



PROPOSAL FOR A NATIONAL STRATEGY FOR SUICIDE PREVENTION IN GREENLAND

This slightly abbreviated English version of the proposal for a national strategy for suicide prevention in Greenland was presented to the Greenland Parliament in the autumn of 2004. Compared with the original version, a few appendices have been left out.

1.0: Background:

For several years suicides have been a big and serious problem in Greenland. This is very different to earlier times when suicide was uncommon and mainly took place among elderly people who, in periods of famine, did not want to be a burden on the community any longer. Following the massive modernisation process that took place in the period after World War II, there has, however, been a rise in the number of suicides – first a gradual and later an almost explosive rise. This increase in the number of suicides peaked in the 1980s and then the number stabilised at around 50 suicides a year in the 1990s. This corresponds to a suicide rate of about 100 per 100,000 inhabitants, which means that Greenland has one of the highest suicide rates in the world.

Contrary to other countries in the western world where the rate of suicide increases with people's age, the suicide rate in Greenland and the other Arctic areas is particularly high among young people under the age of thirty. The population group accounting for the highest rate of suicide in Greenland is the group of young men aged 15-19. In addition to the human tragedy behind any suicide, suicides are a major loss to society as a whole. According to a report on health and demand issued by the Department of Health in 2001, suicides are the most important reason for lost years of life in Greenland.

Though suicide is considered to be one of the most complex problems in the healthcare sector, international research shows that suicide can be prevented through coordinated, well-supported initiatives carried out at several levels in the societal, social and cultural sphere as well as in the fields of healthcare and education. The World Health Organisation (WHO) has formulated a set of guidelines for the preparation of national strategies for suicide prevention. Though many different initiatives have been taken over the years, no such initiative has been taken in Greenland before.

In March 2004 the Minister of Family and Health, Asii Chemnitz Narup, established two working groups and a steering committee whose task was to propose a national strategy for suicide prevention based on the recommendations of the WHO concerning strategies for prevention of suicidal behaviours¹. It is the result of the two groups' recommendations that is presented in this report. The recommendations have been sent to relevant authorities for consultation and are expected to be distributed to the members of the Greenland Parliament in connection with the Autumn Assembly 2004.

1.1: Structure of the report

Section 1 of the strategy presented here outlines the basis for the working groups' work and contains a brief list of their recommendations in relation to the objectives and part-objectives that were formulated in the steering committee's terms of reference regarding the preparation of the

¹ "Guidelines for Formulations and Implementations of Comprehensive National Strategies for Prevention of Suicidal Behaviours and the Provision of Supportive and Rehabilitative Services to Persons at Risk and other Affected Persons", United Nations, New York, 1996.

Proposal for a National Strategy for Suicide Prevention in Greenland. In section 2 some of the working groups' considerations concerning the complexity of the suicide issue in Greenland are presented together with comments on the individual recommendations. Section 3 consists of the final remarks of the three working groups as well as proposals for future initiatives and actions.

1.2: Definition of concepts.

In this report these concepts of suicide and attempted suicide are used in accordance with the WHO definitions:

Suicide is understood as:

"Suicide is an act with a fatal outcome, which was deliberately initiated and performed by the deceased, in the knowledge or expectation of its fatal outcome, and through which the deceased aimed at realising changes he/she desired."

Attempted suicide is understood as:

"Attempted suicide (parasuicide) is an act with a non-fatal outcome, in which an individual deliberately initiates a non-habitual behaviour that, without intervention from others, will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dose, and which is aimed at realising changes which the subject desired via the actual or expected physical consequences.

It is considered central to the definition of suicide and attempted suicide that *desired changes* are referred to rather than *a desire to die*. This suggests that suicide and attempted suicide should be seen as a person's attempt at realising changes in his/her life – to get away from a situation or an emotional state of mind which is experienced as unendurable – rather than an actual wish to be dead.

In the following the terms suicidal behaviour, suicidal acts and at risk of suicide are also used.

Suicidal behaviour and suicidal acts are general terms for suicidal threats, attempted suicide and fatal suicidal acts.

The term at risk of suicide is used about a broader group. This group also includes people who are seriously contemplating suicide.

1.3: Ethics and attitudes to suicide

We cannot talk about suicide and suicide prevention without also talking about attitudes and ethics. It could be argued that taking one's life is an inviolable right of all individuals, and one which other people should therefore not interfere with. Implicit in this is the perception of suicide as a rational, deliberate act. In the working groups' opinion very few suicides are rational and deliberate. On the contrary, the working groups share the WHO's perception of suicide as an attempt at realising a change in relation to a situation or a state of mind which is experienced as being unbearable. It is therefore the very clear opinion of the working groups that both society and other people have a duty "to interfere". *The proposals made by the working groups for a national strategy for suicide prevention in Greenland are based on the view that initiatives should be taken at all levels to give people the best conditions of life and levels of support so that they will not consider attempting or committing suicide an acceptable solution or the only way out when life becomes too hard.*

1.4: Objectives and part-objectives for the proposal for a National Strategy for Suicide Prevention in Greenland

The principal objective of drafting a proposal for a National Strategy for Suicide Prevention is to make suggestions aimed at reducing the large number of suicides and attempted suicides seen in Greenland every year. The objective is to be achieved through increased coordination and strengthening of initiatives at all the three levels of prevention which the WHO has set for suicide prevention work²:

Specific prevention: Initiatives or actions that interfere in the actual suicide process – i. e. in relation to persons who are clearly suicidal in that they are considering or have attempted suicide.

Prevention in relation to special risk factors and risk groups: Initiatives or actions in relation to factors that increase the risk of suicidal behaviour (for example access to the means of committing suicide) and in relation to population groups that are characterised by such increased risk.

General prevention: Various supportive and remedying initiatives of a psychological, educational and social nature with the purpose of increasing people's quality of life and ability to control their own lives, the focus being on strengthening individuals' resources and ability to manage life crises and tackle the problems that inevitably occur in a person's life. Another aspect of general prevention is to change the attitude of individuals, society and public authorities to suicidal behaviour.

These general overall directions serve as guidelines for the levels at which the preventive work is to take place. In addition, the terms of reference for the drafting of proposals for a National Strategy for Suicide Prevention in Greenland include the following part-objectives, which are to contribute to ensuring the desired reduction in the number of suicides:

- To ensure that people at risk of committing suicide are identified.
- To give people at risk of committing suicide and people belonging to the known risk groups opportunities to seek advice and receive treatment, in particular the group of very young men that statistically represents the highest suicide rate.
- To enhance the professional competence of relevant professional groups in terms of working with people at risk of committing suicide.
- To work against the perception of suicide as a way to solve problems encountered in life, in particular among young people, and to propagate the attitude that it is worthwhile to help.
- To contribute to increasing the well-being of young people and people in general as well as their ability to tackle conflicts and the challenges they encounter in life.
- To strengthen the possibilities of local communities and voluntary organisations of carrying out suicide preventive work.
- To generate research-based knowledge about suicides in Greenland.
- To ensure evaluation of initiatives taken and of the action plan as a whole.

Each of two working groups that were established to prepare the final proposal for a National Strategy for Suicide Prevention in Greenland was asked to make recommendations for a number of specific initiatives. Working Group I was asked to focus on initiatives relating to "Identification, Treatment and Education", while Working Group II was asked to make proposals under the heading

² From "Forslag til handlingsplan til forebyggelse af selvmordsforsøg og selvmord i Danmark", The National Board of Health, Denmark 1998

of “Culture and Society” as to how cultural and spiritual dimensions could be included in suicide prevention work.

1.5: Summary of the working groups’ recommendations

For reasons of simplicity, the recommendations made by the working groups in relation to the above-mentioned objectives and part-objectives will be presented as bullet points. Comments on the individual points are given in section 2.

The working groups recommend the establishment of a national network for the prevention of suicide, consisting of a chief coordinator and a minimum of four regional coordinators based in Nuuk and Ilulissat respectively. The chief coordinator is to implement a range of special initiatives and ensure general coordination in relation to the action plan. The regional coordinators are to be responsible for various treatment initiatives and to function as consultants and sounding boards for local players for the purpose of preparing local action plans for the prevention of suicide. The period 2005-2009 has been suggested as the project period in which the recommendations in the action plan are to be implemented and evaluated so as to serve as a basis for further planning and for extended initiatives in subsequent years. The working groups expect that a sharp drop in the number of suicides will clearly manifest itself over a period of ten years, but also point out that the suicide issue is very complex and that its resolution depends on fundamental social and societal conditions and trends. Moreover, some work needs to be done with respect to psycho-social processes and attitudes. It may take long to generate change in this field and it is therefore necessary to be realistic in the assessment of how soon the effect of the initiatives will be seen in the suicide statistics. Consequently the working groups recommend that evaluation should not only be based on the number of suicides committed but also on the general structure and individual projects, as well as on more qualitative measures such as the population’s attitude to suicide and perception of being able to support each other.

Recommendations for the individual part-objectives:

Part-objectives:

- **To ensure that people at risk of committing suicide are identified.**
- **To enhance the professional competence of relevant professional groups in terms of working with people at risk of committing suicide.**

Recommendations:

1. It is recommended that legislative initiatives be taken to ensure that information about the prevention of suicide is included in relevant educational programmes in Greenland.
2. It is recommended that local resource people in key positions in all local authorities where a need has been identified be trained to detect and act on signals of potential suicide.
3. It is recommended that internal guidelines for the treatment of suicidal patients be prepared at all hospitals.
4. It is recommended that information material concerning the special factors applying to suicides in Greenland be prepared for healthcare professionals.

Part-objective:

- **To give people at risk of committing suicide and people belonging to the known risk groups opportunities to receive treatment, in particular the group of very young men that statistically represents the highest suicide rate.**

Recommendations:

1. It is recommended that identified suicidal people be offered face-to-face therapy with the regional coordinators.
2. It is recommended that the regional coordinators assist local players in the establishment and development of local self-help groups and network groups.
3. It is recommended that an all night telephone counselling service be established.
4. It is recommended that a bilingual website be set up on the Internet where people at risk of committing suicide and their relatives/network can seek advice and guidance.
5. It is recommended in general that offers of treatment and therapy to known risk groups be developed and improved, the groups in question being the mentally ill, substance abusers and families in crisis – including children who have been sexually abused. As regards treatment of substance abuse, it is recommended in particular that the course entitled *Children are also human beings* and the Teen-Age Power Program be offered regularly by the local authorities.
6. As regards young men it is recommended that offers of face-to-face therapy be supplemented by a number of interprofessional, action-oriented initiatives which will ensure that young school-leavers without any plans for the future and young people who drop out of an education or training programme are immediately called in by the local authority for the purpose of preparing an action plan. It is important that such action plans are future-oriented and ensure that the young people in question achieve proper work qualification, just as it must be ensured that the young people are bound by the action plan. Moreover it is recommended that more care be given in difficult transitional stages when children and young people have to move away from their homes to enrol in programmes of education and training. Such care should be ensured by means of a good physical framework at school boarding houses, upgrading of the care function of employees at boarding houses and halls of residence and involvement of those employees in interprofessional collaboration concerning each individual child, use of surrogate grandparents at hostels, and the introduction of contact family programmes for children and young people at hostels and halls of residence.

Part-objectives:

- **To work against the perception of suicide as a way to solve problems encountered in life, in particular among young people, and to propagate the attitude that its is worthwhile to help.**
- **To contribute to increasing the well-being of young people and people in general as well as their ability to tackle conflicts and the challenges they encounter in life.**

Recommendations:

1. It is recommended that a targeted nationwide initiative to reduce social inequality be implemented.
2. It is recommended that the title “life-quality consultants” (Inuunerisaasut) be used instead of the title currently used, i.e. local prevention consultants, and that one such consultant be

appointed in each local authority. An approach that to an increasing extent focuses on health promotion should be adopted.

3. It is recommended that the required funds be set aside to maintain the newly established website for young people, including a chat room and letter-answering service.
4. It is recommended that Imminut courses be held for the oldest age group and survival courses be held for younger age groups for a number of years.
5. It is recommended that the church assume a more active role in suicide prevention work.
6. It is recommended that programmes be broadcast regularly by KNR TV and Radio to ensure public debate on these issues.
7. It is recommended that campaigns be run regularly about the most appropriate way of storing firearms.

Part-objective:

- **To strengthen the possibilities of local communities and voluntary organisations of carrying out suicide preventive work.**

Recommendations

1. It is recommended that local communities and voluntary organisations offer counselling, instruction and supervision provided by regional coordinators.
2. It is recommended that the funds of the Inuuneq Nakuuneq foundation be earmarked for local action plans aiming at ensuring quality of life improvements.
3. It is recommended that local authorities undertake to help voluntary organisations who want to start self-help and network groups by providing suitable premises and funds to cover minor operational expenditure.

Part-objective:

- **To generate research-based knowledge about suicides in Greenland.**

Recommendations:

1. It is recommended that a PhD position be established jointly by Iisimatusarfik and a relevant foreign research institution.

Part-objective:

- **To ensure evaluation of initiatives taken and of the action plan as a whole.**

Recommendation:

1. It is recommended that a sum of DKK 500,000 be set aside for evaluation and that evaluation is planned from the beginning by the chief coordinator in consultation with an external consultant.

Other recommendations:

It is recommended that, for a ten-year period, the ICC makes suicide prevention a common focus issue in the Arctic area so as to contribute to ensuring the establishment and maintenance of an inter-Arctic network of researchers and practitioners in this field. Moreover it is recommended that a chief coordinator cooperate with the Documentation Centre on Children and Youth (MIPI) on the inter-Arctic project "Children and Youth in the Arctic". It is recommended that funds be set aside

for the translation of this strategy into English with a view to exchanging knowledge with the other Arctic areas.

2.0: Proposal for a National Strategy for Suicide Prevention in Greenland

2.1. Introductory remarks by the working groups

2.1.1. Concerning some of the special challenges relating to the working groups' work

First of all it should be noted that all the members of the working groups have said that they have found their assignment both relevant and challenging, albeit very difficult for several reasons: the members of the working groups share the internationally recognised opinion that suicide cannot be explained on the basis of simple models but should always be looked upon as a complex and multifaceted issue. Consequently the prevention of suicide calls for considerations and initiatives in several areas, ranging from reduction of social inequality to the possibilities of intervening through public institutions and discussing attitudes to suicide and the individual's responsibility for his or her own well-being and that of fellow human beings.

A proposal for a national strategy for suicide prevention must contain a number of specific initiatives and focus areas that can reasonably be expected to contribute to reducing the number of suicides. At the same time we must realise that a number of fundamental factors that are key to the scope and nature of the issue cannot immediately be changed through a national strategy for suicide prevention. Consequently the working groups recommend without reservation that all citizens be given the opportunity of employment and suitable housing, that all children be ensured good and safe conditions in childhood and adolescence, that, no matter where they live, all children leave lower secondary education with the competencies required to continue in further training or education of either a vocational or an academic nature, that all families and individuals in distress be ensured relevant help and follow-up, etc. These fundamental factors are considered to be crucial in terms of changing the background for and resolving the suicide problem. It therefore seems obvious that an effective reduction of the number of suicides will depend on both central and local government setting clear objectives for a number of central areas that relate to people's well-being in a wide sense and committing all public-sector authorities to contribute to the achievement of the objectives. However, simply introducing such general overall recommendations is unlikely to bring anything new to light – no matter how relevant the recommendations may be. One of the big challenges for the working groups therefore has been to try to determine the right level for the various actions and initiatives so as to ensure that the proposals made will in fact increase the effectiveness of suicide prevention work, while at the same time recognizing that a number of key conditions in society may well remain unaffected.

Another big challenge for the groups' work has been the lack of research-based knowledge about suicide in Greenland. Though it is to a wide extent both useful and relevant to look at research results from other countries in the world, there are also a number of factors special to Greenland that should be examined in greater detail in connection with the planning of the preventive work. This applies, for example, to better knowledge of the motives behind the many suicides – not least among young people. Many hypotheses have been formulated, but we have only little factual knowledge. There is reason to assume that special conditions apply in Greenland since such a disproportionately large number of the suicides are committed by young men under the age of 25. The background for suicide seems at any rate to be different in Greenland as compared with the rest of the western world from where much of the research conducted on suicide originates and where

fatal suicidal acts are seen especially among elderly men over the age of 65. Because of the lack of sufficient research-based knowledge, the working groups have had to base their work on current knowledge, combined with “sound professional reasoning” and the aggregate experience of the organisations represented in the groups.

2.1.2: Some fundamental considerations about the nature and complexity of the suicide problem in Greenland

Despite the lack of research, the recommendations of the working groups are based on a number of assumptions concerning the suicide issue that are relevant to highlight in this report. This also implies an understanding of suicide prevention as a multifaceted process over time, where everyone in society has a role to play.

It is the working groups’ fundamental assumption that the dramatic increase in the number of suicides in the last 30-40 years should mainly be seen as a result of the rootlessness and helplessness experienced by a large group of people in the wake of the rapid modernisation process that Greenland has been through. The radical structural and societal changes implemented in the period after World War II in an effort to bring “the county of Greenland” on a par with other Danish counties was of a nature and took place at a pace which meant that a very large group of people lost their footing in life. “Ways of life were broken down without new ones suitable for human beings having been built up”³.

The working groups maintain that we are still, to some extent, in this difficult process where society, families and individuals struggle to find the values, norms and attitudes that tie us together as a people and give our lives and actions direction. While parts of the population have found their footing in our modern-day society, others have clearly perished in their powerlessness. Other groups again seem to be in a waiting void characterised by inactiveness where people just “wait and see”. It is beyond the scope of this report to analyse the above-mentioned assumptions, but it should be stressed that these assumptions and points of view are shared by the majority of the members of the working groups on the basis of their professional assessment. However, the important point is that, in the working groups’ opinion, effective prevention of suicide in Greenland must deal with current norms, values and attitudes in the country – or the lack of such norms, values and attitudes. It may also be necessary to change some attitudes - or at least to make sure they are debated. In their discussions, the working groups have placed special focus on the following areas which are believed to be important in relation to suicide prevention: What norms and values stand out in relation to children and their upbringing? What norms and values apply in relation to what could be called “the understanding of individuals’ responsibility for their own life and the lives of others”. Below is a brief summary of some of the working groups’ considerations:

Sense of coherence, rationality and personal responsibility. The working groups share the basic assumption that people’s well-being depends very much on the ability to see coherence and meaning in their lives and that feeling part of a coherent whole that reaches beyond oneself and feeling that one’s contribution and personal behaviour are important to other people is crucial to the individual’s experience of value, well-being and commitment in life.

³ Gregersen, C, 1998

Strongly simplified it could be said that the immediate meaning of life in the small dwelling units of the past was obvious – namely to provide food and shelter. With this obvious meaning there also followed a clear personal responsibility for each individual’s necessary participation in the process of ensuring his or her own as well as the community’s survival. The “modernisation” of the country not only entailed a radical change of the context that people had to adapt to; it also changed the need to show “personal responsibility” and the nature of this responsibility. When the absolute necessity of surviving in a tough natural environment diminished while “outsiders” were at the same time setting the agenda for development, many people seem to have lost their feeling of being able to influence their own lives. The theme of personal responsibility and responsibility for one’s own life is popping up in many respects in current public debate, and the working groups also find it relevant in connection with the suicide issue. There is a widespread experience among professional people who work with suicidal behaviour that certain attitudes towards this work contribute better to prevention than others. An existentialistic fundamental attitude which sees people as participants in a life they themselves can influence is one such attitude. Individuals who see themselves as being able to exert influence on their own lives are more likely to opt for solutions other than taking their own life. All children should therefore be empowered to take responsibility for their own life, though this may be difficult if their parents’ generation is uncertain as to what the children need to learn to be able to undertake this responsibility.

Attitudes to children and their upbringing

It is often emphasised that the upbringing of children in Greenland was traditionally based on a great degree of freedom in the sense that the children very much lived their lives without constant interference by adults. However, this free life unfolded within the framework of a close-knit community in small settlements where unambiguous customs and rules as well as a tough natural environment contributed to teaching new generations the social skills of responsibility and humbleness. Many people think that free upbringing is still being practised by many parents to some extent⁴. Without external socialising influences, “free upbringing” very easily becomes “boundary-free” upbringing that leaves children to cope on their own too much of the time and does not give them the clear direction and instructions they need from their parents to learn “what is good and what is bad”, while at the same time preparing them to the fact that life may include hardship and frustration that they have to learn to tackle. If children do not learn these things in childhood, their personality will not mature sufficiently for them to be able to disregard personal needs, make plans and stay on course to achieve their goals although such a behaviour may be unpleasant at the time. “The immature personality” easily risks becoming caught in immediate needs and desires, letting spur-of-the-moment impulses control behaviour – including suicidal behaviour.

In other words, the complexity of the modern world makes new demands on children and parents. It is no longer enough to let children discover the world themselves by looking at what adults do – they simply do not learn enough to be able to get on in the world. The adult generation must constantly be conscious of what they want children to learn in order to cope in their lives – and

⁴ This also applies to so-called “ordinary well-functioning families” and not only to families in which the parents are completely unable to assume any responsibility for the upbringing of their children. It is worth noting that, in a questionnaire survey conducted in local authorities, many key people pointed to “boundary-free upbringing” as an important reason for the high rate of suicides among young people today. The working groups are however aware that there is a major difference between “free upbringing” based on an ideological/educational attitude and “a powerless/boundary-free upbringing” based on the parents’ own confusion and helplessness.

then they have to teach them how! This is no small demand to make on the parent generation, especially in a world of rapid change, but for the sake of the children it is a necessary demand.

Gender-specific differences in the upbringing of boys and girls

Statistics show that young men under 30 account for more than half of all suicides and that the group of very young men aged 15-19 constitute the population group with the highest suicide rate at all. There is therefore every reason to look at some of the special conditions that apply to boys. The demands and expectations in relation to the two genders may very well play a role in this context, as we have no reason to assume that there should be any differences in social conditions as such. For example, nothing suggests that boys are more exposed to parental neglect than girls are.

As already mentioned we are short of research-based knowledge about the complex motives behind the suicide figures. We do, however, have research which shows that broken relationships with girlfriends often precede suicide committed by young boys or men and are therefore given as the reason for the suicide⁵. However, this is not a sufficient explanation in itself. Broken hearts are a naturally occurring experience in the years of youth. Why, then, are modern-day Inuit men apparently so vulnerable to being rejected by a loved one? And why has suicide become such a frequently used “strategy” to tackle the pain that follows from being deserted?

Part of the explanation could be that through their early upbringing the boys have been met with first too few and later too many and too massive demands⁶. Consequently they have not developed a wide range of useful problem-solving strategies that they can apply when they are faced with new demands and crises. Psychologists⁷ in Greenland say that the current upbringing of very young boys in particular still reflects a certain attitude towards boys which prepares them poorly for the demands they will meet in contemporary society, at institutions of education – and among young women. They are therefore at risk of developing immature personality structures that make them vulnerable and impulsive in situations of crisis and perceived defeat. It is a widespread experience of the working groups that young men’s suicides are often impulsive. Young men must therefore be taught to control their impulses so as to make them less prone to suicide. Parents and significant adults are also important: they must not be afraid to tell children and young people that they sometimes have to postpone the satisfaction of some of their needs. In this way they will learn impulse control and consequently their personality will mature. We cannot know for sure why suicide has become the “strategy” that many young people resort to when they are frustrated and upset, but we must assume that the present situation where so many have personal experience with people they know having “chosen” suicide as a response to mental suffering and problems increases the risk of such a response occurring in connection with excitement and possibly intoxication.

Altogether the working groups find that the circumstances relating to the upbringing of children are very important. Concurrently with developments in society, some of the demands that the children will meet will change and so will the skills and competencies they have to learn in their childhood. Parents and public-sector institutions and facilities dealing with children have a joint responsibility for ensuring that children are well prepared so that, as young people, they have the tools they need

⁵ Leineweber, 2001

⁶ In many families the birth of a boy child is still considered to be “symbolically better” than the birth of a girl, and boys may be pampered to a very great extent, especially in the years up to their early adolescence. At that age, the demands made on the boys suddenly set in, and they are no small demands: the boys have to be good at sports and at hunting, they must not show weakness and fear, they must be able to cope well so that they can become good breadwinners, etc.

⁷ Adelvard, 2002

to be able to build their own life. It is the opinion of the working groups that a visible, open debate about children's needs and a general breach with some traditions are needed now, for example the general perception of confirmation in church as the marking of the transition from childhood to adult life, which means that young people overnight are left to decide many things for themselves. Greenland has acceded to the United Nations' Convention on the Rights of the Child, which states that children are children until they are 18 years old and during that period they have a right to guidance and protection by their parents and by "society". The working groups think it would be very relevant to have a broad debate focusing on the content of this guidance and protection seen in the light of the demands which our children will face in the future.

Consequently the recommendations made by the working groups will also suggest several initiatives based on the provision of care – initiatives aiming at ensuring that children and young people will develop lasting relationships with adults who can help them create inner strength and guide them in a sufficiently qualified way through the critical periods of their lives and existence. These adults will of course generally be parents, teachers, professional caretakers and other adults who are part of the children's everyday life. It is the working groups' experience that in Greenland many of these adults are marked by personal traumas and fear of suicide, which makes them insecure in relation to the suicidal behaviour of children and young people. Therefore education of and support to parents and other people close to the children will be central elements in some of the proposals presented by the groups.

Therefore

..the attitude in the working groups is that we have to adopt a holistic approach when we talk about suicide prevention. Suicide and related problems in Greenland are believed to be related to social inequality and "social and cultural imbalance" and the consequent abuse of intoxicants and people. However, it also has to do with attitudes and values in a wider sense. Seen in this light it is obvious that the prevention of suicide involves much more than "posters, brochures and TV spots". The prevention of suicide must also include debate – and possibly changes - of a number of attitudes and interpersonal behaviours. The required transformation cannot take place overnight. The prevention of suicide must be seen as a public matter where everybody has a role to play – public institutions as well as individuals. Some institutions and some people should have a more prominent role than others, but everybody must contribute.

The proposal for a National Strategy for Suicide Prevention presented in this report is the working groups' suggestion for a long-term effort for the prevention of suicide. It will be a continuing process whose effects will not be manifest until after several years. Many of the processes suggested in the strategy will only change over several generations, and it is necessary to be realistic as to how soon results will be seen. In addition it is necessary constantly to generate and obtain further, precise information in this area so that the overall process can be made as efficient and effective as possible. The working groups hope that this report will serve as a good basis for the necessary political prioritisation. They also hope that this report will be used as a catalogue for inspiration for both decision-makers and practitioners in the field in the future.

2.2: Detailed comments on the recommendations made by the working groups

2.2.1: Proposal for a general overall organisation of suicide prevention in Greenland

The working groups believe that a strengthening of suicide prevention in Greenland must be based both on existing local and central government institutions. However, these institutions must be

supplemented by a group of consultants/coordinators employed specifically to work with suicide prevention. Where the WHO recommends that a central coordinating body for suicide prevention work be established, the working groups recommend that a “National Network for Suicide Prevention” be set up in Greenland. This recommendation is based on an assessment of the need for balancing between overall coordination on one hand and, on the other hand, the need for initiatives focusing on closeness to the places where they are implemented in practice.

The working groups recommend an overall organisation along the following lines:

A chief coordinator located in Nuuk, who is to ensure overall coordination of and follow-up on the action plan/“the national strategy” over a 5-year period. The creation of a time-limited position for this project in PAARISA is proposed, or alternatively internal re-prioritisation in PAARISA so as to upgrade the current 1/3 position to a full-time position, combined with *a corresponding downgrading in other fields of responsibility*. A more detailed description of this function will follow later.

Regional coordinators: The working groups recommend the creation of a minimum of four new positions of regional coordinators who are to work closely with local authorities and individual local communities. Organisationally it seems to be expedient to place these regional coordinators under the same chief coordinator but it should be emphasised that their function is *not* an administrative one. It is suggested that the positions be filled with people with either basic education in psychology or some other relevant academic basic education in the field of education, social work or healthcare and wide experience in working with people. Just like the position as chief coordinator, these positions could be offered for a limited period of time but it is expected that there will be a need for continued efforts beyond a 5-year period.

The regional coordinators are to be involved both in the treatment of people at risk of committing suicide and in coordination, teaching and supervisory tasks in relation to local resource people and voluntary workers in the towns and settlements that are part of their region. A *Region Midt-Nord* (Region Central-North) from Maniitsoq-Qaanaq with its base in Ilulissat and a *Region Syd-Øst* (Region South-East) from Nuuk to Illorqqortoormiit with its base in Nuuk are proposed. There are two main reasons for basing the regional coordinators in the two towns mentioned: (1) both towns have institutions of education and, given that current data⁸ shows that school children and students constitute a relatively large proportion of those dying by suicide, it therefore seems relevant to place one of many necessary offers of treatment in places where there are many students; and (2) both towns are traffic hubs in the area they are to cover, which is considered to be both practical and financially advantageous since the regional coordinators have to travel a great deal.

The coordinators’ primary tasks: As already mentioned, the working groups propose that the positions as regional coordinators be established as combined coordinator and therapist positions. There are several reasons for this. With respect to the coordinators’ role as coordinators, educators and supervisors, it is the opinion of the working groups that a ‘bottom-up’ approach be adopted in relation to suicide prevention. Everybody has a responsibility and everybody has a role to play. But “everybody” may need help, input and support to meet this responsibility – not least in Greenland where so many people have painful personal experience of people close to them dying by suicide. This applies both in relation to the individual and in relation to institutions and local communities.

⁸ Leineweber, 2001

It is in no way neither desirable nor realistic to imagine, that all suicide prevention take place from one central point. A very large part of the work must take place in the local communities where people live. Empowering local resource people and voluntary workers to conduct suicide prevention work must therefore be considered a key factor in a national strategy.

The large-scale “Qanilaassuseq” project had the same point of departure. The idea behind this project was to empower local resource workers to identify and speak with suicidal people on the basis of training that also enabled them to form local network groups. We do not have a complete overview of the impact of the Qanilaassuseq project. However, it is certain that the original idea of the local groups formed as a result of the training proceeding on their own was *not* achieved. In most places the groups were dissolved within the first year of the training course. The primary explanation for this could be that there was no follow-up or that the groups were not in any other way anchored. However, a small-scale project in Paarisa, where two local voluntary groups were offered monthly supervision for twelve months via telephone or using tele-health (videoconferenses), showed that a core of people in these groups continued the work. These groups agreed that external support was crucial in terms of ensuring that the groups had stayed on and for group work to develop⁹. *A close interaction between local resource people and outsiders with specific professional expertise to support and further local initiatives thus seems to be needed.* The working groups find it important to emphasise the necessity of such interaction and alternation. It is necessary to take current conditions into account:

- Local resources are changeable in many places because of people’s mobility.
- As mentioned earlier in this report, suicide is a problem that affects many people personally in Greenland. Such personal experience may sometimes be a strength, but in other cases it can make it difficult for people to respond to the issue. The working groups will maintain that the suicide problem is currently fraught with strong feelings, great anxiety and a certain inability to act. The need for help from outside to be able to act locally is therefore great – which is also seen in a questionnaire survey of the local authorities.

The working groups propose that, through travelling and the use of modern technology (telehealth, telephone and e-mail), the regional coordinators should be in contact with local resource people in the towns and settlements in their region. The objective of their journeys should be the training, supervision and counselling of local resource people and follow-up talks with people with special needs¹⁰. In addition the coordinator, in consultation with the local players, can take initiatives to arrange citizen meetings and set up self-help groups. The working groups consider this function very important as they believe that an important element of suicide prevention is to work with and change attitudes. It will often be easier for outsiders to bring sensitive subjects up for debate and ask “silly” questions, just as it will be easier for them to demonstrate an attitude of prevention to a subject which is currently associated with a great deal of anxiety and powerlessness.

The working groups recommend that the regional coordinators do *not* function as crisis teams that can be called out in emergency situations of suicide. Their role is intended to be a more long-term role in that they are - through training programmes, advice and supervision - to assist local communities in designing their own models for addressing the problem of high suicide rates locally based on local resources and opportunities. It is, however, obvious that the regional coordinators

⁹ Paarisa, internal memo

¹⁰ In this context: people who are affected by the suicide problem but not necessarily in an acute crisis any longer and who need and wish face-to-face therapy by a professional caregiver.

should be able to provide telephonic advice to local players in emergency situations. A teacher who is going to meet and speak with a class in which a student has committed suicide the night before should of course be able to ask for telephonic help, support and guidance from the regional coordinator prior to such a difficult confrontation.

With regards to therapy and psychological treatment all the professional groups represented in the working groups recommend that psycho-therapy and counselling should be offered to people who are suicidal or have attempted to commit suicide. The target group for this measure being people who are not mentally ill or substance abusers since these last groups are entitled to use the existing sources of therapy within the psychiatric system or Qaqifik (AA-treatment center). Some of these people would benefit simply from a strengthening of the local network, for example by being given more attention from teachers, social workers, healthcare workers, clergymen, etc (see previous sections), but experience tells us that some people need more in-depth therapy than these professions can offer. If we are to meet the WHO recommendations concerning specific prevention in relation to people who are clearly at risk of committing suicide, it is necessary to make sure that these groups have better access to counselling and therapy than is the case now.

The working groups imagine that it should be possible for other professional groups to refer people to the coordinators for short-term face-to-face therapy, the focus of which should be the person's suicidal thoughts and behaviour as well as identification of alternative strategies for action. For young people it is evident that the closest family should be involved in the process whenever possible. Suicidal individuals should also be able to contact the coordinators. Since the coordinators cannot be in all towns at all times, telehealth should be used for this purpose.

The working groups are aware that the large group of young men who die by suicide may only be slightly reduced through such initiatives. We do not currently know whether individuals in this group have talked about or attempted suicide prior to the fatal act. We assume that a large group of these young men will not initially benefit from offers of individual therapeutic interviews about their own feelings and own situation since talking about their own feelings would probably be very unfamiliar to them. For this group it will therefore be necessary to supplement the more traditional offer of face-to-face therapy with other, more action-oriented initiatives, which will be outlined later in this report. However international research shows that the risk of repetitive suicide attempts and possibly fatal outcome increases with each attempt, and it is also known that speedy action in the form of an interview and counselling after a suicide attempt reduces the risk of repetition substantially. Consequently the working groups adhere to the recommendation of ensuring offers of short-term face-to-face therapy to people who are clearly at risk of committing suicide as it is assumed that a large proportion of this group are motivated to receive such therapy¹¹.

Conditions for recruiting and retaining coordinators. The working groups have contemplated the following issues concerning the conditions for recruiting and retaining competent coordinators. If the coordinators' working areas become the ones described above, their function will clearly be very comprehensive. From a realistic point of view it seems obvious that at least two coordinators must be employed in each region if the coordinators are to travel regularly, build up close contact with local communities, and through the use of telehealth talk to people who are acutely at risk of committing suicide in their respective regions. A physical location together with PPR or the

¹¹ We know this from feedback from the police, hospitals and other institutions, and from the number of calls to the voluntary telephone counselling service "Kisimiingilatit", Børne-Ungetelefonen (helpline for children and young people) and Inuussuttut Akisunnerat.

Regional Office in Ilulissat and possibly with *Døgninstitutionskontoret* (the office for residential care facilities) in Nuuk would contribute to strengthening the maintenance of a professional environment for the coordinators.

Since working with suicide and people at risk of committing suicide is of course associated with major emotional strain, it is considered crucial that the regional coordinators themselves are ensured continuous supervision and participation in continuing training. The chief coordinator is responsible for the planning of such supervision and training, and a model for such activities will be described in the section about identifying people at risk. It is recommended that telephone conferences between the chief coordinator and the regional coordinators be held regularly in order to ensure the feeling of being part of a network. If the position as coordinator is made too comprehensive, and “too lonely” at the same time, the risk of coordinators being burnt out is obvious – and so is the risk of a high turnover of coordinators. This may turn out to be both expensive and inefficient. If, on the other hand, the conditions described are ensured, the working groups believe that attractive positions can be established for people with the right human and professional qualifications.

On the basis of the organisation of “the national network for suicide prevention” outlined above the following recommendations to the listed part-objectives have been made:

2.2.2: Part-objectives:

- **To ensure that the people at risk of committing suicide are identified.**
- **To enhance the professional competence of relevant professional groups in terms of working with people at risk of committing suicide.**

These two part-objectives are dealt with simultaneously as the working groups believe they are inseparable. Identifying people at risk of committing suicide requires ensuring that suicidal people are detected and that the risk of suicide is assessed. Suicidal people are people with suicidal thoughts and people who have attempted suicide¹².

In this context various professional groups play a central role since they are in contact with people through their jobs and are consequently in a position to notice signs of risks if they know what those signs are. Consequently, efforts to improve the identification of people at risk of committing suicide must include the upgrading of relevant professional groups so as to enable them to detect risk signals in suicidal people and to take action on such signs. The professional groups in question include teachers, student counsellors, healthcare workers, clergymen, social workers, youth workers, staff at school boarding houses and halls of residence, environmentalists and workers in associations, etc. To ensure such upgrading, the working groups have presented the following recommendations.

¹² As mentioned earlier in this report, we lack solid knowledge as to whether some of the suicides committed in Greenland are associated with a “prior sequence of events”. Leineweber’s studies show that about 50% of those who die by suicide have drawn attention to their suicidal thoughts prior to the suicidal act. However, quite often we also hear that the suicide came like a bolt from the blue. It is therefore possible that risk signals are overlooked – maybe because we due to our present knowledge do not perceive them as such.

Recommendations:

The following recommendations concern the specific and secondary prevention levels described by the WHO.

1. It is recommended that legislative initiatives be taken to ensure that instruction in suicide prevention is included in relevant programmes of education in Greenland, i.e. programmes in the fields of healthcare, social work and education as well as education and training at the police academy and teacher's seminar. Students in these fields must be informed about suicide, risk assessment and their future professional role in relation to people at risk of committing suicide. Students should also be given the opportunity in the course of their training to reflect on their own attitude towards suicide and the personal challenges associated with this kind of work. It is proposed that a coordinator in a central position be involved in the planning and possibly also the implementation of the programmes of education and training at the individual institutions of education.
2. It is recommended that the qualifications and competencies of key local resource people in all local authorities where there is believed to be a need for it be upgraded so as to enable them to detect and act on suicide risk signals. The same people should also be given an opportunity to clarify their own attitudes towards suicide so as to provide them with a better basis for working with people at risk of committing suicide. It is proposed that such upgrading should be provided in the form of courses held in the individual local authorities by the regional coordinators.

The working groups have been inspired by a reading proficiency project which is being carried out under the auspices of Inerisaavik. In this project three teachers with particularly relevant competencies have successfully completed intensive training that qualifies them to work as reading consultants. The training was provided in consultation with the University of Oslo. After completion of their training, the new reading consultants developed a special training programme and special material for use in Greenland. Subsequently courses have been held for relevant teachers in all local authorities. The method of upgrading the qualifications and competencies of key people resident in Greenland through training by internationally leading experts with whom they then develop concepts and materials for local training courses in individual local communities has proved extremely efficient.¹³ Moreover it is believed to be important to the local teachers' work that they know, that later on they will attend a continuation course, and that they have the possibility of getting telephone consultations with the reading consultants on an ongoing basis. The reading consultant themselves are supervised by their own mentors in Oslo.

Similarly, the working groups recommend that the regional coordinators participate in a continuous programme of further training and supervision headed by external experts in suicide prevention and therapy. There are several purposes of such programmes. First of all, supervision and further training are necessary to ensure continued personal and professional development of the regional coordinators in relation to suicide prevention work and it is also important to ensure that they can maintain the flexibility that is necessary to be able to respond readily to and work with different needs in local communities. However,

¹³ Personal communication, Jens Jakobsen, manager, Inerisaavik

professional interaction with people possessing special knowledge is also necessary to ensure the preparation of a useful course concept which, adapted to specific local needs, can be used for key people in the individual local authorities.

The working groups recommend that the financial cost of the courses held in the individual local authorities should be shared by the home rule government and the local authorities so that the regional coordinators' salary as well as their travelling and accommodation expenses are paid by central funds, while the local authorities make sure that local participants, including participants from settlements, are given an opportunity to attend the instruction planned. It is also recommended that the local authorities make training facilities available for the courses.

Planning of the further training of the regional coordinators will be one of the first tasks to be undertaken by the chief coordinator.

3. Preparation of internal guidelines for hospitals. To facilitate the identification of people at risk of committing suicide the working groups recommend the preparation of internal guidelines stating how healthcare services should tackle people at risk of committing suicide. The working groups recommend that, as a minimum, it is ensured that people who express suicidal thoughts or display suicidal behaviour while in contact with healthcare professionals will be assessed by a doctor or some other competent person. The assessment should include an assessment of the person's social and personal problems, possible abuse of alcohol or other intoxicants and possible mental illness. Once such an assessment has been made, healthcare professionals have a special duty to contribute to ensuring the implementation of the recommended treatment or other actions – generally through the involvement of partners in an interdisciplinary context. In the case of people under the age of 18, parents and social authorities should always be involved. People who are hospitalised after an attempted suicide should not be discharged until relevant follow-up has been ensured. The preparation of guidelines for dealing with suicidal thoughts at hospitals and clinics could be undertaken by Paarisa and the Rural Health Management.
4. Preparation of information material for the healthcare professionals called in. Since a very large group of employees in the healthcare sector are employed on a short-term basis and have limited knowledge of Greenland and the suicide issue here, informative brochures should be prepared to ensure that the staff have simple and factual information about the issue as well as information about how to provide help.

2.2.3: Part-objective:

- **To make available to people at risk of committing suicide and people belonging to known risk groups offers of counselling and treatment. The group of very young men that statistically represents the highest suicide rate must be given special attention.**

Recommendations:

The following recommendations concern the specific and secondary prevention levels described by the WHO.

1. Offers of short-term face-to-face therapy provided by the coordinators. As described in the section about the overall coordination of the national network for suicide prevention and the regional coordinators' role, it is the recommendation of the working groups that it be possible for people who have tried to commit suicide or who are seriously contemplating suicide to have face-to-face therapy provided by the regional coordinators. This is of course easiest to arrange in the towns where the regional coordinators are based but telephone consultation and telehealth should also be used for this purpose. However, some local authorities have units that can offer short-term face-to-face therapy to people at risk of committing suicide, and these units should be used since direct personal contact is always preferable. It stands to reason that these units must keep in touch with the regional coordinators to bounce off ideas and ensure coordination.

It is the working groups' impression that there is a great need throughout the country for offers of help of a more therapeutic nature to a large number of people, and therefore there is still a job to do in terms of describing the exact services to be provided by the regional coordinators. Thoughts of suicide and suicidal behaviour often go hand in hand with other problems which must of course be considered, though no final solution to them needs necessarily be found in short-term therapy. Ideally, regional coordinators should be able to help these people to be included in further therapy under other auspices. However, the working groups are aware that such other offers are rarely available unless the problem is substance abuse. At the same time we must stick to the experience gained in other countries, which tells us that offers of "targeted" face-to-face therapy/counselling after attempted suicide or serious suicidal behaviour seems to have a preventive effect, as such intervention apparently reduces the risk of repetition of suicide attempts or suicidal thoughts.

2. Support from the regional coordinators to the establishment of local self-help groups and network groups. In continuation of the above, the working groups recommend that the regional coordinators offer support to the establishment of network groups and self-help groups in individual local communities. It is not realistic to aim at offering professional treatment and therapy everywhere and for all disorders in a country with such a scattered population. Furthermore, it is the working groups' opinion that a great deal of the suicide prevention work should be based on resources available in the local communities. Help to establish local networks and self-help groups should therefore be an important part of the regional coordinators' work. As described in the section about the regional coordinators' role, this may be ensured through training, supervision and counselling¹⁴.
3. Establishment of an all night telephone counselling service. In terms of ensuring that counselling is available to people at risk of committing suicide, it seems obvious that a telephone counselling service should be established. Judging by the number of calls to the existing voluntary telephone counselling service, "Kissimingilatit", it is obvious that such a service is needed. "Kissimingilatit" receives about 500 calls annually and the police state

¹⁴ It should be emphasised that the working groups by no means advocate that self-help groups replace professional treatment, wherever such treatment is required. Self-help groups are rather meant as a contribution to the increased interpersonal care which is necessary at community level and as part of a shift towards greater openness in terms of speaking about and asking for help with one's problems. Many commentators call this shift necessary. In other words, local self-help and network groups are manifestations of a way of working with attitudes and changes in attitudes on a grassroot level, and may be expressed by an attitude which says: "Instead of keeping your problems to yourself until they grow too big to handle, we can help and support each other by listening and being there for one other".

that they also spend quite a lot of time talking to people who call at night to talk about serious thoughts of committing suicide¹⁵. If we are not to rely solely on already existing voluntary schemes – which the working groups recognise do a great and very commendable job – the possibilities of establishing an all night telephone counselling service for people at risk of committing suicide should be thoroughly considered. The working groups do not feel they have a right to interfere with the work that is already being done by the existing voluntary telephone counselling services, but they would like to stress the necessity of ensuring a good quality of the counselling provided if a telephone counselling service is to be linked with the work performed by the national network. Therefore the working groups recommend that the chief coordinator's job include looking into the possibilities for establishing such a telephone counselling service. The working groups' reservation with respect to relying exclusively on voluntary workers in this context is due to several factors: There is the question of ensuring the quality of the counselling provided. It is the working groups' clear opinion that personal experience *may* be an advantage but that it *is not* always so, and that such experience is not considered sufficient in itself. The working groups are doubtful as to whether it is possible to recruit and retain enough competent voluntary workers since they are, in the nature of things, on duty at odd hours¹⁶. A previous attempt at establishing such a counselling service had to stop for this very reason. If a telephone counselling service for people at risk of committing suicide based on voluntary staff alone is to be established, a very resource-demanding effort will be required to ensure coordination, recruitment, training and supervision. This task is expected to assume a scope which goes beyond what the chief coordinator can handle concurrently with his or her other tasks. The working groups therefore recommend that the chief coordinator initially bases his or her work on the possible establishment of an all night telephone counselling service in combination with other already manned functions – for example at the Queen Ingrid Hospital (DIH).

4. Website. The working groups recommend that a bilingual website be established which, in addition to factual information about myths and facts relating to suicide and points of contact, makes it clear that suicide is not the solution to any problem. The website could, for example, be linked to the already existing youth website www.inuusuttutakisunnerat.gl and the Health Authorities' health portal. The content of the website could be drafted by the chief coordinator at once as it is technically feasible to establish the website within the existing structure.
5. Treatment and therapy for known risk groups: There is a unique and personal story behind every suicide. However, international research shows that certain groups in society have a higher occurrence of suicide and suicide attempts than others. That is why we talk about "risk groups" to which special attention must be paid in connection with preventive work. However, it should be emphasised that belonging to a risk group does not necessarily mean that an individual will display suicidal behaviour.

¹⁵ Acting station manager Johan Davidsen, Nuuk, attended the working group meeting as a guest on 26 April 2004 and stated during the meeting that the police in Nuuk are contacted about four times a month on matters of this nature and that the talks in question may be very long.

¹⁶ The working groups understand that the current voluntary counselling service in Kissimigilatit is ensured through quite unique commitment and persistency by a few people.

The groups which according to research are characterised by an increased risk of suicide are the following: people who are mentally ill, abusers of alcohol or other substances, people who have previously attempted suicide, surviving relatives and others who are affected by suicide and attempted suicide, people who have experienced parental neglect and abuse, prisoners and certain age groups – in Greenland especially very young males.

It is the opinion of the working groups that intensified efforts aimed at these large groups is beyond the scope of the proposed national strategy at present, but the following additional remarks have been made:

A: The mentally ill: As far as treatment of the mentally ill is concerned, the working groups support current work which aims at greater focus on the field of youth psychiatry. Research shows that suicide and attempted suicide appear with particular frequency in patients suffering from depression and personality disorders¹⁷. An increased number of referrals of the last-mentioned patient group to the Queen Ingrid Hospital, A1, have been registered, which is why the possibility of providing better treatment and therapy needed by this group is being examined. The working groups believe that strengthening of the field of youth psychiatry must be expected to have a positive, preventive effect on suicide rates, and they can only recommend that this area be given high priority.

B: Abusers of alcohol and other substances: There is reason to assume that abuse of alcohol and cannabis plays a major role in relation to suicide and attempted suicide in Greenland. Although the consumption of alcohol has been declining for a number of years, there is still a large group of people with serious alcohol abuse and a very destructive drinking pattern (binge-drinking). We do not have the same knowledge of the extent of cannabis abuse, but reports received from Qaqifik, the police and other authorities give rise to concern that the abuse of this substance is growing.

Long-term abuse is not only a risk in itself, but many suicidal acts take place under the influence of some alcoholic or narcotic substance, though it is currently unknown whether such acts are always preceded by long-term abuse¹⁸. Alcohol must also be assumed indirectly to play a major role in relation to suicides because of the massive lack of sufficient care that many children are exposed to as a consequence of their parents' abuse.

Constant development and increased availability of treatment for substance abuse is therefore clearly assumed to be important in terms of reducing the number of suicides and attempted suicides. The working groups would like to see existing offers of treatment for alcohol abuse at Qaqiffik supplemented by offers of treatment based on methods other than the Minnesota model for those people for whom this model is not the most suitable. Moreover, the need to develop special offers for "new young addicts" has been emphasised. The term "new young addicts" refers to a group of children and young people who have become substance abusers at a very early age – many of whom abuse both cannabis and alcohol and are also addicted to sniffing. At present there is no overview of the exact number of people in this group, but according to social workers, police officers and student counsellors with whom the working groups have spoken, their number seems to be

¹⁷ The Danish National Board of Health: "Forslag til handlingsplan til forebyggelse af selvmordsforsøg og selvmord i Danmark" (Proposal for a National Strategy for Suicide Prevention in Denmark)

¹⁸ The uncertainty applies not least to the large groups of young people who die by suicide.

increasing. The working groups recommend that funds be set aside for annual repetitions at Qaqiffik of the “Children are also human beings” and ”Teen-Age Power” programmes.¹⁹

C: The need for more and better family treatment – including treatment of children who have been sexually abused and their families. It is beyond the scope of this action plan to present specific recommendations for general improvement of the social security area as a whole – no matter how crucial this may seem. However, it is recommended that the Greenland Home Rule and local authorities continue to work and collaborate on ensuring better availability of counselling and treatment for children and families in need, and that they ensure suitable out-of-home placement for children whenever needed. The working groups believe that Greenland has now reached a stage in its history where it seems that a relatively large group of people are traumatised as a consequence of their upbringing and conditions in life. The working groups are of the opinion that psycho-social treatment is one of several options in relation to a group of people under heavy strain who could be at increased risk of committing suicide at some point in time²⁰. The working groups believe that the existing treatment opportunities for these people are insufficient, and for that reason they propose that the entire social security area be given higher priority.

Young men: When discussing treatment for special groups at risk, the working groups have considered several options in relation to the “group of young men”. It is the working groups’ immediate assessment that the “treatment” of “the young men” in the context of suicide prevention should be supplemented by offers of “therapy” at a completely different level and in a completely different context than traditional face-to-face therapy and counselling. There are several reasons for this: we do not know how many of the suicides committed by young people that are committed without prior warning and that take place in a state of emotional agitation and possibly under the influence of intoxicants. Until we have better research-based knowledge of the ethiology of suicide with regards to young men, we must be open to the possibility that we may have to do with a large group of young men for whom the fatal suicidal act is not the result of a long-term sequence of events involving suicidal thoughts and suicide attempts, but rather a spontaneous and impulsive response to immediate agitation and frustration. This is not primarily prevented by means of offers of face-to-face psycho-therapy. Instead we will have to work specifically with basic attitudes and the young people’s ability to tackle frustration and adversity. Consequently we are moving into areas relating to the upbringing of children and the societal and cultural demands and expectations that apply to them.

Another reason why the working groups believe, that face-to-face therapy and counselling should not be the only type of “offer of help” provided to the group of young men at risk of committing suicide, is the assumption that talking about one’s own feelings quite simply is so strange and unusual to many of them, that such a setting is at risk of being (yet another) requirement they cannot live up to.

Consequently the working groups believe that a general “therapeutic” effort aimed at this group of young men should be completely different from traditional psycho-therapeutic

¹⁹ Both the programmes are treatment and therapy programmes for children of alcoholics.

²⁰ See, among other things, Sundhedsprofilen, (Bjerregaard et al. 1997) in which 82% of the respondents who state they have grown up with alcohol abuse in their childhood home and that they have been sexually abused say they have seriously contemplated suicide.

treatment. Rather than individual face-to-face therapy, an interdisciplinary approach and the organisation of initiatives of a more socio-educational and action-oriented nature are proposed. Further details are given below.

Based on age group statistics and the combined experience and knowledge represented in the groups, the working groups have discussed the following: It seems relevant to take into account that the lives of young people in Greenland include a number of transitional phases which should be seen as special “transitional risks”. The risk is that the transition holds so distinct losses of security combined with such massive new demands that the vulnerability of the individual is increased appreciably, which again makes him less resistant to defeat and challenges. The transitions discussed by the working groups are the move from settlement to town in lower secondary school (*Folkeskolen*), the shift from *Folkeskolen* to youth education or training) (or to working life or possibly unemployment), and then the shift from youth education to higher education or work. The working groups’ considerations concerning the possibility of making these transitions easier for the young people have been concentrated around two themes: increased care and increased responsibility. These two themes have been chosen because it is believed that lack of care is an important factor in relation to the issue of high suicide rates in general. Another consideration is that it is necessary for young people to learn to take increasing responsibility for their own life in order to prevent suicide.

The working groups have the following proposal as to how care and increased responsibility can be incorporated into an interdisciplinary approach aiming at making the above-mentioned transitions easier for children and young people:

- A good physical framework providing care for the individual: At a very young age, children and young people move away to school boarding houses and later on to halls of residence in a town away from the place where their closest relatives live. For many of them this change is associated with pronounced feelings of homesickness. Increased care of the children and young people in connection with such moves is to be provided at many levels. The working groups recommend that it be ensured that the physical framework in which the children are placed is pleasant, cosy and full of warmth. Run-down school boarding houses and halls of residence and empty rooms represent a kind of physical neglect that the community should quite simply be ashamed of.
- Establishment of a contact family scheme: The working groups also recommend that efforts be made to ensure that all students in lower secondary schools and young people in youth education and training programmes are allocated a contact family in the town to which they move in line with students who go to continuation school in Denmark. Basically it should be the young people’s own families who arrange for contact families with the assistance of the young person’s institution of education. In cases where a family is unable to find a contact family for a child, the school boarding house and the local authority must provide assistance.
- Upgrading of the care function of employees at school boarding houses and halls of residence: It is recommended that staff at school boarding houses and halls of residence be involved in contact between school and home to a much greater extent than is currently the case so as to ensure maximum cohesion and coherence in all work relating to individual students. Moreover, employees at school boarding houses

and halls of residence have a very important function not only as attendants, but also as caregivers. In this context care should be understood as an active interest in and presence vis-à-vis children and young people as well as a willingness to be a part of the youngsters lives and making their personal attitudes towards the young people's actions and behaviour very clear. The working groups think that "the care side" of their function as employees at school boarding houses or halls of residence should be made more evident and be given higher priority at the time of employment and in further education of staff at these facilities. Involvement of voluntary elderly people as "surrogate grandparents" who take part in, for example, cooking and socialising activities at the school boarding houses in the evening should also be considered.

- "Inclusion rather than exclusion": With respect to the many young people who either leave lower secondary school without any plans for the future or drop out of a youth education programme, the working groups think that it is crucial that these students are "caught" right away and involved in a relationship that requires commitment and gives them qualifications. The working groups' immediate assessment is that lack of vision concerning their own future and a feeling that no one needs them is a major contributory reason for many of the suicides among young people, especially among young men. It should be taken into consideration whether some gender-specific aspects are at play with men experiencing the feeling of being "superfluous" as more humiliating than do women? Also a woman can have children at an early age, which could also be seen as a way of creating an identity as an adult and of having a purpose in life where this is not quite the case for men²¹.

The working groups therefore think that "activation" is a crucial element in the "treatment" of the young men at risk of committing suicide. Instead of "just talking", treatment is to take place through action. And that should be action aimed at making the young men commit themselves in relation to their own life and providing them with some of the skills and competencies they lack to get on in their lives, whether these skills and competencies are professional, linguistic or personal. The working groups are aware that this is easier said than done, but nevertheless maintain that strengthening of efforts to keep very young people in programmes pointing forward is assumed to be important in relation to the problem of high suicide rates. This clearly calls for an interdisciplinary effort in which representatives of the local authorities, institutions of education, trade and industry and several departments under the home-rule government should be involved. The working groups' suggest that this proposal should initially be followed up upon by the central coordinator in order to present it for debate in the right fora.

The working groups recommend that guidelines be prepared which ensure that, if a young person under the age of 18 drops out of school, institutions of education become obliged to inform the local authority in the area where the young person lives. The local authority should then call in the young person for an interview and discussion of a plan of action.

²¹ Kirmeyer,L. "Acting on what we know"

2.2.4: Part-objectives:

- **To work against the perception of suicide as a way of solving problems encountered in life, in particular among young people, and to propagate the attitude that it is worthwhile to seek help.**
- **To contribute to increasing the well-being of young people and people in general as well as their ability to tackle conflicts and the challenges they encounter in life.**

Recommendations:

The following recommendations concern the specific and secondary prevention levels described by the WHO.

1. Reduction of social inequality at societal and community level is considered a fundamental prerequisite for any general improvement of people's well-being, and thus also for any reduction of the number of suicides. Consequently the working groups recommend that both central and local government formulate general, but quite specific objectives for social policy, family policy, education policy and business policy, imposing a duty on all branches of society to contribute to the realisation of those objectives.
2. Inuunerissaasut ("quality of life consultants") in all local authorities. It is recommended that instead of using the present title of "prevention consultant", the title should be changed to "life quality consultants", and that an effort be made to have some of these consultants in all local authority districts. This is not only a question of choice of words but a question of highlighting the increasingly health-oriented approach to preventive work. The process has already started since Paarisa since 2002 has provided further education and training for prevention consultants in the fields of health promotion theory and the promotion of health-oriented approaches. This process should continue and be intensified in the years to come. The subject of health-promoting approaches implies an understanding of health as more than just the absence of disease. Good health is very much a question of quality in life – and the focus of initiatives must therefore support the processes that make people stronger and generate joy, strength and energy to tackle the challenges that they will inevitably encounter in life. Cultural activities and events are important elements in such a process and should be given increasingly high priority.

The present structure of interprofessional prevention committees which coordinate local prevention work is considered a good basis for local initiatives but the work conducted must be well anchored in the individual institutions and the institutions must set aside resources to follow up on the plans made. Moreover, it is recommended that representatives of local business life to a greater extent be involved in the work and that they agree to assume greater responsibility – through the sponsoring of local "life-quality promoting" activities, through the formulation of a clear staff policy on, for example, alcohol and absence, and through cooperation with the social services administration on matters relating to young people.

As mentioned in the section about the regional coordinators' areas of work, both the regional coordinators and Paarisa can be involved in local work as consultants, instructors and as a sounding board. As a logical continuation of the above shift in focus, the name "prevention committee" should be changed to "The interprofessional committee for improvement of quality in life".

3. Website for young people. Inuusuttut Akisunnerat is the name of a website for young people which the Children in Greenland Association opened in January 2004. The purpose of the website is to give Greenlandic-speaking young people an opportunity “to meet” other young people on the Internet. It is possible to send in letters via the website. A group of professional people answer the young people within 14 days. In addition there is a chat room where the young people themselves can bring up subjects and discuss them with each other. This website was an enormous success right from its start. Between five and eight letters are sent to the professionals every week, and the activity in the chat room is enormous. The working groups find that the website has proved very relevant. It helps break down both taboos and the isolation that many young people may feel in relation to their problems, which they may not dare talk about with people in their local community. Experience gained to date shows that the young people are very interested in each other’s contributions, commenting on them and offering advice. Despite energetic attempts at raising funds from various foundations, it has not yet been possible to provide funds for the continued existence of the website after December 31st, 2004. Consequently the working groups recommend that the amount required to keep the website up and running for the next 3-5 years be appropriated in the National Strategy for Suicide Prevention.

4. Imminut course for the oldest age group and survival courses for the younger age groups at school. It is recommended that, over the next five years and within the framework of the discipline called “personal development”, all classes at the oldest level (grade 8-11) complete a course based on the material called Imminut. Imminut is educational material developed in Greenland about suicide prevention. The material encourages students to work with their abilities to tackle conflicts and support each other. They also receive direct instruction on how to act if they discover that a friend is at risk of committing suicide. A three-day course for teachers has been developed in connection with the educational material. At this course, teachers are informed about suicide risk signals, and they work with their ability to discuss the subject with students. The course for teachers should be offered under the auspices of Inerisaavik in the years to come, and should be further developed in collaboration with the chief coordinator.

At present there is no similar educational material for the younger age groups, but the working groups recommend that, from the third grade, annual “survival courses” be introduced. A diploma is to be given for completion of the course, and this diploma must be upgraded continuously, the aim being to communicate the clear attitude to the students that life is valuable and worth “fighting for”.

The working groups have discussed the role of schools in suicide prevention. They are of the opinion that school plays a unique role as institutions since they influence children’s development in many ways in many years. The working groups also think that the new “Atuarfitsialak” school reform features many intentions which, if realised, will have a positive effect on the general prevention of suicide. Consequently the working groups recommend that the necessary resources be provided to enable schools to live up to their new mission as institutions.

5. Involvement of the church. It is recommended that the church plays a more active and visible role in the field of suicide prevention. Although the working groups do not adhere to the religious damnation of those who commit suicide that used to be common in earlier times, they would like the church to clearly communicate that suicide is an unacceptable way of solving problems in life. In connection with confirmation preparations it is recommended that subjects such as “perception of life and life values”, “death as part of

life”, “why suicide is wrong from a Christian point of view”, “life crises and difficult transitions” and similar subjects be taken up. The clergymen in individual local communities should be active and outgoing in their contact with citizens and should take part in local activities promoting quality of life.

6. Debate-creating programmes in KNR TV and Radio. In the working groups’ opinion it should be ensured that debate-creating programmes on health and family related issues be broadcast regularly on national TV and radio channels. Subjects such as the upbringing of children, gender roles and quality of life would be relevant. The subject of suicide should also be taken up but should be treated with great care. It is considered important that the attitude communicated in such programmes take a sharp stand as to seeing suicide as an “unacceptable” act, but at the same time shows respect for the complexity and pain behind suicidal acts. The chief coordinator could assist in the planning of such programmes. The working groups also think the role of the press as opinion-makers should be considered. The working groups recognise the duty of the press to call attention to societal problems, but they are also aware that there is a risk that a one-sided focus on negative aspects may contribute to “normalising” problems such as substance abuse, parental neglect, violence and suicide, thereby generating a feeling of powerlessness. Consequently the working groups would like to see the many positive stories and many initiatives taken in Greenland, which bear witness of people’s resources and creativity, covered to a much greater extent by the media also.
7. Information campaigns about appropriate home storage of firearms should be run at regular intervals. In this context it should be clear that careless storage of firearms increases the risk of suicide.

2.2.5: Part-objective:

- **To strengthen the possibilities of local communities and voluntary organisations of carrying out suicide preventive work.**

Recommendations:

1. Support provided by coordinators. As stated above, the intention is that local players – both professionals and voluntary workers - should be able to obtain support from the regional coordinators and Paarisa in their preparation of local action plans for the prevention of suicide no matter whether their initiatives are aimed at the specific, the secondary or the general level of prevention. Depending on the number of coordinators available, the coordinators will be able to visit individual local authorities from time to time but some of the guidance and interaction between local players and coordinators will have to take place over the telephone and in the form of telemedicine.
2. Earmarking of the funds of the Innuneq Nakuuneq Foundation over the next five years for general work and the implementation of local action plans and activities aimed at promoting joy in life and commitment to one’s own life as well as the lives of other people. Funds should be allocated to projects aimed at giving children, young people and families increased resources to tackle the challenges of life. Projects incorporating creative and cultural elements should be given high priority.

3. It is recommended that local authorities assume the task of helping voluntary organisations who wish to start self-help groups or the like by placing suitable premises at their disposal, covering minor operational expenditure, etc.

2.2.6: Part-objective:

- **To generate research-based knowledge about suicides in Greenland.**

Recommendations:

It is recommended that a PhD position be established at Ilisimatusarfik in cooperation with relevant research units in Denmark which can provide appropriate guidance. In this connection, relevant institutions would be the National Institute of Public Health, the Centre for Suicide Prevention, and The Centre for Public Health at the University of Copenhagen. All these institutions have expressed their interest in cooperating with Greenland on research into suicide and related problems. By placing the PhD position at Ilisimatusarfik it is ensured that the knowledge and research experience achieved is likely to remain in Greenland. The working groups recommend that the PhD position be financed through changed prioritisation of the funds available to the Commission for Scientific Research in Greenland (KVUG).

The working groups have discussed the following areas which, in their opinion, should be investigated more closely. The following list is far from exhaustive:

- Research into indicators of risks for the purpose of early identification: We very much need to know more about what risk signals we should look for in Greenland in our efforts to identify and help people who are at risk of committing suicide. While depression and symptoms of depression are common predecessors of a suicidal act in the western world, an Australian study has shown that impulsiveness was a much more predictive sign of suicidal risk among the aboriginal population there²². The relationship between depression and suicide in Greenland is currently insufficiently accounted for. Moreover, the diagnostic instruments currently available to us for diagnosing depression have been developed in a western cultural context, which means that there is an obvious risk that culture-specific differences in behavioural and clinical symptoms may be overlooked. A rating scale should be developed to assess the risk of suicide. It should perhaps include measures of depression and anxiety in a Greenland-specific cultural context.
- Research into the ethiology of suicide among young people: More exact knowledge is needed about the complex causality behind the many suicides – especially among young men. What are the special conditions that apply to this group and how can prevention initiatives be targeted at the special needs of this group? What is the attitude to suicide among young people and in what ways can it intensify or weaken suicidal behaviour? Etc.
- Research into resilience: Increased knowledge about factors that have a protective effect with regards to the development of suicidal behaviour could also contribute to providing knowledge about how to prevent suicide. For one thing it would be interesting to know what distinguishes the 20 per cent, who state that they have grown up with alcohol abuse in their childhood home and been exposed to sexual abuse, but who have *not* at any time seriously contemplated suicide, from the 80 per cent who have grown up with the same factors of strain and state that they have seriously contemplated suicide.²³

²² Westermann, T i Henderson, 2003.

²³ Bjerregaard et al, 1996

2.2.7: Part-objective:

- **To ensure evaluation of initiatives taken and of the action plan as a whole.**

Recommendations:

The working groups recommend that funds be set aside for evaluation of the action plan. Throughout the world, the issue of suicide and related problems suffers from inadequate evaluation of initiatives taken, which means that too little specific knowledge is available about the effect of various initiatives and consequently about how funds provided for prevention are best used. The working groups find it particularly important that evaluation is incorporated right from the beginning of all activities initiated to ensure continuously improved knowledge of the measures that actually work – and whether they work as we expect them to. The working groups recommend that the evaluation should not only be made on the basis of the number of suicides committed but also on other relevant parameters such as the general attitude to suicide, assistance provided by society and fellow human beings in connection with suicidal crises and the like. It will be the chief coordinator's task immediately after his appointment to ensure the relevant consultant assistance for formulation of the criteria for evaluation and to have them incorporated in activities right from their initiation. The working groups recommend that part of the evaluation takes the form of action research.

2.2.8: Other recommendations:

The working groups have been asked to make proposals as to how cooperation with the other Arctic regions could be strengthened in the field of suicide prevention. The working groups consider it natural that such cooperation should take place under the auspices of the ICC. The working groups recommend a discussion in this forum of the possibility of making suicide prevention a common target for a ten-year period. Ensuring that a group of practitioners and researchers meet at conferences every third year would facilitate the forming of the networks which are necessary if continuous contact and exchange of experience are to be established across the regions.

Moreover it is recommended that the chief coordinator cooperate with the Documentation Centre on Children and Youth (MIPI) on the large inter-Arctic study entitled "Future of Children and Youth in the Arctic". One of the focus areas in this study is suicide and suicide prevention initiatives.

The working groups also recommend that funds be set aside for translation of this proposal for a national strategy into English and that the translation be sent to key people and authorities in the other Arctic regions as part of our exchange of knowledge.

3.0: Concluding remarks and proposal for further progress

The proposal for a National Strategy for Suicide Prevention presented in this report is the working groups' proposal for a long-term strategy for suicide prevention in Greenland. The working groups have worked without any set financial framework, and the next step now will be political debate and determination of priorities on the basis of this proposal.

As has been pointed out throughout this report, the working groups believe that a reduction in the number of suicides can only be achieved through initiatives in a number of areas in society, and that it will involve working with processes that will take a long to change. The working groups have

wanted to make it clear to political decision-makers that, in their best professional assessment, there is no quick and simple solution to this problem. Consequently, any strengthening of suicide prevention work calls for political willingness to make long-term investments in initiatives whose effect will not necessarily be visible overnight. It calls for a willingness to start up actions we do not know the effect of in advance. This is why evaluation is so important. Given the current scenario, we can either sit down idly and say that we do not know enough to be able to carry out any initiatives that have a documented effect, or we can implement some initiatives which, based on an educated guess, we think will have a positive effect in this field, and then we can evaluate them, learning by doing. The working groups hope that there is both willingness and courage to choose the last option. The working groups recommend that the period 2005-2009 be used as outlined in this proposal. It is recommended that a mid-term evaluation be made in the autumn of 2007 and that the outcome of this evaluation be presented to the Greenland Parliament at the 2007 Autumn Assembly. In addition the outcome of the evaluation should be used to make adjustments to continued work in the period up to 2010. The final evaluation in 2009 should form the basis for the planning of future work which is expected to be undertaken in subsequent years.

Nuuk, June 2004

English translation by “Sprogkonsulenterne”, Denmark