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

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English Version



SÁMI NORWEGIAN NATIONAL ADVISORY UNIT ON MENTAL HEALTH AND SUBSTANCE ABUSE (SANKS)  
&  
SAAMI COUNCIL



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## Preface

The Sámi are an indigenous people and have therefore special indigenous rights, as codified in the UN Declaration on the Rights of Indigenous Peoples (1). All Nordic countries have acceded to the Declaration, which, among other things, focuses on indigenous people's political rights as well as their right to self-determination. It also describes their health-related rights, such as not being discriminated against or subjected to violence, as well as the right to the best attainable physical and mental health. Also included in the Declaration is the right to influence one's own health situation.

This is the first "Plan for suicide prevention among the Sámi people in Norway, Sweden, and Finland" and should be viewed in light of the health rights of the Sámi. Its strategies are based on both available scientific knowledge about suicide and its causes as well as consultations with the Sámi people involved in suicide prevention. The plan should therefore be viewed as an expression of the Sámi people's right to influence their own health.

The plan has been developed in a collaborative project between the Sámi Norwegian National Advisory Unit on Mental Health and Substance Use (SANKS) and the Saami Council sections in Norway, Sweden, and Finland. The work has been funded by the Sámi Parliament of Norway and NordRegio, which is part of the Nordic Council. The project team has collaborated with the Norwegian Institute of Public Health and the research project, RISING SUN (Reducing the Incidence of Suicide in Indigenous Groups – strengths through networks), which is an initiative under the American chairmanship (2015-2017) of the Arctic Council.

The team was led by psychologist / PhD student Jon Petter Stoor (SANKS) and included the Secretary General Marja Katarina Pålve Gaup (Saami Council), licensed psychologist / Research Director Anne Silviken (SANKS), Doctor Heidi Eriksen (Utsjok Health Care Centre), Department Manager Gunn-Britt Retter (Saami Council), Director of SANKS Gunn Heatta, Saami Council President Áile Javo, and Per Jonas Partapuoli (Saami Council).

We would like to thank all of those, including partners and funders, who have enabled the development of the first Sámi suicide prevention plan. A special thanks to all the dedicated Sámi, so passionate about saving the lives of their fellow citizens and so generous in sharing their experiences and knowledge with the project team. Many thanks!

Suicide has, for at least the last 40-50 years, been a relatively large public health problem among the Sámi in Norway, Sweden, and Finland. We hope that this plan will ultimately contribute to changing this and helping the Sámi people to continue living.

The Sámi are not worth more than other people; neither are they worth less!

Jon Petter Stoor

Project Manager, SANKS

Gunn Heatta

Director of SANKS

Áile Javo

President of the Saami Council (2013-2017)

## About the strategies for suicide prevention among the Sámi

The strategies in this plan are designed to supplement the suicide prevention work already conducted in the countries of Norway, Sweden, and Finland – for all citizens, regardless of ethnicity. The strategies thus point to *specific* challenges and needs of the Sámi people that cannot be considered covered in the countries' general suicide prevention efforts.

There is a lack of knowledge about suicide and related problems on the Russian side of Sápmi. Due to this lack of knowledge and the difficulties in obtaining new knowledge, it hasn't been possible to design these strategies to be directly applicable on the Russian side of Sápmi. This can only be deplored.

The plan is created with the intent to help put focus on suicidality among the Sámi people, inform of research findings and other relevant knowledge, and inspire discussions and action both inside and outside the Sámi community. The strategies should be viewed as recommendations to all social forces working to prevent suicide in Sápmi.

The main objectives of these strategies are to help strengthen the mental health and prevent suicide among the Sámi people.

[Strategy 1: Focusing efforts on the Sámi men](#)

[Strategy 2: Producing statistics and strengthening research on suicide among the Sámi](#)

[Strategy 3: Strengthening Sámi self-determination](#)

[Strategy 4: Initiating efforts to recognise and deal with historical traumas](#)

[Strategy 5: Strengthening and protecting the Sámi cultural identity](#)

[Strategy 6: Reducing the Sámi's exposure to violence](#)

[Strategy 7: Reducing the Sámi's experiences of ethnic discrimination](#)

[Strategy 8: Increasing diversity and acceptance in the Sámi community](#)

[Strategy 9: Securing the Sámi's right to equal, linguistically and culturally adapted mental health care](#)

[Strategy 10: Educating and mobilising the Sámi civil society for suicide prevention](#)

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## Abbreviations

SANKS/SÁNAG Sámi Norwegian National Advisory Unit on Mental Health and Substance Use

[www.sanks.no](http://www.sanks.no)

SSHF Centre for Sámi Health Research

## Suicide

Suicide is commonly defined as “a conscious and deliberate self-directed action of the individual that leads to death” (2). While emphasising this, the “father” of contemporary suicidology, Edwin Schneidman, also stressed that suicide must be understood in context, as an act committed when an individual is in a crisis in which he can’t meet his psychological needs and believes suicide to be the “best” solution (3).

The northern Sámi word for suicide is “iešsoardin” where “ieš” means “self” and “soardit” can be translated as “harm” or “oppress”.

## Sápmi

The Sámi area has never had an exact border but since time immemorial the Sámi has lived in Sápmi, which extends across the northern part of Scandinavia and into the Kola Peninsula (see Figure 1 below). As Nordic legislation precludes registration on ethnic grounds, there is no reliable statistics on the number of Sámi in individual countries or Sápmi as a whole. The numbers usually listed vary depending on the criteria used, i.e. who counts as Sámi and who doesn't. Common figures, however, indicate that there are 50,000–65,000 Sámi in Norway, 20,000–40,000 in Sweden, approx. 10,000 in Finland, 2,000–3,000 in Russia, and a total of 80,000–100,000 Sámi in Sápmi.

The Sámi people have a common linguistic and cultural affiliation with regional and local variations. The three main variations of the Sámi language are in turn divided into nine dialects, not necessarily by country. The main variations of the Sámi language include: East Sámi, spoken on the Kola Peninsula in Russia; Central Sámi, spoken in Finland, Norway, and Sweden; and South Sámi, spoken in Norway and Sweden. The language boundaries are not clear and change gradually.

*Figure 1. Map of Sápmi – Sámi country – and approximate range and breakdown of South, “Lule”, North, and East Sámi cultural and linguistic areas.*

*Illustrator: Anders Sunesson. The map is used with the permission of the rights holder, Sámi Information Centre.*

*Source: [www.samer.se](http://www.samer.se)*



Traditionally, the Sámi have engaged in industries such as reindeer husbandry, sea and river fishing, hunting, farming, and "duodji" (Sámi crafts). While all these industries are still of great importance, both economically and culturally, they have in the last 100 years been supplemented with other livelihoods, and today the Sámi people work in all sectors of the labour market.

## The Sámi as an indigenous people

The Sámi are the indigenous people of Sápmi, constituting "an indigenous people on account of their descent from the populations which inhabited the country, or a geographical region to which the country belongs, at the time of conquest or colonisation or the establishment of present state boundaries, and who retain some or all of their own social, economic, cultural and political institutions" (from the UN Declaration on the Rights of Indigenous Peoples, 2007).

As an indigenous people, the Sámi have special rights, as outlined by the UN Indigenous Declaration. The declaration addresses, among other things, indigenous peoples' health rights and the right to be involved and influence one's own health situation – to which suicidality and suicide belong:

[United Nations Declaration on the Rights of Indigenous Peoples, article 23](#)

*Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programs affecting them and, as far as possible, to administer such programs through their own institutions.*

[United Nations Declaration on the Rights of Indigenous Peoples, article 24](#)

*1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.*

*2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.*



## General information about suicide

The UN World Health Organisation (WHO) has found that nearly one million people die by suicide each year, making it a public health problem worldwide (5). Suicide occurs in all countries, cultures, and groups of people. The number of people who die by suicide varies from year to year. In the Nordic countries, the number has dropped since the 1980s. Across almost the entire world, suicide is more common among men than women, including the Nordic countries where more than twice as many men as women die by suicide. In 2014, 548 people died by suicide in Norway, 1,148 people in Sweden, and 789 people in Finland (see Figure 2). Expressed in age-standardised mortality rates (based on world standard population<sup>1</sup>), this corresponds to 9.4 people per 100,000 years of life in Norway, 9.9/100,000 in Sweden, and 12.8/100,000 in Finland.

Figure 2. Number of suicides in Norway, Sweden, and Finland, 2010–2014(6).

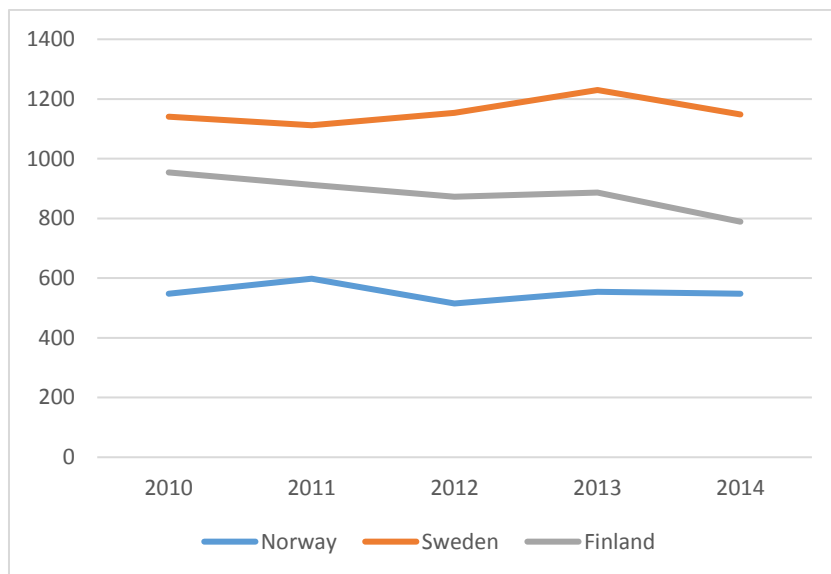
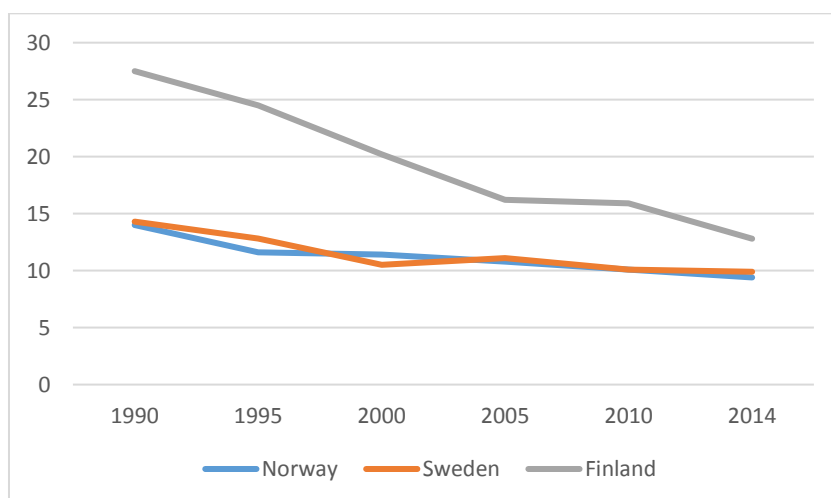


Figure 3. Number of suicides in Norway, Sweden, and Finland per 100,000 age-standardised years of life, 1990–2014(6).



International suicide research points particularly at mental ill-health as an underlying cause for suicide, but also states that there is rarely or never just one cause for a person to end his life. Causal

<sup>1</sup> “World standard population” is used by the WHO to prevent countries’ varying age structures from having too much significance when comparing countries. Since the Nordic countries have an older population, the self-reported figures of these countries are not consistent with those of WHO (presented here).

relationships are complex and include everything from individual factors, such as a person’s ability to cope with adversity, to larger social and cultural factors. A suicide crisis is often triggered by acute “situational” causes such as the breakup of a relationship. Suicide prevention involves trying to reduce the number of suicides in a group by reducing the factors that increase the risk of suicide (e.g. introducing gun control to make weapon access more difficult), and strengthening the factors that reduce risk (e.g. positively influence people's attitudes towards seeking help from mental health care) (5).

WHO encourages countries to establish national plans for suicide prevention to govern and focus efforts in the field. Norway (7) and Sweden (8) have such plans for suicide prevention. Finland used to have one but no longer does (9). Neither the Swedish nor the Norwegian plan includes any focus on suicide prevention among the Sámi people.

**Suicide among indigenous peoples**

Suicide is a major public health problem among the world’s indigenous peoples, especially those in the Arctic (10). Causes often cited have to do with socioeconomic conditions being weaker compared to those in central areas and with the history of northern areas being colonised by foreign powers, which has partially shattered the original (i.e. indigenous) social systems. Such upheavals can have immediate effects on communities and individuals but also generate suffering for generations – so called historical and intergenerational trauma. It's clear that the rapid social changes occurring during the modernisation of the Arctic in the 1900s play a central role, not least because rapid social upheavals in themselves constitute major life challenges for the individuals who, time and again, are forced to adapt to new realities.

**Suicide among the Sámi people**

Since we don’t register ethnicity in Norway, Sweden, and Finland, we know relatively little about suicide among the Sámi. Three different research studies, however, have been conducted, successfully identifying Sámi individuals who have died by suicide in different periods in different parts of the different countries. A review article recently noted that a general excess mortality by suicide seems to exist among the Sámi, compared to the countries’ majority populations (10). The difference is believed to be largest among the Sámi in Finland (11) and somewhat smaller among the Sámi in Sweden (12) and Norway (13). The relative risk, compared to the majority populations, is consistently higher and more stable among men, while the Sámi women don’t seem to die by suicide more often than women in majority populations. Table 1 shows the “standardised mortality ratio (SMR)” for suicide among the Sámi people in relation to Norwegians, Swedes, and Finns. An SMR above 1 means higher mortality compared to the majority group. For example, 50% more Sámi died by suicide in Finnmark (SMR=1.50) between 1970 and 1998 than what would be expected based on how many other Finnmark residents died of the same cause during the same period.

*Table 1. SMR among Sámi groups compared to majority populations in Sweden, Norway, and Finland. Swedish(14), Norwegian (13) , and Finnish (10, 11) data. Table adapted from Young, Revich, and Soininen, 2015 (10).*

	COHORT	MEN	WOMEN
<b>NORTHERN SWEDEN 1961–2000</b>	Entire cohort	1.17 <sup>2</sup>	0.76 <sup>2</sup>
	Non reindeer herders	1.05	0.67
	Reindeer herders	1.50	1.12

<sup>2</sup> Ratios where the observed difference is statistically significant (95% confidence interval).

<b>NORTHERN NORWAY</b> <b>1970–1998</b>	Entire cohort	1.27 <sup>3</sup>	
	Finnmark	1.50 <sup>2</sup>	1.55
	Troms	0.74	1.00
	Nordland	0.42	3.17
	Core areas	1.54 <sup>2</sup>	1.31
	Coast	1.24	1.21
	South	0.41	1.51
	1970–1980	1.17	1.14
	1981–1990	1.36	1.92
	1991–1998	1.20	0.81
	Non reindeer herders	1.30 <sup>2</sup>	1.34
	Reindeer herders	1.06	0.66
	<b>NORTHERN FINLAND</b> <b>1979–2010</b>	Entire cohort	1.78 <sup>2</sup>
1979–1987	1.83	(No suicide)	
1988–1996	1.07	1.93	
1997–2005	2.55 <sup>2</sup>	1.2	
2006–2010	2.32	1.2	

Also known is that it's more common among young adults and Sámi reindeer herders in Sweden to have lost a relative outside the immediate family to suicide, compared to Swedes in the same areas (15, 16).

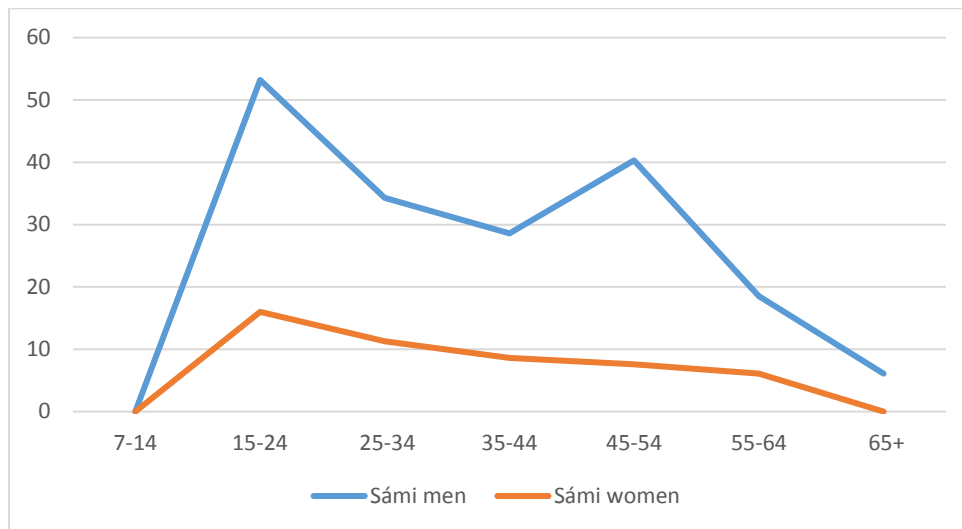
### Factors influencing suicide among the Sámi people

We lack knowledge about what makes suicide more prevalent among the Sámi people than among Norwegians, Swedes, and Finns. Neither do we know if there might be specific causes for suicide among the Sámi compared to people in majority populations. What we do know is that Sámi men more often die by suicide than Sámi women, that the Sámi generally use “rougher” (more violent) methods, which in itself may be a cause of higher mortality, and that so called “suicide clusters” (where several people in a limited group die by suicide during a short period of time) seem to be more common in Sápmi (10). Another pattern, particularly evident among men, is that more young Sámi people have died by suicide compared to young people in majority populations (see Figure 4) (13).

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<sup>3</sup> Men and women together

Figure 4. Suicide per 100,000 years of life among the Sámi in Northern Norway, by gender and age, 1970–1998 in Silviken, Haldorsen & Kvernmo (12).



### Historical traumas

Historically, there are many examples of practices oppressing the Sámi people, depriving them of their self-determination, and resulting in negative health consequences for both the group and the individuals. Practices, stressed by the Sámi as harmful, include skull measurements to “prove racial inferiority of the Sámi people”, boarding schools forcing children to separate from their parents and depriving them of their linguistic and cultural identity, compulsory transfer, and assimilation policies. There is no academic knowledge on how these historical traumas have affected the Sámi people, and to what extent they still affect them through intergenerational trauma (17). More and more Sámi – including those participating in producing this plan – demand that the countries examine these traumas and what effects on health, including suicidality, they have today. This can be done, for example, in the form of truth and reconciliation commissions.

### Mental ill-health

Given that mental ill-health is considered central in suicide, and that the Sámi people are over-represented in suicide statistics, you would expect to find a higher degree of mental ill-health among them. But studies mapping mental ill-health among the Sámi show a mixed picture. On the Norwegian side of Sápmi, several studies show that there is no significant difference between the mental health of Sámi and Norwegian youth (18-22). On the Swedish side of Sápmi, however, the picture looks different. Young Sámi and Sámi reindeer herders are found to have poorer mental health than Swedish comparison groups (23, 24). There is also a significant difference among reindeer herders, with a much higher proportion – nearly 50% among male middle-aged men – that suffers from symptoms of anxiety and depression (24). Researchers describe the poor mental health situation among Sámi reindeer herders in Sweden as fully understandable on the basis of the great pressure put on reindeer herders, particularly from the surrounding community (including great predation on reindeer, interference with grazing land in the form of forestry, wind and hydropower, tourism, and social infrastructure such as roads and railways) (25). This description was confirmed in a group discussion study where Sámi people from the Swedish side of Sápmi stated that the cause of the many suicides among young reindeer-herding men is the tough social situation rather than poor mental health in itself (26).

### *Culture and identity*

There are likely several factors of particular significance to the Sámi's mental health. For young Sámi growing up, it might be especially important to have access to a vibrant Sámi community, including a strong Sámi network, and to master their Sámi language as this strengthens young people's resilience and creates resources that can prevent ill-health (27) – just like it does among other indigenous peoples (28). Unfortunately, a strong Sámi identity today can be linked to poor mental health (20, 25, 29). This in turn can be linked to many Sámi living in a challenging minority position, experiencing and dealing with, among other things, ethnic discrimination (17, 30-32).

### *Ethnic discrimination*

Experiencing being ethnically discriminated against is detrimental to health (33). Common to the studies from both the Norwegian and Swedish side of Sápmi is that a considerably higher number of Sámi people experience being ethnically discriminated against compared to people in majority populations (29, 31). The Sámi who feel discriminated against have poorer mental health and a higher rate of suicidality than those who do not experience being subjected to ethnic discrimination (15, 23, 30, 32, 34). Ethnic discrimination is thus likely a factor of significance for suicide among the Sámi people.

### *Alcohol*

Alcohol abuse is common among people who die by suicide, but there are no indications that the Sámi people as a group consume more alcohol than others (35-37). Studies from the Finnish and Swedish sides of Sápmi, however, indicate that there is a high-risk group (with hazardous alcohol consumption) among the male Sámi reindeer-herders (37, 38).

### *Suicidal behaviour among the Sámi people*

A great deal of people in a community will, at some point in life, experience some degree of suicidality, but the vast majority of these do not die by suicide. Suicidal behaviour is usually categorised according to severity, from mild; such as wishing you were dead or having suicidal thoughts, to more serious; seriously considering or planning to commit suicide, to the most severe form; having attempted to commit suicide. The more serious the suicidality, the greater the risk of actually committing suicide.

Suicidality (regardless of severity) is more common among young adult Sámi and reindeer-herding Sámi in Sweden than Swedish comparison groups. When it comes to the most serious degree – suicide attempts – no difference has been found between neither the Sámi in Sweden and Swedes nor the Sámi in Norway and Norwegians (15, 16, 39). No studies exist of suicidality among the Sámi people in Finland or Russia.

### *Attitudes towards suicide*

How people in a community view and relate to suicide and suicidality can be significant for the prevalence of suicide. This is reflected in the great variation in number of suicides globally, which is believed to be partly due to cultural differences (5).

When examining attitudes towards suicide among Sámi reindeer herders in Sweden, minor differences have been found between them and comparable Swedes (16). The differences are somewhat larger, however, between young adult Sámi and their Swedish peers. More Sámi agree with the statements that “you can always help someone with suicidal thoughts” and “most people have had suicidal thoughts”. The Sámi are also more critical than young adult Swedes to “not asking about suicidal thoughts since doing so may bring them on” (15). What causes these differences and whether they have any real significance is not known, but it generally seems as though the young Sámi in Sweden can talk and ask about suicide more easily than their Swedish peers.

### *Exposure to violence*

Being subjected to different types of violence, especially sexual violence, increases the risk of mental ill-health and suicidality. There is no knowledge whatsoever on exposure to violence among the Sámi in Finland, Russia, and Sweden. But data from the Norwegian side of Sápmi indicate that the Sámi, like other indigenous peoples, are more exposed to violence than majority populations. The study in Norway suggests that the Sámi generally experience more of all types of violence, including psychological, physical, and sexual abuse in childhood and adult life. Reducing the Sámi's exposure to violence can thus potentially reduce suicidality among the Sámi people.

### *Health care encounters*

Having access to professional health care and enough trust to dare talk about a problematic life situation can be vital for a suicidal person. Communication in multi-cultural health care encounters is complex. The language and cultural competence of both the individual and the caregiver play a major role in determining how the encounter is experienced and whether mutual respect and trust can arise from it (40, 41).

Sámi speakers in Norway are more dissatisfied with primary care than non-Sámi speakers (42), the Sámi in Finland are less satisfied with social and health care services than the majority population (43), and Sámi reindeer-herders in Sweden have lower trust in primary care and mental health services (44). Several research reports also indicate that many Sámi people try to adapt to health care by hiding or downplaying their Sámi identity. In order not to risk receiving substandard care, they become "perfect patients" who present clear symptoms and don't require "special treatment" (45-47). Mental health problems, such as suicidal thoughts, are often difficult to describe in a clear manner and can be even more difficult to describe if, at the same time, you try to hide or downplay a central part of your own identity. The Sámi people may also have sociocultural and linguistic norms that differ from the surrounding majority communities (48), which could further complicate talking about serious illness and mental problems, including suicidal thoughts and plans.

### *The situation for LGBTQ Sámi*

One of the problems that may arise within a limited and tightly knit group, like the Sámi, is a strong social pressure on how to be in order to be accepted in the group. There is very little knowledge about how people, who violate such social norms, fare in Sápmi. The studies that do exist, however, and the testimonies of gay, bisexual, transgender, and queer Sámi people, clearly indicate that the life of a "minority within the minority" means particular vulnerability that may result in mental ill-health and thus increase the risk of suicide.

### *Suicide prevention among the Sámi people*

In 1990, the Sámi Psychiatric Youth Team (PUT-SANKS) was established in Karasjok, as a consequence of, and response to, a suicide cluster among young Sámi men in the mid-1980s. Initially, the team was run as one of the Norwegian Government's directly funded projects. The unit works with suicidality and alcohol and drug abuse, and came to form one of the cornerstones of what in 2001 became the Sámi Norwegian National Advisory Unit on Mental Health and Substance Use (SANKS).

In addition to clinical psychiatric work, SANKS, and in particular PUT-SANKS, has worked with suicide prevention by educating especially important occupational groups as well as the general public through the program "Suicide intervention"<sup>4</sup> in Sámi areas on the Norwegian side of Sápmi. They've also attempted to mobilise local communities to work actively with suicide prevention through

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<sup>4</sup>"Suicide intervention" is a Norwegian version of ASIST - Applied Suicide Interventions Skills Training. <http://vivatselvmondsforebygging.net/>

various projects such as “Suicide prevention in different Sámi areas”, “Transparency and closeness” (in collaboration with Tana Municipality), “Finnmark, a suicide-safe community” (in collaboration with RVTS Nord - Regional resource centre on violence, traumatic stress, and suicide prevention, and Finnmark County Governor), as well as the international Arctic projects “Hope and Resilience” and “RISING SUN” (a workshop collaborator of this plan).

A key component in suicide prevention is to better mobilise the network already existing around people who are in danger of committing suicide (5). Supporting family members, relatives, colleagues, friends, and others can involve training them to recognise signs of someone being at risk of developing suicidality or to dare talk about suicidal thoughts with the person they’re worried about. It can also involve generally helping to break the taboo surrounding these topics, making it easier for those suffering from suicidality to dare speak openly about it and seek help from relatives, friends, or professionals.

For the past ten years or so, the Sámi on the Swedish side of Sápmi – and Sámi organisations such as the youth organisation Sáminuorra and the Swedish Sámi Association – have expressed increasing concern for mental ill-health and suicide among the Sámi people in Sweden. Many individual Sámi have begun to openly speak about their mental ill-health and suicidality in order to highlight the issue and make it easier to talk about. Several non-profit initiatives have also been implemented, including Sáminuorras “Vaajmoe” Choir<sup>5</sup> that sings and joiks to support each other and contribute to greater openness about mental ill-health in the Sámi community.

*Image 1. The Sámi youth association, Sáminuorra's Vaajmoe Choir, performing and joiking to strengthen each other and draw attention to the issue of mental ill-health among young Sámi. Photo: Anna-Maria Fjellström.*



An increasing number of Sámi people in Sweden have turned to SANKS (in Norway) for mental health care, on the grounds that they don’t feel that they’re being understood in the Swedish health care system. This stream of patients has called for increased cooperation between care providers and, since 2015, a cooperation agreement between SANKS and Region Jämtland Härjedalen (that provides health care to the people in the provinces of Jämtland and Härjedalen in the south Sámi area of Sweden) supplements an agreement from 2007 between Finnmark Hospital HF (where SANKS is included) and Lappi hospital district, in the northernmost part of Finland. This agreement enables SANKS to receive Sámi-speaking individuals from the Lappi hospital district.

Given that the Sámi in different parts of Sápmi have such varying access to mental health care and suicide prevention that meet the demands on cultural and linguistic adaptation, the international

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<sup>5</sup> «Vaajmoe” is south Sámi and means “heart”.

Saami Council resolved, by act of Congress in 2013, on the need for more cross-border cooperation to improve the psychosocial health of the Sámi people.

This plan is also an attempt to initiate more coordinated cross-border suicide prevention in Sápmi.

### Approach

The strategies are based on scientifically documented knowledge related to suicide among the Sámi people as well as on dialogues held in workshops with Sámi “grassroots” and experts. Two workshops have been conducted. In February 2015, a seminar was held in Jokkmokk, Sweden, with Sámi grassroots, researchers, and experts in Sámi psychosocial ill-health. In May 2016, a workshop was held in Tromsø, Norway, with dialogues between Sámi involved in suicide prevention, and suicide researchers from the Arctic (Norway, Sweden, Finland, Alaska, Canada, Greenland, and Russia). This workshop was conducted in collaboration with the Norwegian Institute of Public Health and the RISING SUN project (an initiative under the American chairmanship of the Arctic Council 2015–2017). The entire project has been funded by the Sámi Parliament of Norway and the Nordic Council, through NordRegio.

*Image 2. Psychologist Lars Helander presents the Northern Sámi work group's priorities for suicide prevention among the Sámi people, during the Tromsø workshop, May 2016. Photo: Canadian Institutes for Health Research (CIHR)*





### Strategy 1: Focusing efforts on the Sámi men

All available data indicate that many more Sámi men than women die by suicide (10, 11, 13, 14). This is also the situation in the Nordic countries that Sápmi is part of, in the rest of the Arctic – especially among the indigenous people (10), and in the world at large with the exception of China. Sámi men stand out with less education than Sámi women (25) and studies from Sweden and Finland indicate an unusually large group with hazardous use of alcohol among reindeer-herding men (37, 38). Overall, it seems that the Sámi women, in various ways, manage better than the Sámi men in today's society.

This plan does not include any concrete suggestions on how to further work with focus on men other than that all suicide prevention among the Sámi people should place special emphasis on men, given that with their higher rate of suicide, they do constitute the major risk group.

#### Measures

- Place special focus on the Sámi men in suicide prevention among the Sámi people.

### Strategy 2: Producing statistics and strengthening research on suicide among the Sámi

Without statistics on the occurrence of a public health problem, it's very difficult to create an overview and to understand the trend and whether measures taken have any effect. The Nordic countries do not allow registration of ethnicity, including Sámi identity, in public records. This makes obtaining statistics on suicide among the Sámi people very complicated, and obtaining current (updated) statistics impossible. Individual research projects have nevertheless produced historical data on suicide in different Sámi groups in Norway (from 1970–1998), in Sweden (from 1961–2000), and Finland (from 1979–2005, later supplemented until 2010). This research is incredibly valuable because without it, it would be difficult to even point to problems such as the situation on the Russian side of Sápmi.

Knowledge of other types of suicidality, such as suicidal thoughts, suicide plans and attempts, vary widely. There is some knowledge for different Sámi groups in Sweden and Norway but none whatsoever in Finland or Russia.

Increasing knowledge of suicide among the Sámi people, including continuously monitoring its trend, could strongly support special efforts related to suicide among the Sámi. Gaining better understanding of the causes for suicide among the Sámi, and how to best prevent them, would greatly help achieve the goal of fewer suicides in Sápmi.

#### Measures

- Enhance the ability to produce statistics on the occurrence of suicide among the Sámi and its trend over time.
- Initiate new research projects that examine suicide among the Sámi people, including causes and the best ways to prevent suicide among the Sámi.

### Strategy 3: Strengthening Sámi self-determination

The Sámi, as an indigenous people, have the right to self-determination of their situation and factors affecting them. Sámi organisations and representative institutions (the Sámi Parliaments of Norway, Sweden, and Finland) have paid increasing attention to, and protested against, decisions with consequences for the Sámi's situation being taken without the Sámi having any real influence. Such

decisions may relate to all areas of the Sámi community, but have particularly serious and far-reaching consequences when related to the use of land and water in Sápmi, which are the fundamental resources for the Sámi people's ability to work in traditional industries, such as fishing, reindeer husbandry, hunting, and “duodji” (crafts). When the Sámi are denied the opportunity to influence such issues, they are also denied the opportunity to determine their own situation, including the right to maintain and develop the Sámi way of life. Organisations, (49) as well as researchers, (25, 29, 50) have stressed how important it is that the Sámi people be allowed this opportunity, and how long-term destructive and hazardous situations can otherwise arise. The Sámi have pointed out, both in the dialogues of this plan and in previous research (26) , that their experiences of powerlessness in relation to the majority community's priorities are a breeding ground for despair, in which dying by suicide may be considered a “way out”. Enhancing the Sámi people's ability to determine their own situation would thus prevent the risk of suicide among them.

#### Measures

- Ensure that the Sámi are given real opportunity to self-determination by allowing them to influence decisions that have direct or indirect impact on their ability to control their own situation. This includes all aspects of the Sámi community, such as education, culture, and language, but is particularly important to the Sámi working in traditional industries in which they must be allowed the right to influence processes that threaten to destroy the basis of their subsistence.

#### Strategy 4: Initiating efforts to recognise and deal with historical traumas

Unlike other parts of the world, where historical abuse of indigenous peoples and the intergenerational consequences of such historical traumas are well documented, hardly any information is found in Sápmi. This is surprising, considering that many of the processes cited as destructive in other parts of the world have also taken place in Sápmi, including boarding schools for children with negative consequences for family ties as well as linguistic and cultural identity. More knowledge is needed both on the historical traumas in the Sámi community and among the Sámi individuals and on what significance they have today on the health of the Sámi, including suicidality.

#### Measures

- Initiate efforts, including research, to clarify how historical and intergenerational traumas affect the health and suicidality of the Sámi people today.
- Initiate broad societal efforts to better deal with and process the consequences of historical traumas on the Sámi people and individuals.

#### Strategy 5: Strengthening and protecting the Sámi cultural identity

International research from other indigenous areas, as well as existing research from Sápmi and the experiences of the Sámi people, suggest that those with a strong and well-rooted Sámi identity are better prepared to face life's challenges. The Sámi also have a need and right to their own Sámi cultural environment, which places demands on majority societies to both accept and actively strengthen the Sámi cultural and linguistic environments, including education and traditional industries.

## Measures

- Work actively to strengthen young Sámi people's cultural identity through language-enhancing efforts and opportunities to partake in cultural activities.
- Protect and develop existing Sámi cultural and linguistic environments, including the opportunity for Sámi education and training, especially in areas where the Sámi are in minority and where existing Sámi cultural and linguistic environments are dependent on individuals or otherwise fragile.
- Establish Sámi cultural and linguistic environments in areas where the Sámi people live and where there are no such environments.

## Strategy 6: Reducing the Sámi's exposure to violence

Existing knowledge indicates that the Sámi people experience more violence than others during their lifetime, both in childhood and adult life. Since exposure to violence, especially sexual violence, increases the risk of suicidality, there are strong reasons to believe that successful efforts to reduce exposure to violence among the Sámi would also reduce suicidality.

## Measures

- Strengthen Sámi organisations and institutions that work to reduce the Sámi's exposure to violence and combat bullying and ethnic discrimination.
- Ensure that Sámi victims of violence have access to Sámi-speaking and cultural expertise if they seek help and support to get out of relationships where they are subjected to some kind of violence. Today, access to this varies widely, and support systems are only found in Norway.

## Strategy 7: Reducing the Sámi's experiences of ethnic discrimination

A lot suggests that the Sámi's experiences of being ethnically discriminated against is a key factor in reducing mental ill-health and suicidality among the Sámi people. Minimising these incidents and experiences is important to all Sámi in all Sámi areas, but perhaps particularly important to those with a strong Sámi identity living in a minority position, as they are more alone and vulnerable.

## Measures

- Reduce ethnic discrimination against the Sámi people through general awareness-raising work in the surrounding majority populations.
- Strengthen Sámi organisations and institutions and ensure that they actively work to help individual Sámi deal with the negative health consequences from ethnic discrimination. This includes, among other things, taking responsibility to recognise and stand up against ethnic discrimination against Sámi individuals.
- Strengthen the Sámi's resilience, i.e. resistance, against negative health consequences of experiencing ethnic discrimination.

## Strategy 8: Increasing diversity and acceptance in the Sámi community

Many of the Sámi that, in various ways, violate the norms of "how to be" in terms of sexuality and gender identity, feel that their lives are burdened by the surrounding community's inability to accept them for who they are. This leads to people leading unfree lives as well as suffering from mental ill-

health and being at greater risk of suicide. Changing this would likely do a great deal for suicide prevention.

#### Measure

- Break the taboo, stigma, and negative attitudes related to non-normative sexuality and gender identity throughout Sápmi. This means actively strengthening the forces and organisations working towards these goals.

### Strategy 9: Securing the Sámi's right to equal, linguistically and culturally adapted mental health care

Providing good health care encounters for suicidal people seeking help is always a challenge, but can be even more complicated if the person seeking help has no trust in the caregiver, or if there is a lack of common cultural and linguistic grounds on which to build communication. Access to such mental health care varies to an unreasonable extent in Sápmi today, which has caused some Sámi in Sweden to feel forced to seek help in Norway, far away from home (51). Ensuring that more Sámi have access to equal, linguistically and culturally adapted health care has the potential to greatly prevent suicide among the Sámi people.

#### Measures

- Educate health care professionals in Sámi culture.
- Enhance access to Sámi-speaking health care professionals.
- Strengthen and develop existing organisations that provide linguistically and culturally adapted mental health care to the Sámi people. Competence must be available both locally where the Sámi live and in the form of more specialised health care. The SANKS model of a centrally located unit and smaller satellite offices can be extended to other countries.

### Strategy 10: Educating and mobilising the Sámi civil society for suicide prevention

To ensure that the Sámi are included in suicide prevention training, it's necessary to adapt training linguistically and culturally, for example by having educators with relevant Sámi language and cultural skills. Tailored solutions may be required to reach out to reindeer-herding environments, which have strong Sámi language and cultural ties and where practitioners are both colleagues and competitors. To mobilise the Sámi civil society, you might also have to introduce new information channels, including social media, since the Sámi community is sparsely populated with large distances.

#### Measures

- Communicate the importance of the entire community participating, not just health care providers, and that all contributions can make a difference in suicide prevention.
- Enhance suicide prevention cooperation between different parts of the Sámi civil society, including Sámi organisations, institutions, care providers, private individuals, and others.
- Initiate and conduct further training in suicide prevention, such as ASIST and SafeTalk, targeted at especially important professional groups and the Sámi community.

## Strategy 11: Initiating and strengthening cross-border cooperation for suicide prevention

The Sámi people live in four different countries: Norway, Sweden, Finland, and Russia. Historically, the Sámi have moved across these national borders, both by family ties and in practicing traditional occupations. The ties across borders are still very strong today, and maintained particularly through social media. It is also very likely that the Sámi people in the different countries share life challenges, including suicide-related problems. To address this, it's necessary to increase cross-border cooperation, not least in order to more effectively use the limited resources of health care professionals with the necessary language and cultural skills. With this in mind, it is very positive that there is now a cooperation agreement between SANKS, as a Sámi powerhouse on mental health care, and health care organisations in both Finland and Sweden.

To further increase cooperation across borders within Sápmi would involve sharing knowledge and experiences but also providing services, including health care, in a more effective manner. This would result in greater access to the resources available, which would greatly help suicide prevention among the Sámi people.

### Measures

- Initiate cooperation between all parties, including governments, health care providers, regional and municipal organisations, Sámi organisations, and others who have an important part in suicide prevention among the Sámi people.
- Include the Sámi perspective in countries' general suicide prevention efforts, both nationally and internationally. This entails including special focus on the specific needs of indigenous peoples in national suicide prevention programs.

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