NORDIC SUMMIT ON MENTAL HEALTH, NOV 19TH 2021, HELSINGFORS/HELSINKI: PREVENTING SUICIDE AMONG SÁMI IN NORDIC COUNTRIES



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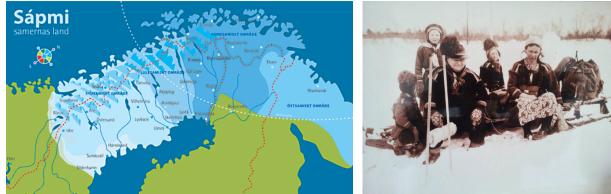
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#### JON PETTER STOOR / PIKKU-NILSÁ ÁNDE BIEHTÁR









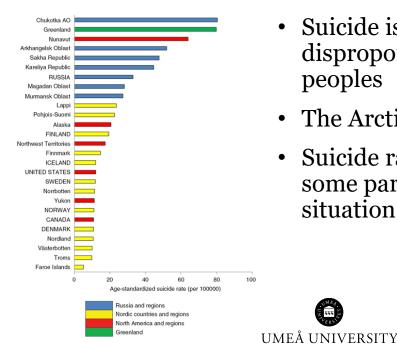
# **OVERVIEW**

- Suicide among Indigenous peoples in the Arctic
- Suicide among Sámi in Norway, Sweden and Finland - specific focus on Sweden
- The "Plan for Suicide Prevention among Sámi people in Norway, Sweden and Finland" (2017)
- New knowledge needed and produced!
- What has been done to prevent suicide among Sámi?
- What may be expected looking ahead?





# SUICIDE IN THE ARCTIC



- Suicide is often but not always disproportionally affecting Indigenous peoples
- The Arctic is no different
- Suicide rates are catastrophically high in some parts of the Arctic but the situation is better in *Sápmi*

(Figure from Young, Revich & Soininen, 2015)

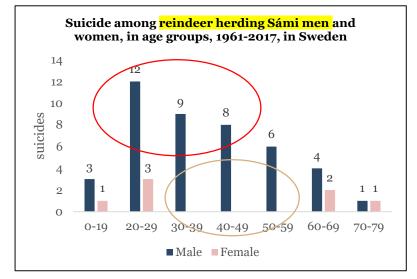
# WHAT ABOUT AMONG SÁMI?

Standardised mortality ratios for suicide among Sámi compared to majority populations in Sweden, Norway and Finland

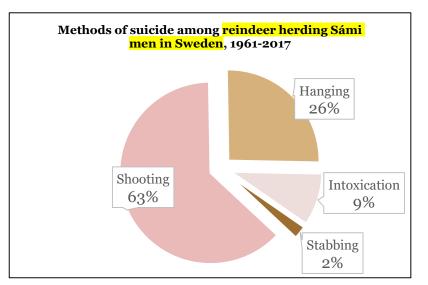
	Cohort	M	F
Northern Sweden (1961 - 2001)	Total cohort	1.17	0.76
	Non-herding	1.05	0.67
	Herding	1.50	1.12
Northern Norway (1970 – 1998)	Total cohort	1.27	1.27
	Finnmark	1.50	1.55
	Troms	0.74	1.00
	Nordland	0.42	3.17
	Core area	1.54	1.31
	Coast	1.24	1.21
	South	0.41	1.51
	1970–1980	1.17	1.14
	1981–1990	1.36	1.92
	1991–1998	1.20	0.81
	Non-herding	1.30	1.34
	Herding	1.06	0.66
Northern Finland (1979-2010)	Total cohort	1.78	1.26
	1979–1987	1.83	(No case)
	1988–1996	1.07	1.93
	1997-2005	2.55	1.2
	2006-2010	2.32	1.2

- Sámi rates are substantially lower than among other IPs
- Sámi suicide rates "follow" rates of majority populations
- Rates are elevated among Sámi men compared to non-Sámi men

# **REINDEER HERDING SÁMI MEN IN SWEDEN: AN AT-RISK-GROUP FOR SUICIDE**



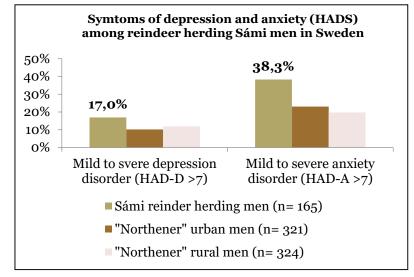
Jacobsson, Stoor, & Eriksson (2020)



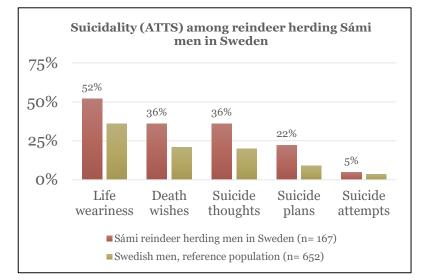
Jacobsson, Stoor, & Eriksson (2020)

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#### REINDEER HERDING SÁMI MEN IN SWEDEN: AN AT-RISK-GROUP FOR MENTAL ILL-HEALTH AND SUICIDALITY



Kaiser and Salander Renberg (2012).





Kaiser, N., Sjolander, P., Edin-Liljegren, A., Jacobsson, L., & Salander Renberg, E. (2010)

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



### The "PSPS" includes 11 strategies

- Focus on the men
- Produce statistics and support research
- Strengthen Sámi self-determination
- Initiate work to illuminate and deal with historical trauma
- Strengthen and protect Sámi cultural identities
- Decrease violence
- Decrease ethnic discrimination
- Increase diversity and acceptance
- Ensure right to equal health care, adapted to language and culture
- Train and mobilize Sámi civic society
- Strengthen border-crossing cooperation



### 2: PRODUCE STATISTICS AND SUPPORT RESEARCH

- No official statistics on suicide among Sámi exists because Norway, Sweden and Finland do not register Sámi ethnicity
- Available statistics derive from research projects, but does not include all Sámi
- Old data:
  - Norway 1970-1998
  - Sweden 1961-2000
  - Finland 1979-2010



#### 9: ENSURE RIGHT TO EQUAL HEALTH CARE, ADAPTED TO LANGUAGE AND CULTURE



- Mental health services are at the core of suicide prevention
- Equal health care demands services adapted to language and cultural needs
- Espescially important for psychiatric services and other "talking cures"
- Availability of such services differ greatly between Sámi contexts



#### **NEW KNOWLEDGE NEEDED – AND ON IT'S WAY**

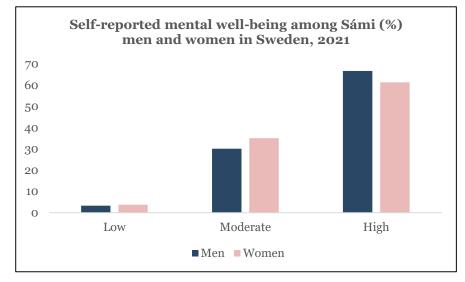


The Sámi Health on Equal Terms (Sámi-HET) – a Sámi public health study in Sweden

- Supported by the Sámi parliament in Sweden and the Swedish Public Health Agency
- Data collected spring 2021
- 3790 Sámi responders = response rate 40,9%



#### SOME PRELIMINARY FINDINGS FROM "SÁMI-HET"

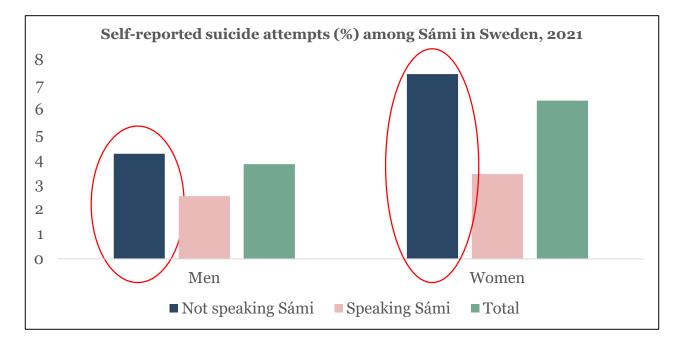


- The absolute majority of Sámi experience at least moderate mental well-being
- Men generally report better mental health than women

(Stoor & San Sebastián, 2021)



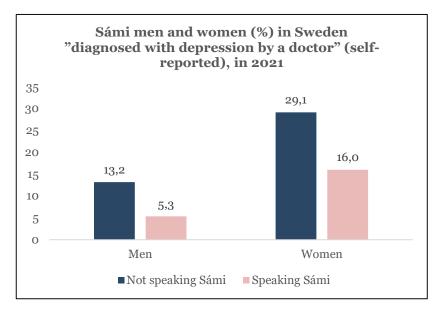
#### MORE PRELIMINARY FINDINGS FROM SÁMI-HET: SÁMI WHO DO NOT SPEAK SÁMI REPORT WORSE MENTAL HEALTH



(Stoor & San Sebastián, 2021)



### WHAT MAY EXPLAIN THE BETTER HEALTH AMONG SÁMI WHO SPEAK SÁMI?



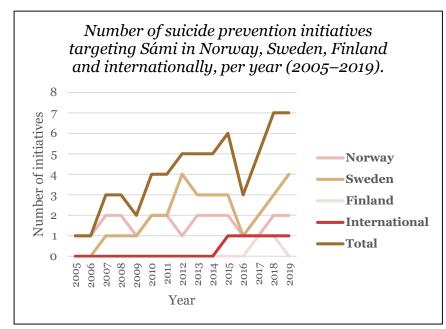
- How come?
  - Speaking Sámi as a resilience factor?
  - Speaking Sámi as an indicator of other cultural/social factors?
  - Socioeconomic confounders?
  - Lack of access to relevant care among those speaking Sámi
  - Cultural differences affecting reporting?

(Stoor & San Sebastián, 2021)



Twice as common to have self-reported being "diagnosed with depression by a doctor" among Sámi not speaking the language – compared to those who do

# WHAT ARE WE DOING ABOUT SUICIDE AMONG SÁMI?



Lots of effort invested..

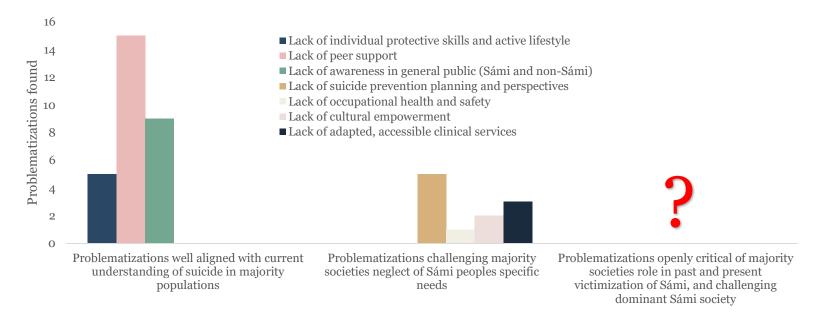
- delivery methods –public meetings and workshops were most common
- levels of adaptation to Sámi context range from targeting Sámi with universal approaches to tailor-made projects
- few initiatives included thorough evaluation components
- Sweden: mostly run by NGO's
- Norway: mostly run by SANKS

.. but lack of structural support and prevention planning!

(Stoor, Eriksen & Silviken, 2021)



## IS THE PROBLEM THAT WE DO NOT CHALLENGE NEITHER MAJORITY NOR SÁMI SOCIETIES?





## LOOKING AHEAD – ARE GOVERNMENTS REALIZING THEIR RESPONSIBILITIES?



#### **SWEDEN?**

- New national plan for mental health and suicide prevention -> 2023
- Sámi parliament invited, proposing:
  - Improving mental health services and Sámi-specific suicide prevention efforts
  - Sámi parliament to highlight broad societal issues connected to Sámi mental health and suicide
  - Establishing a national Sámi health competence centre: education and research

