



ARCTIC COUNCIL

SUSTAINABLE DEVELOPMENT WORKING GROUP

**PROPOSAL: The Evidence-Base for Promoting Mental
Wellness and Resilience to Address Suicide in Circumpolar
Communities**

Endorsed by Senior Arctic Officials, October 22, 2013;
Subsequently updated to include additional Project Co-leads

Project Title:

“The Evidence-Base for Promoting Mental Wellness and Resilience to Address Suicide in Circumpolar Communities”

Lead Country/Project Leaders:

This project will be co-led by: Canada (Christian Sylvain and Dr. Joy Johnson, Canadian Institutes of Health Research and Marla Israel, Centre for Health Promotion, Public Health Agency of Canada), Norway (Anne Reneflot, Norwegian Institute of Public Health), the United States (Dr. Pamela Collins, National Institute for Mental Health), Denmark (including Greenland and the Faroe Islands) (Ann Birkekær Kjeldsen (Department of Health and Infrastructure, Greenland Government), and Russia (Valery Chashchin (Arctic Human Health Expert Group, Arctic Council).

Objective of Project:

The objective of this initiative is to assess the outcomes of current and past research, programs and/or activities undertaken in circumpolar communities which promote resilience and well-being. This initiative will bring communities, researchers and policymakers together throughout the length of the project to ensure common understanding and potential application of evidence leading to positive mental health outcomes. Evidence will be shared with Arctic Council Member States and Indigenous circumpolar communities regarding the type, effectiveness, scalability and cultural appropriateness of interventions in the following areas:

- Fostering child and youth resilience to protect mental health;
- Enhancing protective factors for children, youth and their families including social, cultural, economic, and environmental factors; and
- Reducing risk factors known to impact mental well-being across the life course.

Under the auspices of the Sustainable Development Working Group (SDWG), the project leads will coordinate a research program on interventions for mental health promotion. The goal is to build on existing and established projects with communities and researchers in the field to identify and share best practices in promoting resilience and well-being as a means of preventing suicide in later years, with a particular focus on children and youth (aged 0-25).

It is expected that through this initiative, research will take place in multiple regions across the circumpolar world and that the evidence resulting from this international effort will be relevant to Arctic Council Member States and Indigenous circumpolar communities.

Rationale:

In the Arctic, Indigenous peoples have experienced numerous challenges associated with rapid changes and historical policies, including: threats to language and culture; erosion of traditional support networks; and changes to traditional diet and communal food practices. These challenges, often coupled with a sustained lack of economic opportunity, due, in part, to relative geographical isolation, have contributed to poor social and health outcomes. Perhaps most poignantly, the Finnish and Swedish Saami, Alaskan Indigenous peoples and the Canadian Inuit have all experienced increases to the youth suicide rates over the last four decades.

The Circumpolar Health Atlas (2012) gives a telling picture of suicide in the circumpolar world:

“[A]mong circumpolar populations, Greenlanders, Nunavut and Alaska Natives report the highest suicide rates. The Nordic countries and their northern regions occupy the low end of the spectrum, with the exception of Finland. In 2003, suicide rates in Alaska Natives were ~35/100,000, and 90/100,000 for Greenlanders and 170/100,000 for Eastern Arctic Inuit (Baffin Island and Nunavik). Among the circumpolar Inuit, the increase in suicide rates occurred first among Alaska Natives, later in Greenland, and still later in the Nunavik and Baffin region. [...] The suicide rates peak at ages fifteen to twenty four and then decrease with age.”

In addition to our increasingly refined data on circumpolar suicide rates, considerable research since the mid-1990s has contributed to a better understanding of the risk factors for suicide in northern communities (including age, gender, level of education, employment and social status). The research shows that Indigenous youth face: risk factors that are unique to this population; more risk factors at once; and risk factors that are more severe than that of non-Indigenous people (Government of Canada, *National Aboriginal Youth Suicide Prevention Strategy*).

In many ways, it is young people of the circumpolar region that are bearing the brunt of the continued effects of change. Yet, it is also the creativity, strength and resilience of northern youth that is lighting the path of renewal in circumpolar mental health. With their openness and generosity of spirit at gatherings like the Nuuk *Hope and Resilience: Suicide Prevention in the Arctic* seminar in 2009 and in their involvement with research projects across the circumpolar region, young people remind us that we know enough about the problem; it is now time to focus on the solutions.

Of the broad array of existing interventions to promote resilience and well-being, there is a need to analyse which interventions have worked, with whom and for what reasons. (i.e., Have they been evaluated? Are they evidence-based? Have communities and community leaders been involved in shaping existing interventions? Are they culturally appropriate? Is there an established baseline of data? Can they be compared across other states/jurisdictions/settings/populations?)

There is also a requirement to explore how the application of successful interventions has been achieved and the measures employed to achieve scale up. (i.e., Was it achieved through government funding? Other investments? Was the community involved? Were partnerships established and if so, with whom?). We need to know if successful programs

developed by one community can be effectively and efficiently scaled up throughout a region or shared across the circumpolar region. There is also a need to determine why an intervention might work in one community or region but not in another.

In short, what is required is the type of highly specialized research, conducted in a systematic and rigorous manner, which is only just beginning to have a global impact. In 2012, the World Health Organization's (WHO) Health Evidence Network released its report entitled *For Which Strategies of Suicide Prevention is There Evidence of Effectiveness?* The present proposal seeks to apply a similar approach by focusing specifically on the unique situation and cultures of circumpolar peoples. Therefore, this proposal is not about more data or abstract information; it is about comparative evidence, and its immediate applicability to various community needs. It is intended to generate best practices for community-based approaches to promoting positive mental health that can be shared and adapted.

Indeed, the need for evidence of promising practices, and for engaging communities in generating that evidence, was emphasized by participants at the 2009 seminar *Hope and Resilience: Suicide Prevention in the Arctic*, which was hosted by the Government of Greenland under the auspices of the Arctic Council's SDWG during Denmark's Chairmanship. By supporting communities and community-based research, the Arctic Council and SDWG could help to fill these remaining knowledge gaps. This would enable communities across Arctic states to develop, enhance or improve existing activities with the confidence of a body of evidence behind the work.

Alignment with Arctic Council work:

This project is strongly aligned with the priorities and recent activities of the Arctic Council and would build on previous Council work related to the promotion of health and wellness in the Arctic. The 2013 *Kiruna Declaration* prioritizes improving economic and social conditions in the Arctic and signals the intention of Arctic Council Member States to “undertake further work to improve and develop mental wellness promotion strategies.” As noted in the SDWG's work plan for 2013-2015, through its previous work, in particular the *Hope and Resilience Seminar*, the *Arctic Social Indicators (ASI) II* report, and the forthcoming *Arctic Human Development Report (AHDR) II*, the SDWG has made advances towards fulfilment of its mandate in terms of the human dimension of sustainability. The Arctic Human Health Expert Group (AHHEG), and the recently created Social, Economic and Cultural (SEC) Expert Group will increase the capacity of the SDWG to respond to issues of human health.

The SDWG's *ADHR-I Report* (2004) initiated a period of continuous work to advance wellness in the Arctic. As noted in *AHDR-I*, “Suicide, homicide, and other forms of violence are closely tied to rapid social changes that erode a sense of being in control of one's own destiny and of being embedded in an intact culture. Solutions lie in strengthening the viability of Arctic communities and, above all, finding ways to allow the Arctic's residents to play active and effective roles as players in programs designed to improve their own health.”

The Arctic Council strengthened its commitment to promoting well-being in circumpolar communities in 2009 with the *Hope and Resilience* seminar. This seminar enabled the sharing of research, knowledge and best practices between participating member countries by bringing together health and other community service professionals, academics and youth. In addition, in 2014 the Council is expected to release the *ADHR-II Report*. This ambitious and important work will include a focus on human health and well-being indicators that will link synergistically to the present proposal, both informing and being informed by it. New topics being examined in the *AHDR-II* include: globalization and the Arctic, climate change in the Arctic, migration and urbanization in the Arctic, language change and revitalization, and issues of inequality. Each of these is intimately connected to mental wellness, and each poses a challenge to the promotion of well-being. The *Hope and Resilience* seminar emphasized the need to collaborate and share findings so that we can have a better understanding of what solutions we can find to help communities maintain healthy populations. This is a key goal of the current project.

The proposed initiative would carry through the Arctic Council's commitment by tying together these previous and on-going efforts, and bringing them to bear specifically on the shared challenge of evaluating interventions aimed at promoting mental wellness. The initiative would support existing research capacity based in communities to further expand their research to identify promising interventions.

In addition to supplementing the work of the *ADHR-II* initiative on social development in the Arctic, the proposed initiative would also complement the pioneering work on developing appropriate indicators and metrics undertaken by the Institute for Circumpolar Health Research (ICHR) at an inaugural conference on the topic in October 2011. Founded in 2005 in Yellowknife, Canada, the ICHR is a respected northern research hub which coordinates multisite protocols, manages large datasets and is home to the Circumpolar Health Observatory (CircHOB), established under the auspices of the AHHEG in 2010. The ICHR is also a sister organisation to the Greenland Institute for Circumpolar Health Research under a 2009 Memorandum of Understanding (MOU).

Background:

Key stakeholders

Norway and Canada (the Canadian Institutes of Health Research (CIHR), the Public Health Agency of Canada (PHAC) and Health Canada) are co-leading this initiative with potential for the United States to also join as a co-lead. Relevant departments and agencies within these governments have been engaged and key individuals will soon be identified.

The vast majority of Permanent Participants have been engaged both bilaterally and multilaterally in the development of this proposal and their comments incorporated into this final version. Permanent Participants are considered key partners to this project, and ideally, would contribute to the development of the detailed project proposal, assess submissions and/or partner with researchers to assess the evidence. It remains the desire of Canada and Norway to include a Permanent Participant as a co-lead to this project.

A Steering Committee comprised of policy and research experts from all relevant countries and Permanent Participants will be struck to provide oversight for the overall management of the project. Representatives from these organizations will play an important role in the project's implementation, as well as in the review of the research findings and final synthesis report.

Given their mandate and their expertise in Arctic health, the AHHEG, as a whole or as individual members, are welcome to apply for the funding opportunity.

Stakeholder considerations

Based on discussions held in June/July 2013, there is support from SDWG members for this proposal. Permanent Participants have been engaged on multiple occasions to ensure their perspectives are well represented within this initiative. Comments received have stressed the importance of promoting resilience and well-being and putting greater emphasis on the quality of interventions which have potential for scaling up. The project itself is expressly intended to fill critical knowledge gaps that many Indigenous groups have long identified and documented around the myriad interventions. A greater focus on upstream interventions will have the potential to balance the need for improved mental health promotion efforts against the acknowledged gaps in current access to treatment.

This proposal also aligns closely to the priorities of Arctic States and Permanent Participants. For instance, in Canada, the Governments of Nunavut and Northwest Territories have each introduced their own wellness strategies and Yukon Territory is developing a Wellness Plan for Children and Families to be completed by March 2014. The Kingdom of Denmark's Strategy for the Arctic (2011) highlights a priority for 'Self-sustaining Growth and Development' and specifically mentions that "[t]he Kingdom will promote Arctic cooperation on health and social sustainability, including research and best practices in areas of shared challenges." Among the Russian Federation's Arctic priorities is the goal to develop "standards on protection of health of the peoples living in the north; and organization of activities aimed at improving the living environment." The proposal is also consistent with Goal 5 of the Inuit Circumpolar Council's (ICC) *Inuit Health Strategy* (2010-2014): "Promote research to improve Inuit health and wellness." The ICC adopted this strategy in 2009, resolving to "use its significant involvement in Arctic Council working groups and other research-focused bodies to identify relevant opportunities." The ICC re-iterated this commitment at its General Assembly in 2010, through its *Nuuk Declaration* which included the following item:

"36. Direct ICC to advance Inuit health and well-being by implementing the 2010-2014 Circumpolar Inuit Health Strategy by promoting strategic initiatives throughout the Inuit world focusing on the well-being of Inuit families and other Inuit health priorities in partnership with national, circumpolar, and international partners.

Activities:

Key research activities supported through the program

Research undertaken under the auspices of this opportunity will assess the impact and effectiveness of community-based mental health promotion interventions in circumpolar communities in one or more of the following areas:

1. Interventions that engage circumpolar Indigenous communities, leaders, as well as youth, in fostering resilience to protect mental well-being and prevent suicide.
2. Interventions that seek to enhance protective factors in children, youth and their families in circumpolar communities, including social factors (e.g., building positive relationships, fostering greater attachment through parenting programs); cultural factors (e.g., protecting traditional language and fostering connections with Elders and other spiritual and/or traditional leaders); economic factors (e.g. poverty, hunger, homelessness/overcrowding, education); and environmental factors (e.g., connections with the land, enhancing access to programs and resources).
3. Interventions that reduce risk factors known to impact mental well-being across the life course (e.g., early aggression, poor school performance, family conflict).

The research activities will focus on: a) examining existing interventions for key outcomes and impacts, and b) comparing and evaluating the interventions being implemented or tested across circumpolar communities by considering the nature of the interventions, their effectiveness and applicability. This project will enable researchers and communities to identify and share best practices and offer tangible recommendations on how best to scale up successful interventions in communities.

General requirements of team proposals

Teams interested in participating in this project will have to submit research proposals, which will be evaluated by an international, expert peer-review committee. Peer review is a rigorous process used to assess applications submitted for funding. It is an internationally accepted benchmark for ensuring quality and excellence in scientific research and is used by research granting agencies such as the CIHR and the National Institutes of Health (NIH) in the United States. In their proposals, applicants will be required to demonstrate how they will meet various requirements, which will be clearly outlined in the funding opportunity or Request for Applications (RFA).

Interested research teams will be encouraged to apply to the RFA, to be launched upon approval of the proposal. With CIHR leading the process, a committee made up of content experts from all co-lead countries/organizations, as well as other Permanent Participant organizations will guide the development of the RFA, drawing heavily from the information found in the proposal.

As part of the requirements under the proposed program, all projects will be required to involve local Indigenous communities as active participants through all phases of the work including: the development of the research proposal, selection of community activities to assess; the development of indicators and methods of assessment that honour traditional ways of knowing along with scientific methods; undertaking data collection

and analysis; and sharing results locally and reaching consensus on knowledge translation activities before extending these beyond the community. To enhance the analyses and on-going mutual learning, teams will be required to work with communities in more than one member state. Funding will be available to ensure local community members are engaged and play an active role in partnering with and assessing the research that will be conducted.

Teams may involve a mix of participants from Arctic Council member states. The key to the team's success will be having significant prior engagement with local community members and having evaluation or testing plans that are ready for implementation. Teams will be expected to adhere to applicable research ethics policies of the granting agency in addition to any local policies and required practices that govern research in the host community.

Research teams will be expected to integrate gender and sex-based analysis in the conduct of their research. Suicide is particularly high among young Indigenous men (in part due to the changing gender roles in circumpolar regions and the lethality of method used). As such, it will be important that intervention research carried out through this project takes into account considerations of gender and sex.

Each project will need preliminary performance indicators and baseline effectiveness measures along with a plan on how the assessment teams will engage the community in identifying and incorporating further indicators and measures. In keeping with the 2011 *Arctic Health Declaration* regarding shared monitoring and evaluation practices, it is expected that research teams will contribute to consensus-building on indicators and measures for suicide prevention and mental health promotion programs for future use by member states.

Although the intent is aimed at either evaluating or comparing the effectiveness of existing interventions, for each of the areas listed under Activities, some teams may consider preliminary testing of novel or adapted interventions that have been shown to work in other jurisdictions. Teams choosing this approach must clearly show how testing a novel/adapted intervention would be justified, feasible and desirable from the community's perspective. Especially welcome are studies of interventions that use innovative methods and settings (such as web based or social media) intended to enhance health promotion, where these studies are approved by host communities.

Overview for accessing funding:

CIHR and PHAC both have experience contributing to and supporting international research projects and international collaborations to address a range of policy and research areas. Although Canada is the sole country at this particular time which is committing funding for the proposed intervention research program, this does not preclude teams of researchers from collaborating and partnering to include researchers from other circumpolar states.

CIHR will be providing funding, and fulfills its mandate, in part, by "pursuing opportunities and providing support for the participation of Canadian researchers in international collaborations and partnerships in health research." CIHR's funding policy allows for Canadian researchers (Nominated Principal Applicants) to apply to CIHR's programs to support research to be carried out in, and/or in direct collaboration with researchers and/or knowledge-users in other countries. It is important to note that Nominated Principal Applicants and project participants may work in research centres both in Canada and abroad to carry out the proposed research. Additionally, CIHR Nominated Principal Applicants may transfer funds to project participants (i.e., researchers, trainees, knowledge-users, etc.) based in other countries through a transfer of funds from the Institution Paid (or the primary institution) to a secondary institution subject to approval from the Institution Paid. Consideration should be paid to using community based participatory research methods.

Partners' contributions toward the project:

There are a number of ways in which Arctic States and Permanent Participants can contribute to the project. The proposed program benefits significantly from the considerable academic and community-based research capacity and prior work in this area that already exists within individual member states. There are established projects and university-community partnerships already in place, and a track-record of achievements, on which to build this value-added component of evaluating interventions. Therefore, this is not an investment in "more research" in a traditional sense, where results and their applicability are unknown. Rather, the investment is to evaluate work that is already underway and to share best practices among member states by continuing a program of research based on assessing real-life interventions.

In fact, a scan of Arctic Council member states reveals this initiative's research activities on children's and youth mental health would amplify and complement existing activities by offering the opportunity to synthesize, compare, and share evidence for the practical application of this type of work among member states.

Arctic states could also support the initiative by making funds available for additional research, for example by launching new funding opportunities or providing support to existing researchers working in the field. Additionally, Arctic states could offer travel awards that would help to bring international researchers together. Partner States and Permanent Participants will also offer their knowledge and expertise to the project through their participation in the Steering Committee.

The Government of Nunavut has expressed their interest in partnering on this initiative by offering to host the Synthesis Conference to be held in February/March 2015.

It is important to note that the Arctic Council already supports projects and platforms that share common goals with the proposed program, and for whom partnership would be mutually beneficial. For instance, the AHHEG's Circumpolar Health Systems Review project produced comparative insights into health systems that, coupled with the knowledge of the suicide interventions that work best, could make specific

recommendations to strengthen the health system response to youth mental health. This project was housed within the ICHR and is well positioned to coordinate networking among researchers, thereby maximising the combined impact of their findings.

The University of the Arctic, an observer to the Arctic Council, with partnerships among member countries' universities, is also in a good position to help disseminate this opportunity and identify existing projects most likely to benefit from an intervention evaluation component.

Outcomes:

This project will enable researchers and communities to identify and share best practices. It is anticipated that this funding opportunity will lead to:

1. The identification of an inventory of promising interventions that reflect Indigenous practices, values, and reality, and are potentially applicable in other communities;
2. An understanding of the key contextual factors, including but not limited to financial and human resources, that influence the appropriateness and impact of interventions;
3. Enhanced awareness across member states and communities of the approaches being used to promote mental health in order to prevent suicide; and
4. Engaged communities who have increased awareness of the ways that resilience and mental well-being can be promoted.

Deliverables:

By the end of the 9th Arctic Council Ministerial meeting that will conclude Canada's Arctic Council Chairmanship (May 2015), the proposed program of activities will have delivered:

- A synthesis report of operational evidence and recommendations, outlining an inventory of promising interventions, being implemented in Arctic States. This report will be a key reference document and tool for states and Indigenous communities seeking to improve or develop mental health promotion strategies;
- A framework on scaling up interventions in other communities, including models that will assess community readiness and capacity;
- The identification of key indicators to measure and evaluate resilience and mental well-being promotion programs across countries (including strength-based indicators); and
- A synthesis conference hosted by Canada in February/March 2015 that will allow for knowledge translation and the sharing of evidence obtained by research teams and communities.

Timeframe and Project Completion:

The proposed program builds on previous work of the Arctic Council and is designed to be completed within the 2013-2015 timeframe during Canada's Chairmanship.

This program of work is intended to support the assessment of existing interventions. Proposed projects should therefore demonstrate considerable justification and prior understanding of community contexts and needs to enable the timely implementation of research and the analysis of results. Teams are advised to plan projects that can be implemented within 12-15 months. It is acknowledged that this is an ambitious timeframe. However, given that the proposed program intends to 'top up' and build on existing community-researcher relationships only, the aims are achievable. Moreover, this research program is intended as a first step on which future projects can build. For example, this initiative has great potential for continuation into the next Biennale 2015-17 given the pressing health needs it addresses and interest among member states and Permanent Participants.

Knowledge translation activities will be enabled through a synthesis conference to share results with researchers, policymakers, Indigenous communities and member state governments. This conference will be held in February/March 2015 and organised by the Canadian Institutes of Health Research, the Public Health Agency of Canada and Health Canada, with Canadian territorial and international partners as appropriate.

Any novel/adapted interventions that the program may generate will be in the early stages of implementation at the conclusion of the current Biennale. While these interventions will be evidence-based and community-derived, the Arctic Council may wish to support continued monitoring of these legacy projects through its Circumpolar Health Observatory (CircHOB) during the subsequent US Chairmanship in 2015-2017. A monitoring schedule can be developed, using the indicators generated in the current program of research.

Cost Estimate and Budget

The total budget for the project will depend on the number of partners that choose to participate in and fund the research component of the project.

Thus far, the Government of Canada has committed approximately \$1M to help fund research teams and host the synthesis conference in February/March 2015. As all projects will be required to involve local Indigenous communities as active participants through all phases of the work, funding will be made available through the successful research grants in order to optimize local community member engagement and facilitate an active role in partnering with and assessing the research that will be conducted (i.e., stipend/release time for community members, up-front payment to help communities be fully engaged).

Additionally, the Government of Canada will provide some support to Permanent Participant co-lead(s) to assist with their participation in the project and its Steering Committee (e.g. travel costs, etc.).

Funding awarded to researchers would be for expenses associated with carrying out research activities (including travel costs for multinational research teams of academics and participating community members). As mentioned above, non-Canadian researchers could gain access to Canadian funds by partnering with Canadian researchers. Through the funding mechanism, principal funded researchers may transfer funds to project participants (i.e., researchers, trainees, knowledge-users, etc.) based in other countries through a transfer of funds between institutions. Research teams will also be expected to allocate a portion of their operating funds to support the involvement of Indigenous community leaders throughout their research.

It is expected that member states would provide for the travel and the subsidized accommodation expenses for their national delegations to attend the synthesis conference in February/March 2015.