

L2G Virtual Knowledge Exchange

The L2G Virtual Knowledge Exchange assembled Arctic suicide prevention workers to strengthen networks across communities and promote the implementation of suicide prevention strategies by facilitating the exchange of knowledge in the circumpolar north. They met virtually for five three-hour long sessions in February and March 2021.

Participants

The six Permanent Participants of the Arctic Council selected a total of 14 suicide prevention workers from their communities. 12 of them were Indigenous, allowing to leverage key insights on effective avenues to address suicide amongst Arctic Indigenous Peoples. As shown on the map, participants were from the United States, Canada, Greenland, Norway, Sweden and Russia. Two Sámi guest speakers from the Finnish side of Sápmi also joined.



Focus and Approach

Through a pre-engagement session, a small group of Arctic Indigenous frontline workers was assembled to identify the questions they needed addressed during the virtual knowledge exchange. Based on this, the following co-learning objectives were identified:

1. Identify practices that mobilize broad communities in taking action to reduce suicide
2. Reflect on the experiences of Indigenous child /youth and ways to meet their needs
3. Consider approaches to indigenize mental health care
4. Explore uses of culture in mental health contexts as to build stronger identities

All involved in virtual knowledge exchange were considered both teachers and learners, with the sessions focusing on learning from existing strengths in Arctic Indigenous suicide prevention.

Results

The key contributions participants made during each session of the Virtual Knowledge Exchange were documented visually by Graphic Recorder Nigit'stil Norbert (Gwich'in), all of them produced in Greenlandic, Inuktitut, Russian and English.

5 posters in Greenlandic

5 posters in Inuktitut

5 posters in Russian

5 posters in English

Additionally, several resources already in use in Arctic communities were shared. Here are examples, with most available in English and Russian:

1. Seasonality of Suicide in Arctic Indigenous Communities (by [PC-Cares](#)): This resource shows that fatal and non-fatal suicidal acts peak tend to peak in the summer for people aged 29 and under.
2. House Prevention (by [PC-Cares](#)): This resource invites considerations of ways in which community members can help prevent suicide by making small changes in their home, notably through means restrictions.
3. Small, Non-demanding Acts of Kindness (by [PC-Cares](#)): This document is used in facilitating conversation amongst communities about how people performing small, non-demanding acts of kindness was shown to reduce suicidality.
4. Project CREATEs Digital Stories on suicide and living by Arctic Indigenous youth available at <https://www.projectcreates.com>.
5. Levels of interventions where action is important according to the digital stories produced by Arctic Indigenous youth (by [Project CREATEs](#) and [ICC](#)).
6. Prominent themes in the digital stories produced by Arctic Indigenous youth (by [Project CREATEs](#) and [ICC](#)).
7. Contrast between youth and adult perspectives (by Lisa Wexler, Brenda Goodwin and PC-Cares): This chart shows differing perspectives between what youth and adults believe adults should do to reduce suicide in villages of the Alaskan Northwest and that both groups attach importance to talking together.
8. The Aboriginal Children Health and Wellbeing Measure, a youth wellness assessment developed based on the views of Indigenous children that correctly predicts risk 97% of the time and is now in use with Inuit children in Ottawa with potential for adaptation to other communities (several resources including worksheets to support children available by creating an account at <https://achwm.ca>) (English only).
9. Iñupiaq Family Life Cycle (by Linda Joule, Social Medicine Program Manager at the [Maniilaq Association](#)): This resource is used to support balance in relationships during a parenting program grounded in Inupiaq values delivered in Alaska.

Organizers and Facilitators

The L2G Virtual Knowledge Exchange was organized by the Inuit Circumpolar Council and the Saami Council with funding from Canada. The facilitators were:

- Selma Ford (Inuk-Canada), Inuit Circumpolar Council
- Susanna Israelsson (Sámi-Norway), Saami Council
- Tonje Johansen (Sámi-Sweden), Saami Council
- Jonathan Paradis, (Canada) Change Theory Consulting

Next Steps

1. Three resources are in developed based on the knowledge surfaced:
 - a. How to talk safely about suicide
 - b. Participatory approaches to support suicide prevention
 - c. Contrast in approaches to address suicidality between majority populations and Arctic Indigenous
2. Once international travel is possible once again, the Inuit Circumpolar Council and the Saami Council are working towards hosting in-person study tours to continue facilitating the exchange of knowledge between Arctic suicide prevention workers.

Key Figures

- All 6 Permanent Participants selected frontline workers
- 85% of participants and 75% of facilitators were Arctic Indigenous
- In participant feedback, 100% of respondents indicated they are very likely to recommend participation in the Virtual Knowledge Exchange to their colleagues/fellow community members

Key Outcomes

- Essential to break the silence around suicide and that there are ways to have these conversations safely
- All individuals in a community can make a difference in suicide prevention:
 - Small acts of kindness
 - Making small changes in a home that could delay a person's access to the means to take their own life by 10 minutes can help save lives
- Indigenous youth and adults tend to have different perspectives on what needs to be done to prevent suicide and youth perspectives need to be considered in developing programs directed at them
- While majority-led systems often place a large emphasis on psychiatric and psychological services to reduce suicidality, health systems are often ill-equipped to address factors that Arctic Indigenous people see as factors that act as stressors on their communities and tie with suicide risk:
 - Political risk factors such as land grabs
 - Persisting social inequities such as in the areas of housing and education
 - Ongoing discrimination and racism against Indigenous
 - Threats to Indigenous culture, language and the ability to live as Indigenous

- Existing programs and policies that frontline workers saw as most impactful in their communities tended to have several characteristics in common:
 - They were developed using participatory methods
 - They were grounded in local Indigenous values
 - They were directed and implemented by Indigenous
 - They encompass more than psychiatric services and address relationships between family members, draw on the strengths of ancestors, build on culture in deep and meaningful ways, strengthen connection to the land and in doing so succeed in engaging people who would not otherwise engage in treatment