Good afternoon everybody, my name is Anne Cathrine Lefévre. I work as a consultant in PAA-RISA, which is the health promotion unit within the Ministry of health in Greenland. I would like to share with you some thoughts on the challenges we face here in Greenland and throughout the arctic world regarding the unacceptably high rates in terms of suicide amongst very young people.

In terms of suicide Greenland has a sad record – in fact we have one of the highest rates in the world. During the 70s and 80s we saw a dramatic increase in the number of suicide per annum, but over the last ten years the numbers seem to have stabilized, so that on an average around 50 people die by suicide per year. That corresponds approximately to 90 suicides per 100,000 inhabitants. Unlike many other countries where the rates of suicide are highest among adults and older people, what we see here is that the highest rates are found amongst youngsters between the ages of 15 and 24. Of these, approximately two thirds are male. It is needless to say that these figures reflect a serious social and health problem and a challenge to society as a whole.

Regrettably Greenland as yet has no national strategy on suicide prevention as recommended by the WHO. Instead, various programmes have been initiated over years, but as is the case in many other countries we lack thorough evaluation on their success.

Our work on suicide prevention in PAARISA as a national office will over the next 4-year period be guided by the political objective presented by the Government concerning the field stating that: "Suicide among children and adolescents is an area of particular concern. Through initiatives that promote children’s and young people’s well-being, engagement in life and ability to deal with the challenges of life, suicide should be prevented.'"

In order to achieve this goal various activities will take place:

1: A major project has been the development of teaching material for primary school pupils – the aim of which is discussing values in life, hopes and ambitions, but also actually discussing suicide with the children and young people. The material is meant to help in enhancing pupils’ coping skills and also in dealing with suicidal thoughts and behaviours amongst their peers, since we know from international research that young people with suicidal ideation are more likely to talk to peers rather than adults, if any, about these thoughts. Before using the material teachers are offered a 2-3-day instructor’s course, giving them an opportunity to discuss the matter amongst a group of colleagues, teaching them to detect suicidal risk behaviour amongst their pupils and discussing what to do. The material was originally developed by the Municipality of Nuuk, but has now been edited and arrangements are being made for the programme to be introduced in schools all over the country.

2: Another national programme is the existence of health promotion workers in most of Greenland’s Municipalities. The health promotion workers deal with various health problems, including suicide. Today the health promotion workers are given courses in the ideas and methods of health promotion and empowerment in order to
improve their ability to work within in the communities. Special attention is given to working with children and young people – encouraging the health promotion workers to get in touch and engage in dialogue with this group especially.

3. PAARISA tries to help and encourage local groups of volunteers who offer counselling to suicidal persons. This is done through giving courses to the volunteers and as from this year we have also tried using TeleHealth for monthly supervision for certain groups, since experience told us that the groups formed have had a hard time staying active. This seems still to be the case however, and speculation as to why this is so is multiple.

4. PAARISA also runs a national help line called “The children and young people’s telephone”. It is open two hours every night between 7 and 9 pm and calls are free of charge from all over the country. We have spent a lot of resources over the past year promoting the Children and Young people’s telephone and it is now used a lot - also by young people with suicidal thoughts.

5. A fifth strategy about to be initiated is the development of a teaching programme to be taken to relevant institutions of higher education, giving students there some basic knowledge on suicidology and tools in dealing with potentially suicidal persons that they may get in touch with in their future jobs.

6: And finally PAARISA will take part in the planned establishment of a youth programme on the National Radio giving youth an arena where to discuss all sorts of issues concerning young people in Greenland today. I mention this in connection with suicide prevention since our understanding of the many suicides among young people here also sees them as a symptom of a generation struggling to find its feet between two worlds and being children of a generation of parents heavily affected by the rapid modernization process with all the well-known emotional and social unrest derived from that. The need for sharing thoughts and feelings about these issues and thereby reducing a sense of estrangement and isolation is obvious.

So efforts are being made towards addressing the problem of youth suicide, but more could be done. Seen from my chair some of the challenges that we still face are:

1. For one: Greenland – as is the case all over the arctic region - is a vast country and people are scattered over a large area. This pattern of habituation proves a tremendous challenge with regard to developing adequate offers of psychosocial treatment and therapy to people and families in distress – both in general and in connection with suicide. In many places we simply lack sufficient professional staff and counsellors for helping affected individuals and often they are left with the support that the local community and their family has to offer – unfortunately in many cases this is simply not enough. How do we get around that and secure that everybody is given appropriate help no matter where they live? Can we manage it?

Secondly: We also seem to have a need for scientifically based knowledge on the group of young people that end up dying by suicide in order to better focus our efforts. Who are they and what precedes their unfortunate action? Often a broken relationship is given as a preliminary cause – but broken relationships are a normal part of any teenagers’ life all over the world – so why are Inuit youth especially sensitive to this? Several hypotheses can be made: we may speculate that a large number of the young people dying by suicide are children who have grown up in homes heavily influenced by neglect and abuse of various sorts. We know that too many let-downs and insecure attachment to parents or significant other adults leave children and young adults extremely vulnerable to feeling rejected. But Inuit clinicians also point to another group of young suicide candidates, young men from seemingly well-functioning families. Speculation is that there may be ways in the traditional up-bringing of boys in particular that
does not teach the boy strategies for dealing with failure and disappointment – leaving him quite unprepared for the demands that society – not forgetting young women – place on him in today's modern world.

A third hypothesis could be that many of the young people who end up dying by suicide are young people stuck between two worlds, who have not through tradition or schooling been given the tools to conquer either and make a life for themselves. Are they our main target-group in combating youth suicide? The actions suggested to cure the problem differ depending on the way we see it – and it would be helpful if we knew more precisely where we should put our efforts.

Of course I am aware that the answer to the above question is not a simple either or. The reasons why young people - or anybody for that matter - kill themselves are always multiple. But this does not mean that we should not seek to understand some of the mechanisms involved and address them accordingly.

All this being said, is there no hope to be seen? I think there is. Having been in this country a little more than a year I’m convinced that the attitude towards suicide is slowly but surely changing. Where people for the past decades seem to have been completely overwhelmed by the issue, we now see a growing willingness to address it, speak up and seek new ways of dealing with life stress. One example is a great interest in forming support and self-help groups that is reported to us from all over the country, another is a poster that the youth organization Inuit Youth International put out, when we last had a general election just before Christmas, showing many many portraits of people in the street, saying in capital letters: "I CHOOSE LIFE!"

I thank you for your attention.

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