

# **SUMMARY ON FIRST NATIONS SELF-HARM AND SUICIDE**

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**FEDERATION OF SOVEREIGN INDIGENOUS NATIONS  
AND THE SASKATCHEWAN HEALTH QUALITY COUNCIL**





## **New research shines spotlight on significantly higher rates of suicide and self-harm among Saskatchewan First Nations young adults – particularly females under the age of 15.**

**"Some of the other things I've seen, too, is where the parents...have passed on, and the kids are still in their teenage years, both parents are gone...the grandparents are gone. So these kids are just wandering from place to place. They don't have a home, they...live with family members that are like cousins and stuff that'll take them in for the time being, but they don't really have a home, they can call a home and...Those are some of the examples I've seen that the kids didn't want to live anymore because they said, 'Well, what's the point,' you know, like they had really nothing to live for, they felt."**

**COMMENT SHARED BY FIRST NATIONS INDIVIDUAL DURING INTERVIEW**

First Nations communities and leaders in Saskatchewan have for some time been concerned about growing incidence of self-harm and suicide in their people – particularly among young adults. To date, however, robust evidence detailing the nature of the problem was lacking.

Figures that were available were sobering. A suicide prevention strategy released by the Federation of Sovereign Indigenous Nations (FSIN) in 2018 noted the rate of suicide in Saskatchewan's First Nations people was five times higher than in the non-First Nations population (55.9 per 100,000 compared to 12.1 per 100,000). Figures in that same document showed that in 2016, that gap was even wider among First Nations young people – particularly in females under the age of 15.

National data showed suicides among First Nations were concentrated in younger people, with those under age 30 accounting for nearly two thirds (62 per cent) of all suicides in this population, and teenagers making up a quarter of the total. At the time, First Nations people in Saskatchewan had the second highest rate of suicide in Canada, behind only Nunavut.

A new, detailed analysis conducted by Saskatchewan's Health Quality Council (HQC) – at the request of the FSIN – shines a spotlight on the grim reality in this province: There is an alarmingly wide and growing gap between the rates at which First Nations people are attempting and completing suicide, and rates in the rest of the Saskatchewan population.

Our research had two main parts. We analyzed administrative health data on people who were admitted to hospital for intentional self-harm and mortality data on suicides from the Saskatchewan Coroners Service. (For all analyses, we compared status First Nations people to non-First Nations people, a group that includes non-Indigenous Canadians, immigrants, Métis, and First Nations people who are not status). We also interviewed First Nations people with lived experience with self-harm and suicide, to get their interpretation of our findings and to ask whether the numbers reflected the reality in their own communities.

**Here's what we found...**

## SELF-HARM

FIRST NATIONS  
**MALES**

**5X**

FIRST NATIONS  
**FEMALES**

**9X**

FIRST NATIONS  
**FEMALES**  
UNDER THE AGE  
OF 15

**10X**

**HOSPITALIZED**

**MORE OFTEN FOR  
HARMING  
THEMSELVES**

**THAN THEIR NON-FIRST  
NATIONS COUNTERPARTS**

## GENERAL

Between 2016 and 2020, status First Nations females in Saskatchewan were hospitalized nine times more often for intentional self-harm than non-First Nations females. During that same period, First Nations males were five times more likely than their non-First Nations counterparts to be hospitalized after harming themselves.

Between 2001 and 2020, hospitalizations for self-harm climbed nearly 30 per cent among First Nations females and 20 per cent among First Nations males.

## MALES

Hospitalizations for self-harm were six times higher among young First Nations males (ages 15-25) in 2016-2020 than in the general population of males in Saskatchewan. Rates of hospitalization for self-harm among males were highest in the 15-25 (6.1 times higher), and 25-35 age group (6.8 times higher).

## FEMALES

Among First Nations females ages 15-25, rates of hospitalizations for self-harm were seven times higher than in the general population of females in Saskatchewan. In fact, rates were significantly higher for First Nations females than non-First Nations females across **all** age groups (under 15, 15-25, 25-35, 35-45, 45-55, and over 55).

First Nations females under the age of 15 were 10 times more often admitted to hospital for intentional self-harm than non-First Nations females of the same age.

Self-harm rates were not only significantly higher across all age groups of First Nations females (compared to non-First Nations females), but they were also significantly higher than rates for status First Nations males across all age groups. The only age group in which First Nations females and males had similar rates of hospitalizations for self-harm was in the 15-25 age group (6.3 times higher for females and 6.1 for males).

While the numbers of First Nations females and males in Saskatchewan are similar, females had three times as many hospitalizations for self-harm as males (1,300 vs 450).

# SUICIDE

FIRST NATIONS MALES  
DIE BY SUICIDE

3X

MORE THAN NON-  
FIRST NATIONS MALES

FIRST NATIONS  
MALES

54 PER 100,000



NON-FIRST NATIONS  
MALES

18 PER 100,000



FIRST NATIONS  
FEMALES DIE  
BY SUICIDE

6.4X

MORE THAN NON-  
FIRST NATIONS  
FEMALES

FIRST NATIONS  
FEMALES

32 PER 100,000



NON-FIRST NATIONS  
FEMALES

5 PER 100,000





**Our analysis also found Saskatchewan's First Nations people are dying by suicide at rates far higher than those in the rest of the population.**

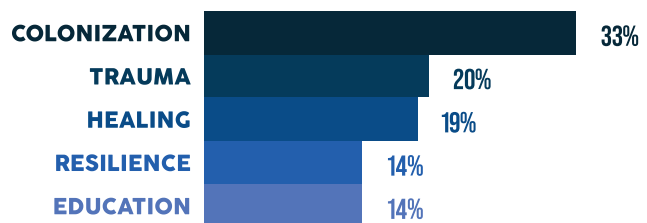
Data from the Saskatchewan Coroners Service show that between 2006 and 2020, First Nations males died by suicide at a rate of 53.20 per 100,000 people, compared to 17.66 per 100,000 among non-First Nations males.

During the same time period, suicide rates in First Nations females were 31.53 per 100,000 people, compared to 4.41 per 100,000 people in non-First Nations females.

## THE STORIES BEHIND THE NUMBERS

**To explore the stories behind these alarming figures, we interviewed 10 First Nations people who helped guide this research.**

Five themes emerged from their responses: colonization, trauma, resilience, healing, and education. Colonization was mentioned (directly or indirectly) most frequently (in 33 per cent of comments), followed by trauma (20 per cent), healing (19 per cent), and resilience and education (14 per cent each). While the people we interviewed felt colonization and trauma had negatively impacted First Nations people, they were very positive about the impact that First Nations culture, language, and ceremonies have had on their resilience, healing, and education.



There was a cause-and-effect relationship connecting the main themes. **Colonization** appeared to drive most of the **trauma** that individuals described. However, that **trauma** was met by **resilience**, which in turn contributed to **healing** in First Nations people and communities. And the **learning** that resulted from **healing** led to a renewed appreciation for traditional First Nations culture and language, and calls for more **education** within their communities and beyond.

The work we did with FSIN confirmed what previous research has shown, and what many First Nations individuals and communities already knew – anecdotally – to be the case:

**Rates of self-harm and suicide in Saskatchewan's First Nations community – especially its young adults – are alarmingly high and far greater than in the rest of the population.**

Sometimes the role of research is to attach numbers to the obvious, to make it undeniable.



# WHAT WE THINK THE FINDINGS SUGGEST

## WE NEED TO ACT NOW TO PROTECT THE FUTURE

The rates of young First Nations people attempting and dying by suicide is significantly higher than rates in non-First Nations people. First Nations people are the fastest growing group in our province. By some estimates, they will make up 30 per cent of the Saskatchewan population in the next 20 years. It is crucial that action be taken now to stem loss of life in this community.

## COMMUNITIES WILL LEAD

First Nations people know, based on their unique history, what approaches will be most effective in reducing attempted and completed suicides in their population. The First Nations people we spoke with are optimistic about the future, and confident their communities can lead in the changes that are required.

## A COMPLEX PROBLEM DEMANDS A COORDINATED APPROACH

The complex nature of suicide/self-harm demands a coordinated approach. We know that, in the general Canadian population, risk factors for suicide include depression, previous suicide attempts, substance use, poor access to services, and lack of social supports. Socioeconomic factors such as extreme poverty, poor housing conditions, and homelessness – all of which are more common among First Nations populations – also put people at increased risk. Our health system alone cannot close the unacceptably wide and growing gap in rates of attempted and completed suicide between First Nations people and the rest of the Saskatchewan population. Various other sectors – including housing, social services, and policing – must all work together with First Nations communities.

## THIS WILL BE AN ONGOING JOURNEY

Systemic impacts of colonization aren't easily changed and will require continued, focused efforts over the longer term. Thankfully, there is growing acknowledgement that intergenerational trauma caused by colonization and the residential school system has significantly harmed the mental health and wellbeing of First Nations people.

To empower First Nations communities to address this and other disparities, they must be given access to and control over their own administrative health-care data (data sovereignty). This will pave the way for future research collaborations and make it easier to identify issues and work together to develop solutions.

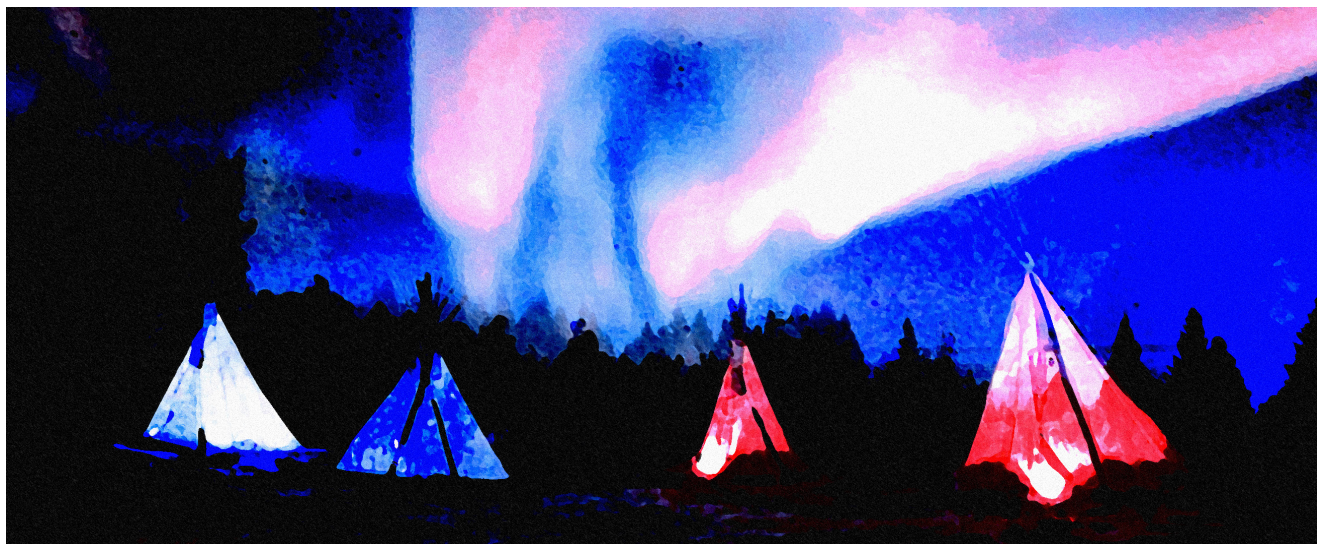
## WHERE TO FROM HERE?

These new findings build on the evidence supporting the **FSIN's Saskatchewan First Nations Suicide Prevention Strategy**. That document contains 75 action items grouped into nine commitments:



- 1 We will take a focused and active approach to suicide prevention - political agreement must happen
- 2 We will support community-led action and build on cultural and community strengths
- 3 We will invest in the next generation by taking actions to support healthy early childhood development
- 4 We will better equip children and youth with skills to cope with adverse life events and negative emotions
- 5 We will strengthen the continuum of culturally appropriate mental health services
- 6 We will strengthen the continuum of care for substance use and addiction services
- 7 We will develop a strategy aimed at reducing our high rates of violence and of child sexual abuse
- 8 We will communicate about prevention and our progress
- 9 We will support ongoing culturally relevant research, monitoring and evaluation

In collaboration with FSIN, HQC has developed the Community Development Planning Toolkit, an assessment tool for First Nations communities to use to better understand their local circumstances and the factors contributing to self-harm and suicide among their people.



For more information about this project,

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