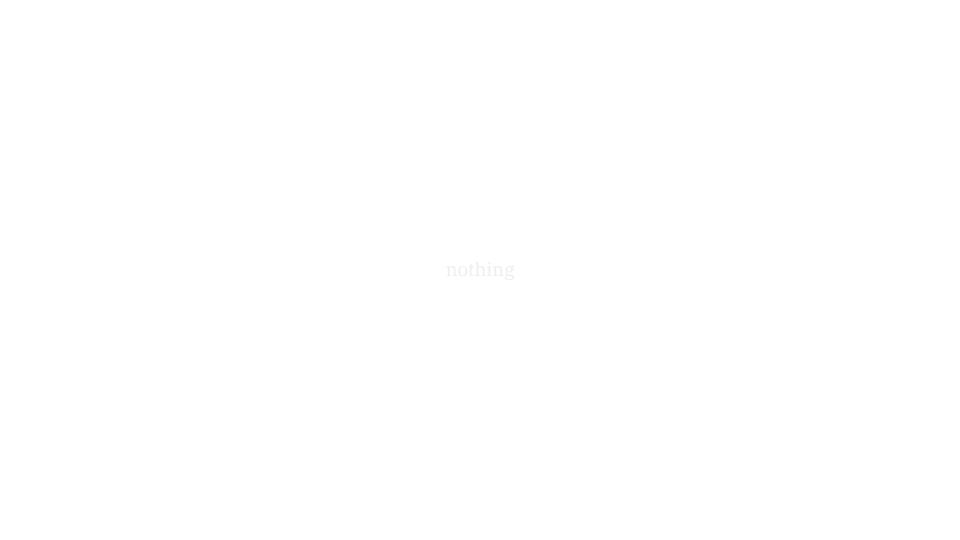
The life activity:

what it means to kill and die in the Arctic

Jonathan Lam

What do you believe happens after death?



How does the way you think about death affect the way you live?

you'll be right. Every morning I looked in the mirror and asked myself: If today were the last day of my life, would I want to do what I do today?"

"If you live each day as if it were your last, someday

Steve Johs

AN AFRICAN IN GREENLAND

TÉTÉ-MICHEL KPOMASSIE

INTRODUCTION BY

A. ALVAREZ

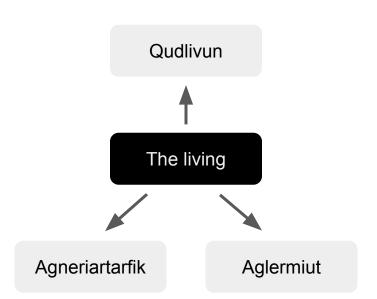
"In the old days, both in Greenland and among the other Eskimos, the old people, so as not to encumber a migration, would elect to remain behind and die slowly in the abandoned igloos. It was a spontaneous, stoic, unforced decision, and one which to them seemed noble."

Tété-Michel Kpomassie



Afterlives of the Netsilik Inuit

(Walsh and O'Neill)



The "mirror realm" of the Chukchi of Siberia

(Willerslev)

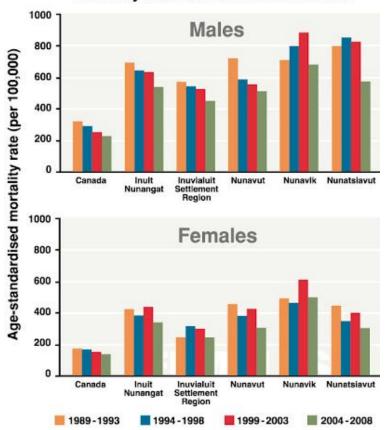
Suicide:

then and now

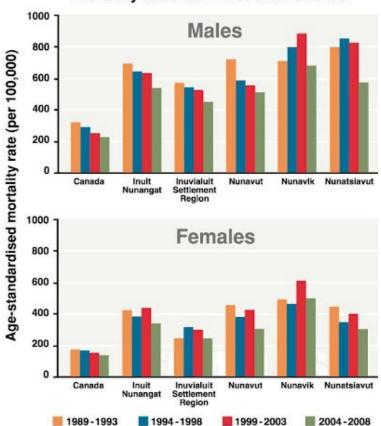
"Today, the old sometimes commit suicide. An old man may be driven to such an extremity when he is *gamapok*, angry. Angry with himself. He goes out and never comes back. Sometimes he tells his family, and they do nothing to stop him. The old man has made up his mind and will not budge! Those who kill themselves in this way have often been great hunters. Diminished by old age and feeling themselves a burden to everyone, they don't take easily to their changed condition."

Tété-Michel Kpomassie

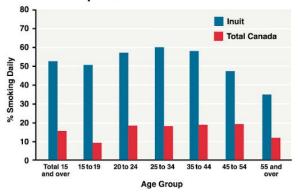
Variations in age-standardized mortality rates for males and females



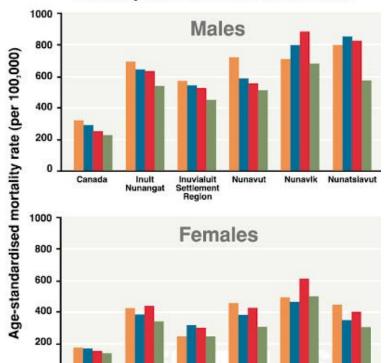
Variations in age-standardized mortality rates for males and females



Daily smoking rates of Inuit compared to the rest of Canada



Variations in age-standardized mortality rates for males and females



Inuvialuit Settlement

Region

1994 - 1998

Nunavut

1999-2003

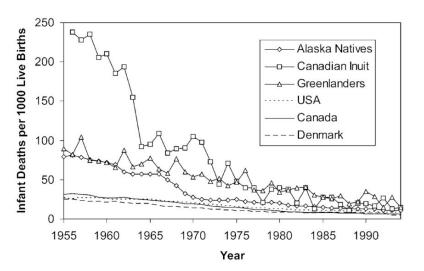
Canada

1989-1993

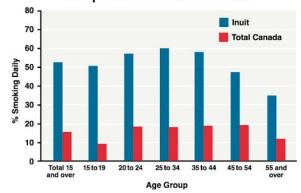
Inuit

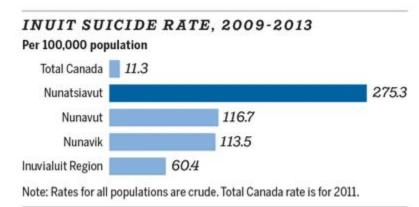
Nunavik Nunatsiavut

2004-2008

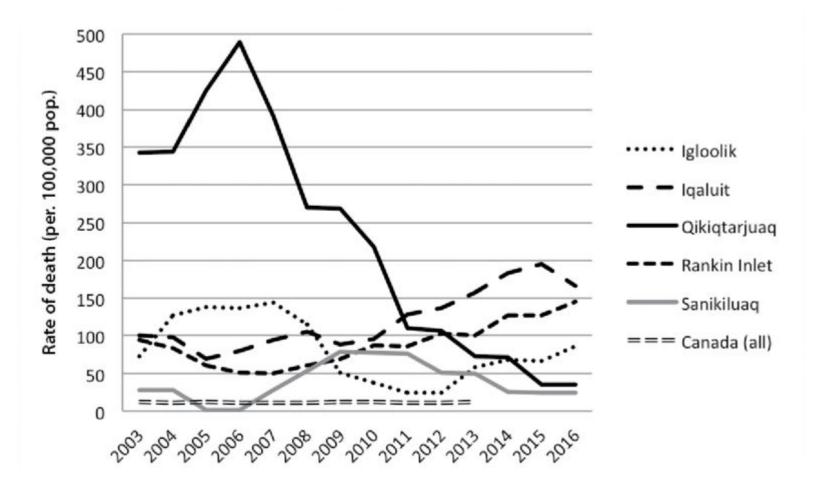


Daily smoking rates of Inuit compared to the rest of Canada

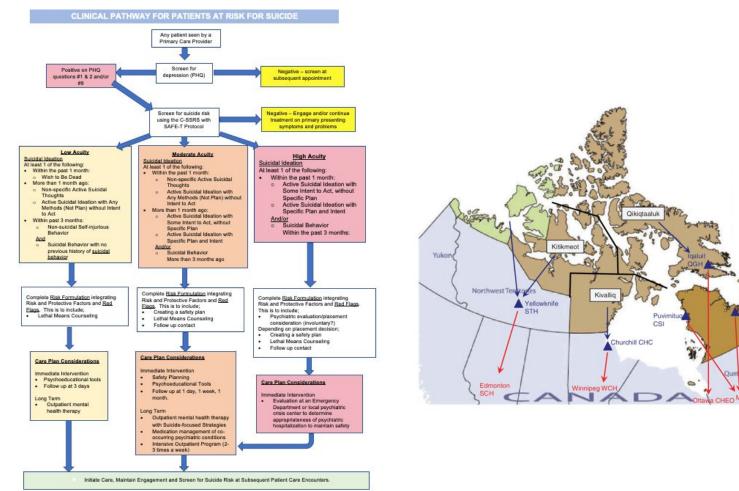




SOURCE: ITK BY J. HICKS; STATISTICS CANADA, CANSIM 102-0552



CLINICAL PATHWAY FOR PATIENTS AT RISK FOR SUICIDE Any patient seen by a Primary Care Provider Screen for Positive on PHQ Negative - screen at depression (PHQ) questions #1 & 2 and/or subsequent appointment #9 Screen for suicide risk Negative - Engage and/or continue using the C-SSRS with treatment on primary presenting SAFE-T Protocol symptoms and problems Low Acuity Moderate Acuity **High Acuity** Suicidal Ideation Suicidal Ideation Suicidal Ideation At least 1 of the following: At least 1 of the following: At least 1 of the following: . Within the past 1 month: . Within the past 1 month: Wish to Be Dead Within the past 1 month: Non-specific Active Suicidal . More than 1 month ago: Active Suicidal Ideation with Non-specific Active Suicidal Some Intent to Act, without Active Suicidal Ideation with Thoughts Any Methods (Not Plan) without Specific Plan Active Suicidal Ideation with Any Intent to Act Active Suicidal Ideation with Methods (Not Plan) without Intent . More than 1 month ago: Specific Plan and Intent to Act Active Suicidal Ideation with Within past 3 months: Some Intent to Act, without Suicidal Behavior Non-suicidal Self-Injurious Specific Plan Within the past 3 months: Behavior Active Suicidal Ideation with Specific Plan and Intent Suicidal Behavior with no previous history of suicidal Suicidal Behavior behavior More than 3 months ago Complete Risk Formulation integrating Complete Risk Formulation integrating Risk and Protective Factors and Red Complete Risk Formulation integrating Risk and Protective Factors and Red Risk and Protective Factors and Red Flags. Flags. This is to include; Flags. This is to include; This is to include; · Creating a safety plan Lethal Means Counseling Psychiatric evaluation/placement Lethal Means Counseling consideration (involuntary?) Follow up contact Depending on placement decision; Creating a safety plan Lethal Means Counseling Follow up contact Care Plan Considerations Care Plan Considerations immediate Intervention Immediate Intervention Safety Planning · Psychoeducational tools Care Plan Considerations Psychoeducational Tools . Follow up at 3 days . Follow up at 1 day, 1 week, 1 Immediate Intervention month. Long Term Evaluation at an Emergency Outpatient mental Department or local psychiatric health therapy Long Term crisis center to determine . Outpatient mental health therapy appropriateness of psychiatric with Suicide-focused Strategies hospitalization to maintain safety Medication management of cooccurring psychiatric conditions Intensive Outpatient Program (2-3 times a week) Initiate Care, Maintain Engagement and Screen for Suicide Risk at Subsequent Patient Care Encounters.



Inuvialuit Settlement Region

Nunavut

Nunavik Nunatsiavut

Nunavut region

Nunavut region

Regional centre

Regional centre

referral pathway

Tertiary centre

referral pathway

Newfoundland

and Labrador

boundaries

"If we let suicide remain a wound rather than a problem to be solved through cooperation, we can experience the suicidal imagination, its desires and its negations, rather than circumscribe it with meaning."

Lisa Stevenson