



MENTAL HEALTH AND WELLNESS

QANUILIRPITAA? 2017

Nunavik Inuit Health Survey

This thematic report describes the results of the *Qanuilirpitaa? 2017* Health Survey for indicators of mental health among Nunavimmiut aged 16 and older. This major theme is broken down into two areas that were identified as being of prime interest during the community consultation process involving Nunavik community leaders and health professionals held in preparation for the *Qanuilirpitaa? 2017* Health Survey: 1) well-being or positive mental health and 2) psychological distress.

The World Health Organization (2004) defines positive mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. In this survey, positive mental health was documented using appraisals of life satisfaction, quality of life, self-esteem, and resilience. Psychological distress was documented using a depression scale and questions on suicidal thoughts and attempts. In addition, crude associations were examined between mental health indicators and selected sociodemographic and socio-cultural characteristics.

The key results are:

- A large majority of Nunavimmiut (81%) reported being very satisfied or satisfied with their life in general, which represents an increase from the proportion of 73% observed in 2004.
- Quality of life was documented using the perception of having enough money to meet one’s needs and the general perception of one’s health. Thirty percent (30%) of people reported having enough (mostly or completely) money to meet their needs, and 28% considered their health as excellent or very good, which constitutes an improvement over the proportion of 22% reported by Nunavimmiut in 2004.
- Self-esteem is described by the feeling of self-acceptance and self-respect. Globally, self-esteem scores did not change between 2004 and 2017, and are similar to those observed in the general Canadian population. Men and Nunavimmiut aged 31 years and older showed the highest levels of self-esteem.
- Resilience is defined as the ability to bounce back or recover from stress. Using the top 30 percentile value as a cut-off, a greater proportion of people aged 55 years and over exhibited a high

level of resilience. This is the first time that this indicator was measured among Nunavimmiut.

- > Clinical levels of depressive symptoms were observed in 39% of the population. The highest proportions (44% to 48%) were observed among the following groups: women, people aged 16 to 30, singles, people not employed or with a lower income.
- > The proportions of Nunavimmiut who declared suicide ideations and attempt over their lifetime and in the year preceding the survey remained high in 2017 and were similar to those observed in 2004. Nunavimmiut aged 16 to 30 had the highest prevalence of suicide ideations (49% during lifetime and 21% in the past 12 months) and suicide attempt (36% during lifetime and 10% in the past 12 months). Furthermore, young women were more likely to report a suicide attempt, with proportions for the previous year and lifetime reaching 12% and 43%, respectively.
- > Nunavimmiut who reported having attempted suicide in the previous year were questioned about the situation they were in prior to their attempt. Most reported feeling very angry, having conflicts with people close to them, feeling under a lot of pressure or stressed out, and feeling bored, tired of life or very depressed.
- > Nunavimmiut who had made a suicide attempt in the previous year were asked if they had received emotional support at that time, and two thirds (65%) of them said that they had received such support. They had turned most often to friends, family or other relatives, followed by psychologists or social services and health professionals such as nurses or doctors.

- > Sociocultural characteristics that are generally considered determinants of good health were mostly associated with greater well-being and lower distress. People who reported strong cultural identity, who were highly satisfied with their ability to do traditional activities, who reported higher emotional and family support, and higher family and community cohesion, and who were actively involved in their community were more likely to obtain high scores on life satisfaction, general health and self-esteem, and were less likely to reach clinically significant levels of depressive symptoms.

These analyses cannot be interpreted as providing definitive information on protective factors of mental health since the transversal nature of the survey precludes the inference of causality. Further analyses considering simultaneously multiple variables such as experience of interpersonal trauma and sociocultural characteristics are required to better understand the variables associated with mental health.

Despite the fact that most Nunavimmiut appear satisfied with their life, the burden of distress among the population remained alarming in 2017. The inclusion of socio-cultural indicators for the first time in a Nunavik health survey has shed light on several protective factors that, pending additional analyses, seem to have considerable potential to guide culturally responsive interventions and programs aimed at improving mental health.



Qanuilirpitaa? 2017 is a population healthy survey carried out in Nunavik from August to October 2017. A total of 1 326 Nunavimmiut aged 16 and over from all 14 villages participated to this survey.

Nakurmiik to all Nunavimmiut who contributed to this important health survey!

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