Nunavut suicide inquest: the tragedy of an 11-year-old’s death

At the age of 11, Rex Uttak had already experienced an unbearable amount of trauma and loss when he took his life in the remote Arctic Circle community of Naujaat (formerly Repulse Bay), Nunavut, in August 2013.

Eight and a half months earlier, Rex’s older sister, Tracy Uttak, was murdered in Igloolik, Nun. Rex had already lost his older brother, Bernie, to suicide. For Rex, suicide was a solution to pain that had been modelled all too well in his family and his community.

It was also a trauma his family would face again, a coroner’s inquest into the 45 suicides in Nunavut in 2013 was told when the inquest began Sept. 14. Three months after Rex’s death, yet another brother — 15-year-old Peter — killed himself.

Rex was living with as many as 23 family members in his grandmother’s four-bedroom house in Naujaat, a community of about 1000 people. The family shared eight beds and one bathroom while they waited for subsidized housing.

The evening before he died, Rex played with his cousins and stayed overnight at their home. His aunt and uncle found him and tried to revive him. His family reported not knowing the immediate triggers for Rex’s decision to hang himself.

“I don’t know what was wrong with him,” Martha Uttak, Rex’s mother, testified. “He was my baby and he hugged me all the time.”

But as the inquest heard, Rex was living with many of the risk factors for suicide that researchers have identified, including repeated exposure to the suicide of others. From 1999 until 2014, Nunavummiut took their lives at a rate of 111.4/100 000 population — nearly 10 times the rate of other Canadians.

The widespread unresolved grief surfaced again when testimony from Shuvniail Mike, a senior government official who was called to talk about her department’s involvement in cultural activities, devolved into a description of the impact of her own daughter’s suicide.

When someone kills oneself, the news spreads rapidly, often via social media, throughout this vast territory of 36 000 people. Parents live with the constant fear that one of their children will be next.

The inquest, which ran Sept. 14 to 25 and included testimony from about 30 witnesses, touched on many underlying issues: poverty, high rates of child sexual and physical abuse, housing shortages, unemployment, educational deficiencies, food insecurity and historical trauma that are the reality for too many Inuit families. It is also exposed the deep divisions among the territorial government and organizations coping with the population-wide damage that suicide inflicts.

The need for a strategy is undeniable. Between 1999 and 2014, 436 Inuit completed suicide. Like Rex, 22 of them were children between the ages of 10 and 14.

Before the implementation plan was tabled in the legislature, however, the territorial government stripped out the column stipulating the financial resources required to implement each item, Hicks testified at the inquiry. None of the other partners was consulted.

Not only did the Government of Nunavut never allocate a specific pocket of resources, it never asked the federal government for money to tackle this critical public health issue. As a result, “we’ve had to cobble together funding from various sources,” Natan Obed, Nunavut Tunngavik’s director of social and cultural development, testified.

Nunavut has made progress on implementing pieces of the strategy, according to an independent evaluation. The government’s lack of capacity, poor communication with the other partners and inadequate resources have retarded success, the evaluation states.

Five years ago, four partner organizations came together and released a suicide prevention strategy that was visionary and evidence-based in its design. The Government of Nunavut, the Embrace Life Council, the Royal Canadian Mounted Police and Nunavut Tunngavik Inc.’s goal was to reduce the territory’s suicide rate to one commensurate with, or lower than, the rest of the country.

A year later, in 2011, the territory released and began to implement an action plan with specific goals, assigned responsibilities and time frames in eight different areas. Those areas, including early childhood education and school curriculum programs, gatekeeper prevention training, and mental health and addiction supports, are intended to address the root causes or risk factors that trigger suicide.

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