GLOBAL OVERVIEW:
INDIGENOUS SUICIDE RATES
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The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention is funded by the Australian Government through the Department of Health’s National Suicide Prevention Leadership and Support Program.

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Published: November 2018

Publications (online) ISBN: 978-1-74052-408-7


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GLOSSARY

**Mainstream**: Usually the non-Indigenous population of the country, alternatively- the dominant population.

**Dominant society**: Usually the White dominant population and systems of government of a Western country. This population usually has a higher population than the Indigenous population.

**Overall**: Overall data includes total population of the country- including Indigenous and non-Indigenous peoples.

**Indigenous peoples**: The working definition used throughout this paper is as below. For a more detailed understanding of Indigenous peoples, see *A working definition, by José Martinez Cobo* (IWGIA, 2011).

**Colonisation**: The process of settling and establishing control over the Indigenous peoples of an area.

**Age-standardised**: The age-standardised mortality rate is a weighted average of the age-specific mortality rates per 100,000 persons, where the weights are the proportions of persons in the corresponding age groups of the corresponding countries standard population.

---

1. The terms used for First Nations or Indigenous peoples, like ‘Australian Aboriginal peoples’, ‘Inuit’ and ‘Indigenous’ are used interchangeably. It is acknowledged that there are many cultural differences amongst and within the world’s First Nations and Indigenous communities and the use of differing terms does not intend to disregard such differences. For the purpose of this report, the term ‘Indigenous’ is used, unless specific groups of Indigenous people need to be recognised.

2. This definition is commonly used; however, some Indigenous peoples use the term ‘invasion’ to describe the process of colonisation.
INTRODUCTION

This background paper presents an overview of suicide in Indigenous peoples in countries where there is a dominant White society. The countries identified for this background paper share similar colonial histories and all but Greenland have populations where the Indigenous population is significantly smaller in comparison to the non-Indigenous/mainstream population.

The countries reviewed for suicide rates were Australia, Aotearoa/New Zealand, Canada, the United States of America, Greenland, and Scandinavian countries of Finland, Norway, Sweden, and Russia. These are all countries where the Indigenous peoples have elevated suicide rates compared to the non-Indigenous/mainstream population (Pollock, Naicker, Loro, Mulay & Colman, 2018).

Whilst definite figures for Greenland are unavailable, a rate of 82.8 suicide deaths per 100,000 in 2015 was identified in an analysis of suicides (Hersher, 2016). Greenland Inuit people make up 90% of the population of Greenland, and it shares a colonial history. A global comparison of Indigenous suicide rates to non-Indigenous rates at particular time periods in these colonised countries has been collected in the following table.

<table>
<thead>
<tr>
<th></th>
<th>Overall Population</th>
<th>Indigenous Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Australia</strong></td>
<td>25.5</td>
<td>12.6</td>
</tr>
<tr>
<td><strong>(2016)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aotearoa/NZ</strong></td>
<td>18.4</td>
<td>11.1</td>
</tr>
<tr>
<td><strong>(2013)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Canada</strong></td>
<td>31.8</td>
<td>10.8</td>
</tr>
<tr>
<td><strong>Canada</strong></td>
<td>76.9</td>
<td>11.2</td>
</tr>
<tr>
<td><strong>(Inuit Region v Overall Pop, 2004-2008)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>USA</strong></td>
<td>21.4</td>
<td>13.5</td>
</tr>
<tr>
<td><strong>(2016)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1: Global Comparisons: Indigenous and Non-Indigenous Population Suicide Rates at Various Years. **Australia** (Australian Bureau of Statistics, 2018), **Aotearoa/NZ** (Ministry of Health - Manatū Hauora, 2017) **Canada** (Statistics Canada, 2018a; Pollock, Mulay, Valcour & Jong, 2016), **USA** (American Foundation of Suicide Prevention, 2016; Jiaquan et al., 2018).

For comparisons of overall population data on suicide deaths in these countries, the figures on suicide deaths, age-standardised at the latest available year are available in Appendix 1.

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3 These are the four countries in which the Indigenous Sámi peoples live, with the Sámi lands referred to as Sápmi.

4 Overall data includes total population of the country including Indigenous and non-Indigenous peoples.
DEFINITIONS OF INDIGENOUS PEOPLES

This paper uses the widely accepted working definition developed by the United Nations;

Indigenous communities, peoples and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing in those territories, or parts of them. They form at present non-dominant sectors of society and are determined to preserve, develop and transmit to future generations their ancestral territories, and their ethnic identity, as the basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions and legal systems. (IWGIA, 2018)

COLONISATION AND SUICIDE

Countries in which Indigenous people remain a dispossessed minority face considerable adversity, part of which includes the impacts of the history of colonisation. As Indigenous populations engage in processes of recovery and cultural reclamation, the processes of colonisation have left a legacy showing up as disadvantage, particularly in comparison to mainstream populations. These issues are shared by Indigenous populations across the globe. In particular, high rates of suicide are a shared issue. As colonisation is a social determinant of suicide (Redvers et al., 2015), Indigenous peoples in nations with shared colonial histories are highlighted in this paper.

Suicide is complex and should be treated as such, including the ways in which the complex traumas of colonisation can contribute to suicide deaths in Indigenous communities living in colonised countries. By culturally contextualising suicide deaths for Indigenous people, this paper aims to collaborate information in these countries to better inform and strengthen suicide prevention.

It also needs to be noted that behind each number is a person, a family, and a community grieving the impacts of suicide.

Notes

There is a lack of global comparative data for Indigenous and non-Indigenous populations across different countries. The in-country data used in this paper may not use methodologies consistent to the comparable countries. However, data sources are referenced throughout this paper and need to be considered when interpreting the findings. Not all in-country demographic data, including systematic health data collection systems for specific groups, is readily available.

Where age-standardised and gender-standardised data is available, it is made clear throughout the paper. However, variations in Indigenous grouping (eg. distinctions made between Métis peoples and Inuit peoples in Canada), and regional variations (eg. Remote circumpolar and urban regions) were not always distinct.
GLOBAL OVERVIEW: INDIGENOUS SUICIDE RATES

CAPTURING WORLD INDIGENOUS SUICIDE RATES

Map 1: Indigenous Suicide Rates, Global Context.

Canada: First Nations peoples have suicide rates nearly three times the national average.

Aotearoa/New Zealand: Māori suicide rates are over one and a half times the general population.

USA: American Indian and Alaska Native suicide rates are over one and a half times the national average.

Australia: Aboriginal and Torres Strait Islander people suicide rates are twice the general population.

Sápmi: Sámi peoples suicide rates are elevated in comparison to majority populations in Norway, Sweden and Finland.

Circumpolar Regions: Inuit communities in Canada and Greenland experience some of the highest suicide rates in the world.

Canada

Aotearoa/New Zealand

USA

Australia

Greenland

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GLOBAL OVERVIEW: INDIGENOUS SUICIDE RATES
CENTRE OF BEST PRACTICE IN ABORIGINAL AND TORRES STRAIT ISLANDER SUICIDE PREVENTION

OVERVIEW BY COUNTRY

AUSTRALIA

Overview

Australia’s population is currently estimated to be just over 25 million people, with an estimated almost 800 000 people identifying as Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander (Australian Bureau Statistics, 2018c).

A brief timeline of Australia’s history shows that in the years since European settlers arrived, colonisation has had a profound impact on Aboriginal and Torres Strait Islander peoples, health, land, and cultures. In 2018, Aboriginal and Torres Strait Islander communities face some of the highest suicide rates in the world, and it is the fifth leading cause of death compared to 13th for non-Indigenous Australians (ABS, 2018b).

According to the latest figures provided by the Australian Bureau of Statistics (ABS), Indigenous Australian suicide rates were double the overall Australian rate in 2017 (ABS, 2018a; ABS, 2018b).

Suicide accounts for a greater proportion of overall deaths amongst Aboriginal and Torres Strait Islander peoples than non-Indigenous Australians, at 5.5% compared to 2.0% in 2017 (ABS, 2018c).

![Australia: 2017 Suicide Rates](chart)

Table 2: Australia: 2017 Suicide Rates. Data retrieved from the Australian Bureau of Statistics (ABS, 2018a; ABS, 2018b). There is no disaggregated data between Aboriginal and Torres Strait Islander groups.

BRIEF TIMELINE

Approximately 500-700 groups, languages, and/or tribes and 750 000 at time of colonisation

Aboriginal and Torres Strait Islander peoples living in Australia between 40-60,000 years ago.

1788: Beginning of colonisation as European settlers/invaders arrived.

Frontiers wars, land and resource disputes, slave labour, and violence followed.

1900s: Laws of assimilation and denial made and implemented about Aboriginal cultures, languages and history. The forced removal of Indigenous children.

High rates of suicide and other health issues. Still no treaty between the Australian governments and the traditional custodians of the land.

Contemporary: Aboriginal and Torres Strait Islander population around 3% of 25 million Australians 120 Indigenous language groups remain in 2018 with many at high risk, but language and cultural reclamation is strong.

(Mooney, 2018; Australia Institute of Aboriginal and Torres Strait Islander Studies, 2018)
Aboriginal and Torres Strait Islander Youth

In 2017, suicide remained the leading cause of death for both Aboriginal and Torres Strait Islander and non-Indigenous children and young people between 5-17 years of age. Suicide accounted for 40% of all Indigenous deaths in this age bracket.

For 2013 – 2017, Aboriginal and Torres Strait Islander youth (aged 5-17 years of age) accounted for 26.7% of Indigenous deaths by suicide, with suicide rates for Aboriginal and Torres Strait Islander children and young people at 10.1 suicide deaths per 100,000 persons, compared to the same age group of non-Indigenous people at 2 suicide deaths per 100,000 peoples (ABS, 2018c).

Young Indigenous men are at the highest risk of suicide (The Department of Health, 2013). In the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, it was indicated that the highest age-specific rate of Aboriginal and Torres Strait Islander suicide was among males between 25 and 29 years of age at 90.8 suicide deaths per 100,000 persons, four times the rate for non-Indigenous males (2013).

Regional Disparity

Suicide rates vary geographically and within groups such as youth. In the Kimberley region of Western Australia in the 10 year period between 2005-2014 there was an age-adjusted rate of 74 suicide deaths per 100,000 peoples (McHugh, Campbell, Chapman & Balaratnasingam, 2016).

Risk Factors

The high Indigenous suicide rate in Australia is attributed to a range of complex and interrelated factors that heighten the risk for suicidal behaviours. These include trauma, grief and loss associated with the ongoing impacts of colonisation and dislocation. Such impacts include the effects of forced removal of children, mistreatment and pervasive racism and discrimination at the individual, institutional and system levels, and the cumulative impacts of ongoing exposure to socio-economic disadvantage and various other psychological stressors (Dudgeon et al., 2016). Loss of language, culture, and land struggles have been attributed to elevated suicide rates.
Overview

New Zealand, or known in the Māori language as Aotearoa, has an estimated population of 4.5 million with Māori people representing 15% (IWGIA, 2018). The Indigenous Polynesian Māori peoples had occupied Aotearoa for more than 700 years before European arrival between 1769-79.

Aotearoa/New Zealand: 2015 Suicide Rates

![Graph showing suicide rates per 100,000 people by sex and ethnicity](chart.png)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Males</th>
<th>Females</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Māori</td>
<td>25.3</td>
<td>11.5</td>
<td>14.7</td>
</tr>
<tr>
<td>Non-Māori</td>
<td>18.4</td>
<td>4.7</td>
<td>6.1</td>
</tr>
<tr>
<td>Total</td>
<td>20.4</td>
<td>6.1</td>
<td>9.7</td>
</tr>
</tbody>
</table>

Table 3: Aotearoa/New Zealand: 2015 Suicide Rates. Overall data, and sex-specific data for Māori and non-Māori figures was retrieved from Ministry of Health - Manatū Hauora (2017). Total data for Māori and non-Māori figures were mean-valued, as they were not available from data sources.

Māori Peoples

Data indicates that Māori peoples are at higher risk of suicide than non-Māori peoples. Māori males accounted for 25.3 and Māori females 11.5 suicide deaths per 100 000 in 2015. This is compared to non-Māori males at 14.7 and non-Māori females 4.7 suicide deaths per 100 000 peoples (Ministry of Health - Manatū Hauora, 2017). While New Zealand’s general suicide rate has increased over the past four years, Māori men are disproportionately represented in the statistics, with a 12 per cent increase of suicide deaths per 100 000 people in the last year, according to provisional data (Flahive, 2018).
More recent 2018 provisional figures show an increase in Māori deaths compared to other populations, as seen in the graph below (Flahive, 2018).

Table 4: Suicide Rates Aotearoa/New Zealand (Provisional). Provisional figures for Aotearoa/New Zealand adapted from the data by the Ministry of Justice. 'Other' represents all other peoples not identifying as Asian, Māori, or Pacific (Flahive, 2018).

### Youth

The most recent Child and Youth Mortality Review Committee’s report on suicide between 2002-2016 found that Māori children aged between 10 to 14 accounted for 60 percent of all suicides in that age group (New Zealand Mortality Review Data Group, 2018).

Considering around 45% of the Māori population are aged between 0-19 years, youth suicide is of major concern.

### Risk Factors

Social and cultural factors, historic disadvantage, discrimination, prejudice and exclusion have been linked with Māori suicides. Māori-specific suicide prevention frameworks have been developed as effective strategies to prevent youth suicide (Best Practice Advocacy Centre NZ, 2010).
TURTLE ISLAND: NORTH AMERICAN CONTINENT

BRIEF TIMELINE
The First Nations, Metis and Inuit peoples lived on the northern half of North America since approximately 12,000 years ago.

First Nations peoples lived in organised societies across North America; maintaining sustainable economies, politics and rich spiritual beliefs and cultures.

1600-1700’s: The French and British colonised/invaded and fought over modern day Canada. Systemic upheaval and displacement of Indigenous peoples from traditional land through war, violence and forced relocation.

1876: The Indian Act was passed, controlling First Nations through forced assimilation, removal of children, desecration of traditional lands and residential schooling.

1940’s and 1950’s: Inuit in Canada’s north displaced by European settlers for resources and military purposes.

Ongoing impacts of colonisation place Indigenous Canadians as an at risk group. Higher rates of physical and mental illness, compared to non-Indigenous Canadians.

Suicide rates can often be extremely high, whereas, before the 19th century suicide was extremely rare amongst Indigenous Canadians.

Canada is home to approximately 1.7 million Indigenous people. They make up approximately 4.9% of the total population.

Some Indigenous peoples from across the Americas share similar creation stories around the formation of what is widely accepted as North America. Turtle Island is home to many First Nations bands, with some groups transcending the US and Canadian border- as modern geopolitical borders are a colonial construct and not definitive of tribal boundaries or lands. Suicide rates across North America/Turtle Island differ depending on the region, and some groups have stronger data on suicide deaths than others.

CANADA

Overview
Canada has an estimated population of 36.7 million people, with approximately 1.7 million people identifying as Aboriginal persons in the 2016 Census (Statistics Canada, 2018c).

Historically, suicide was a rare occurrence amongst Indigenous Canadian people, and it was only after contact with Europeans and the effects of colonialism that suicide became prevalent (Kirmayer, 2007). The higher rates of suicide in Indigenous communities has been linked to historic trauma, cultural losses, and social upheavals that were a result of European settlement and colonisation (Public Health Agency of Canada, 2016).

Disaggregated data for suicide deaths in Canada in Indigenous and non-Indigenous populations is not readily available. The Canadian Government in the Working Together to Prevent Suicide in Canada: The Federal Framework for Suicide Prevention has identified that there is a great need to enhance suicide information, including data and research as currently this information is fragmented, complex, and difficult to access (Public Health Agency of Canada, 2016).

Indigenous Populations
Canada has three distinct Indigenous groups. First Nations, Métis, and Inuit making up 4.9% of Canada’s total population (IWGIA, 2018).

First Nations, Inuit, and Métis are collectively referred to as Indigenous peoples (Centre for Suicide Prevention, 2013). It needs to be recognised that in some circumstances;

...terms may differ from those used by individuals to self-identify. For example, the NunatuKavut Community Council refers to the group it represents as “Southern Inuit” although individually some community members may use the terms ‘Métis’ or ‘Inuit-Métis.’ (Pollock, Mulay, Valcour & Jong, 2016)
Statistics representing Indigenous groups of Canada are not always readily available, however, the distinctions in suicide rates between these groups are made clearer below.

### Suicide Rates: First Nations, Inuit and Overall Canadian Population

![Bar chart showing suicide rates for First Nations, Inuit, and Overall Canadian Population](chart)

**Table 5: Suicide Rates: First Nations, Inuit and Overall Canadian Population at Various Periods.** Table adapted from “The Human Face of Mental Health and Mental Illness in Canada 2006” (Government of Canada, 2006), showing the elevated suicide rates in Indigenous communities compared to the general population of Canada with the available data across various periods between 1999-2003.

#### Inuit Peoples

Suicide among Inuit in Canada began to rise in the 1960s, especially among the first generation of young people growing up in settled communities. Historically, there was no evidence of high suicide rates in Inuit communities (Public Health Agency of Canada, 2016).

Inuit Nunangat is the homeland of Inuit of Canada. Inuit Nunangat encompasses the land, ice, and sea of the Inuit communities located in the four Inuit regions, Inuvialut, Nunavut, Nunavik, Nunatsiavut (Inuit Tapiriit Kanatami, 2009). The population of Inuit Nunangat is around 86% Aboriginal identifying peoples7 (Li & Smith, 2016).

---

7 Largely Inuit population, with a small percentage of First Nations and Métis peoples
Data shows Inuit communities have significantly higher suicide rates than First Nations and Métis populations (Public Health Agency of Canada, 2006). Inuit Nunangat have rates of suicide between 5-25 times the rate of suicide compared to mainstream rates for the whole of Canada (Inuit Tapiriit Kanatami, 2016). A more specific figure according to the Canadian Government shows suicide in Inuit Nunangat is more than six times higher than the rate in non-Indigenous regions (Webster, 2016).

### Inuit Regions Suicide Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Suicide deaths per 100,000 People</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-2008</td>
<td>120.3 (Males) 76.9 (Females) 5.3 (Overall)</td>
</tr>
<tr>
<td>2016</td>
<td>73.6 (Males) 10.8 (Females) 11.2 (Overall)</td>
</tr>
</tbody>
</table>


More recent figures released in 2016, show Inuit Nunangat had a suicide rate of 73.6 per 100,000 peoples compared to the mainstream Canadian suicide rate of 10.8 per 100,000, showing a slight decrease (Pollock, Mulay, Valcour & Jong, 2016).

### First Nations Peoples

First Nations identify as status and non-status Indians living on and off reserves, with around 614 First Nations bands8 (Olson, 2013; Public Health Agency of Canada, 2006). The figures show the comparison of suicide rates between First Nations peoples and the general population over the 1979-2000 period (Kirmayer, 2007).

Figures collected over the 1993-2009 period suggest First Nations people experience suicide rates at 31.8 per 100,000 people in some regions (Pollock, Mulay, Valcour & Jong, 2016).

### Comparison of Suicide Rates of First Nations and General Canadian Population

Table 7: Comparison of Suicide Rates of First Nations and Overall Canadian population between 1979-2000. Graph adapted from Kirmayer (2007).

8 Bands refers to a group or tribe of First Nations or Indian people. Sometimes referred to as a basic unit of government representing the group.
**Métis Peoples**

Métis peoples identify as a group of people of mixed First Nations and European ancestry, distinct from First Nations, Inuit, and non-Aboriginal peoples (Public Health Agency of Canada, 2006). There is currently no available suicide data specific to Métis-identifying peoples.

**Youth Suicide**

Suicide is responsible for 40% of deaths in Inuit youth, compared with 8% across Canada (Webster, 2016). Rates for Inuit youth in some areas are up to 40 times the national average (Crawford, 2016).

**Regional Disparity**

The highest age-standardised mortality rates in Canada are in Aboriginal subregions in Labrador with the highest region reaching 165.6 suicide deaths per 100 000 people (Pollock, Mulay, Valcour & Jong, 2016). Labrador is a part of Canada’s easternmost province Newfoundland and Labrador (IWGIA, 2018).

**Risk Factors**

Research indicates an important link between suicide risk and trauma resulting from assimilative policies with the legacy of colonisation in some Aboriginal communities (Public Health Agency of Canada, 2016).

Inuit people and other Indigenous Canadians are 8 times more at-risk and vulnerable to adverse social determinants, such as living in overcrowded homes, that has an impact on peoples mental and physical health (Webster, 2016).

Other risk factors include;

- A lack of resources including food,
- Lack of access to basic health care facilities,
- High rates of mental trauma rooted in forced settlements and residential schooling as a result of colonisation (Olson, 2013),
- High rates of abuse and childhood adversity (Webster, 2016).
UNITED STATES OF AMERICA

Overview
The United States of America’s current population is estimated at around 328 million people (United States Census Bureau, 2018). America includes the modern borders on the North American continent, the State of Alaska, and the State of Hawai‘i. American Samoa, Guam, the Marshall Islands, Palau, the Federated States of Micronesia, and the Northern Mariana Islands are included as associated states or territories of the USA. The Indigenous peoples of these associated states or territories are represented under the broader term ‘Other Pacific Islanders’ in demographics documentation.

Indigenous Populations
The American Indian9 and Alaska Native population is estimated to be around 2.5-6 million people (IWGIA, 2018). There are 573 American Indian/Alaska Native tribal entities in the US (Indian Affairs Bureau, 2018). Native Hawaiians10 and Other Pacific Islanders have an estimated population of 1.2 million people (Hixon, Hepler & Kim, 2012).
Suicide rates for Native American and Alaska Native peoples aged 15-24 years are twice as high as non-Indigenous Americans at 27.22 suicide deaths per 100 000 people (Rao, Pell & England-Kennedy, 2017).

There are currently no estimates of suicide rates for the non-Indigenous population. These rates are more accurately comparable to the overall American population.

**United States of America: 2016 Suicide Rates**

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>33.1</td>
<td>6.0</td>
<td>21.4</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>10.1</td>
<td>3.6</td>
<td>6.7</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>10.3</td>
<td>6.0</td>
<td>13.5</td>
</tr>
</tbody>
</table>

Table 8: United States of America: 2016 Suicide Rates. *Overall* data sourced from the American Foundation of Suicide Prevention *Indian/Alaska Native* data sourced from Jiaquan et al. (2018). *Native Hawaiian and Other Pacific Islander* data sourced from Center of Disease Control and Prevention (2017). Note that in some instances, Native Hawaiian and Other Pacific Islander is also grouped with Asian population counts. Non-Indigenous figures currently unavailable.

**American Indian and Alaska Native Peoples**

Suicide among American Indians and Alaska Natives increased by 3% between 2014-2016.

As reported in the 2016 National Healthcare Quality and Disparities Report (Agency for Healthcare Research Quality, 2017) suicide is the second leading cause of death for American Indian and Alaska Native populations between the ages of 10-34.

In 2014, the suicide rate for non-Hispanic American Indian/Alaska Native males aged 25–44 was the highest among all racial and ethnic groups in the United States, at 48 per 100 000 peoples. This was 60% higher than in 1999 at 30 per 100 000 peoples (Curtin, Warner & Hedegaard, 2016).

**Native Hawaiian**

At 26% of all fatal injuries, suicide is the most common cause of death among all Hawaiian residents (Hawai‘i Health Data Warehouse, 2017). Further information is currently unavailable.

**Youth**

Native Hawaiian peoples, particularly youth, have a higher prevalence of suicide attempts compared to non-Indigenous youth at 14.1% compared to 7.1% respectively (Galanis, 2016).

Youth suicide in Native American and Alaskan communities is 70% higher than the rates of the general population of the United States (Herne, Bartholomew & Weahkee, 2014).
**Elderly**

American Indian and Alaska Native elders have lower rates of suicide than elders from other ethnic groups. The reasons for this are hypothesised as cultural resilience and connectedness (Rao, Pell & England-Kennedy, 2017).

**Risk Factors**

According to the Suicide Prevention Resource Center’s reports on suicide among racial/ethnic populations, common risk factors for American Indians and Alaska Natives include:

- Historical trauma- such as forced relocation, removal of children, prohibition of the use of native languages and cultural traditions, and outlawing of traditional religious practices.
- Alcohol and drug abuse
- Disconnection from family and culture
- Acculturation to mainstream culture
- Discrimination and prejudice- with LGBT identifying peoples at higher rates of suicide deaths, attempts, and ideation than their heterosexual counterparts- both Indigenous and non-Indigenous.
- Community violence, with American Indian/Alaska Native youth at 2.5 times the exposure to trauma that their mainstream counterparts
- Lack of access to and use of mental health services (Suicide Prevention Resources Center, 2013).
Indigenous peoples living in the circumpolar Arctic regions across Finland, Sweden, Norway, Russia, Greenland, and North America have been found to account for some of the highest suicide rates in the world. However, it is important to note there is great variance in the Arctic region within and across Indigenous populations of different territories and contexts (Stoor, Kaiser, Jacobsson, Renberg & Silviken, 2015). For a more comprehensive understanding of this region, recommended reading is Suicide in circumpolar regions: an introduction and overview (Young, Revich, & Soininen, 2015)

For Inuit Canadians see Canada
For Alaska Native peoples see United States of America

### SÁPMI: SCANDINAVIA

#### Overview
Countries represented in Northern Europe or Scandinavia are Norway, Sweden, Finland and Russia. The Sámi peoples refer to their Indigenous lands, that spread across these four countries, as Sápmi. However, there is not a clear definition (i.e. accepted by the nation states) on where these lands begin and end. A map developed by the International Work Group on Indigenous Affairs provides an overview (IWGIA, 2018).

#### HISTORY OF SÁPMI

Information about the history on the colonisation of Sápmi is scarce and incomplete. However, the Nordic nation states (todays Norway, Sweden and Finland) and Russia gradually seized control of Sámi lands through advancing from the south and along the shores of the Gulf of Bothnia and the northern Atlantic. Violent policies of both discrimination and assimilation were part of the colonisation. Today, the Sámi are in minority throughout their homelands, except in small municipalities in northernmost Norway.

#### Sámi Peoples

Between 80 000 to 100 000 Sámi peoples are believed to live across Finland, Norway, Sweden, and Russia (Bacchi, 2017; Silviken, Haldorsen & Kvernmo, 2006). However, the Nordic countries do not allow registration of ethnicity, including Sámi identity, in public records. This makes obtaining basic demography of the Sámi population complicated and obtaining continuous and updated statistics on suicide and other health statistics impossible (Sámi Norwegian National Advisory Unit on Mental Health and Substance Abuse & Saamicouncil, 2017).

Knowledge on suicide among Sámi are therefore based on cohort studies comparing suicides in majority populations with those of Sámi ethnicity in Sámi areas Norway (Silviken, Haldorsen & Kvernmo, 2006), Sweden (Hassler et al, 2005) and Finland (Soiinen & Pukkola, 2008), respectively. Even though the information is outdated, these statistics are still the best available and show that generally, suicide is higher among Sámi than majority populations in the same periods.
Northern Norway 1970-1998
It was reported an increased suicide risk amongst Indigenous Sámi in Arctic Norway between 1970-1998 study, as compared to the overall reference population. In particular, males between 15-24 were at the highest risk at a rate of over 50 suicide deaths per 100 000 people as seen in Table 9 below (Silviken, Haldorsen & Kvernmo, 2006).

Northern Sweden 1961-2001
Reindeer herding Sámi men, in particular, were at a significantly higher risk of suicide between 1961-1980. Reindeer herding and non-reindeer herding Sámi cohorts presented similar mortality rates when compared to the reference population. This indicated significant differences between the Sámi and the overall reference population. Hence the difference is not solely due to regional disparity (Hassler et al., 2005).

Northern Finland 1979-2005
Traditional Sámi nomadic lifestyles including reindeer breeding, hunting and gathering, ceased around the 1960s, with Sámi people’s health still being affected by the change. Although suicide occurred among some Indigenous groups in the Arctic, it was rare, and the rate has increased in more recent years. Between 1979-2005 suicide amongst Sámi men was 70% more common than the general population (Soininen & Pukkola, 2008).

Youth and Culture
In Sweden, suicidality has been found to be more common among young adult Sámi (Omma, Sandlund & Jacobsson, 2013), and reindeer herding Sámi (Kaiser & Salander Renberg, 2012), with strong themes around suicide as a consequence for losing, or having lost Sámi identity, fighting for Sámi culture, and difficulties in getting help as a Sámi person (Stoor, Kaiser, Jacobsson, Renberg & Silviken, 2015).

Risk Factors
The diversity of the Sámi populations and different contextual factors in different countries makes it hard to provide a general overview of risk factors for suicide among Sámi. However, the Plan for Suicide Prevention among Sámi in Norway, Sweden and Finland (Sámi Norwegian National Advisory Unit on Mental Health and Substance Abuse & Saamicouncil, 2017) put forth eleven strategies for suicide prevention including the need to protect and strengthen Sámi culture in order to strengthen resilience to suicide, as well as prevent discrimination and violence against Sámi peoples. Similar to other Indigenous groups, acculturation, a loss of culture and communities have attributed to higher suicide rates. Russia experiences roughly 30 000 suicide deaths per year and around 10 times more attempt suicide. Whilst Sámi people’s traditional lands are on the Kola peninsula in the Northwest of Russia, many other Indigenous groups inhabit Russia. Sources from Indigenous groups across Russia suggest elevated suicide rates may have connections to a lack of sense of Indigenous belonging, a lack of strengthened cultural identity, and weakened resilience (Sumarokov, Brenn, Kudryavtsev & Nilssen, 2014).
GLOBAL OVERVIEW: INDIGENOUS SUICIDE RATES

CENTRE OF BEST PRACTICE IN ABORIGINAL AND TORRES STRAIT ISLANDER SUICIDE PREVENTION

KALAALLIT NUNAAT: GREENLAND

Overview
The Inuit people of Greenland suffer some of the highest rates of suicide in the world, with 82.8 suicide deaths per 100,000 people reported in 2015 (Hersher, 2016). Of the 55,860 citizens of Greenland, 90% are Inuit, descendants of the Thule people and related to Inuit people in other polar regions (Bolliger & Gulis, 2018). Albeit different from the relationships between coloniser and colonised regions in other countries, Greenland’s colonial history, and subsequent sociocultural change have impacted significantly on suicide rates (Bjerregaard & Lynge, 2006).

Overall Rates
Rates of suicide in men are 4.3 higher than women in Greenland, with young men at the highest risk nationally (Hersher, 2016; Bjerregaard & Lynge, 2006).

Risk Factors
The biggest factor in changes in mental health and suicide rates in these time periods was the change from subsistence fishing to a living based on wage-earning. Relocation to larger communities, a change in family structure, and discrimination between Inuit Greenland from remote areas and more urban-living peoples have contributed to higher suicide rates and mental health concerns (Bjerregaard & Lynge, 2006).

BRIEF TIMELINE
Greenland Inuit people make up the majority of the Greenland population.

1720s: Modern colonisation of Greenland. The Danes used the term ‘colony’ as synonymous with mission and trade station.
Community ownership of the land was interpreted by the Danish as ‘no ownership’ or ‘crown land’. As a result, in 1850 mines were established without permission from Inuit Greenlanders.
1953: Colonial status of Greenland formally ended.
Inuit Greenlanders were forced to learn Danish and their native language was taught as an elective.
Racial discrimination systematically in place with Danish employees paid higher wages.
2009: Greenland attained self-government, however the Inuit community still suffer from colonisation and a rapid modernisation period. Greenland has some of the highest suicide rates in the world.

(Peterson, 1995; Ringgaard, 2016)

Map 8: Kalaallit Nunaat/Greenland.
APPENDICES

APPENDIX 1:
TABLE: SUICIDE DATA FOR OVERALL POPULATIONS AT LATEST AVAILABLE YEAR

Suicide Data for Overall Populations at Latest Available Year

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<th>Number of Suicide deaths per 100,000 People</th>
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Table 10: Overall suicide rates here include the mainstream population and the Indigenous population. Australia (Australian Bureau of Statistics, 2018); Canada (Public Health Agency of Canada, 2016); USA (Center of Disease Control and Prevention, 2017); NZ/Aotearoa (Stats New Zealand, 2017); Northern Europe/Sápmi (OECD, 2017).
The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention