AN EVALUATION OF THE IMPLEMENTATION OF GREENLAND'S NATIONAL STRATEGY FOR SUICIDE PREVENTION WITH RECOMMENDATIONS FOR THE FUTURE

Prepared for: **PAARISA**
Ministry of Health
Greenland Home Rule

Submitted by: **Susan Soule**
Based on research conducted by
Jack Hicks and Susan Soule
in May 2006 and May 2007

Table of Contents

Introduction and General Goals……………………………………………….……………3

Background and Context…………………………………………….…….……………..….3
A Brief Overview of Suicide in Greenland, Alaska and Nunavut………….…..……...3
The Challenges Suicide Prevention in Greenland, Alaska and Nunavut… …...…4
One Approach to Addressing These Challenges……………………………………6

The Greenland National Suicide Prevention Strategy………………………………………7
The Beginning……………………………………………………………………….. 7
Summary of the National Strategy…………………………….……………………7
The Initial Implementation of the Strategy…………………………………………..10
Implementation of the Strategy as of May 06………………………………………10
Implementation of the Strategy as of May 07……………………………………….12

Suicide and Suicide Prevention Across Greenland: May 2007 Interviews……………..13
Nuuk…………………………………………………………………………………..14
Ilulissat……………………………………………………………………………….14
Upernavik…………………………………………………………………………….18
Tasiilaq……………………………………………………………………………….21
Narsaq………………………………………………………………….…………….24

Suicide Prevention by Community Sector……………………………………..………….25
Educational Institutions…………………..…………..……………………….25
Kommune Social Services…………………………………………………...…….25
Local Governments…………………………………………………………………26
Medical…………………………………………………………………………….26
Law Enforcement…………………………………………………………………26
Church……………………………………………………………………………..27
Youth Groups……………………………………………………………………..27
Treatment Programs……………………………………………………………..27

Recommendations……………………………………………………………………..…..27
Part 1. Recommendations For PAARISA………..…………………………………28
Part 2. Other Recommendations……………………………………………………31

Appendix……………………………………………………………………………… 33
People With Whom We Spoke May 2006……………………………………………..33
People With Whom We Spoke May 2007……………………………………………..33
Footnote………………………………………………………………………………...34

AN EVALUATION OF THE IMPLEMENTATION OF GREENLAND'S NATIONAL STRATEGY FOR SUICIDE PREVENTION WITH RECOMMENDATIONS FOR THE FUTURE

Introduction and General Goals

This report is based on extensive interviews conducted by Jack Hicks and Susan Soule with relevant service providers, government officials and young people in various communities across Greenland. The first interviews took place in May 2006 when the consultants visited Nuuk for one week. In May 2007 they spent 4 weeks (Susan) and 5 weeks (Jack) conducting interviews in Nuuk and the towns of Ilulissat, Upernavik, Tasiilaq, and Narsaq. Unfortunately weather interfered with a planned settlement trip and travel and vacation schedules interfered with interviews with several key people.

Appendix A is a list of the people who graciously agreed to be interviewed. We thank them all and hope that this document justifies the time they gave by proving useful in their very important work.

The overarching goal of this report is to provide government planners and the suicide prevention staff at PAARISA with observations, reflections and recommendations that will help to strengthen their work. We hope it will be useful in seeking government support for suicide prevention and that it will help shape future efforts by identifying what is working well, and what needs to be improved or changed.

This report in part looks at suicide and suicide prevention from an Arctic perspective and some of our recommendations reflect our own extensive experience with suicide prevention in Nunavut and Alaska. Jack Hicks is currently Coordinator of the Qaujivallianiq Inuusirijauvalauqtunik ('Learning from lives that have been lived') suicide follow-back study in Nunavut, and an external Ph.D. student at Ilisimatusarfik (The University of Greenland). He previously served as Director of Research for the Nunavut Implementation Commission and as the Government of Nunavut's Director of Evaluation and Statistics.

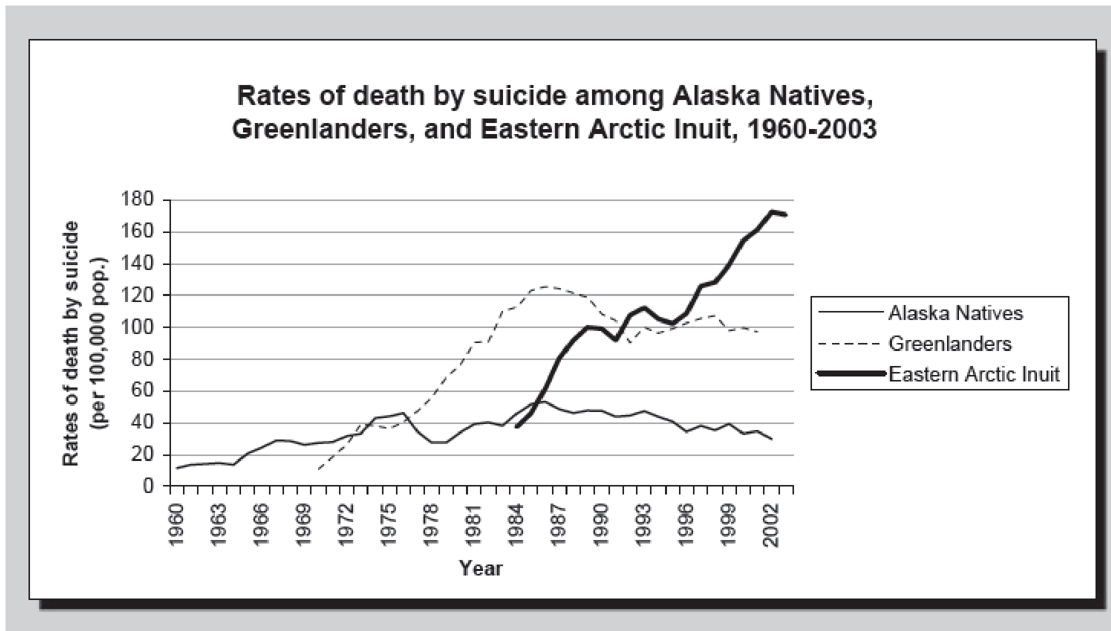
Susan Soule spent 18 years working on suicide prevention for the State of Alaska, was involved in the early development of the U.S. National Suicide Prevention Strategy and in writing the State of Alaska Suicide Prevention Plan. Both Jack and Susan have spent many days in the small villages of Nunavut and Alaska. We hope that this broad perspective strengthens this report.

Background and Context

A Brief Overview of Suicide in Greenland, Alaska, Nunavut

Greenland, Alaska and Nunavut all have substantially elevated rates of suicide compared to the United States, Canada and Denmark, and within the regions it is the especially high rate of suicide among the indigenous population that underlies the elevated rates. In Alaska for instance the rate of suicide for the state as a whole tends

to be about twice that of the United States. The rate of suicide of Alaska Natives tends to be about twice that of the state, or four times that of the United States. (In Greenland and Nunavut the indigenous population is primarily Inuit. Alaska's indigenous population includes Inuit [Inupiat and Yup'ik], Athabaskan, Aleut, Tlingit, Haida and Tsimshian). In all three places, the rate of suicide is highest among young indigenous males from their mid-teens to mid to late twenties. The most recent rate of suicide in Alaska is 11/100,000; in Canada 11.6/100,000; in Denmark 13.6/100,000. The table below shows the rate of suicide for the indigenous people of those regions.



Jack Hicks: "The Social Determinants of Elevated Suicide Among Inuit Youth"; Indigenous Affairs 4/07 "Social Suffering"; IWGIA)

Jack Hicks has studied and written extensively about suicide in these regions. He observes, as the table above indicates, that suicide rates among the indigenous people of the North were not always high. The dramatic increase in suicide rates occurred "after the three national governments, the United States, Denmark and Canada, began to modernize the Arctic and impact directly and dramatically in Inuit life ways." He further notes "it's not those adults who were impacted, but suicide begins to happen shortly thereafter among their children." (Jack Hicks, CBC interview January 7, 2008).

.

At slightly different times and in somewhat different ways the indigenous people of Greenland, Alaska and Nunavut experienced dramatic changes in their way of life, changes that were not of their own choosing. The semi nomadic hunter-gatherers were forced to live in settled communities. Their children were required to attend schools that taught new ways, new values and a new language. Churches sought to replace traditional spirituality. In Alaska the changes were accompanied by epidemics that devastated families and all but wiped out some villages. The changes were traumatic to individuals, families and the cultures of the Arctic, and, the trauma has been passed from generation to generation, contributing to high rates of family dysfunction

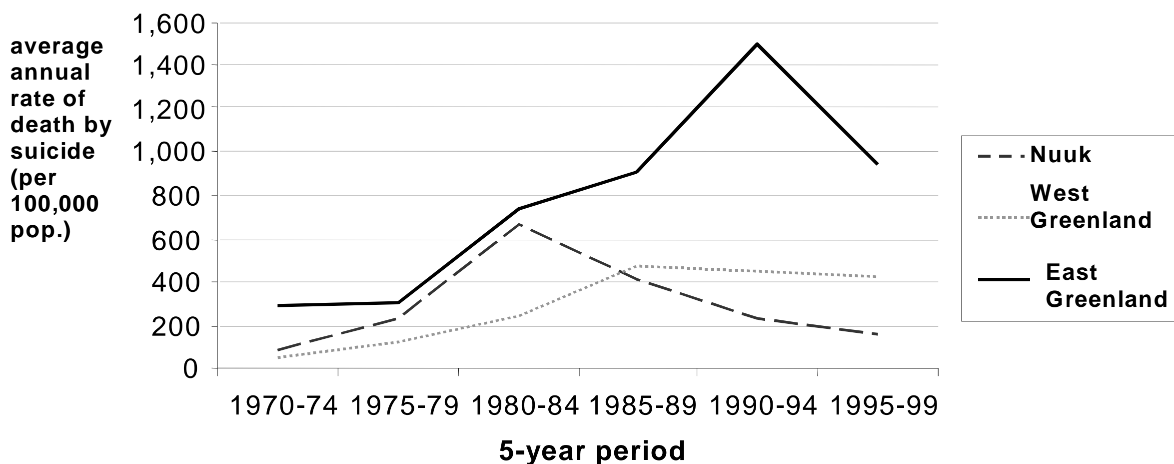
manifested in alcohol abuse and violence. Children who grow up in homes plagued by substance abuse and violence do not get what they need to thrive. Many struggle with most areas of their lives. Some turn to substance abuse. Some turn toward suicide.

Putting all this together, Jack Hicks writes “Inuit take their lives for the same reasons that other people commit suicide – *plus some other reasons specific to Inuit societies as they exist today.* The challenge of suicide prevention in the Inuit regions, then, can be seen as the same challenge that all peoples on the planet have PLUS the challenges that are unique to the social determinants underlying elevated rates of suicide among Inuit youth.” Jack Hicks in “The Social Determinants of Elevated Suicide Among Inuit Youth”; Indigenous Affairs 4/07 “Social Suffering”; IWGIA

An additional complicating factor is that in Greenland, as in Alaska and Nunavut, suicide is not evenly distributed across region. Rates are far higher in some places than others. In Alaska, for instance, in a given 10-year period almost half the 200+ villages in the state experienced no suicides, while a small number of villages experienced an average of more than 1 per year. Another factor common to all three places is that the rate of suicide among indigenous people living in urban areas is declining more than the rate for indigenous people living in rural areas.

The chart below shows both the sharp decline in the rate of suicide among Inuit in Nuuk, and the variation in rates in different regions of Greenland.

Rates of death by suicide by Greenlandic men 15 to 24
By Capital City and Coasts, 1970-74 to 1995-99



(chart adapted from Jack Hicks in “The Social Determinants of Elevated Suicide Among Inuit Youth”; Indigenous Affairs 4/07 “Social Suffering”; IWGIA)

The Challenges of Suicide Prevention in Greenland, Alaska and Nunavut

Suicide prevention in these regions is especially complex as both the universal reasons that people commit suicide (mental disorders such as depression, or extreme emotional pain - what Edwin Schneidman calls “psychache”)), and the “reasons specific to Inuit

societies" (that might be summarized as the on-going consequences of the thorough disruption of the traditional way of life) have to be addressed. These consequences, what Jack Hicks terms "social determinants" have what might be termed a spiritual component, sometimes referred to as intergeneration trauma, and more concrete components including poverty, unemployment, discrimination, interpersonal violence and substance abuse.

It follows from this that suicide prevention programs, while taking advantage of what has been learned from research and clinical practice, need also to be culturally informed, culturally appropriate and socially aware. Effective suicide prevention in Greenland, as in Alaska and Nunavut, is a complex and difficult undertaking.

Geography presents an additional challenge. In all three regions populations are widely dispersed living in small towns and villages or settlements most of which are not connected by road. Transportation is by boat, small plane or, in Greenland especially, helicopter. Services in the smaller communities are extremely limited. Only the biggest of the communities have resident counselors or social workers. For the other communities, service providers visit now and then and the cost of providing even these infrequent services is very high.

One Approach to Addressing These Challenges: Suicide Prevention in Alaska

The State of Alaska initiated several suicide prevention programs in the late 1980's when attention was called to the extremely high rates of suicide among, chiefly young male Alaska Natives. Alaska's settlement pattern is similar to that of Greenland, with hub communities (towns) serving numerous villages (settlements) accessible only by air or water. Again like Greenland, a variety of services and programs existed in the hubs, but little to none in the villages. Alaska's approach was to try to increase the availability of services and programs in the villages. Through the Community-Based Suicide Prevention Program, villages were able to apply for small grants to develop their own suicide prevention programs based on local needs and resources. They often developed programs that, in addition to providing crisis intervention, focused on helping young people learn about and take pride in their culture. The state provided funding and extensive training and technical assistance for local project staff.

The Rural Human Services System Project (RHS) involved collaboration with the University of Alaska and regional service providers in hub communities to develop an accredited program to train village "natural helpers" in basic counseling and intervention skills. These village-based counselors, trained by the university and employed and supervised by their regional agency, not only provide services at the village level, but a number who completed the initial 30 credit program went on to pursue more advanced degrees in counseling and social work. The RHS curriculum emphasizes synthesizing cultural and clinical approaches. Each class is taught by a University instructor and Native Elders.

The Greenland National Suicide Prevention Strategy

The Beginning

The Background section of the "Proposal for a Nation Strategy for Suicide Prevention in Greenland" notes the first gradual and later "explosive" rise in suicides since the "massive modernization" following World War II. The Proposal states that in the 1990's there were about 50 suicides a year in Greenland, corresponding to a suicide rate of about 100 per 1000,000 inhabitants. This is one of the highest suicide rates in the world, and, like other Arctic areas, the rate is highest among young males aged 15-19.

Greenland began to pay serious attention to its suicide problem through the leadership of Family and Health Minister Asii Chemnitz Narup, a trained social worker with particular experience working with grief. In 2003 Ms. Narup participated in a suicide a prevention conference in Iqaluit, Nunavut and, aware of the World Health Organization (WHO) recommendations, recognized the need to address the problem of suicide in Greenland through the development of a comprehensive suicide prevention strategy.

In March 2004 Ms. Narup established two working groups and a steering committee to work on designing a national suicide prevention strategy for Greenland based on the WHO guidelines. Their work formed the basis of the "Proposal for a National Strategy for Suicide Prevention in Greenland" that was presented to the government of Greenland in the Fall of 2004.

DKK 5,000,000 over five years were requested to implement the proposal's recommendations which included hiring one Project Coordinator and four Regional Coordinators. The government approved the overall approach but reduced the funding, time period and number of staff -- allocating DKK 3,000,000 for three years (through 2007) to hire one Project Coordinator and two Regional Coordinators.

Summary of The National Strategy

The draft National Strategy for Suicide Prevention in Greenland followed the World Health Organization (WHO)'s recommendations for suicide prevention including the formation of a central coordinating body and that suicide prevention efforts occur through "increased coordination and strengthening of initiatives" at all three levels of prevention:

- Specific (or Indicated) to individuals at risk
- Targeted (or Selective) at groups at risk
- General (or Universal) for the general public

The specific objectives and recommendations of the draft National Strategy for Suicide Prevention in Greenland are summarized below. They are divided by category and level of prevention and numbered for ease of reference.

Overall Organization and Administration of Suicide Prevention Work

1. Establish a National Network for Suicide Prevention with one Project Coordinator responsible for the action plan as a whole and 4 Regional Coordinators responsible for counseling, teaching, supervisions and consultation with local towns and settlements
2. Fund for five years

Suicide Prevention Initiatives

Specific or Indicated for **Individuals** at Risk

3. Identification of people at risk of committing suicide
4. Enhance skills of relevant professional groups who work with people at risk

Recommendations

a) Legislative initiatives to ensure suicide prevention information is included in educational programs

b) Training for local resource people to detect and act on suicide warning signs

c) Development of guidelines for treatment of suicidal patients in hospitals

d) Development of information about factors specific to suicide in Greenland for health care professionals

Targeted or Selective for **Groups** known to be at higher risk

5. To make counseling and treatment more available to individuals at risk and to members of known risk groups, especially the group of very young men who form the highest risk group

Recommendations

a) Regional Coordinators offer face-to-face therapy to people identified as suicidal

b) Regional Coordinators assist local people to develop self-help and network groups

c) Establishment of an all-night telephone counseling services (crisis line)

d) Establishment of a bilingual website where people at risk and concerned relatives and friends can seek advice

e) Improved offers of treatment to known risk groups – mentally ill, substance abusers, families in crisis including child victims of sexual abuse. Specific courses Children Are Also Human Beings and Teen-Age Power be offered by local authorities

f) Local authorities work with young men who drop out of school to develop action plans designed to prepare them for work. Also various recommendations designed to give more care to children and youth in

transition from home to boarding school housing (training of staff, surrogate grandparents, contact family programs)

General or Universal for the **General Public**

6. To counter the perception of suicide as a way to solve problems, especially among young people, and to promote the idea that is it good to seek help and offer help
7. To increase the well-being of people (especially young people) and increase their ability to resolve conflicts and challenge they encounter in life.

Recommendations

a) Implement a nationwide initiative to reduce social inequality
b) Insure there is a local prevention consultant in each local authority and adopt a health promotion approach
c) Maintain website for young people including chat room and letter-answering service
d) Imminut courses for grade 10 and survival courses four younger age groups at school
e) A more active role for the church in suicide prevention
f) Radio and TV programs on subjects relevant to suicide prevention
g) Education regarding safe firearm storage

8. Strengthen ability of local communities and voluntary organizations to carry out suicide prevention work
    a) Regional Coordinators teach counseling and provide supervision via telehealth network
    b) Earmark funds of Inuuneq Nakuuneq Foundation for 5 years for local action plans to improve quality of life (enjoyment in life)
    c) Local authorities assist voluntary organizations seeking to start self-help and network groups by providing space and financial assistance

Other Objectives

9. Research: to generate research to increase knowledge of suicide in Greenland
    a) Establish joint Ph.D. position between Ilisimatusarfik and a foreign research institution
10. Evaluation: to ensure evaluation of initiatives and action plan as a whole
    a) Set aside DKK 500,000 for evaluation planned from the beginning by the chief Coordinator in consultation with a foreign consultant
11. Cooperation with other Arctic Regions

a) Recommend that ICC make suicide prevention a common target area

b) Chief Coordinator is to collaborate with MIPI on pan-Arctic study "Future of Children and Youth in the Arctic"

c) Translate National Strategy into English

The Initial Implementation of the Strategy

As noted earlier, the proposal for a Greenland national strategy was presented to the government of Greenland in the fall of 2004. The requested DKK 5,000,000 was reduced to DKK 3,000,000, the time period from five years to three (through 2007), and the staff from five to three, one Project Coordinator and two (as opposed to "a minimum of four" [emphasis in the original document]) Regional Coordinators.

The Project Coordinator, who is Danish, started on March 2005 and by the summer of that year two Greenlandic Regional Coordinators were hired. All are women. In the Home Rule government structure, they were part of PAARISA.

The Coordinators began their work by traveling to towns and settlements throughout Greenland and talking to local people to assess what has been done so far in suicide prevention and what local people feel is needed. They coordinated their work through the local prevention consultants.

Implementation of the Strategy as of May 06

The first Interviews for this evaluation were conducted in May 2006. At that time interviews with project staff revealed a strong desire in the communities they visited for visible suicide prevention activities, including places where people can go for help, a crisis line, and information and education on suicide prevention and intervention for police, school staff and prevention consultants.

The staff interviews also revealed various problems. With the heavy community travel schedule and travel for staff training, staff had too little time together to assess needs and develop a work plan. Without an overall work plan, roles were not clear. There was tension in the Regional Coordinators between wanting to do direct therapy with troubled individuals, and fact-finding, materials development, and training. The implementation strategy itself suggests all these roles for the Coordinators. This might have been possible with four Regional Coordinators, but it was not possible with just two.

Planning was also hindered by tensions among the staff. The lack of a clear work plan and clear role definition made it more difficult for the Coordinators to function as a team. The lines of supervision above the Regional Coordinator level were blurred making it harder to develop a clear project structure, roles and responsibilities and work plan. Trip reports and other required paperwork were not getting done. The atmosphere among staff was tense.

Nonetheless, all staff cared deeply about the job and good work was being done. The next section details the evaluation consultants' observations of progress in implementing the national strategy through May 2006. It formed part of an initial interim

evaluation report presented to PAARISA in the fall of 2006. It is organized by prevention level, Specific, Targeted and General.

Specific (or Indicated) for Individuals at Risk
PAARISA staff (the Project and Regional Coordinators) were developing educational programs and/or materials about suicide and suicide prevention for various groups and entities including the police academy, the health training school, the prevention consultants, social workers and the health system, Objective 4. While we did not review the content of these materials during our visit, we expect they included information regarding the identification of high-risk individuals, Objective 3. Although their travel time had so far been limited to one or two trips to communities, Regional Coordinators were providing training to local people when they traveled and saw this as a significant part of their role. Staff were also working on developing information about factors specific to suicide in Greenland.

Targeted or Selective for **Groups** known to be at higher risk
Objective 5 is to make counseling and treatment more available to individuals at risk and to members of known risk groups, especially the group of very young men who form the highest risk group. PAARISA staff were carrying out several of the recommendations in this area including assisting local people to develop self-help groups and networks, and supporting with funds and time the website where people can ask questions and seek help for themselves or others. The Project Coordinator was working on developing a Greenland-wide crisis line.

Other recommendations in this category had not yet been addressed. The evaluators noted that the recommendation that the Regional Coordinators offer face-to-face therapy to suicidal individuals needed to be carefully considered. Given that there were only two regional coordinators and that they come and go from the various communities they visit, it seemed far more appropriate and cost effective for them to concentrate on the training and support group development aspects of their work.

General or Universal for the **General Public**
Objectives 6 is to counter the perception of suicide as a way to solve problems, especially among young people, and to promote the idea that is it good to seek help and offer help. Objective 7 is to increase the well-being of people (especially young people) and increase their ability to resolve conflicts and challenges they encounter in life. Objective 8 is to strengthen ability of local communities and voluntary organizations to carry out suicide prevention work.

PAARISA staff were taking steps to carry out a number of the recommendations in this area. They were developing a booklet with suicide prevention information for the general pubic that includes messages promoting seeking help to solve problems and resolve suicidal feelings. They were also developing courses for teachers to use with elementary grades that encourage talking about feelings and seeking help to solve problems, providing information via radio and television and supporting to some extent the chat room and letter writing website. As noted earlier they were working with local

communities and organizations to develop self-help groups and networks and networking with parenting organizations.

The consultants noted that some of the recommendations in this category, such as implementing a nationwide initiative to reduce social inequality or insure there is a local prevention consultant in each local authority are beyond the scope of this project. Others, such as working with the churches to help them develop a more active role in suicide prevention or providing education regarding safe firearm storage are more relevant to the project and should be addressed in time.

Other Objectives
Objective 9 is to generate Greenland-specific suicide information, and specifically mentions establishing a joint Ph.D. position between Ilisimatusarfik and a foreign research institution. This seemed to be beyond the scope of this project, except perhaps to support the idea at appropriate levels.

Project staff were encouraged to develop more expertise in suicide as an issue and a greater ability to respond effectively to questions from the media, in part as a way to improve the quality of reporting on suicide in the Greenlandic media.

Objective 10, evaluation of the implementation of the strategy, was underway as planned.

Objective 11 is cooperation with other Arctic Regions. The draft National Strategy had been translated into English and there were plans to hold a conference on 'good practice in suicide prevention in the Arctic' in Nuuk in late 2007 or early 2008.

In sum, given the reduced funding and staff levels and the need to travel to communities outside Nuuk, PAARISA staff had to choose which elements of the strategy to address first. They chose to address areas relating to the development of materials and training for various groups and to work with prevention consultants to develop support and self-help groups and networks. These seemed appropriate first steps for the project.

Implementation of the Strategy as of May 07

The Project Coordinator reported that the tension among the staff continued and intensified during the remainder of 2006 and culminated in the departure of one of the two regional coordinators early in 2007. The tension was such that it slowed progress on further implementing the strategy. As of May 2007 the project had only the coordinator and one regional coordinator. Given the rapidly approaching end of this cycle of funding, hiring a second coordinator would not occur until new funding is secured.

Despite these limiting factors, the staff delivered suicide prevention and intervention training to the prevention consultants (FBKs) both when the FBKs came to Nuuk for general training and when the staff traveled to other towns. (Objectives 4 and 5) After some delays and technical problems, the all Greenland crisis line was to start as soon

as the six crisis line workers were trained. They will work in teams of two and will answer calls after the normal workday, but there are not enough funds for a 24/7 service. (Objective 5)

The remaining regional coordinator traveled at least twice to Upernavik in response to a number of suicides that occurred there. The goals of her work were to support the FBK and to help the community to strengthen or rebuild support networks and develop new prevention initiatives. She also provided two days of training to the staff of the Kollegium on how to build trust and develop relationships with youth and how to help them talk about difficult issues. (Objectives 4 and 5)

Support continued for the website and letter-answering service. Materials on seeking help were developed and distributed with special attention to reaching high school students in Nuuk. The remaining regional coordinator met regularly with members of the clergy. (Objectives 6 and 7)

In sum, by May 2007 the suicide prevention staff at PAARISA were doing a great deal to implement the strategy, but were hampered by a number of factors. They were very short staffed. The strategy called for a project coordinator and a minimum of four regional coordinators. They were operating with the project coordinator and one regional coordinator. The initial funding period was for three years that run out in December of 2007. Given that the project received less funds than the strategy recommended, took time to hire staff and then lost staff, three years is far too short a time to fully or even partially implement all of the recommendations. Crises in the towns that demanded immediate response also delayed orderly implementation as one thing or another had to be dropped to attend to immediate needs. Planning was negatively impacted by uncertainty about continued funding, uncertainly about a restructuring of the Department of Public Health and where the suicide prevention program will fit in the new structure, and great uncertainty about the formation of four super Kommunes and the continued existence of the FBKs who form the forefront of suicide prevention in the towns and settlements.

Suicide and Suicide Prevention Across Greenland: May 2007 Interviews

As noted earlier, the evaluators spent one week Nuuk in May 2006 and in May 2007 again visited Nuuk and also traveled to towns in West, East and South Greenland. Striking is the fact that note only do the rates of suicide vary across Greenland, but the face of suicide and suicide prevention is quite different in each place visited. Yet while there are differences, there are also clear similarities in the underlying issues and factors that contribute to suicide. This section of the report looks in some detail at each of the communities visited.

Please note that throughout the following sections of the report we refer to social workers, counselors and prevention consultants (FBKs). Unless otherwise noted the people filling these positions are not, as their titles suggest, trained professionals with

graduate degrees. The typical town social worker trained to be an office worker, was discovered to have a caring heart and the ability to listen and assigned social worker responsibilities with a minimal amount of additional (on the job) training. Given this, these people, usually women, are in many cases doing a phenomenal job. More will be said about this later. Similarly, persons designated as counselors might have attended a short course (a few months) in childcare work. The FBKs vary in the amount of training and preparation they have for their work but none have advanced university degrees.

Nuuk

Population 1-1-07 14,719[1]

When the evaluators visited Nuuk for a week in May 2006 they noted the excellent work being done by local individuals, organizations and the Nuuk Kommune. These efforts have continued. Atlantic Music produces music and video that address suicide prevention. Nuka Abelsen continues to manage the website (chat rooms and letter box). NUIF continues its excellent program for young people. While each of these would like more support from PAARISA, the two staff cannot possibly do all that is asked or expected of them.

The Nuuk Kommune, especially in the person of Lene Dalentoft, continues to play a critical role in suicide prevention in Nuuk, providing crisis intervention (including a crisis line), counseling for youth and their families, and suicide prevention education. The primary focus of the Kommune program is younger children and there has been a gap in services for older youth. Jette Eistrup, outside her official responsibilities as Suicide Prevention Project Coordinator at PAARISA, helped develop a counseling program for gymnasium, college and university students. The program's ostensible focus is to reduce drop out rates. It seeks to do so by making it easy for troubled youth to connect with a psychologist. PAARISA has also provided some official support for this program.

The interim report noted the need for the Gymnasium to have written crisis response plan and to train its teachers and advisors in suicide prevention. The psychologists providing counseling for gymnasium students have also taught a course for gymnasium staff on communicating with troubled and difficult youth.

The report also suggested a role for PAARISA in encouraging clergy to become more involved in suicide prevention, and as noted earlier, the regional coordinator is indeed regularly meeting with clergy.

Ilulissat

Population 1-1-07 4,512[1]

Ilulissat experienced high rates of youth suicide in the mid 1990s and, more recently, a suicide cluster. Since then, and in reaction to the high rates, Ilulissat has developed a strong network of people and programs dedicated to suicide prevention. It is an excellent example of how a community can pull together to keep its young people safe.

The community has two Prevention Workers (FBKs) Helga Neilsen and Katrina Matieson, (who was on maternity leave during our visit). Helga plays a pivotal role in maintaining the strong support network that has developed in Ilulissat. Her work could

well provide a model for other community FBKs. She is aided by a strongly supportive local government that according to the Vice Mayor supports six prevention workers and one (of the two) school counseling positions. Ilulissat also has a strong seven person community prevention committee consisting of representatives from the hospital, police, jail, school, a dentist, a social worker, and the FBK. This committee, working under the Kommune, sets the prevention agenda for the community.

Helga works in the top floor of the two story “Prevention House”. She is in charge of the house that also provides offices for two Kommune supported counselors and downstairs a Kommune program for children and youth called Saafiq. Saafiq, with 2 full-time and 1 part-time staff, is a safe house for children up to 18. It is open from 4 to 10 PM weekdays and 24 hours Friday, Saturday and Sunday.

In addition to supervising the Prevention House Helga conducts or arranges for others to conduct a wide variety of prevention and health education activities, programs and classes on such topics as smoking, drugs, alcohol, sex, tobacco etc. She develops a monthly schedule of activities and follows the United Nations Days of Action Calendar. Last September 10th, World Suicide Prevention Day, Helga hosted a meeting of about 100 people who gathered to learn and share ideas for suicide prevention. One of the needs expressed at the meeting was for more support for youth over 18. Ten people volunteered and with the initial help of the social workers, continue to meet, network and assist troubled young adults. Helga also provides back up and support (and the Prevention House a meeting place) for a number of self-help groups such as AA, ALANON, cancer survivors, men’s and women’s groups and a support group for the unemployed.

Helga explained that both the school and the community are prepared to act if there is a suicide. There is a crisis response group consisting of the Kommune and school social workers and a written crisis response plan. (We’d hoped to talk with Astrid Olsen who from all reports played a critical role during the suicide cluster and in developing on-going suicide prevention efforts at the school, but she was out of town during our visit.)

Saafiq, the place for young people, plays a key role in Ilulissat’s prevention program. Staff reported that in winter it might be used by 20 children and youth a day. It is especially busy when parents are most likely to be drinking (as on pay days). Some young people come to Saafiq on their own, but more commonly they are brought to Saafiq by police or social workers who find them wandering around unwilling to go home because their parents are drinking. Saafiq staff work closely with Kommune social workers who follow-up with parents as appropriate. Young people who are particularly troubled or suicidal can talk with the counselors whose offices are on the floor above Saafiq. Along with parental alcohol abuse, sexual abuse of young girls was also noted as a serious problem.

The close ties between Saafiq staff, the counselors and the social workers (all Kommune employees) and the police, facilitate the involvement of young people and their parents in efforts to address problems. If, for instance, a child tells the police that

he didn't go home because his parents were drunk or using drugs, social workers are notified and follow-up with the parents as well as talk with the child.

In addition to its safe house function, Saafiq also provides activities for youth and encourages parents to come in and participate with them. It also looks after youth when their parents are attending meetings and groups in the upstairs of the Prevention House.

Helga feels that Saafiq and the network of social workers, counselors and police working together are reaching the at-risk youth before they attempt suicide and that the rate of suicide in Ilulissat has gone down as a result. She keeps careful records of counseling contacts and reported that over 12 months 307 young people received services from the two Prevention House counselors. The most common reason given for seeing a counselor was "just needing to talk". Fifty-three contacts were with youth caught out after 11 PM, most because they were afraid to go home. Thirteen young people reported thinking about suicide and four, along with their parents, came because of the suicide of a friend.

The counselors explained that typically it is the friends or family of suicidal youth who contact the youth counselor, rarely youth themselves. The counselor encourages the concerned people to bring the young person in to talk. If the person is over 18 the counselors, who only serve youth, contact the police, Kommune or hospital.

The counselors' approach is to encourage young people to tell their story and express their feelings. If family problems suggest the need, they involve the social workers. In the case of a suicide attempt, they contact the person's friends and invite them to come and talk. If there is an attempt in the school they work with the school counselor to work with the students.

Helga's prevention network also includes one of the (Danish) nurses at the hospital who explained to us that through the ten person volunteer group that grew out of Helga's World Suicide Prevention Day meeting, she regularly meets and collaborates with the police, social workers, probation workers, and counselors. This functioning link between hospital and community is not something we saw in other communities and the nurse believes that this is one of the key contributors to the reduction in suicides.

The doctors refer patients they feel have emotional or mental problems to the nurse who runs a support group for them. At the time of our visit 17 people suffering from stress, depression or who have attempted or thought about suicide were participating. She also sees people for individual counseling and she reported that she has had to take many people to the psychiatric ward in Nuuk and feels that Ilulissat does not have enough halfway houses or transitional beds.
If someone in a settlement threatens to commit suicide, the police and the nurse are notified. The
nurse supervises an intervention via telephone and asks the local clinic to follow-up.

The nurse has been in Ilulissat for several years and will stay one more year. In this she said she is the exception. Most Danish nurses stay only 3-6 months, a fact that she feels limits their ability to engage with the community. (She also noted that nurses are paid less to work in Greenland than they are in Denmark and that work is easy to find in Denmark where there is a large nursing shortage). Of the 13 nurses at the hospital only three are Greenlandic and she feels that it is important to encourage more Greenlanders enter nursing and for that to happen more must be invested in improving the quality of education in Greenland.

A key element in the strength of the Ilulissat prevention program is the support it receives from the Kommune. The first vice mayor told us prevention is an important priority for the Kommune as shown by the fact that it spent 3 million Kroner in 2006 and a like sum in 2007 on prevention staff and programs. The largest share was Kommune funds with some additional Kroner from grants. He is clearly proud of the work the Kommune is doing and, while acknowledging that Ilulissat is a particularly well-off community, suggests that it could be model for other Kommunes. Where too often government funds a prevention project and acts as if giving the money solves the problem forever, the vice mayor recognizes that prevention work must be on-going and that attention must be paid both to preventing problems and intervening to help those already experiencing them.

When asked about the role of PAARISA he suggested funding for programs like the Prevention Houses, places where people can meet, talk, and find support, in all towns. He also noted a role for PAARISA in keeping local communities up to date with research and information about effective prevention and intervention programs worldwide. Most important, he said, is providing training for the local people who do the work in the communities.

This need for additional training was echoed by everyone we spoke to in Ilulissat (and elsewhere). The FBKs, social workers, counselors, boarding home staff all want to learn more about how to do their jobs. The professionals we spoke with, the nurse here, a doctor, a minister, a police chief, a school supervisor in other communities, all said the most important thing is to train the local people to do the work

Interestingly, compared to the other towns we visited people in Ilulissat talked much less about the problems young people face and the reasons they might become suicidal. Helga, the counselors, the Saafiq staff were much more eager to share their enthusiasm for the good work being done, than to talk about the problems. When pressed to describe problems people cited alcoholic homes and the behaviors and poor parenting characteristic of them, relationship issues, the transition from home to boarding school, and, for older youth, lack of job prospects, difficulty in seeing a good path through life and a rewarding role in the modern world.
The fact that in their conversations with us the network of prevention staff in Ilulissat focused on their successes is in itself an important measure of success. With Kommune support, adequate funds and strong positive leadership in the person of their FBK, the

Ilulissat prevention network feels empowered and capable and the children and youth of Ilulissat are safer for it.

Upernavik

Population 1-1-07 1,157[1]

Where Ilulissat is a wealthy town, Upernavik is not. It has no hotel, no restaurants, no tourism industry. The termination of boat service and the new single price plan contribute to a feeling the Mayor expressed of being different and more removed from Home Rule Government than the more southerly, better off parts of Greenland.

Upernavik is also different in the recentness of its suicide cluster. Where the cluster that stimulated Ilulissat's prevention program happened in the 1990's and the prevention programs have had some years to develop, Upernavik District experienced nine suicides in 2006 and as of May, two in 2007. Three of the suicides occurred in the school boarding home in Upernavik.

Toward the end of the summer of 2006 the then head of the social work department strongly requested help in dealing with the suicides. PAARISA referred him to the Family Directorate that houses the crisis response team. Apparently the team was unable to respond immediately and the Family Directorate paid for a psychologist based in one of the larger towns to the south to visit Upernavik. The Upernavik Kommune paid for an additional psychologist, also from outside the community, to visit. The two psychologists worked with the boarding home students and staff. In late fall, after the immediate crisis, PAARISA sent Maren Heilmann the one remaining Regional Coordinator to Upernavik. One staff person from the Family Directorate came with her. The two returned again in the spring. During each trip they talked with students, boarding home staff, the social workers and the FBK. They held "café" meetings open to everyone and traveled to some of the settlements. Maren also taught a two-day course for boarding home staff on how to enhance their relationships with youth and how to talk with youth about difficult issues.

The feeling among those we spoke to in Upernavik is that help should have come sooner. The suicides in the boarding home were particularly difficult for the relatively untrained local resources. The social workers working for the Kommune, the FBK, boarding home and school staff met with students in their classes. Students under 18 were required to meet individually with social workers. Older students were invited to. The social workers talked to parents in the settlements by phone and traveled to the settlements to talk face to face, but almost none of these people have adequate training in dealing with the aftermath of a suicide. The Upernavik FBK, Ruth Larsen, perhaps best conveyed the feeling of being overwhelmed when she said that the social workers met each morning and if there had been no suicide the preceding night, they were relieved.

Of the 11 suicides in 2006 and the first five months of 2007, five were of teenagers and three occurred in the boarding home. These were clearly the most difficult for people

and the focus of most of the attention. Many of our conversations in Upernavik revolved around the problems of settlement youth and boarding homes.

One of the people who met with youth after the suicides was the local (Greenlandic) minister. In talking with us she said people here don't have much hope of changing their lives and this is hard for young people. They are strongly tied to the community but there is no way to get an education unless you move to a bigger place and that can be very hard.

This theme emerged in many conversations both in Upernavik and in other towns. Young people feel they have to choose between getting an education and a good job, and staying in their home communities. Many perceive their inability to speak Danish well as a huge roadblock to getting ahead. When a group of preparatory students were asked, "what does it mean to be Greenlandic?" one responded and the rest concurred, "it means the Danes get all the good jobs".

It would seem that Greenlandic youth, especially those from more remote towns and the settlements feel frustrated when they try to imagine a good future for themselves, and, according to several people with whom we spoke, frustration is very difficult for youth raised in settlements. People told us that in the settlements children, especially boys, grow up without clear limits on their behavior. They can go to bed when they want to and get up when they want to. There is little discipline and, according to one informant, it is considered a loss of face for Greenlandic people to forcefully scold or shout at someone. Thus young people have had little experience with structure, rules and being told no. This makes the transition to the relatively structured boarding home situation very difficult. Youth accustomed to getting their own way are also ill prepared to deal with the emotional pain of breaking-up with ones first or second girl or boyfriend. In an environment in which youth suicide is not uncommon "If you leave me, I will kill myself" is too often not an idle threat.

Several people, some Greenlandic and some Danish, talked about Greenlandic behavioral expectations and values as complicating life in today's changed environment. Especially in the settlements families form an economic unit and young people play important roles in that unit. Parents are therefore not necessarily happy to see them go off to boarding homes and schools in the towns. They may see higher education as meaning their children will never return to the settlement. Also, as is not unusual in small communities, people are encouraged to deal with their problems themselves and not to involve themselves in other people's lives. Anger and pain are kept inside. It is hard for young people to learn to talk about their feelings, and it can be difficult to assume the social worker or counselor role and ask others about their feelings.

The FBK in Upernavik describes her job as focusing on prevention in general. She travels frequently to the settlements where she holds meetings on a variety of topics. Among those she mentioned are alcohol, sniffing, sexual abuse, and children's rights. She said that suicide seems to come in cycles and suicide prevention can take up to

half of her time during a period when there are more suicides, much less when suicide is infrequent. She does not see herself as a counselor and the social workers are more likely to do the one on one counseling. She described her relationship with PAARISA as arranging travel for them when they come to Upernavik and want to visit the settlements.

The FBK and social workers maintain a local 24 hour crisis-line using mobile phones. When a call comes from someone thinking about suicide, they call the police, explaining that it is a police job to stop the person. Later the person might come to a social worker for counseling.

The police force in Upernavik plays a significant role in suicide prevention. They spent extra time talking with students and staff after being called to the scene of a suicide. Taking a proactive approach, the chief of police also called a youth meeting after he discovered a group of 14 and 15 year olds drinking. He told us he spoke very forcefully to them about the consequences of intoxication, especially for girls, bluntly noting the risks of rape and sexually transmitted disease. He invited young people to visit the police station and is clearly pleased that young people often come by to talk with him.

The police chief noted that with only 1200 people in Upernavik “we never bury the unknown person”, and the pain of being a policeman, particularly a Greenlandic policeman, takes its toll in high turnover on the force. He told us that ten years ago there were 100 Greenlandic policemen in the country. Now almost all of them are gone. Responding to suicide calls, he said, was one of the main stressors and reasons for quitting. (Turnover in Danish policemen is also high, but for economic reasons.)

He also noted that he would like to have police patrols in the evening but that the police, administered out of Denmark, are paid to work only from 8AM to 4PM. Both his deep caring for the people and his frustration with the system were most apparent in our long and interesting discussions.

Another agency involved in suicide prevention, though almost by chance, is the hospital. It happens to have on staff a nurse with some psychiatric training, happens to have in the sense that he, a Dane, was not hired for his psychiatric training and when he leaves, he will not necessarily be replaced with someone with similar training. Although the hospital does allow people suffering from depression to spend a night or two and talk to the nurse, it sees itself as primarily responsible for treating physical rather than mental or emotional ailments. During the period of the suicide cluster, the Kommune offered to buy more of the nurse’s time, but there was no response and his time providing counseling is limited to 4 hours a week. He said he worked some with the social workers, especially during the crisis period, but does not know if the support groups started then have continued. His lack of information in this regard suggests he no longer collaborates with them on any sort of regular basis. In his view they are busy with other things and suicide prevention, for which they are not well trained, is not a priority for them. All hospital staff we spoke with noted a need for more suicide prevention resources in the form of a counselor or psychologist in Upernavik. In general it was our

impression that the hospital is disconnected from the town and no one employed by the Kommune, school or police mentioned it as a resource for suicide prevention.

The group in many ways most impacted by the suicide cluster, the boarding home staff, is also the group most eager for additional training. Both “house parents” who spoke with us said they were hired with no education or training for the job. There was some on the job training and then additional training, the two-day course delivered by the PAARISA regional coordinator, to help them support the students during the cluster. Both are very grateful for the little training they have received, and eager for more.

The students at the preparatory school also expressed an interest in suicide prevention training. Most knew someone who had committed suicide or had friends talk to them about committing suicide. They said they rarely report these conversations to the police or social workers and they would like to know more about how they can help their friends.

From our conversations in Upernavik, it would seem that during the suicide cluster the various agencies – school, boarding home, police, hospital, social workers – worked together, but that during “normal” times they do not regularly meet together to assess needs, plan and collaborate. The is also reflected in a comment made by PAARISA staff that it sometimes feels that FBKs learn various skills when they attend training, but find it difficult to apply what they have learned when they return home. It is also difficult for some (though clearly not all) FBKs to take a leadership role in organizing various community groups around prevention activities and programs.

This section began by noting that Upernavik is not a wealthy Kommune and that it is feeling increasingly isolated. It is also important to note that there is a strong sense of independence, uniqueness and pride in Upernavik. The mayor observed that in other places people want to move to bigger towns, but not people from Upernavik. He said that Upernavik may not be wealthy, but it plans to hire a second FBK and a psychologist. The police chief said, “we need Nuuk and Greenland to understand this town will never die. They can take away the ferry and raise prices but we will stay.”

Tasiilaq

Population 1-1007 1,895[1]

Tasiilaq experienced a youth suicide cluster several years ago. The Kommune’s response was to hire two psychologists from Denmark. These psychologists stayed several years and from all reports did a remarkable job, starting groups for attempters, working with doctors at the hospital to make sure attempters were referred for counseling, instituting activities for young people, and creatively addressing the problem of teen pregnancy. By May 2007 these psychologists were gone and two new psychologists from Denmark had taken their place. Both had been in Tasiilaq a relatively short time. Neither is planning to stay long. The new psychologists continued the group for adolescents, running it with the help of a local (Greenlandic) co-leader. The weekly group is now open to all who are interested and as many as 30 youth take

part. A typical meeting includes cooking, a guest speaker and a discussion on topics like how to have a good life or how to overcome difficulties.

Tasiilaq has no formal relationship with PAARISA and no FBK. It has a large social services department with a hard working, dedicated director who supervises two trained social workers, eight less trained workers, the Family Center (where the two psychologists work), the preschool, a program for the elderly and various other social institutions. He reports to the Kommune through the Social Council. The director noted that he would like to add an FBK to his staff.

Tasiilaq has a number of prevention and intervention resources and activities: the youth group, a youth and family counseling program, a weekend evening patrol and shelter program for intoxicated youth or youth afraid to go home due to their parent's intoxication. We were told that the different agencies in the town, the Family Center, hospital, police work together well.

The leadership and much of the staff of the different entities appear to be educated, trained people who have come from Denmark to take these positions. In this Tasiilaq differs from both Ilulissat and Upernavik where service providers are predominantly Greenlandic and have less formal education and training. In both Ilulissat and Upernavik our key informants were predominantly Greenlandic. In Tasiilaq almost all of our informants were Danish. (One informant described services in Tasiilaq as have a colonial quality to them – with mostly non-Greenlandic outsiders providing services to the "poor" Greenlandic people.)

Perhaps in part because people living in but not a part of the community described Tasiilaq to us, it emerged as having more serious social problems then the other communities we visited. Alcohol abuse and child sexual abuse were mentioned often. It was noted that in a town of just under 2,000, there are 75 children in foster homes and 25 in institutions. With jobs relatively scarce, less fishing and almost no hunting, more people here are dependent on social service supports.

The Family Center, a part of the Kommune social services program, serves children under 18 and their families. Common issues for young people in the program were described as sexual abuse, alcoholism in the home, suicidal thoughts typically related to alcohol, family, and relationship problems. The two Greenlandic administrator/counselors in the Family Center noted that until relatively recently it was taboo to openly talk about suicide and people were not allowed to cry after a funeral. It still can be hard for people to talk about grief. (In an earlier conversation with the former Minister of Health Asii Chemnitz Naarup she too noted both the difficulty people have in talking openly and directly about suicide and need to help people with grief.)

One of the psychologists stated that for several reasons it seems difficult for people to talk about feelings. Boys are encouraged to be stoic. There is a fear of gossip, and, people lack the language to express their feelings. (This was an interesting observation

in light of the fact that the psychologists speak no Greenlandic and for the most part the local people speak little Danish.)

Here again the issues of parental permissiveness, low frustration tolerance and the difficulty young people, especially boys, have adjusting to the rules and limits of the boarding home were mentioned, and, noted one of the psychologists, frustrated, angry and hurt youth here don't explode, they implode.

Alcohol was described as playing a large role in the problems of Tasiilaq. Crowded houses with people drinking at home are hard on children. Sexual abuse, often by relatives or caretakers, is seen as related to alcohol abuse. One of the psychologists explained, as children become teens and young adults they find it hard to see how they can get enough education to get a good job and have a good life. They ask themselves "what can you do then…………you can drink!" And so the cycle is repeated.

In Tasiilaq we spent some time with the director and students who reside in the boarding home. Our conversations were facilitated by a Greenlandic teacher who translated to and from Greenlandic, Danish and English. The director, a trained social worker from Denmark, has been in Tasiilaq and on the job less than a year. She identified a number of problems with the boarding home. There are not enough staff (house parents). The house parents are not trained to work with young people and tend to keep to themselves rather than engage with the young residents. The rooms are too small and too institutional and there are limited funds to improve conditions.

The boarding home residents come from the surrounding settlements to attend 9th and 10th grades. They range in age from about 14 to 17. Their first language is Greenlandic and their Danish is quite poor. A few have very limited English. According to the director, at least half have been sexually abused. She said it is difficult to get these young people talking and it can also be difficult to keep them away from alcohol.

The director has a number of ideas for improving the boarding home including training the staff so they are comfortable doing activities and talking with the residents, and visiting the settlements to talk with parents to help them make the transition from home to school easier for their children. She recently helped the residents deal with the suicide of one of their teachers, encouraging them to see it as "a grown person who failed to ask for help". And like so many others we spoke to, she wondered "with so few jobs, what is the future for young people here?"

The question of the future also came up at a meeting with a group of the boarding home students themselves. One, who spoke some English, hopes to be a tour guide. Others spoke of getting additional schooling to be a carpenter, a boat builder, a cook, a baker, an office worker. None expressed a wish to return to their home communities, but rather hoped to live in Nuuk or elsewhere in West Greenland. But for now, they said it was hard to leave home and they missed home and family. As for being in Tasiilaq they said it was sometimes hard to get along with the local students, who seemed at times to look down on them. When they returned to the boarding home after school, there was not

enough to do. They had a lot of ideas about how to deal with that including a football pitch, a place to skateboard, a library, a kiosk where they could buy snacks and play video games and getting some mountain bikes. Jokingly, they also asked for a swimming pool and golf course.

When asked all said they knew people who had died by suicide, one saying she had lost five members of her family. Like the older preparatory school students in Upernavik, when friends told them they were thinking about suicide they said they talked with them, but did not tell an adult. Also like the Upernavik students, they expressed interest in learning more about suicide and suicide prevention.

Narsaq

Population 1-1-07 1,691[1]

This author did not visit Narsaq but her colleague did and what follows is taken from his notes.

The kommune's longtime FBK Bolethe Stenskov has been at the job since 1996. Since June 2005 her office has been in the community center called A-21 after the United Nations' environmental program Agenda 21. The building was formerly an electricity works and is the cornerstone of Narsaq's initiative to become a leading community in implementing sustainable development programs in Greenland.

The kommune's prevention office is located downstairs in A21. Here Bolethe and her small staff manage a range of health promotion programs targeting suicide, alcohol and drug abuse, STDs, violence, poor nutrition, etc. "I don't believe in the finger-wagging approach to prevention," she told us, "I believe in influencing people in a positive way. That's why we integrate our prevention messages into everything that happens in this building in addition to the prevention programs we carry out in the schools and in the community as a whole."

A great deal appears to happen in the building. Down the hall from the prevention office is a room filled with shelves of neatly stacked clothing. "Anything that anyone doesn't feel they're going to wear any more they're welcome to bring here. We wash it, sort it, and make it available free of charge to anyone who would like it." The washing machines are in a corner of the room, and around the corner from them is a set of showers that the few people in the community who live without running water are welcome to use while they wash their clothes.

The other end of the building is used for meetings, cultural and historical exhibitions, etc. Upstairs is a 'family center' with a range of resources, including a children's area well stocked with toys. It serves as the meeting place for a wide range of community groups.

The newest addition to the center is a small café run by two women from the community on a for-profit basis. "We had smoked salmon sandwiches for lunch, and they were great. Around us young mothers drank juice as they breast-fed their babies, and we

watched as Bolethe networked with them and let them know about upcoming programs and events."

Outside, an old cutter has been modified to make it a safe play area for children. Young offenders did the "remodel" as part of their community service.

Here, as in Ilulissat, two elements combine to create an effective far reaching prevention program: a creative, talented, energetic FBK who has organizing as well as counseling skills; and locating the program in a building that serves the community in a more general way and attracts people to it for a variety of reasons.

Suicide Prevention by Community Sector

The preceding section looked at suicide and suicide prevention in four different towns. Another perspective is gained by looking across towns on a sector-by-sector basis.

Educational Institutions

High school and boarding homes have been at the center of suicide clusters and should also be at the center of suicide prevention. It appears however that only during and immediately after a suicide crisis has attention been paid to suicide prevention. Boarding home staff are inadequately trained and only the boarding home in Tasiilaq reported having a written crisis response plan. Students are often the first to know of a friend's thoughts of suicide, but they keep that information to themselves rather than engaging a trusted adult in offering help. Only in a crisis do people respond appropriately, with social workers and counselors working in the classroom (sometimes working along side professionals brought in to assist) and students referred for individual counseling as needed. PAARISA, in the person of Marin Heilmann provided needed training to boarding home staff in Upernavik in the early months of the suicide cluster. Proactive suicide prevention training is needed at all levels of the education sector, teachers, school and boarding home staff, and students.

Kommune Social Services

In most Kommunes the FBKs and social workers are expected to provide prevention programs, crisis intervention, family services, support groups, and individual and family counseling. For the most part, they are dedicated people, mostly Greenlandic, doing the best they can with no specialized education and minimal training. Tasiilaq on the other hand has professionally trained psychologists, non-Greenlandic, doing similar work. There are strengths and weaknesses with both approaches. While the psychologists offer professional services, because they are not local people, they come and go. Because they are not Greenlandic they perpetuate the frustration with the perception that Danes hold the better jobs. On the other hand, the FBKs and social workers are working hard to do jobs that even highly educated and trained professionals find challenging. At the very least the current FBKs and social workers need and want more training. Better, and this will be further discussed in the recommendation section, would be a social work and/or counseling degree program based in the University and specifically designed for Greenlandic residents of towns and settlements.

Local Governments
Where we had the opportunity to speak with Kommune political officials, it was clear that they recognize the importance of suicide prevention and the importance of the social workers and FBKs (or psychologists) who do the work. The vice-mayor of Ilulissat spoke with pride of the resources and support the Kommune has put into prevention. But even in less well off towns, Kommune resources are being used to support suicide prevention activities and related positions. Upernavik, not wealthy by any means, used its own resources to hire a psychologist during the suicide crisis, and hopes to support both a permanent psychologist and a second FBK in the future. The less wealthy Kommunes, while prepared to continue spending their own resources, would also like more financial help from Home Rule.

Medical
During a discussion with Soren Rendal he noted that the Greenland health system follows the Scandinavian model that separates physical health from social health. Hospitals focus on healing illness and repairing physical damage. Social health and social work are the responsibility of Kommune social service departments. This model is perhaps what accounts for the relatively minimal involvement of the hospitals we visited in suicide prevention. In two of the hospitals there happened to be a nurse with mental health training and an interest in suicide prevention, but it was not by design or policy, just hiring happenstance. For the most part the hospitals, with their predominantly Danish staff, seemed to stand apart from the Kommune and the community, perhaps at least in part because of the regular turnover in personnel. Hospitals did provide beds for suicide attempters or people in extreme mental distress, but actual mental health treatment was minimal. Proactive suicide prevention work and outreach into the community appeared to exist only in Ilulissat, where it is dependent on the continued employment of one nurse (who plans to leave in a year.) This situation is unfortunate because hospitals can play an important role in suicide prevention. Emergency room staff should be trained to identify and screen for depression in patients who appear with certain kinds of injuries and ailments. There should be protocols for treating suicide attempters and for helping their families keep the attempter safe on his or her return home. Hiring practices should include having a psychiatrically trained nurse on staff at all times and that the nurse be allowed adequate time to work with emotionally disturbed patients. Hospitals should have at least one person on staff whose job it is to link with Kommune social services so that suicide attempters and people suffering depression receive continued support and monitoring after they leave the hospital.
.
Law Enforcement
Studies of male suicide completers in Alaska have shown many of them had contact with law enforcement within a few years of their deaths. This suggests an important role in suicide prevention for police and other law enforcement (and corrections) personnel. To fulfill that role police and corrections personnel need to be trained to recognize the signs of depression and suicidal ideation and to respond appropriately. In addition, police with the right training and attitudes can be a resource for young people needing someone to talk to. The Upernavik police chief made a point of letting young people know that he and his staff cared and that youth were welcome to come visit the station

anytime. He was surprised and pleased at the number who accepted his invitation. Police also are often the first responders to a suicide and should be trained to respond with sensitivity and care. Again, from the chief's report, the Upernavik force took extra care both on the scene of a suicide and afterward. One significant issue the Upernavik chief pointed out is that young people (and adults) tend to get into trouble (and act out troubles) more in the evening and night than during the day. Yet police are paid to work from 8AM to 4PM.

Church

There are several roles for the church in suicide prevention. Ministers have contact with young people as they prepare them for confirmation. Confirmation classes therefore provide an opportunity for the minister to become aware of and reach out to youth who are troubled as well as an opportunity to share information about how youth can best help troubled friends. Clergy also provide support to survivors of suicide and there are good guidelines on how best to do that. PAARISA has provided suicide prevention training to clergy in Nuuk. The minister in Upernavik demonstrated a high level of awareness in her response to suicide. After a suicide in the boarding home, she spent two days with the young people in the home helping them to grieve and to understand. Her message to youth is that suicide is not a sin and not something to be blamed for. Rather it is part of an emotional and mental crisis and with help suicide can be prevented. When you feel troubled, she tells them, "pray to God for help in getting through the hard times and talk to someone about your problems, to me, to your friends, to your teachers". Sensitive clergy, trained in suicide prevention, are an effective part of a comprehensive suicide prevention program.

Youth Groups

NUIF in Nuuk is an excellent program for young people. In Ilulissat Saafiq provides some activities for youth and hopes to provide more. Upernavik has a new gymnasium and Tasiilaq has a gym, a youth club and a net café. Youth groups and any other places where youth regularly gather offer excellent opportunities for suicide prevention. Adults who work in these programs should know how recognize the signs that a youth might be thinking about suicide and how to intervene appropriately.

Treatment Programs

We heard great deal about the role of alcohol abuse in family problems, youth problems and sexual abuse, all of which are contributors to suicide, but little about alcohol treatment programs. We also did not discover clear treatment and follow-up paths for people having suicidal thoughts or people who have attempted suicide. This will be further discussed in the recommendations section.

Recommendations

The work of implementing an encompassing suicide prevention strategy for a nation is not easy. Implementers have to operate at the macro level - developing policy, preparing budgets, meeting with agency directors – and at the micro level – providing support groups for suicide survivors, delivering training to boarding home house parents. Before detailing our recommendations, we want to acknowledge the dedication

and hard work of the PAARISA suicide prevention staff, Jette Eistrup and Maren Heilmann. At both the macro and micro levels they performed with skill, grace and deep felt concern for the people and communities they serve.

The recommendations section is divided in two parts. Part 1 describes recommendations that relate directly to PAARISA's Suicide Prevention Program, tasks and actions for which it is directly responsible either alone or in cooperation with other entities. Part 2 are recommendation related to suicide prevention that go beyond the scope of PAARISA's responsibility. Here PAARISA might play a role in educating those more directly responsible or in helping policy makers recognize the relationship between policy, social, cultural and/or economic stress and suicide.

Part 1. Recommendations For PAARISA

1. The PAARISA Suicide Prevention Program plays a key role in suicide prevention and should become a permanent program with assured adequate funding for, at a minimum, one Project Coordinator and two Regional Coordinators. Better, (especially with the transition to four super Kommunes), would be to have four Regional Coordinators, as the National Strategy recommends. Funding should not be limited to three years or five years. Suicide is not like a disease that can be completely eradicated over time. Its multifaceted contributing factors and complex social determinants unfortunately insure its persistence over time. It takes continued vigilance and on-going efforts to reduce the number and size of suicide clusters and keep the rate of suicide relatively low.

2. PAARISA should continue and expand its program of education about suicide and suicide for the general public. Brochures, ads, announcements on the radio and television in Greenlandic and Danish should be used. An important focus for public education is encouraging people to talk to others and seek help when they are troubled. It is also important to educate the public about the warning signs of depression and suicidal thinking and what to do when the signs re recognized.

3. PAARISA should develop and implement suicide prevention training programs for the education system with particular attention to boarding home staff. The training should take place as soon as possible after staff are hired.

4. PAARISA should work with the Family Directorate, AI, and regional hospitals and clinics to develop clear protocols for responding to requests for help in dealing with a suicide crisis (a cluster, series of attempts, suicide of a prominent person etc.) Once developed, all Kommune social service departments, schools, boarding homes and police departments should be informed in writing of these protocols.

5. PAARISA should work with the agency in charge of education to insure that each school and boarding home has a crisis response plan that details the response to suicide or other sudden death that impacts the school population and that school staff are trained in the use of the plan. The protocol described in recommendation 4 should be included in the crisis response plan.

6. PAARISA should work with the Family Directorate and AI to develop recommendations for treating people thinking about suicide and suicide attempters. These recommendations might be in the form of a decision tree that creates a pathway from thought or attempt through intervention, treatment, and supportive follow-up. Once developed the recommendations should be distributed to social service departments, hospitals and other appropriate agencies throughout Greenland.

7. PAARISA should work with the Family Directorate, AI and the University to develop an accredited program for social workers, FBKS, and boarding home staff that teaches basic individual, family and group counseling skills, fundamentals of community organizing, suicide and substance abuse prevention etc. The program should be structured so that people can keep their jobs while they are enrolled and can easily transition into more advanced degree programs if they wish. Alaska's Rural Human Services Program is a good example of this model and over its more than 10 years in existence helped insure that remote communities have on-site basic counseling and social work services.

8. PAARISA should work with the Kommunes to clarify the FBK position. Having one position with the salary split between two entities can create difficulties. The position itself becomes accountable to two employers who may have different expectations. In addition, the nature of the work done by the FBKs in the towns we visited seemed determined more by the personality, ability and drive of the person holding the position than by the job description. PAARISA staff commented that some FBKs seem to do well in training but have a difficult time applying what they have learned to the job, especially the community planning and organizing part of the job. Others, the FBK in Ilulissat being an excellent example, excel at it. A prominent training institute in the United States has observed that it takes a particular kind of person to succeed as a community organizer. They refer to this energetic and optimistic type as a "spark plug". PAARISA would do well to work with the Kommunes to help them hire spark plug FBKs and to jointly develop clear job descriptions, training programs and lines of supervision and communications.

9. PAARISA should work with the agency responsible for education or directly with the high schools and preparatory schools to develop and implement peer helper (sometimes called natural helper) programs. Young people often tell their peers about their problems and thoughts of suicide. Youth benefit from learning how to respond and how to help their friends get help.

10. PAARISA needs to obtain and maintain up to date detailed data on suicide (and to the extent possible on suicide attempts). This allows patterns to emerge and helps define the need for various kinds of interventions. This data should be shared with relevant Kommune social service staff.

11. PAARISA should keep current with best practices in suicide prevention in different parts of Greenland and globally, with particular emphasis on work in Arctic regions and

regions with large indigenous populations. This information should be routinely shared with FBKs, social workers, schools and boarding homes as appropriate.

12. PAARISA should seek resources to fund additional research into suicide in Greenland. Both Alaska and Nunavut have found the information learned from follow-back studies very useful. A follow-back study or psychological autopsy involves in-depth, structured interviews with families and friends of people who have died by suicide. In addition to providing new insights into the life and death of the deceased, the interviews have proven very helpful to those interviewed, allowing them to fully express and explore their feelings and concerns about the person and the loss.

13. PAARISA should continue to educate the media about how to write about suicide and to provide the media with appropriate data and information.

14. PAARISA should seek additional funding to support a 24/7-crisis line and coordinate the Greenland-wide crisis line with existing local crisis lines. The National Suicide Prevention Lifeline in the United States links crisis lines all over the country so that when one line is unable to answer the call is automatically switched to another line. Something similar in Greenland might allow for 24/7 coverage with minimal additional cost. PAARISA also might examine the standards and training programs Lifeline has developed for those who answer crisis line phones.

Part 2. Other Recommendations

1. Hospitals in the towns outside Nuuk should have at least one nursing position withat least part-time responsibility for providing mental health services including counseling, support groups and liaison with community social services. The position should be filled by a nurse with mental health training. Ideally this position would be filled by a Greenlandic nurse.

2. Kommunes should be encouraged and supported in the development of their own versions of the Prevention House in Ililussat or A21 in Narsaq This responds to the desire people expressed to PAARISA coordinators during their first community visits for people to have places to talk. Ideally the house would be staffed by an adequately trained counselor, a prevention worker and be a place where people could come for counseling, where support groups could meet, and where a variety of community activities could take place.

3. Boarding homes and high schools need to better prepare parents and children from the settlements for the boarding home/high school experience. The boarding home director in Tasiilaq spoke of plans to meet with settlement parents and this should be encouraged elsewhere. Current boarding home students might also be enlisted to help families understand and cope with the transition from settlement home to town boarding home. Beyond this, the problems related to parenting styles in the settlements, the lack of rules and limits, leading to low frustration tolerance and later adjustment problems among their children needs to be throroughly explored and addressed.

4. Alcohol abuse is an imporant problem in some towns but we heard little about alcohol treatment programs. Those respnsible for providing alcohol (or drug) abuse treatment should review state of the art treatment in other countries and consider incorporating such things as recovery camps, therapeutic courts and the use of naltrexone and other drugs that have proved effective in combating addiction.

5. The current social structure, educational system and economy leave many young Greenlanders, especially those from the settlements, feeling that their opportunities in life are severely limited. These “social determinants” that underlie high rates of suicide among indigenous people in much of the Arctic need to be addressed at the highest (and lowest) levels of government. So many of those who spoke to us said that young Greenlanders, especially those from the settlements, seem unable to imagine a good future for themselves, that they feel helpless to fix the present and without much hope in the future. Suicide is often described as an act of those who feel helpless and hopeless. Those in a position to do so, must do what they can to create an environment in which young people acquire the skills and strength to make the present better. Those in a position to do so must do what they can to develop paths and opportunities so that young people can see their way to a good future.

Appendix

Special thanks to Jette Eistrup and her staff for the huge assistance they gave us during our visits and to Pipaluk Hoegh-Knudsen who worked as our interpreter, both linguistically and culturally, during our May 2006 visit. And thank you to all who freely gave of their time and graciously answered our many questions. Apologies to those whose surnames we failed to get.

People with whom we spoke in May 2006

Minister Asii Chemnitz Naarup
Director Søren Rendal
Jette Eistrup
Maren Heilmann
Bente Hegelund
Nuka Abelsen – Website developer
Emma Balslev – Lutheran Church
Johannes Berthelsen – NUIF
Lene Dalentoft – Nuuk Kommune
Christian and Ivan Elsner – Atlantic Records
Kununguaq Fleischer – Administrator and Educator Uummannaq
Ruth Montgomery -- ?
Margit Motzfeldt -- Nuuk Gymnasium
Dr. Gert Mulvald – Nuuk Clinic

People with whom we spoke in May 2007

Nuuk
Jette Eistrup
Asii Chemnitz Naarup
Director Soren Rendal
Maren Heilmann

Ilulissat
Helga Neilsen
Karina Holst, Nurse at hospital
Nuuka Petersen, Saafiq staff
Karen F. Petersen, Youth Counselor
Vince Bendt Broberg Krisiansen – First Vice Mayor

Upernavik
Ruth Larsen
Knud Larsen
Jens Immanuelsen, Mayor
Edward Christiansent Immaneulsen, Vice Mayor
Juliane Sorensen, Director of Administration
Maannguag Johensen Daleger, Minister
Brian Rosengren, Police Chief
Rhea Straom, Nursing Chief

Jan Rasmussen, Nurse
Preparatory School students – 2 girls and 6 boys
Annamarie Ottosen
Caroline Ruslin, Principal Kollegium
Gabriel Petersen, Boarding Home Staff
Knud Olsvig, Boarding Home Staff
Katrine Knudsen, Kollegium Supervisor and teacher
Kondorkai Zeep, Kollegium Supervisor
Justine Kristiansen, Kommune Social Worker
Abigail Thomassen, Kommune Social Worker
Classroom of 12 elementary school students.

Tasiilaq
Dariusz Sobczynski, Chief of Social Services Department
Jorgen Pallesen , Psychologist
Kirsten Berngard, Psychologist
Jencina_____, Chief of Family Center
Jolfana Sifky, Vice Chief of Family Center
Susanne Houd, Midwife and various doctors and nurses at meeting at hospital.
Yvonne Elkjar, Kollegium Director
Kisser Bianco, Kollegium teacher
Kollegium students, 20-30

Narsaq
Bolethe Stenskov

Footnotes

1. Data source for population numbers is www.citypopulation.DE/