination, ownership for safety and well-being, and community ability to address suicide
4. INITIATING EFFORTS TO RECOGNISE AND DEAL WITH HISTORICAL TRAUMAS	
<ul style="list-style-type: none"> Initiate efforts, including research, to clarify how historical and intergenerational traumas affect the health and suicidality of the Sámi people today Initiate broad societal efforts to better deal with and process the consequences of historical traumas on the Sámi people and individuals 	17. Increased self-determination, ownership for safety and well-being, and community ability to address suicide

Sámi Strategy objectives	Aligned RISING SUN outcomes
5. STRENGTHENING AND PROTECTING SÁMI CULTURAL IDENTITIES	
<ul style="list-style-type: none"> Work actively to strengthen young Sámi people's cultural identity through language-enhancing efforts and opportunities to partake in cultural activities 	<ul style="list-style-type: none"> 11. Increased number of youth that are engaged in traditional indigenous activities 8. Increased number of cultural protective factors (e.g., cultural pride, engagement in cultural activities) 9. Increased access to relationships with elders, including an increase in the number of places and activities to promote inter-generational activities 15. Increased sense of belonging
<ul style="list-style-type: none"> Protect and develop existing Sámi cultural and linguistic environments, including the opportunity for Sámi education and training, especially in areas where the Sámi are in minority and where existing Sámi cultural and linguistic environments are dependent on individuals or otherwise fragile Establish Sámi cultural and linguistic environments in areas where the Sámi people live and where there are no such environments 	<ul style="list-style-type: none"> 8. Increased number of cultural protective factors (e.g., cultural pride, engagement in cultural activities)
6. REDUCING THE EXPOSURE OF SÁMI TO VIOLENCE	
<ul style="list-style-type: none"> Strengthen Sámi organizations and institutions that work to reduce the Sámi's exposure to violence and combat bullying and ethnic discrimination 	<ul style="list-style-type: none"> 17. Increased self-determination, ownership for safety and well-being, and community ability to address suicide
<ul style="list-style-type: none"> Ensure that Sámi victims of violence have access to Sámi-speaking and cultural expertise if they seek help and support to get out of relationships where they are subjected to some kind of violence 	<ul style="list-style-type: none"> 5. Development of skilled, caring, and culturally competent healthcare workforce and more accessible, timely, and culturally safe behavioral health treatment and support for mental and substance use disorders 12. Increased early intervention for depression, anxiety, drug use, and violence
7. REDUCING SÁMI EXPERIENCES OF ETHNIC DISCRIMINATION	
<ul style="list-style-type: none"> Reduce ethnic discrimination against the Sámi people through general awareness-raising work in the surrounding majority populations 	
<ul style="list-style-type: none"> Strengthen Sámi organizations and institutions and ensure that they actively work to help individual Sámi deal with the negative health consequences from ethnic discrimination 	<ul style="list-style-type: none"> 17. Increased self-determination, ownership for safety and well-being, and community ability to address suicide
<ul style="list-style-type: none"> Strengthen the Sámi's resilience, i.e. resistance, against negative health consequences of experiencing ethnic discrimination 	<ul style="list-style-type: none"> 8. Increased number of cultural protective factors (e.g., cultural pride, engagement in cultural activities)
8. INCREASING DIVERSITY AND ACCEPTANCE IN THE SÁMI COMMUNITY	
<ul style="list-style-type: none"> Break the taboo, stigma, and negative attitudes related to non-normative sexuality and gender identity throughout Sápmi; this means actively strengthening the forces and organizations working towards these goals 	

Sámi Strategy objectives	Aligned RISING SUN outcomes
9. SECURING THE RIGHT TO EQUAL, LINGUISTICALLY AND CULTURALLY ADAPTED MENTAL HEALTH CARE	
<ul style="list-style-type: none"> Educate health care professionals in Sámi culture Enhance access to Sámi-speaking health care professionals Strengthen and develop existing organizations that provide linguistically and culturally-adapted mental health care to the Sámi people 	5. Development of skilled, caring, and culturally competent healthcare workforce and more accessible, timely, and culturally safe behavioral health treatment and support for mental and substance use disorders
10. EDUCATING AND MOBILISING THE SÁMI CIVIL SOCIETY FOR SUICIDE PREVENTION	
<ul style="list-style-type: none"> Communicate the importance of the entire community participating, not just health care providers, and that all contributions can make a difference in suicide prevention Initiate and conduct further training in suicide prevention, such as ASIST and SafeTalk, targeted at especially important professional groups and the Sámi community 	2. Increased number of trained and educated community members who understand resources for care and who can provide support in a crisis 4. Increased community involvement in suicide prevention, including increased number of youth who are equipped to provide peer-to-peer support 6. Increased peer, community, and social network support
<ul style="list-style-type: none"> Enhance suicide prevention cooperation between different parts of the Sámi civil society, including Sámi organizations, institutions, care providers, private individuals, and others 	24. Increased collaboration across systems and levels
11. INITIATING AND STRENGTHENING CROSS-BORDER COOPERATION FOR SUICIDE PREVENTION	
<ul style="list-style-type: none"> Initiate cooperation between all parties, including governments, health care providers, regional and municipal organizations, Sámi organizations, and others who have an important part in suicide prevention among the Sámi people 	24. Increased collaboration across systems and levels
<ul style="list-style-type: none"> Include the Sámi perspective in countries' general suicide prevention efforts, both nationally and internationally. This entails including special focus on the specific needs of indigenous peoples in national suicide prevention programs 	

COMMONALITIES AMONGST THE STRATEGIES BASED ON RISING SUN OUTCOMES

A preliminary comparison of the Greenland Strategy, the NISPS, and Sámi Strategy with RISING SUN outcomes illustrates that even though these national/international suicide prevention strategies have been created in different policy contexts and are responsive to distinct local needs, there are commonalities in terms of the outcomes they aim to achieve. While there are various areas of overlap between the strategies, there are three RISING SUN outcomes that align with all three strategies:

- 2. Increased number of trained and educated community members who understand resources for care and who can provide support in a crisis*

- 5. Development of skilled, caring, and culturally competent healthcare workforce and more accessible, timely, and culturally safe behavioural health treatment and support for mental and substance use disorders*

- 12. Increased early intervention for depression, anxiety, drug use, and violence*

By aligning RISING SUN outcomes to these three national/international strategies, we were able to identify three key common outcomes around mental health and wellness support at the clinical and community level, and numerous other commonalities in outcomes for each combination of two strategies. Identifying these kinds of linkages can potentially lead to increased dialogue and knowledge sharing about suicide prevention policy and intervention development, implementation, and evaluation among diverse Arctic regions.

5. FUTURE DIRECTIONS

How can we build on the outcomes of the RISING SUN initiative to advance suicide prevention efforts for circumpolar Arctic Indigenous populations at the international level? To approach this question, we first outline results of a breakout session at the March 2017 RISING SUN workshop that focused on priority-setting. We then outline five areas that the circumpolar community can contribute to, to move forward suicide prevention in the circumpolar Arctic and effectively support communities and regions engaged in this work.

SUICIDE PREVENTION PRIORITIES

The RISING SUN process created opportunities for an international conversation about suicide prevention; to continue this dialogue, ICC and partners co-facilitated a breakout session at the Arctic Council RISING SUN workshop in Iqaluit on March 2 to 3, 2017, using the RISING SUN outcomes as a frame to guide discussion around priorities and immediate next steps in suicide prevention in the circumpolar Arctic.

Each participant at the RISING SUN workshop was pre-assigned to a table with the goal of maximizing diversity (regional and field of work) at each table, and each table was assigned several RISING SUN outcomes to focus on. There were ten tables created, and based on participant numbers during the session, two of those tables were merged, resulting in nine tables total. For each table's RISING SUN outcomes, participants were asked to discuss:

1. What suicide prevention strategy/intervention implementation and evaluation is currently being done and what is not being done in your region?
2. What do you see as the most important actionable and measurable priorities over the next two years at the community, national/regional, and circumpolar levels?
3. What is the most important action that should be taken in the immediate future (within the next two years) to remove barriers and address these priorities?

Approximately 60 policy makers, funders, researchers, and healthcare and service providers, and community members from across the circumpolar Arctic participated. Tables recorded their responses for the latter two questions and also shared these responses with the larger group in short verbal presentations (for detailed results, see Appendix Table 7.2).

Several major themes emerged for priorities across RISING SUN outcomes, from the community to the circumpolar level:

- Ensuring that communities are setting the agenda by sharing what suicide prevention interventions are working and are not working at the community-level (e.g., related to follow-up with people who have attempted suicide or self-harm and their families, decreasing adverse childhood experiences)
- Provision of long-term funding and resources for community-owned and community-led initiatives that support community strengths and existing work (e.g., for supporting survivors and their families, cultural programs, training and remunerating community members for support/care work)
- Recognition and application of Indigenous knowledge in strategies, policies, and interventions
- Prioritization of strengths-based approaches in interventions and research, including decolonization and cultural revitalization
- Strengthening networks to share best practices and resources and collaboration across organizations and communities, including at the regional, national, and circumpolar levels
- Advocacy and awareness-raising through improved communication and dissemination (e.g., related to sharing research results, reducing stigma), including communication at the global circumpolar level through a unified voice using tools such as social media

Many other specific priorities were put forward for advancing certain RISING SUN outcomes, such as community mobilization workshops to identify systematic culturally acceptable follow-up activities for those who have attempted suicide or self-harm based on what is currently working in communities. Other specific suggestions included implementing land-based approaches as a means of follow-up, promotion of youth and employment opportunities through relevant means such as social media, and engaging men in social networks. All of the common priorities can be addressed at multiple levels, but some have a strong circumpolar dimension, including strengthening networks to share best practices and resources and advocacy and awareness-raising across the circumpolar Arctic using a unified voice.

BUILDING ON RISING SUN: NEXT STEPS

There are a number of areas in which the results of the RISING SUN initiative can be built on, related to both its process and outcomes. The most significant impact of RISING SUN is circumpolar collaboration; collaboration is also an overarching theme that relates to or supports other future actions we have identified. We have grouped other RISING SUN results and potential future actions into four ‘buckets’:

Collaboration (overarching theme):

1. *Articulating the underlying causes of suicide;*
2. *Implementation of interventions;*
3. *Evaluation; and*
4. *Research.*

OVERARCHING THEME: COLLABORATION

Collaboration has been a major achievement of the RISING SUN across the circumpolar Arctic. Three workshops over the last two years brought together people from different regions, diverse fields of work, and with distinct approaches and perspectives all working to address the issue of suicide among Arctic Indigenous populations, and have created relationships and pathways of communication that have extended outside of the formal RISING SUN meetings and collaborations. For example, the RISING SUN initiative created opportunities for collaboration and support that aided in the development of the Sámi Strategy.

Next steps are to sustain this network. This was also a priority identified at the March 2017 RISING SUN breakout session, as discussed above. This can be achieved through

meetings, research, and other initiatives (e.g., joint awareness-raising initiatives about suicide in the Arctic). International research with community engagement aspects (e.g., participatory research methods such as digital storytelling and photovoice) can deepen links with communities and amplify local voices globally. International collaborative efforts around data pooling and synthesis for suicide-related statistics that can help regions advocate for improved or expanded surveillance in their respective jurisdictions. In these ways, collaboration can also be a useful advocacy platform. Linkages formed through these collaborations can improve communication and knowledge transfer between regions. As an international representative organization for Inuit in four countries, ICC proposes to have a role in or act as a vehicle for facilitating future collaboration (e.g., by facilitating knowledge exchange opportunities or acting as a clearinghouse for data pooling and synthesis).

ARTICULATING THE UNDERLYING CAUSES OF SUICIDE

Conceptual models for why suicide occurs are important for directing priorities for prevention and intervention. As discussed, RISING SUN outcomes have been presented without the underpinning ‘why’ of elevated suicide rates in Arctic Indigenous populations being made explicit. Significant overlap between RISING SUN outcomes and NISPS objectives, however, suggests that there is an implicit conceptual framework underpinning RISING SUN outcomes and that it aligns with what is articulated within the NISPS—that is, that suicide among Inuit relates to social determinants of health and social inequity, historical trauma, and multiplication of risk over the lifecourse and within communities. Articulating the causes of elevated suicide rates in Arctic Indigenous populations is not just a theoretical exercise; it directly informs suicide prevention objectives and activities. Based on the conceptualization of the causes of Inuit suicide in the NISPS, it is clear that an individualistic and clinical treatment approach alone would be completely insufficient to address this issue. In addition to culturally-appropriate clinical or treatment-based approaches focused on individuals, healing at the community and regional levels that addresses historical trauma and rights systemic inequities is needed. How can other regions learn from the articulation of the causes of suicide presented in the NISPS to generate understandings relevant to their contexts? And how can we use these articulations to inform policy? Next steps on this topic involve drawing out the conceptual understanding of suicide implicit in the RISING SUN outcomes to inform the international policy agenda, with implications for research and practice.

IMPLEMENTATION OF INTERVENTIONS

Implementation and evaluation of suicide prevention initiatives are useful to consider as distinguishable but highly related processes, within which we include program development. RISING SUN outcomes can be characterized as measures of implementation and/or evaluation, and can be used along a continuum of program development, implementation, and impact assessment. Many communities face challenges with respect to resources and inputs for program implementation; the Greenland Strategy, the NISPS and Sámi Strategy all call for sectors, governments, and policymakers to invest in the suggested approaches for suicide prevention at the macro-level. At the macro and micro-levels, how do we support regions and communities to move forward while recognizing that different regions and communities are at different places or stages with regard to suicide prevention?

Using a logic model (such as in Table 4.2) or an implementation framework can be useful in meeting communities 'where they are at' and working with communities, in their current realities, to move towards an achievable goal in terms of suicide prevention. The RISING SUN outcomes provide a list of potential outcomes that communities can choose from, or use to start a dialogue about what goals are feasible and most relevant. The logic process helps to define the key issue/need and chosen areas for intervention, as well as identify critical inputs, resources, or pre-conditions and why these are needed (i.e., the theory of change) to move initiatives forward. While this process will be different in each community or region, knowledge sharing about the process and the process itself can be facilitated through international collaboration.

EVALUATION

Creating tools for evaluation of suicide prevention programs in the circumpolar Arctic was the original intention of the RISING SUN initiative. Currently, the RISING SUN team at NIMH is planning a web-based resource to share evaluation strategies and outcomes. Use and adaption of the RISING SUN outcomes and tools is expected to continue and vary across regional and national levels depending on priorities, resources, and the stage at which that jurisdiction is in terms of suicide prevention work (e.g., awareness-raising, program/policy development, implementation, evaluation). At the circumpolar level, next steps are to facilitate knowledge sharing about evaluation strategies, indicator development, and available data/results from evaluation. By aligning RISING SUN outcomes with three circumpolar

national/international Indigenous suicide prevention strategies, we have demonstrated how RISING SUN outcomes can be used to identify commonalities among diverse regions to facilitate dialogue at the circumpolar level. Circumpolar collaboration can also facilitate implementation evaluation—i.e., what conditions facilitate or create barriers to implementing different programs in different contexts and why.

RESEARCH

Some key knowledge gaps continue to exist related to surveillance of suicide and suicide-related behaviours, risk and protective factors, and effective policy and program development, implementation, and evaluation in the circumpolar Arctic. As discussed above, the March 2017 RISING SUN breakout session identified the need to strengthen use of Indigenous knowledge, strengths-based approaches, and community involvement and decision-making in all aspects of suicide prevention, including research.

Collaboration and knowledge sharing at the international level can facilitate identification of key areas for future research at the level of population health and community level interventions. Collaboration also allows for the possibility of data pooling and synthesis; as we previously discussed, this can help regions advocate for improved or expanded surveillance. Research is also an opportunity to strengthen links between the circumpolar level and the community level, through community-based or participatory research. Methods such as digital storytelling can fulfill multiple objectives—i.e., deepening community engagement, gathering data on a topic of relevance, and creating visual products that can be used to raise awareness of mental health and wellness issues.

Potential research directions:

- Evaluation of population mental health and suicidal behaviours:
 - » Addressing significant data gaps in surveillance, especially around suicide ideation and self-harm.
 - » Identifying existing data and synthesizing it at regular intervals to understand the current state of knowledge, identify gaps, and to help regions advocate for improved surveillance including related to developing common indicators that can be used on national/regional surveys.
- Implementation of programs aimed at suicide prevention:
 - » Identifying what works and why in terms of implementation, and what are appropriate measures of 'success'.

- Evaluation of programs aimed at suicide prevention:
 - » Identifying what works and why, including effective indicators and how Indigenous knowledge can be applied to evaluate programs. This can support the creation of accessible and effective evaluation tools or toolkits for communities.
- Understanding, articulating, and acting on the underlying causes of suicide:
 - » Research on the underlying causes of suicide in the circumpolar Arctic, including on linkages between social determinants of health, historical trauma, and mental health outcomes, as well as the roles of decolonization and cultural revitalization in suicide prevention. As suggested previously, one such project could involve drawing out conceptualizations of causes of and approaches to addressing suicide that underpin the RISING SUN outcomes to help inform the international policy agenda.
- Community engagement:
 - » Increased use of participatory/community-based research methods, Indigenous methodologies, and strength-based approaches in research.
 - » Meaningful knowledge sharing between communities and regions around challenges and successes, which also can contribute to awareness-raising efforts and advocacy.
 - » Engaging in an inclusive process with communities to develop a ‘theory of change’— that is, identification of goals related to suicide prevention, pre-conditions that must be met for these goals to be achieved, and why these are pre-conditions. This is the foundation for effective program development and evaluation and also creates the potential for effective advocacy for needed inputs/resources.
 - » Translation of knowledge from Indigenous perspectives to non-Indigenous stakeholders for advocacy.



Photo: Duane Smith

6. REFERENCES

- Bjerregaard P, Larsen CVL. Health aspects of colonization in Greenland. *Journal of Northern Studies*, in press.
- Bjerregaard P, Larsen CVL 2015. Time trend by region of suicides and suicidal thoughts among Greenland Inuit. *International Journal of Circumpolar Health*, 74(1).
- Chachamovich E, Tomlinson M. 2013. Learning from lives that have been lived: Nunavut suicide follow-back study 2005–2010. Montréal, QC: Douglas Mental Health University Institute.
- Dube SR, Anda RF, Felitti VJ, Chapman DP, Williamson DF, Giles WH. 2001. Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study. *Journal of the American Medical Association*, 286(24): 3089.
- Fergusson DM, Lynskey, MT. 1995. Childhood circumstances, adolescent adjustment, and suicide attempts in a New Zealand birth cohort. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34(5): 612–622
- Government of Greenland. 2013. National strategy for suicide prevention in Greenland 2013–2019. Nuuk.
- Hackett C, Furgal C, Angnatok D, Sheldon T, Karpik S, Baikie D, Pamak C, Bell T. 2016. Going off, growing strong: Building resilience of indigenous youth. *Canadian Journal of Community Mental Health*, 35: 79–82.
- Herne MA, Bartholomew ML, Weahkee RL. 2014. Suicide mortality among American Indians and Alaska Natives, 1999–2009. *American Journal of Public Health*. 104(Suppl 3): S336–342.
- Inuit Tapiriit Kanatami. 2016. National Inuit suicide prevention strategy. Ottawa.
- WK Kellogg Foundation. 2004. Logic model development guide. Battle Creek, Michigan: WK Kellogg Foundation.
- Kirmayer LJ, Brass GM, Holton T, Paul K, Simpson C, Tait C. 2007. Suicide among Aboriginal people in Canada. Ottawa: Aboriginal Healing Foundation.
- National Collaborating Centre for Aboriginal Health (NCCA). 2013. Indigenous Approaches to Program Evaluation. NCCA.
- National Institute of Mental Health (NIMH). 2017. RISING SUN (Reducing the Incidence of Suicide in Indigenous Groups—Strengths United through Networks) 2015–2017 Executive Summary. Washington, DC.
- Nutbeam D. 1998. Health promotion glossary. *Health Promotion International*, 13(4): 349–364).
- Oliver LN, Peters PA, Kohen DE. 2012. Mortality rates among children and teenagers living in Inuit Nunangat, 1994 to 2008. *Health Reports* 23(3): 17–22.
- Patton MQ. 2011. Developmental evaluation: Applying complexity concepts to enhance innovation and use. New York: The Guilford Press.
- SANKS (Sámi Norwegian National Advisory Unit on Mental Health and Substance Abuse) and Saami Council. 2017. Plan for suicide prevention among the Sámi people in Norway, Sweden, and Finland (English version). SANKS: Sáráŋjohka/Karasjok.
- Silviken A, Kvernmo S. 2007. Suicide attempts among Indigenous Sámi adolescents and majority peers in Arctic Norway: Prevalence and associated risk factors. *Journal of Adolescence*: 613–626.
- Sustainable Development Working Group (SDWG). 2015. Sharing hope: Circumpolar perspectives on promising practices for promoting mental wellness and resilience. Arctic Council.
- Wexler LM. 2006. Inupiat youth suicide and culture loss: Changing community conversations for prevention. *Social Science & Medicine* 63(11): 2938–2948.
- World Health Organization (WHO). 2014. Preventing suicide: a global imperative. Geneva.

7. APPENDIX

TABLE 7.1 RISING SUN prioritized outcomes (NIMH 2017)

Intervention level	Prioritized outcomes
National/Regional	
14	An increase in sustainable funding for interventions
21	Increased quality of life during childhood and decreased adverse childhood experiences (ACEs)
24	Increased collaboration across systems and levels
Community	
2	Increased number of trained and educated community members who understand resources for care and who can provide support in a crisis
4	Increased community involvement in suicide prevention, including increased number of youth who are equipped to provide peer-to-peer support
6	Increased peer, community, and social network support
8	Increased number of cultural protective factors (e.g., cultural pride, engagement in cultural activities)
9	Increased access to relationships with elders, including an increase in the number of places and activities to promote inter-generational activities
11	Increased number of youth that are engaged in traditional indigenous activities
13	Increased opportunities for youth
17	Increased self-determination, ownership for safety and well-being, and community ability to address suicide
18	Decreased number of non-fatal suicide behavior and injuries (e.g., reduced suicide attempts and re-attempts, reduced suicidal ideation, and reduced non-suicidal self-injury)
22	Reduced likelihood of being a victim of sexual abuse/assault during childhood
25	Increased employment
Clinic	
3	Increased access to and participation in mental health follow-up services for those who have attempted suicide or self-harm
5	Development of skilled, caring, and culturally competent healthcare workforce and more accessible, timely, and culturally safe behavioral health treatment and support for mental and substance use disorders
7	Increased trauma-informed support for survivors
12	Increased early intervention for depression, anxiety, drug use, and violence
Family	
1	Improved social and emotional coping skills among children and youth
10	Increased number of, and access to, positive role models who deal with adversity without suicide
23	Reduced children's exposure to substance misuse in the home
Individual	
15	Increased sense of belonging
16	Increased number of protective factors (e.g., social support)
19	Increased hope for the future
20	Increased reasons for living

(Lines reflect the relative importance of interventions at different levels for different areas of risk factors)

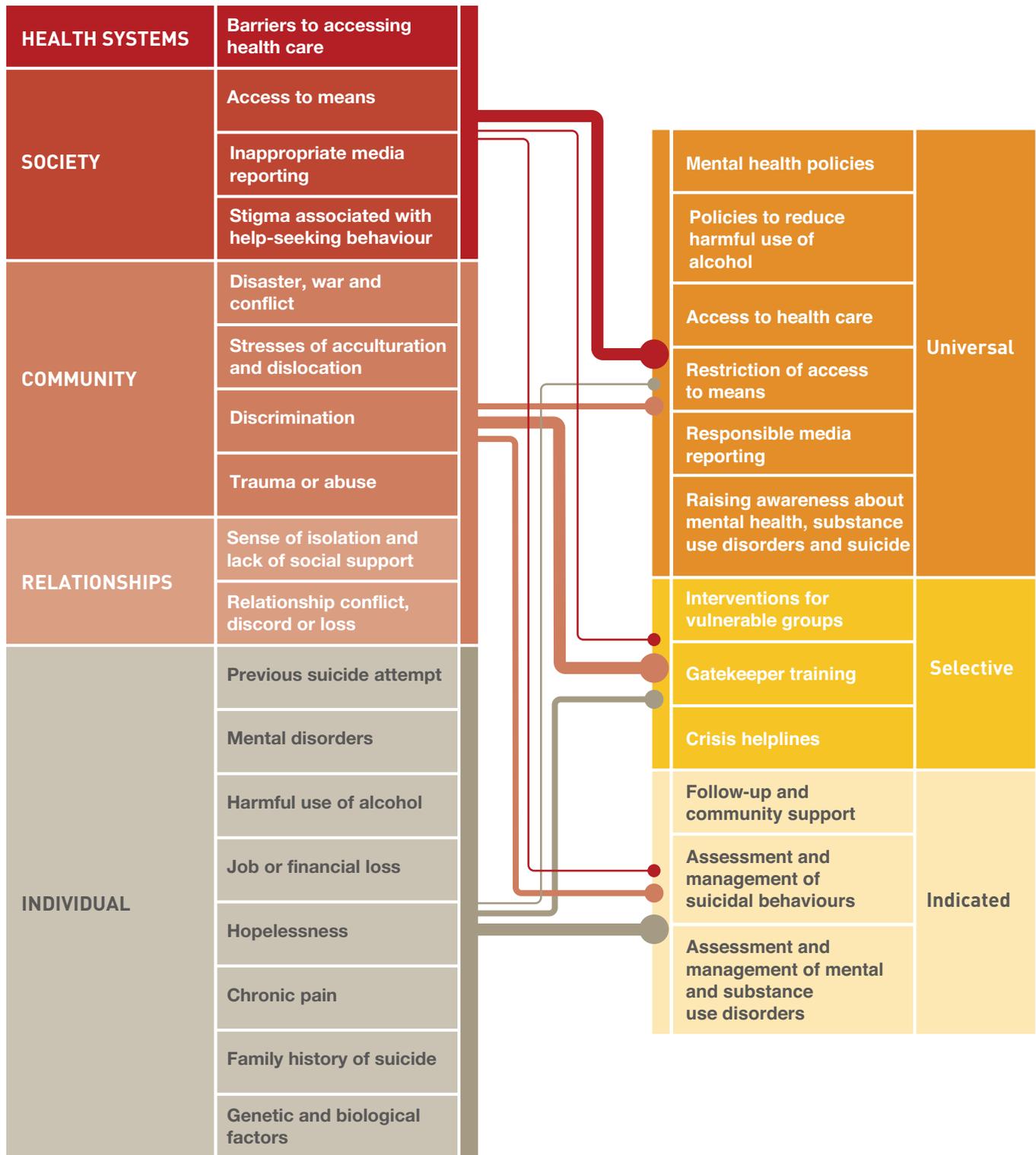


FIGURE 7.1 WHO framework for key risk factors for suicide aligned with relevant interventions (WHO 2014: 31)

TABLE 7.2 Detailed outcomes from RISING SUN workshop breakout session on March 3, 2017

Table	RISING SUN outcomes	Community priority	Regional/national priority	Circumpolar priority	Most important next step
1	<ul style="list-style-type: none"> An increase in sustainable funding for interventions (14) Increased collaboration across systems and levels (24) 	<ul style="list-style-type: none"> Promotion of positive cultural identity (especially for youth), political self-determination, language programming, and Indigenous ways of knowing Stable funding instead of project-based funding Supporting strengths/successes instead of only negatives Research on community revitalization / decolonization Increased support for families of people who died by suicide 	<i>Same as community</i>	<i>Same as community</i>	<ul style="list-style-type: none"> Sustainable funding, long-term (not project based), programs to support survivors and families of survivors.
2	<ul style="list-style-type: none"> Increased number of trained and educated community members who understand resources for care and who can provide support in a crisis (2) Increased community involvement in suicide prevention, including increased number of youth who are equipped to provide peer-to-peer support (4) 	<ul style="list-style-type: none"> Fostering self-care for frontline / community workers Support for volunteers/ community leaders Jobs in this sector as “volunteers are not going to save the world, and we can’t keep expecting people to sacrifice their lives to help keep other people alive” Multi-year funding, including for cultural programs 	<ul style="list-style-type: none"> Reimagining reporting and statistics Promoting self-care among youth leaders, volunteers, frontline workers Long term funding 	<i>Same as regional/national</i>	<ul style="list-style-type: none"> Multi-year funding, self care, education, and supporting community-level initiatives
3	<ul style="list-style-type: none"> Increased self-determination, ownership for safety and well-being, and community ability to address suicide (17) Increased peer, community, and social network support (6) 	<ul style="list-style-type: none"> Communities sharing and advocating for what works and what doesn’t within their communities Unleashing community capacity/strengths/assets Namesake practices because they honor all parts of our being 	<ul style="list-style-type: none"> Applying knowledge systems that communities are sharing to external governing systems, and self-governing institutions Provision of long-term sustainable funding Transparent dissemination Explicit reporting/ accountability Establishment of a celebratory day of Sea Goddess 	<ul style="list-style-type: none"> Long term sustainable funding Specific circumpolar funding Transparent dissemination 	<ul style="list-style-type: none"> Acknowledge and apply Indigenous knowledge systems

Table	RISING SUN outcomes	Community priority	Regional/national priority	Circumpolar priority	Most important next step
4	<ul style="list-style-type: none"> Increased number of cultural protective factors (e.g., cultural pride, engagement in cultural activities) (8) Increased access to relationships with elders, including an increase in the number of places and activities to promote inter-generational activities (9) Increased number of youth that are engaged in traditional indigenous activities (11) 	<ul style="list-style-type: none"> Advocating for more resources to support sustainability for community-owned and community-led initiatives and organizations creating/participating in these initiatives 	<ul style="list-style-type: none"> Systems change and supporting the ongoing efforts that are making a difference (e.g., hiring practices, and continued implementation of NISPS) 	<ul style="list-style-type: none"> Unified voice around the circumpolar world / with a global focus, including supporting other countries 	<ul style="list-style-type: none"> Accessing resources based on need rather than institutional priorities
5	<ul style="list-style-type: none"> Decreased number of non-fatal suicide behavior and injuries (e.g., reduced suicide attempts and re-attempts, reduced suicidal ideation, and reduced non-suicidal self-injury) (18) Increased access to and participation in mental health follow-up services for those who have attempted suicide or self-harm (3) 	<ul style="list-style-type: none"> Developing an understanding of what follow-up is needed/ would be effective, and also for whom (e.g. not only survivors but also families) Community mobilization workshops to engage community members (liaison workers, suicide survivors) to develop systematic acceptable follow-up activities (not necessarily within mental health services) based on what has worked 	<ul style="list-style-type: none"> Regional, national convening to implement land-based approaches as a means of follow-up and assessing commonalities in community approaches 	<ul style="list-style-type: none"> Share best practices regarding access and community practices Develop indicators for community-identified best practices for follow-up 	<ul style="list-style-type: none"> Use knowledge already existing in communities about priorities and good approaches (not reinventing the wheel)
6 & 8	<ul style="list-style-type: none"> Improved social/emotional coping skills among children and youth (1) Increased number of, and access to, positive role models who deal with adversity without suicide (10) Increased quality of life during childhood & decreased adverse childhood experiences (21) Reduced likelihood of being a victim of sexual abuse/assault during childhood (22) Reduced children's exposure to substance misuse in home (23) 	<ul style="list-style-type: none"> Self-determination and asking communities what they need/best way forward 	<ul style="list-style-type: none"> Long-term funding for youth wellness and advocacy for community authority to create continuity Collaboration across organizations and communities to break 'silos' 	<ul style="list-style-type: none"> Networking and research for advocacy to break the silence and increasing awareness about childhood abuse 	<ul style="list-style-type: none"> Build community capacity and resources and collaboration of (RISING SUN-affiliated) group between meetings

Table	RISING SUN outcomes	Community priority	Regional/national priority	Circumpolar priority	Most important next step
7	<ul style="list-style-type: none"> Increased opportunities for youth (13) Increased employment (25) 	<ul style="list-style-type: none"> Promotion/exposure of opportunities through networks and using relevant means like social media (e.g., Facebook), as numerous opportunities exist but may not be known/accessible to everyone Strengthen networks Mentorship, coaching, guidance must be ongoing and holistic (not just around job) 	<i>Same as community, especially strengthening networks</i>	<i>Same as community, especially strengthening networks</i>	<ul style="list-style-type: none"> Investment in capacity to fill the gaps that have been addressed and each of us here sharing opportunities
9	<ul style="list-style-type: none"> Increased sense of belonging (15) Increased number of protective factors (e.g., social support) (16) Increased hope for the future (19) Increased reasons for living (20) 	<ul style="list-style-type: none"> Focus on men's health as men are dying by suicide more than women, by involving/engaging men in social networks (e.g., child care/rearing, ilisarqsivik) 	<ul style="list-style-type: none"> Reducing social disparities/systemic discrimination by educating non-Indigenous groups to implement Indigenous cultural competency 	<ul style="list-style-type: none"> Strengthening/recognizing Indigenous rights 	<ul style="list-style-type: none"> Better communication strategy and influencing the media to transform political sympathy into action
10	<ul style="list-style-type: none"> Development of skilled, caring, and culturally competent healthcare workforce and more accessible, timely, and culturally safe behavioral health treatment and support for mental and substance use disorders (5) Increased trauma-informed support for survivors (7) Increased early intervention for depression, anxiety, drug use, and violence (12) 	<ul style="list-style-type: none"> Cultural programs that involve empowerment of Elders to transfer knowledge to children, youth, young adults (e.g., parenting classes) 	<ul style="list-style-type: none"> Make work of Elders involved in knowledge transfer a recognized career Identify the competencies and set the standards for recognition and also to benchmark (career progression) 	<ul style="list-style-type: none"> Network for best practices and leadership support to transfer knowledge globally Online sharing of examples of report writing, proposals, evaluations to help communities get long-term funding 	<ul style="list-style-type: none"> Multi-year funding and overall simplification of the process to get funding