

SUICIDE



Guidelines For Helpers



Mental Health/Northwest Territories

Government Library

FEB 22 1989

Government of N.W.T.
Yellowknife, N.W.T.



CANADIAN MENTAL HEALTH ASSOCIATION
BOX 2580, YELLOWKNIFE, NWT, X0E 1H0, PHONE 873-3190

SUICIDE

Guidelines for Helpers

Mental Health/Northwest Territories

ENMINGNIK ENOKTAGIYUMAYUNUT
HAPOJINAHOAKTUNUT ATOAGAGHAAT
EHOMAGHAGHIOKTIT/NUNATIAMI

a registered charitable organization supported by voluntary contributions

ATIKTAOHIMAYUT KATOJIKATIGET EKAYOKTOGAOYUT AITOOTAOHIMAYUTIGUT MANINGNIK

Introduction

This pamphlet has been prepared for the use of those who, because of their work in the community, are called upon to deal with people threatening suicide, or those who are left to regret that they did not recognize signs nor hear the cry for help. No pamphlet can replace care by trained people, but it is hoped that this one can provide some guidelines to help you handle the emergencies, to recognize the signs of depression that may lead to suicide and to deal with those people at risk until professional help can be obtained.

Many NWT residents, particularly Native people, live in areas far from professional help. When it is available, many Native people find it difficult to talk with a non-Native. People living in a community need to know how to listen, what to listen for and how to respond.

Death by suicide is unnecessary. Besides "completed" suicides there are many attempts which are not fatal. These people need to be identified as quickly as possible and counselled so they do not want to try again.

In addition to those deaths labelled as suicide, there are accidents which seem to have occurred because people just didn't care about staying alive. People who repeatedly drive vehicles or boats while drunk, people who repeatedly risk their life by doing foolhardy things may be showing that they need the same kind of help.

PIGIANGNINGGA

ONA MAPIGAAK ENIKTAOHIMAYUK ATOKTAOYOGHAK TAHAPKONANGGA HAVAKTONIT NUNAMINGNI, AMIGHIYUNIK TOGHOLAOKTAOGOMIK KIMITLIKAA INUNGMIT ENMINIK ENOKTAGIYUMAYUMIK OVALONIIT KINGOGINAALIKTOMIT TAAMNA ELITTOGINGGINNAMIOK EKAYOKTIGHAILIOKTUK. MAKPIGAAT HIMMAOHIO-TILIMAITUT TAHAPKONONGGA INUNGNUT ELIHATIAGIAHIMAYUNUT EKAYOOHIG-HAMINGNIK, OVA ONA MAKPIGAAK EKAYOGOTAONAHOAKTOGHAK NALOGHAKTOMOT EKAYOGOMAYUMUT KAYANGNAKTOKALIKKAT, KAOYINAHOAGOTAUYUGHAK ELITAGIYUTIGHAINIK INUK ENMINIK PITAGILONI EHOMAKALIKAAT ELITTOGIYA OYAAGANI, OTAKIYAAGANI ELIHIMATIAKTOMIK INUNGMIK KAITIILONI.

NUNATIAKMIOT KABLONAAGOGITUT NUNAKAGAMIK ONGGAHILOAKTOMIT EKAYUTIGHAKANGNINGMIT AYOGHANGGITUNIT. AYONGGITUT EKAYUKTIGHAT KAHAGHIYAGAGATA, KABLONAAGOGITUT OKAKATIKAGAHOAGHOTIK KABLONAANIK AYO-GHALIKPAKTUT. INUIT NUNAMINGNIITUT ELITTOGIYAAKAKTUT NALAOHIG-MAMINGNIK OVALO HONAMIK TOHAAYAGHAMINGNIK KIOJUHIGHAMINGNIKLO.

INMINIK INUK TOKOTAGIYOGHAONGGITOGALOAK. AMIGAITUT INMINGNIK ENOKTAGIYUMALIKPAKTUT. TAHPKOA INUIT KILAMIK NAONAIKTAOVAKTOGHAOYUGALOIT OKAOJAONAGIGIAMINGNI PITAILITKOYAOLOTIK OOKTOFFAATINNAGIT INMINGNIK PITAGINAHOALOTIK.

INMINGNIT ENOKTAGIHIMAYUNUT ELALIoTIYUTUT ELIVAKTUT INUIT KITO-LIKAA PILOILIPLOTIK ANNIGAAGAMIK ELAANILO TOKOVAGHOTIK NAONAITUT TAHAPKOA INUHITIK KOYAGINNAOTIHIMALIKPAKAMIKIK. KINALIKAA EMIGHONI AGHALOTITOKATAKTUT KAYAKTOKATAGHONILONIIT INUHINI KAYANGNAKILIKPAGA TAIMAILIOKTUT EKAYUKTIKAGIAKALIKPAKTUT TAIMAILIOKTAILIYAAGINNI.

Role of the Family

In the past, people lived in family groups with grandparents, aunts, uncles, cousins. Everyone had their regular job to do and everyone was responsible to help teach the children and help others in time of need. They knew that they had to look after each other for there was no one else.

Now the family is often thought of as just mother, father and children. Part of the responsibility for teaching children has been given to the schools. Part of the responsibility for the care of the sick has been given to doctors and nurses. Part of the responsibility for spiritual guidance has been given to the church. This has meant that some families have trouble deciding what their responsibility is in relation to their family members and in relation to the larger community.

Families are in the best position to know the usual behavior of their members. They are also in the best position to recognize when a member is behaving differently. All members of the family need to realize that if one of the family changes their pattern of behavior it may mean that there is a problem. If a problem is suspected, the family should try to find out what it is. They should listen to the person. They should not just hope that the problem will go away. They need to talk with other family members to try to get all the family into the discussion. They need to be frank and open about their concern for the troubled person. They will need to listen with an open heart. They will need to seek the help, support and guidance of other people, especially those who have training in dealing with human problems.

KATANGGOTIGIIT ELITKOHIGIVAGAIT

KIGOLIPTINGNI INUIT ELAGOHIGIIT ATAOTIMIOLIKPAKTUT NAYOGHOGIT ATATIATIK ANANATIATIKLO, ANGNAGVITIKLO, PANGNAAYUTIKLO ANGGOTIKATITIKLONIIT. TAMANGMIK EHOMAGIYAKAKTUT HAVAAGHAKAGHOTIK NUTAKAT ELIHAOTINAHOAGHOGIT EKAYUGAHOAGHOGITLO EKAYUKTIGHAILIOLIGAAGATA. ELIHIMAGAMIK MONAGIYUTIYAAKAKTUT ALAMIK MONAKTIGHAINAMIK.

TATJA ELAGIIT IMAA EHOMAGIYAVALIKTUT AMAMAAT, APAAT, NOTAKALO. AYOIGHAJINIOP ELANGGA NUTAKANIK TONIYAOHIMALIKTUT SIKOOKVINGNUT. ANIAKTUKALIGAAGATLO MONAGHINAHOANGNIK PIHIMAYAOVALINGMAT TAAKTINIT MONAGHINITLO. TOGHIANGNIKOTLO EKAYUGAHOANGNIK PIYAOVALIKMAT ANGGAJUVINGNIT. TAIMAITUMIK NUTAGAGIIT ELANGGIT NALOGHAOTIKALIKPAKTUT HOMIK MONAGIYUTIKANGNIAGIAGHAMINGNIK OVALO KANUK NUTAKATIK ELIHAOTILOGIT MONAGINIAGALOAKATIGIK NUNAMINGNI.

KATANGGOTIGIIT ELAMIK ELITKOHIIINNIK ELIHIMATIAKTUT. TALVALO ELITTOGILAAKTUT ELAGOHITIK ALANGGOGHIMAYUTUT ELIKPATA HOLIJUHIIITIGUT. KATANGGOTIGIIT TAMANGMIK ELIHIMATIAKTOGHAOYUT ELAGOHITIK ALANGGOGHIMALIKAT ELITTOGIYUGHAOYUT AYOOGHAOTIKALIGONAGHIYUK ELAGOHITAT. TAIMAAHIGHIMALIKAT NAONAIGAHCAKTOGHAOYUT HOMIK AYOOGHAOTIKALIGIAGHANIK. OVALO OKAKATIGINAHOALOGIT TAMAITA KATANGGOTAIT EHOAGHAINAHOALOTIK EHOMALOTIGIYAINIK. NALATIAGAHOALOTIK OVALO EKAYOGAHOAKTOGHAOYUT OVALONIIT EKAYUKTIGHAMINGNIK NALVAAGAHOALOTIK NALOGHANGGITUNIK INUIT EHOMALOOTIGILIKPAGAINIK.

Role of the Lay Worker

Some communities have people who have had some training in working with people. Elders who used to do most of the counselling have much living experience and can help many people. There are Community Health Representatives, Alcohol Workers, Special Constables and others who have had training in communicating with people and counselling. They are the lay people in the community that many people go to when they need help. These are often the people to whom the family will turn when they are concerned about a family member or it may be that the troubled person will come to the lay worker for help. The lay worker's first responsibility is to get communications started and to keep it going. The next is to contact a professional resource person, where there is one, who can provide guidance in counselling or, if the person in need of help agrees, will do the counselling. The lay worker may function only in an emergency and then refer the person to professional help.

The lay person may do most of the counselling herself. The best arrangement is probably for the lay worker to do the counselling with the guidance and support of a professional. In any case, the lay worker will have the closest contact with the family and will also be the person in the community responsible for follow-up.

It has been shown that where there is a completed suicide in the community, it often sets off a chain of other suicides. Families will be shocked and concerned about the suicide. The lay worker must be aware of the possibility of others and learn to look about and recognize the potential suicides and do something about them before they act.

ANNAOJINAHOAKTUP HAVAAGA

NUNAKAKTUT ELANGGIT INUKAKTUT ELANGGINIK ELIHAGHIMAYUT HAVAKATIKAO-HIGHAMINGNIK INUNGNIK. ENINGNIGIT ELANGGIT OKAOJIYAAGHAMINGNIK AYOGHANGGITUT INUNGNIK EKAYOGONGNAKTUT AMIHONIK. ANNIAKTOLIGIYUNILO HAVAKTIT, EMINGNIKOTLO AYOGHAOTIKAKTUNIK EKAYUKTIT HAVAKTIOYUT, PILIHIMANILO HAVAKTUT, HAPKOA HAVAKTUT ELIHAGHIMAYUT HAVAOHIGHAMINGNIK INUNGNIK HAVAKATIKAGHOTIK. HAPKOA INUIT OPAKTAOLIKPAKTUT INUNGNIT EKAYUKTIGHAILIOLIGAGAMIK EHOMALOTIKALIGAAGAMIKLO EHOMAGIPLOGIT ELATIK. OVALONIIT KINALIKAA EHOMALOOTIKAGOMI ENMIGUT ALAKOTLONIIT. HAVAKTIOYUP H'VOLIKPAAMIK PIYUGHAK OPAKTAOGOMI OKAKATIGINAHOALOGO TAIMAAKTAILILONI. AIPAATAOK PIYAGHAA AYOGHANGGITUMIK OKAOJIYUGHAMIK PINAHOALONI NUNAMINI TAIMAITOKAKAT AYONGGITOMIK OKAOJINIKOT. TALVAGA OKAOJIYUNGNAKTUK ONIOTILOGO TAAMNA HAVAKTUK OKAOJITKOLOGO INUNGNIK EHOMALOOTIKAKTUMIK.

HAVAKTIOYUK INMINIK OKAOJIYONGNAKTUK, KIHIMI PIONIGHAONIAKTUK HAVAK-EKAYUKTIOLONI AYONGGITUMUT OVALO ELIHIMAYOONIGHANGMAT KATANGGOTAINIK INUP TAAFFOMA.

KAOYIMAYA OYUT NUNAKAKTUNI INMINIK PITAGIYUKAGAAGAT, ALATTAOK TAIMAAHIKPALIANGGINAKPAKTUT. KATANGGOTIGIIT EHOMALOLIKPAKTUT TAIMAITUMIK. HAVAKTIOYUK KINALIKAA ELITTOGIMANAHOAKTOGHAOYUK NAOTIKTOITIALONI ALANIK EHOMAKAKTOGHANIK INMINGNIK TOKOTOMAPLOTIK OVALO KANOGLIOGAHOALONI EHOAGGIHINAHOAKTOGHAOYUK INUK INMINIK ENOKTAGITINNAGO.

Personal Characteristics of the Lay Worker

Not everyone is able to counsel a suicidal person. If the counsellor is anxious or if s/he cannot tolerate the hostility that is present in many suicidal people s/he will tend to withdraw just when the person needs support.

As a lay worker, you must be comfortable with the fact that you probably do not have the answers. You must be comfortable and secure in yourself. You need to know yourself and be able to share yourself, yet not get so involved that you lose the ability to help. You must be able to accept being told you cannot help and are not useful in this situation without becoming defensive.

You must be able to really hear what the person in need is saying. You must be able to accept the person in a non-judgemental way. If you have problems with suicide yourself or have recent experience with family members you may have difficulty listening to someone talk about killing him or herself. Your own anxiety is likely to be felt by the suicidal person who will then withdraw feeling more hopeless and helpless.

Lay workers have feelings of their own. They need to be aware of their feelings of anger, anxiety and fear so that they can control these feelings and appear calm. Talking about these feelings with the person often helps to maintain calmness.

NUNALINGNI HAPOJINIAKTIP ELITKOHIGHAA

KINATOINAK OKAOJINAHOAGONGNANGGITUK INUNGMIK INMINIK ENOKTAGINAHOAKTUMIK. EGINAHOKPALAAGOMI OVALONIIT AYOGHALIGOMI OKAOTINAHOAKTAMINIK KIMIKLIKAA INMINIK PITAGIYUMAYUMIK, OKAOTINAHOAKTANI EPIGAKPANGMAGO EKAYUKTIGHAILIOKTILOGU.

HAPOJINIAKTIOPLONI, TONGGANHAOAKTOGHAOYUTIT KIOJUTIGHAKANGGINMAT TAMAANUT KIONAHOAKTANUT. ELINGGNIKLOT KAoyIMATIAGAHOAKTOGHAOYUTIT EKAYUKTOGAHOAGOVIT. AYOGHAOTIGIYAANUT ELALIoTINAHOAKTAILOTIT EKA-YUGAHOALOTIT AYOGHALINGNIGHAGAVIT. ELITTOGIMAYUGHAOYUTIT OKAOYAO-LIGOVIT IMATUT, EKAYULIMAITUTIT AYOGAVIT, ELINGNIK ANNAAKTAILINAHOAKTAILOTIT.

NALATIAGAHOAKTOGHAOYUTIT AYOGHAOTIKAKTUP EHOMALOTIGIYAINNIK. INUK TAAMNA EHOMAGITIAKLOGO NAOTIKTOGAHOAGHIMAITUMIK. TAIMAAHIGHIMAGOVIT OVALONIIT ELANGNIK TAIMAHIGHIMAYUKAKAT KINGGONINGNI, AYOGHANGNIAGONAGHIYUTIT NALAGAHOALOGO OKAKTUK INMINIK ENOKTAGIYUMAYUK. EHOMALOKTOTIT NALOHOIGOMITIT INUP TAAFFOMA, EHOMALOOTIGIYAIT ING-GATAGHONGGONGMATA

HAPOJINIAKTIT EHOMAGIYAKAKTUT ELIKOT. EHOMAGIYATIK, MAMIAGIYATIK-LO KAMAHOOTITIKLO KAoyIMATIAGAHOAKTAGHAGIYAITPIMMAKLONAAKTAILINAHOALOTIK. OKAOTIGIPLOGIT INUNGMUT EHOMAGIYATIK EKAYOTAOLIKPAMIYUT.

Role of the Professional

Most professionals are non-Native, non-Inuit. They are nurses, doctors, social workers, psychologists, psychiatrists, clergy. Most of them rarely live in the smaller Native or Inuit communities. These two facts mean that the professional must be the backup person or the resource person for the lay worker in the community. There are no rules for dealing with suicide. Most people in a community will probably seek help from another Native or Inuit person, a person whom they know. Some may prefer to seek help from a stranger or at least from someone outside the community. In these cases, the professional will do direct counselling from the beginning. The professional has the responsibility of alerting the lay workers in the community to the possibility of a recurrence. The professional should also guide the lay workers in helping the family to understand the situation. Professionals have differing amounts of training and different kinds of training. The lay worker will have to decide, where there is a choice, whom to call on for help. The decision will have to be based on who is nearest or who is most capable in the particular situation. Because each situation is different, the approach will have to be different. There are no hard and fast rules.

HAPOJINIAKTIP ELIHIMATIAKTOP HAVAAGA

HAPOJIYIONAHOAKTOT ELIHIMATIAKTOT TAHAPKOA INUINAOGITOT. HAPKOA HAPOJIYIONAHOAKPAKTOT MONAGHIT, TAAKTIT, AYOGHAKTOLIGIYIT, MINIHI-TATLO, ALATLO. ELANGGIT TAHAPKOA NUNAKAKATANGGITOT MIKIYUNI INUIT NUNAGIYAINI. TAIMTAITOMIK TAHAPKOA ELIHIMATIAKTOT EKAYUKTAOLIKPAKTOT ANNAOJINAHOAKTONIK INMINGNIK ENOKTAGIYUMAYUNIK KITONIKLIKAA. ENMINGNIK ENOKTAGINAHOAKTONNOT EKAYUGAHOAGOTIGHANIK TITIKANIK ENIGHIMAYOKANGGINMAT, TAIMAITOMIK INUIT EKAYOKTIGHAGHIOLIKPAKTOT ELIHIMAYAMINGNIK KABLONAAGOGITONIK, ELANGGITAOK ALANIK ELIHIMANGGITAMINGNIK EKAYOKTIGHAGHIOLIKPAKMIYUT, ELANGGILO NUNAGINGITAMINGNIT AHINIT EKAYOKTIGHAKAGOMALIKPAKTOT. TAIMAINAHOAGAGATA TAAMNA ELIHIMANIGHAK OKAOJILOALIKPAKTOK KIGLINGGANIT. TAAFFOMA ELIHIMATIAKTOP KAoyIMAPKAKTAGHAGIYAA HAPOJINIAKTIOYUK NUNAKAKTONI HOLIJHIKMINIK OVALO EKAYUHIGHAANIK NOTAGAAGENIK OKAOJINAHOAKAT. TALVALOTAOK TAAMNA HAPOJINAHOAKTIT ELIHIMATIAKTOK ELITAGHANIK AYOIGHAJIYONGNAKTOK KIMIKLIKAA NUNALINGNI HAPOJINIAKTIOYUGHAMIK. TAAMNA HAPOJINAHOAKTI EHOMALIOKTOGHAOYUK NALIANNIK EKAYUKTIGHAMINIK OPAKTAGHAKAGOMI OVALO TAAMNA EKAYUGAHOAKTANI EHOMAGIYAKAKAT ELAMINIK KATANGGOTIMINIKLOONET EKAYUKTIGIYUMAYAMINIK. TAHAPKOA EKAYUKTIGHAILIOKTOT ALATKEK-MATA, ALATKENIK ATOGAGHANIK EVAGHIAYAAKAKTOK EKAYOOTIGHANIK.

How to Recognize a Depressed Person

The decision to kill oneself is rarely a sudden one. It comes after a period of depression. People who do not know the person may well be surprised by a suicide attempt, but family or close friends will usually admit that they had noticed the person was behaving differently from his usual ways for a period of time. Depression is an illness which can affect people of all age groups. There are very definite signs and symptoms. There are a variety of treatments available. Some treatments include medication, and some treatments need a hospital setting. All treatment should include counselling of the person and sometimes the family and friends.

Signs and symptoms of depression are:

1. Sleeplessness
2. Loss of weight from loss of appetite
3. Stopping usual social activities
4. Loss of sexual interest
5. Avoidance or withdrawal from friends.
6. Lack of interest in personal appearance
7. Crying spells
8. Talk of death.

Some people who are depressed try to treat themselves by drinking alcohol or taking drugs, including prescription drugs like tranquilizers. They think that a drink or a pill will act as a pick-me-up or help them relax or make them feel better. Unfortunately alcohol is a depressant, and tranquilizers can be. The depressant effect is most severe in people who are already suffering from depression.

INUK ENGOMMIKIYUK KANOKTUT ELITOGIMANNAKNIAKA

EHOMALIGAAGAMI ENMINIK ENOKTAGIYUMALO INUK, ATAOTIKOT OPIHAYUITUK. ENOGGOMIKIGEAATAKAAGAMI TAIMAILIVAKTOK. INUIT INUK ELIHIMATIANGGITKOMIKO EHOMANGNAILAAKTAONIAKTOT INUK TAAMNA ENMINIK TOKOTAGIYUMAKPAT. KIEIMI KATANGGOTAIT ELANNAILO ELITTOGIMALIKPAKTOT ELAMTIK HOGIYUGILIGAAGAMIKO ALAGILIKPAGAAT ENGGOMIKINIK ANNIAGOTAUYUK. TAIMAAHIGONGNAKTOT INUIT KOYAGINNAK. ELITTOGIMANNAKTOT ENGOMIKILIGAAGAMIK INUIT. ALATKETIGOT EKAYUGAHOALOGIT EHOAGHINAHOAGONGNAKTOT, HAVAOTITOKTILOGITLONET, ELAANILO ANNIIVIMOKLOGIT EKAYUKTAOYAAGINNI, TAMAITA EKAYUGAHOAGOTAUYUT OKAOTIGIYAAKAKTAIT OKAOJILOTIK TAAFOMINGGA INUKMIK, ELANILO KATANGGOTAIT ELANNAILO EKAYUGONGNAKTOT.

NAONAITOT ENGGOMIKIYUTAIT ENGGOMAYUP:

1. HINILAIKPAKTOK
2. KAPAKPAKTOK NIGITIAGOIGAAGAMI
3. HOLIHOIKPAGHONILLO
4. NOLELEKIHOIKPAGHOTIKLO
5. ELANNATIKLO EHOMAGIHOIKPAGHOGIT
6. ENOKANGNIKMIYOYUMAHOIKPAGHOTIKLO
7. KIALAALIKPAGHOTIKLO
8. TOKONINGMIKLO OKAOTIKALIKPAGHOTIK

INUIT ELANGGIT ENGGOMIKIYUT EMIGHOTIK KOVIAHOGAHOALIKPAKTOT EYAKTOGHOTIKLONET (HININGNANIKLO) EMIGHOTIK ENGGATALAKIVALAAKPAKTOT ENGO--MAKYUMIVAKTOT. INUKMI ENGGOMIKIYUMI EMINGNIK INGGATALAGHOOTAINAK.

How to Recognize the Suicidal Person

Not all depressed people are suicidal, but nearly all suicidal people are depressed. They usually behave in the following ways:

1. Talk of death or suicide, their own or that of other people. Seem unusually interested or fascinated by other people's deaths or burial arrangements. They make such statements as "My family would be better off without me," or "I won't be around much longer for you to put up with me," or "I don't want to be a burden," or "I can't stand it any longer, I want to die."
2. Are making plans for death or absence. They give away prized things, make wills, get affairs in order and other similar activities.
3. Have been very upset and agitated but SUDDENLY become calm and cheerful (the decision has been made).

This is not to say that everyone who discusses death, or a previous suicide, or who makes a will, or who gives away a prized possession is necessarily thinking of suicide. And it doesn't mean that anyone who has been upset and finally becomes calm is thinking of suicide. It is a combination of the signs of depression and these other activities or this other behavior which is the clue. It is necessary to put all these activities together to get the picture of the person at risk of suicide and it is the family and close friends who know the person well enough and see her/him often to be able to do this. This is why everyone needs to know the signs and symptoms and know whom to ask for help.

Not everyone thinking of suicide will try it and not everyone who tries it wants to die. It is very important for the lay worker to be able to judge the amount of risk in each person each time. This is difficult to do, but there are a few things to look for that will help give a clearer picture. Much of the information will come from what you know about a person, the family, the friends, the circumstances, past and present. More will come from the person who is thinking of committing suicide.

The things to look for in deciding the risk of suicide are:

motive – Is there a strong reason to commit suicide?

Most suicides involve a serious loss in the person's life. Has there been a personal failure, sickness, humiliation? Has there been loss of a boyfriend or girlfriend, husband or wife? Has there been the death of a friend or relative?

behavior – How is the person acting?

Listen or watch for some indication of being very depressed or very upset (hysterical), or for the use of alcohol or drugs. This behavior makes the risk of suicide even greater. He may show signs of having a very hard time dealing with the pressure of his feelings. He may show this by being restless, fearful, nervous.

method – Is there a plan for killing himself?

How detailed is the plan? Does it involve guns, drowning, pills, freezing? Is it more than just an idea the person has once in awhile?

means – Does the person have the method available?

Is there a loaded gun, pills or other means at hand?

The more of these conditions present, the more serious is the danger of the person actually committing suicide. If all of these things are present the danger is very high.

INUK ENMINIK ENOKTAGIYUMAAYUK KANOK ELITTOGIMANNAKNIKA

ENOGGOMIKIYUT TAMANGMIK ENMINGNIK PITAGINAOAYUITUT, PITAGIYUMAYUK ENMINIK KINALIKAA ENGOMAYUK NAONAITUK, ALANGGOGHIMALIKPAKTOT OKAOHET IMAA OKAKATALIKPAKTUT:

1. TOKONINGMIK OKAOTIKALIKPAKTOT TALVALO INUIT TOKOHIMAYUT EHOMAGAKATALIGAALOGIT. IMAALO OKAALAKATALIKPAGHOTIK, ELATKA PITTIALIGHONGGOYUT HOITKOMA, IMAALONET, PILGOKOTAHOIGIAMNI HAMANEGENAPIALOLIMAIKOGA, IMAATOTLONET, PIHIKKAIGAMA INUYUMAHOIKTONGGA.
2. OKAGEYALIKPAGHOTIKLO HOIGOTIGHAMINGNIK, TONIGHAILIKPAGHOTIKLO HONAVALINGNIK, PIPKAGAGHATIKLO TITIGAGEYAGHOGIT OVALO HOLIYAOYOGHANIK OPALONGGAIYAIPLOTIK PILIKPAKTOT.
3. NINGGALAAKPIAKATAGHOTIK NINGGAHOKATAGHOTIKLO PILGAAGALOTIK, ATAOTIKOT NAKOOHIKPIAHAGHOTIK ELIGANAIPKPIAGHOTIKLO PIYAGAAGAMIK, (EHOMAGHATIK ENIKPIAHAKPAGAIT NAONAITOK)

TAMAGAALOKMIK OKAOTIKAKTOT TOKONINGMIK OVALO PITAGINAOANINGMIK ENMINGNIK, OVALONET TITIGAGEYAIPLLOTIK TONIYAGHANIK PIKOTIMINGNIK, TAMANGMIK TAHAPKOA TAIMAA OKAGHIMAYUT ENMINGNIK PITAGINAOAGHOTIK ELANGGIT EHOMANGGITOT. TALVALOTAOK NINGGAHOKKAAGALOTIK, ATAOTIKOT ELIGANAIIKAALAKTOT ENMINGNIKTAOK ENOKTAGILOTIK EHOMANGGITOT. TAIMAHIGHIMALIGAAGAMIK NAONANGITOT EHOMALOTIKAKTOT OVALO ENGOMIKIYUT. TAIMAAHIGHIMAYUKALIKKAT ELITTOGITIAGHAOAKTAGHAOYUT ELITKOHIANIK OVALO TAOTOTALOGOT KANOGILIOGIHENIK INUK ELIHIMAYAOTIAGOMI ALANIT. TALVA TAHAPKOA KATANGGOTIT ELANNAGIYAILO EKAYUKTIGHAGHIOGAHOAKTOGHAOYUT ELITTOGIMALIGOMIKO ALANGGOGHIMALIKTOK.

ENMINGNIK PITAGILOTIK EHOMAYUT TAMANGNIK OOKTOGONAITOT TOKOTAGINAOALOTIK ENMINGNIK, TALVALO OOKTOKTOT ENMINGNIK TOKOTAGILOTIK, KIHIANITAOK TOKOYOMANGGITKIPLLOTIK. HAPOJINHOAKTOK TAAMNA ELIHIMATIAKTOGHAOYUK ELITTOGHATIALOGO TAAMNA INUK EHOMALOGIYAOYUK ENMINIK PITAGINAOAKTOGIYAOLONI, TAIMAILIOGAAGAT NAOTIKTOTTIAGTAGHAOYUK. EKAYUGAHOAGHONI AYONGNAKTOK, KIHIMI EKAYUTIGHANIK NALVAGAHOANGGINAGIALIK NAONAITIAGOTIGHANIK KANOK EKAYOGONGNANGMAGAAT. ANGAYOKAAGITIGOTLO ELANNAITIGOTLO APIGHOILONI PINAGIAKAKTOK ELITOGIYUTIGHANIK.

KAOYINAOAKTAGHAOYUT NALVAAGINAOALOGIT ENMINGNIK TOKONNAHOAKTOT: ENOOHIA - HOOKLI .ENMINIK TOKOTTOMAVA?

ELANGGIT ENIMINGNIK TOKOTAGINAOALIKPAKTOT ELAIYAGAAGAMIK. AYOGHAOTIKALIGAAGAMIKLO, ANNIAGOTIKALIGAAGAMIKLO, ELIGAKKOTIKALIGAAGAMIKLONET. ENOOKATAIYAGAAGAMIKLO, OVALONET ELANIYAGAAGAMIK.

KANOK ITJOHIA - KANOKLI INUK ELITKOHIALIKPAKPA?

NALAGHIMALOGO NAOTIKTOTTIALOGO INUK NAONAITIAGHAOAKTAGHAOYUK ENGGOMIKILIGIAGHANIK, ENOGOTTALAALIGIAGHANIKLONET, EMIKATAINNALIGIAGHANIKLONET. TAIMAAHIGHIMALIGAAGAMIK EHOMALONGNAGHIVAKTOT ENMINGNIK TOKOTAGILOTIK EHOMAYUT.

EHOMAGIYAIT - EHOMAKALIKA ENMINIK TOKOTAGILONI?

KANOK ENMINIK PITAGINAOALIK? HIKOLONI, KAYAOLONILONET, EYAKTOKLONILONET, KIONAOALONILONET? ATAHE-NAOGITOMIK EHOMAKALIKPAGONAGHIVA TAIMATOT?

ELITTOGIMANAGHIGOMI TAIMAA EHOMAKAKTOK INUK. ENOOHINI KAYANGNAKILIKTAA NAONAITOK.

How to Care for the Potentially Suicidal Person

Emergency Situations

The care provided for people who attempt suicide is first of all that care which is necessary to preserve life. If the person has already acted, some kind of counter action must be taken as quickly as possible. This will mean getting the person into medical care. But being in the Nursing Station or hospital does not necessarily mean that the patient will receive counselling. Treatment of depression, if it has not started before the suicide attempt, should start as soon after as possible. The lay workers in the community should be advised of the attempt so that a co-ordinated counselling and follow-up program can be planned.

If a person has not yet acted, but is actively threatening then it is necessary to establish communication with the person. This should be done before any attempt is made to remove the weapon, pills, or whatever means has been chosen. A struggle with a person in this extreme emotional state may result in injury to the rescuer as well as the patient. Keeping the patient company by listening to him, and talking with him will provide a link to life. Take time. Do not rush in. A life is at risk, it may take a few hours before the acute stage is over. If it is necessary to leave the patient, be sure that someone else stays with him. Do not leave him alone. Those who stay with the patient should be instructed to listen. They should not lecture him nor ask why he is trying to "do such a thing." They need only to respond enough to let the per-

MONAGHIJOHIGHAK INUNGMIK ENMINIK TOKOTOMAYUMIK

AMIGANNAGHIKPAT

MONAGIYAGHAOYUT TAHAPKOA KITOTLIKAA INMINGNIK PITAGINAHOAKTOT ANNAO-TIHIMANAHOALOGIT. KINALIKAA INUK ENMINIK PITAGINAHOAKAT TOKOTAGINAHOALONI, OKAOJIGIYAGHAANIK KILAMIK ANNAOJIGINAHOAKTAGHANIK PINAHOAKTOGHAOYUT HAVAKTOT HAPOJINIAKTIT. PINAGIKTINNAHOALOGO MONAGHINUT ANNIAVIKMTLONET AMIGIYAOVIGHAANOT. ENGGOMIKIYUP EHOAGHINAHOAGOTIGHAANIK KITOPLOKAA PINAHOAKTOGHAOYUK TAAMNA HAPOJINIAKTIT NUNALINGNI. OVALO OPALONGGAIYAILONI OKAOJIJOTIGHANIK EHOAGHAILONI.

INUK KINALIKAA ENMINIK PITAGILONI NAONAIGHIMALIKAT ELITTOGIMANAGHIKPAT, OKAKATIGINAHOALOGO EKAYUGAHOAKTAGHAOYUK KILAMIK, OOKTOKTIN-NAGO ENMINIK TOKOTAGINAHOALONI. IMAATUT AGHAAGHIMAYAAMI HONIKLIKAA ATOGONGNAKTAINIK ENMINIK TOKOTAGINAHOALONI. INUK TAAMNA ANNAOTINAHOALOGO ONATAKATIGIKPAT ANNAOJINAHOAKTOK OVALONET ENMINIK TOKOTOMAYUK NALIAK TAHAPKOA ANIGONGNAKTOK. INUK ANNAOTINAHOAKAT NAYOKLOGO OKAKATIGILOKAALOGO PIKATIGIYAGHAOYUK AVALIIKTAILILOGO OVALO OKAOHIGIYAIT NALATIALOGIT APIGHOGHIMAITOMIK. KIMAGAHOAGONGNI ALAMIK NAYOKTIGHANIK PINAHOAKTOGHAOYUTIT HIMMAOTIGINAHOAKTAT OKAOTITIALOGO HOLIJOHIGHAANIK ELITTOGIPKATIAGAHOALOGO.

Counselling the Potential Suicidal Person

Occasionally a lay worker will recognize the signs and symptoms of depression in a person in the community, or a person will present herself and ask for help. The first rule for counselling these people is to believe what your eyes can tell you and believe the person's request for help. The lay worker must also believe that s/he is able to help this person. Suicidal persons as a rule want to tell their story to someone who will listen. They do not really want advice. They do not want to be condemned. They want to be heard and understood. They are rarely ready to tell all their story over one cup of tea. It is important to keep the door open and to make it clear that the person can come back and talk again. Often this person has tried to express his thoughts to other people who had been made uncomfortable or fearful by the thought of death. They have turned him off and increased his sense of aloneness. When he finally talks to you, the lay worker/counsellor, he may not speak of his thoughts directly, because he may be afraid of again being rejected. If you suspect suicidal intentions in such a person, you must ask about it. Summarizing the person's reported problems, or naming the upset feelings he has presented to you can lead to a question such as "I'm wondering what you have thought about as a way out of these problems?" If there is no response about suicide, you could then say "I'm wondering if you are thinking at all about suicide?" or "I'm wondering if you ever felt like killing yourself?"

If you use questions like these, you must be able to ask them calmly and comfortably. If any feeling of discomfort goes from you to this person he may deny his thoughts so that you will not turn from him. Using the words "suicide" and "killing" will not cause anyone to kill themselves. The words must be used to get needed information. Using them also starts frank and honest discussion about a subject that is often taboo. If the answer to your question is "yes" your responsibility will be to listen and to gather as much information as you can. Then you can formulate a plan of action.

The lay worker should discuss this person with a professional resource as soon as possible. It is probable that the person should see a professional, but the most important thing is for him to continue talking with someone. The lay worker will have a heavy load to carry while acting as a counsellor in this situation. Talking with the resource person will help the lay worker to share the load and will also provide guidance in dealing with the suicidal person. In dealing with the potential suicide the question of confidentiality is one which must be considered. It is rare that the lay worker will deal only with the person, family members will be involved sooner or later.

Once a commitment is made to become involved with a person, ongoing support has to continue. The length of this period of support cannot be predicted, as it will depend on the person's progress in the particular situation. The most critical period for a person who has attempted suicide is when he is beginning to feel better. There is also a period of danger if the support of a trusted counsellor is withdrawn before the person feels capable of functioning independently.

KANUK OKAOJONAHANGNIK INUNGMIK INMINIK TOKOTOMAYUMIK

NUNALINGNI HAPOJINIAKTIOYUK NALOHOINGGINAKPAKTOK INUK ENGGOMIKIYUK TAOTOLIGAAGAMIOK, OVALONET ELAANI INUK ENMINIK OKAKPAKTOK ENGGOMIKILIGAAGAMI EKAYUKTIGHAILIOGHONI OKAALAKPAKTOK. HIVOLIKPAAK ELITTOGIMAYAGHAK OKAOJINIKMIK, INUP OKAOHIGIYAIT OKPIGILOGIT EKAYUKTIGHAILIOKTOP. INUK EKAYUKTIGHAILIOKTOP OKAGOMANIAMAT INUNGMOT NALAGONGNAKTOMOT. TOHAKTAOTIAGOMAPLOTIK NALATIAKOPLLOTIK PIYOOKMATA. TALVA HOLIJOHIGHAINIK OKAOTINAHOAGHIMAITOMIK NALAGIAKAKTAT EKAYUKTIGHAILIOKTOP. OVALOTAOK EDOMAGIYAGHAOYUK HAVAKVIKPIIT OKKOANGGA OKKOIGHIMAINAKLOGO, IMAATOK INUK OKAGOMAGOMI KAIFAAKNIAMAT. ELAANI INUK OKAGOMAGALOAGHONI, OKAOTIGIYUMAYANI KANOGONAGOTIGILIKPANGMAGIT. TAIMAITOMIK INUK ENGGOMAKPALIANGGINNAKPAKTOK. OKAKATIGILIGOMITIT EDOMAGIYANI OKAALAOTIGIYUNAITAIT PILIHAAKLONI, KANOGONAAGAI EKAYUKTAOLAITAAGHANI EDOMAGINIAGAMIOK. EDOMALOGIGONGNI KANOGILIONGNIAGIAGHAANIK, APIGIYAAKAKTAT. EDOMAGILOGIT OKAOTIGIHIMAYAIT ENGOMIKIYUTAILO, APIGIYUMANIAKTOTIT IMAATUT, EDOMAYONGGA ELINGNIK PITAGIYUMAYAAGHANGNIK.

TAIMAATUT APIKKOTIKAGOVIT, PITTIKLOTIT KAoyIMATIAGAHOKLOTIT APIKOTIGIYAGHAGIYATIT KAMAHOGHIMAITOMIK. ELITTOGIGOMI TONGGATIANGGITOTIT EDOMANIGHANGMAT EKAYUTIALIMAITAT. OKAALAOTIGIYATIT INUK ENMINIK TOKOTOMAYUK, TAHAPKOA OKAOTIT TOKOTIGOTAONAHOALOTIK PIYUNAITOT. OKAOTIT TAHAPKOA NAONAIYAOTAONAHOALOTIK ATOGIKAKTAT, PIVIKLOTIK OKAOTALINGNIAMATA OVALO OKAOHIGIYOMANGGITAKTIT OKAALAOTIGINIANGMAGIT. APIKOTIGIYATIT ANGGIKTAOKPATA, IMAATUT PIYAAKAKTOTIT, NALAKLOGO INUP OKAOTIGIYAIT NAONAITIAGAHOKLOTIT, TALVANGGA OPALONGGAIYAGIAKAKTOTIT HOLIJOTIGHANIK EKAYUGAHOAGOTIGHANGNIK.

HAPOJINIAKTIOYUP OKAOTIGIYAGHAA INUK ONA EDOMALOGIYANI KIMOTLIKAA ELIHIMATIAKTOMOT HAFOMINGGA HAVAAGOYUMIK. TALVALO KIYALIKAA ELIHIMATIAKTOP TAKOYAGHAGIYA TAAMNA INUK KILAMINNOAK. TALVALO KIHIANI INUK TAAMNA AVALEKTAILILOGO ENGGOMIKIYUK, KIMIKLIKAA OKAKATIKAKTILOGO INUNGMIK. HAPOJINIAKTIOYUP HAVAAGIYAA ANGGINIGHAONIAKTOK OKAOJOLONI PINIAGAMI OVALO EKAYUKTIGHAKALONI KAoyIMATIAKTOMIK PIYUGHAOYUK. IMAALO ALANUT OKAOTIGITAILILOGO PIYAGHAGIYAA TAAMNA INUK EDOMALOGIYANI. TALVALOTAOK HAPOJINIAKTIOYOP OKAKATIGILOGO TAAMNATOAK INUK PIYUNAITOK, ELAIT KATANGGOTAILO ELITTOGINIANGMINGMATA KAKOGONNOAK.

EKAYUGHIMANAHOALIGONGNI INUK TAAMNA TAIMAAKTAILINAHOAKTAGHAGIYAT. KANOK HIVITOTIGINIAGIAGHAA NAONAKTOK, ENOHINGGOKPAALIOHIGHAA NAONANGMAT. EDOMAGILOAGAHOAKTAGHAOYUK INUK TAAMNA ENMINIK TOKONNAHOAGHIMAYUK NAMAGHIVALIAJOHIAGOT MONAGILOGO. TALVALO EDOMALONGNAKTOK OKAOJIYIOYUK EKAYUGAHOAKTI TAIMAAKTAILIYOGHAOYUK INUK NAMAGHIKPIAGHINGNAKTINNAGO.

The Prevention Program in the Community

Suicide is a subject that many people do not like to talk about or think about. If there has been a suicide or an attempted suicide in the community, encourage people to talk and to discuss ways to prevent others.

One suicide frequently leads to others in the same community, particularly amongst people similar to the earlier victim. They may be members of the same family, or friends of the victim. These people should be identified and given special attention. If no obvious attempts have been made, there may be people whose behavior is self-destructive. Programs to lessen this kind of behavior can be centred around healthy activities. These would include activities such as recreation programs, Friendship and Drop-in centres, community activities which celebrate graduations, anniversaries, etc., adult education and life skills programs, co-operative business ventures, family gatherings and cultural and religious activities. In other words, any program which improves the community and helps the people who live in it feel worthwhile will serve as a suicide prevention program without being labelled as such.

AMIGHIJOTIGHAT PITTAILINAHOAGOTAOLOTIK NUNALINGNI

ENMINGNIK ENOKTAGIHIMAYUT OKAGIYA OYOMANGGITOT EHOAGIYA OYUMANGGITOTIKLO INUNGNIT AMIHONIT. OOKTOGHIMAYUKAKAT TAIMAATUT NUNALINGNI INUIT NUNALET OKAKATIGEKLOTIT EKAYUKTIGEKLOTIK NALVAAGAHOA KTOGHAOYUT PITTAILINAHOAGOTIGHANIK.

ENMINGNIK ENOKTAGIYUKAGAAGAT NUNALINGNI, ALATTAOK TAIMAAHIGAHOALIKPATOT ELAANI, ELATIKLONET, ELANNATIKLONET, ENMINGNIK PITAGIHIMAKPATA. TAIMAITOT INUIT ELITTOGIYAONAHOAKTOGHAOYUT EKAYUKTIGHAINIK PINAGIGAHOAGIMAMI. TAIMAAHIGHIMAYOKANGGITPAT ELIHIMAYAONGGILOTIK TAIMAITONGNAMIYUT, ELITTOGINAHOAKTAGHAOYUT KANOKLIKAA. EMAATUT EHOAGHAINAHOAGIAMI AMINGNAIPKOTIGHANIK PITTIANGNIGHAOYUNIK. OVALO OPAKTAGAGHAINIK ENIGHINAHOAGINNAGIALIK. OLAPKIVINGNIK, HAVAKVIOYUNIKLONET, ALANIKLO. TAIMAATUT NALVAAGAHOAGINNAGIALIK ALATKENIK EHOAGHAOTIGHANIK KOVIAHOKVIGIYAGHAINIK INUP ENGGOMIKIYUP.

ENIGOTAA

ONA MAKPIGAAK TITIGAHIMAYUK EKAYUTAONAHOAKTOGHAK KITONOTLIKAA
MALIKTAOLONI. INUIT ALATKIINIK EHOMAKANGMATA PITJOTIGHAKAGHOTIKLO
NALONGGITAMINGNIK, OVALO NUNALIIT ALATKEKMATA EHOMAMIKOT EKAYOGONG-
NANGMATA AYONGGITAMIKOT. TAHAPKOA EKAYUTIGHAT ALATKETIGOT ATOGIA-
KATOT PINAHOAGOHET EHOMAGIYAILO ALATKEKMATA EKAYUGAHOAGOTIGHAMING-
NIK.

Conclusion

This pamphlet has provided a few very general guidelines. Because people have different strengths within them, live in different surroundings and often have minimal resources available to them in their community, each case must be dealt with individually. The common need is for recognition of the problem and the willingness by the community to do something about it. Everyone has a contribution to make.

Acknowledgements

Canadian Mental Health Association (NWT Division) thanks Mr. Samuel Sam, Chairman of the Pacific Regional Advisory Board to the National Native Alcohol Abuse Program for permission to modify their publication "Suicide Prevention Among British Columbia Indians" to produce the version of "Guidelines for Helpers."

Special Acknowledgements

To Henry Ohokannoak, Department of Culture & Communications, Cambridge Bay, for the translation, and for the GNWT Printing Services for publishing.

Sponsors

Canadian Mental Health Association (NWT Division)
Box 2580
Yellowknife, NWT
X1A 2P9
Division Office 873-3190
Helpline 873-3555

Canadian Mental Health Association (Inuvik Branch)
Box 1915
Inuvik, NWT
X0E 0T0
Branch Office 979-3141
Helpline 979-5555

