

# Aboriginal Youth Suicide Fact Sheet

## Background

- National rates of suicide among Aboriginal youth are estimated to be five to six times higher than among non-aboriginal youth.<sup>1</sup>
- In British Columbia, there has been a general reduction in suicide rates among Status Indians between 1993 and 2004, although these rates remain higher than rates for the general population<sup>2</sup> (Refer to Appendix 1).
- Youth suicide is not distributed evenly across all First Nations communities. The majority of aboriginal youth suicides occur in a small percentage of communities. These variances are associated with cultural factors.<sup>3</sup>
- In the summer of 2005 the Ministry of Health was alerted to suicide rates in the community of Ahousaht on Vancouver Island. This became a media issue in terms of how the Ministry supports Ahousaht and other small, remote communities. (Refer to Fact Sheet 651045 for additional details).
- On April 3, 2006, the Child and Youth Officer of British Columbia released a special report on preventing Aboriginal youth suicide, entitled [\*Sayt K'üülm Goot – Of One Heart: Preventing Aboriginal Youth Suicide Through Youth and Community Engagement\*](#).
- The Child and Youth Officer's report included several recommendations for government.

## Key Facts

- Of the \$700 million commitment announced during the September 2004 First Ministers Meeting, \$65 million will be allocated for National Aboriginal Youth Suicide Prevention (NAYSPS) across Canada over five years. This should bring approximately \$1.5 million to B.C. This money will be provided based on proposals from First Nations and/or First Nations health organizations.
- The Ministry of Health supports communities through the following initiatives:
  - By providing financial support to the Ahousaht Cultural Youth Centre Society in support of Aboriginal youth cultural exchange opportunities to address youth depression and suicide issues;
  - The G'itskan Youth Helping Youth initiative;
  - The Healthy Aboriginal Network's Aboriginal Youth Suicide Prevention Comic Book;
  - By providing financial support to the inter-nation forum from which the Child and Youth Officer's report stems.

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<sup>1</sup> *Sayt K'üülm Goot – Of One Heart – Preventing Aboriginal Youth Suicide Through Youth and Community Engagement*, Child and Youth Officer for British Columbia, March 2006.

<sup>2</sup> Vital Statistics Data, April 19, 2006

<sup>3</sup> Chris Lalonde, May 2006, University of Victoria, Aboriginal Health Research Conference (Cultural Continuity as a hedge against youth suicide).

- By providing financial support to Carrier-Sekani Family Services to identify the characteristics of an effective continuum of services that reflects the traditions and values of the First Nations communities included within the Carrier Sekani Tribal Council. The results of this project will guide the future development of services within that jurisdiction and inform the planning of an outcome-based framework for mental health and addictions services within a First Nations and its communities.
- Provincial Initiatives to address Aboriginal youth suicide include:
  - The Transformative Change Accord signed at the First Ministers Meeting in Kelowna, B.C. on November 25, 2005, by the First Nations Leadership Council and the governments of British Columbia and Canada. The Accord committed all parties to close the gap in First Nations health status by “establishing mental health programs to address substance abuse and youth suicide.”
  - The Ministry of Health is partnering with First Nations, Aboriginal partners, Ministry of Children and Family Development, Ministry of Aboriginal Relations and Reconciliation and Indian and Northern Affairs Canada, to develop and implement an Aboriginal Mental Health and Addictions strategy. A key component of the strategy will be a focus on suicide prevention.
  - A further meeting of Indian and Northern Affairs Canada, Health Canada, the Ministry of Children and Family Development, the Ministry of Health, and the RCMP is planned to begin the process of formalizing contributions from each sector, with results of the meeting to be brought back to First Nations leaders.
  - The First Nations Chiefs' Health Committee (FNCHC) established a task force to address suicide and addictions. MoH is a member of this task force. This task force is a key partner in developing the above-mentioned Aboriginal Mental Health and Addictions strategy.
  - Aboriginal youth suicide is a high priority, and as part of the Child and Youth Mental Health Plan for B.C. (CYMH Plan), \$10.146 million has been dedicated to developing Aboriginal CYMH services over fiscal years 2006/2007 and 2007/2008.

### Federal and Provincial Funding

- Appendix 2 outlines funding responsibilities of the federal government (First Nations and Inuit Health Branch) and provincial government (MoH and MCFD).

## Regional Facts

- The small numbers involved preclude the development of definitive conclusions with respect to trends at the level of Health Service Delivery Areas (HSDA)<sup>4</sup>. (Refer to Appendix 3).
- Suicide rates for Status Indians in the Central Vancouver Island HSDA are higher than the provincial average, as are suicide rates among the whole population in the same area<sup>5</sup>. (Appendices 3 and 4).

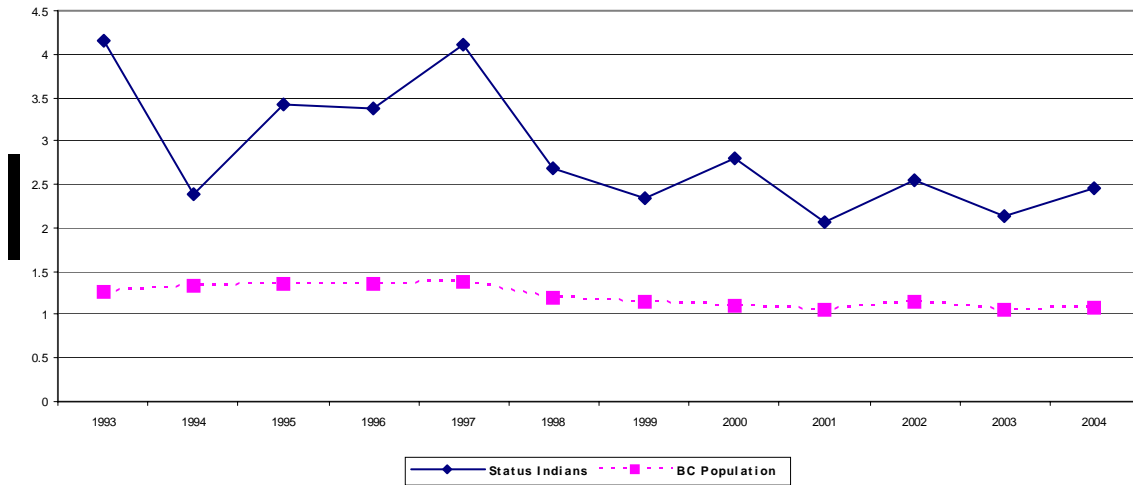
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<sup>4</sup> Vital Statistics Data, April 19, 2006

<sup>5</sup> Vital Statistics Data, April 19, 2006

# Appendix 1

Age Standardized Mortality Rates for Suicide,  
Status Indians and BC Population



Source: Vital Statistics Data, April 19, 2006, provided by Health Modernization, Knowledge Management and Improvement Division, Ministry of Health

## Appendix 2: Health Funding, On and Off Reserve

### Federal Funding – First Nations and Inuit Health Branch

- Federal funding is directed toward public health and health promotion and includes alcohol and drug services on reserve, head-start programs, and health promotion such as diabetes and prevention.
- Mental health services are crisis oriented with a limit of ten sessions.
- Transportation to off-reserve services is also covered.
- Funding is provided by Health Transfer, which is accomplished through a three-step process that supports Aboriginal communities to assume authority for funding and delivery of their health care services.
- Over 70 per cent of services in B.C. are currently transferred, which is the highest percentage in Canada.
- There are guidelines for this process with flexibility in relation to each community.
- Community plans are reviewed every three years.
- There are health directors in each community, with 56 directors in B.C.

### Ministry of Health (MoH)

- MoH, through the Medical Services Plan and health authorities, is responsible for medical services, community-based adult mental health programs, and all acute care psychiatric programs including hospital services for children.
- Acute care, as one component of a continuum of services for children’s mental health, provides emergency services for children experiencing psychiatric crisis, and specialized inpatient hospital beds for children with mental disorders requiring stabilization and/or intensive assessment and treatment.
- Health authorities provide broad mental health services for the adult population both on and off reserve.
- MoH also provides targeted funding to health authorities for Aboriginal health promotion initiatives<sup>1</sup>.
- The Aboriginal Health Branch, MoH, is working in partnership with the Provincial Health Services Authority and other health authorities to develop a coordinated and collaborative approach to address Aboriginal youth suicide. This group is in the early stages of development.

### Ministry of Children and Family Development (MCFD)

- MCFD Child and Youth Mental Health provides a wide range of community based specialized mental health services to children, youth, and their families.
- Services delivered through MCFD staffed offices as well as through an extensive program of contracted services throughout the province.
- Contracted services provide specialized and mental health-related services, which may be funded directly by MCFD, or funded jointly with other ministries, and non-government sources.
- Services are primarily delivered off reserve with some services focused on providing outreach and other services to Aboriginal communities.

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<sup>1</sup> This refers to funding provided for Aboriginal Health Initiatives Programs and direct service contracts.

## Appendix 3

**Status Indian Suicide Deaths by Health Service Delivery Area, British Columbia 1993-2004**

Health Service Delivery Area	1993		1994		1995		1996		1997		1998		1999		2000		2001		2002		2003		2004	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
11/12 East Kootenay/Kootenay Boundary	1	15.9	-	-	-	-	2	23.0	2	9.4	-	-	-	-	-	-	-	-	2	8.3	1	4.5	1	4.8
13 Okanagan	2	3.5	1	1.7	-	-	-	-	3	4.9	2	3.2	2	3.5	3	4.6	2	4.0	-	-	-	-	4	5.6
14 Thompson Cariboo Shuswap	7	4.0	5	2.9	9	5.6	5	3.7	9	6.1	1	0.5	3	1.5	8	4.5	1	0.5	4	1.9	4	2.1	5	2.9
21 Fraser East	4	6.3	3	3.8	1	1.6	3	4.4	2	2.9	2	2.8	2	5.2	1	0.8	-	-	3	3.3	3	3.6	1	1.3
22 Fraser North	1	2.3	-	-	-	-	2	5.1	4	10.3	1	3.3	1	2.4	2	4.4	4	9.9	2	4.4	1	2.0	1	4.1
23 Fraser South	-	-	1	4.4	3	9.7	-	-	1	2.6	2	5.4	-	-	-	-	1	2.0	-	-	2	3.9	2	4.2
31 Richmond	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
32 Vancouver	6	4.8	4	3.0	2	1.7	5	3.6	2	2.1	1	0.8	4	3.1	2	1.5	-	-	6	4.1	2	1.5	1	0.8
33 North Shore/Coast Garibaldi	4	4.0	2	2.1	2	1.6	1	0.9	1	1.2	2	1.8	3	2.6	4	3.7	1	1.3	4	3.3	4	3.4	-	-
41 South Vancouver Island	2	2.7	3	4.8	7	10.3	4	5.7	1	1.6	3	3.9	2	2.4	-	-	2	3.0	2	2.9	2	2.5	2	2.6
42 Central Vancouver Island	7	5.2	4	3.2	11	8.3	8	5.4	8	6.1	6	4.4	3	2.3	3	2.3	6	4.0	6	4.2	4	2.6	5	3.1
43 North Vancouver Island	1	1.5	-	-	-	-	2	2.9	6	8.9	3	4.2	1	1.4	6	8.2	2	3.6	1	1.2	-	-	-	-
51 Northwest	8	4.9	5	2.1	4	1.8	4	2.5	4	1.7	7	3.0	6	2.9	3	1.3	4	2.0	3	1.3	6	2.6	8	3.7
52 Northern Interior	3	2.6	2	1.9	3	2.7	2	1.8	7	5.5	2	3.4	2	1.9	5	4.3	2	1.5	4	2.7	2	1.2	3	2.7
53 Northeast	-	-	-	-	-	-	-	-	-	-	2	4.8	-	-	1	2.0	1	2.2	-	-	1	1.6	-	-
<b>PROVINCIAL TOTAL</b>	<b>46</b>	<b>4.1</b>	<b>30</b>	<b>2.4</b>	<b>42</b>	<b>3.4</b>	<b>38</b>	<b>3.4</b>	<b>50</b>	<b>4.1</b>	<b>34</b>	<b>2.7</b>	<b>29</b>	<b>2.3</b>	<b>38</b>	<b>2.8</b>	<b>26</b>	<b>2.1</b>	<b>37</b>	<b>2.5</b>	<b>32</b>	<b>2.1</b>	<b>33</b>	<b>2.5</b>

ASMR per 10,000 Standard population (Canada Census 1991)

2004 Status Indian Events are flagged without the use of the Status Verification File from First Nations and Inuit Health Branch, resulting in a reduction of deaths attributed to First Nations population of about 10% in 2004.

Source: Vital Statistics Data, April 19, 2006, provided by Health Modernization, Knowledge Management and Improvement Division, Ministry of Health

## Appendix 4

### Suicide Deaths by Health Service Delivery Area, British Columbia 1993-2004

Health Service Delivery Area	1993		1994		1995		1996		1997		1998		1999		2000		2001		2002		2003		2004	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
11/12 East Kootenay/Kootenay Boundary	29	2.0	21	1.4	18	1.1	27	1.8	26	1.6	23	1.3	20	1.2	24	1.6	25	1.4	25	1.5	16	0.8	15	1.0
13 Okanagan	32	1.2	53	1.9	44	1.6	43	1.4	48	1.6	36	1.2	45	1.4	42	1.5	42	1.3	36	1.1	48	1.6	47	1.4
14 Thompson Cariboo Shuswap	29	1.6	28	1.5	49	2.4	32	1.5	47	2.2	38	1.7	24	1.2	33	1.5	23	1.1	39	1.6	28	1.3	39	1.7
21 Fraser East	29	1.4	32	1.6	28	1.3	42	1.9	27	1.1	24	1.0	34	1.4	27	1.1	29	1.2	32	1.3	31	1.3	23	0.9
22 Fraser North	54	1.2	49	1.0	64	1.3	63	1.2	58	1.1	54	1.0	46	0.8	35	0.6	67	1.1	65	1.1	52	0.9	48	0.8
23 Fraser South	43	0.9	48	0.9	50	1.0	45	0.9	51	0.9	56	1.0	64	1.1	51	0.9	50	0.8	50	0.8	60	1.0	68	1.0
31 Richmond	7	0.5	11	0.7	13	0.9	11	0.7	24	1.4	8	0.5	9	0.5	12	0.8	14	0.8	13	0.6	8.0	0.4	8.0	0.3
32 Vancouver	72	1.3	75	1.3	81	1.4	95	1.6	92	1.5	88	1.4	71	1.1	62	1.0	76	1.2	85	1.3	65	0.9	80	1.2
33 North Shore/Coast Garibaldi	25	1.0	33	1.3	31	1.2	28	1.1	30	1.1	26	0.9	31	1.1	34	1.2	24	0.9	26	0.8	28	0.9	29	0.9
41 South Vancouver Island	46	1.3	51	1.4	48	1.3	48	1.4	51	1.4	44	1.1	46	1.3	55	1.4	34	0.9	46	1.2	41	1.1	45	1.1
42 Central Vancouver Island	27	1.4	30	1.4	42	2.0	42	1.8	38	1.6	43	1.8	34	1.5	33	1.3	27	1.1	35	1.6	37	1.5	36	1.6
43 North Vancouver Island	15	1.5	19	1.7	14	1.2	28	2.5	23	1.9	22	1.8	15	1.2	16	1.4	11	0.9	23	1.9	10	0.8	14	1.2
51 Northwest	13	1.5	13	1.5	13	1.5	12	1.6	12	1.3	18	2.0	17	2.0	10	1.1	14	1.8	10	1.3	14	1.6	16	2.0
52 Northern Interior	23	1.7	20	1.5	15	1.0	21	1.4	25	1.5	14	1.0	21	1.3	20	1.4	17	0.9	18	1.2	14	0.9	18	1.1
53 Northeast	7	1.3	9	1.4	10	1.7	5	0.9	5	1.0	4	0.6	8	1.3	7	1.0	4	0.6	4	0.6	7	1.1	6	1.0
<b>PROVINCIAL TOTAL</b>	<b>451</b>	<b>1.3</b>	<b>492</b>	<b>1.3</b>	<b>520</b>	<b>1.4</b>	<b>542</b>	<b>1.4</b>	<b>557</b>	<b>1.4</b>	<b>498</b>	<b>1.2</b>	<b>485</b>	<b>1.1</b>	<b>461</b>	<b>1.1</b>	<b>457</b>	<b>1.1</b>	<b>507</b>	<b>1.1</b>	<b>459</b>	<b>1.1</b>	<b>492</b>	<b>1.1</b>

ASMR per 10,000 Standard population (Canada Census 1991)

Source: Vital Statistics Data, April 19, 2006, provided by Health Modernization, Knowledge Management and Improvement Division, Ministry of Health