

# Mental health and suicidality among Sámi in Sweden — with a focus on the role of discrimination and being able to speak Sámi

Sámi mielladearvvašvuoðakonferánsa. Anár, 18.9.2025

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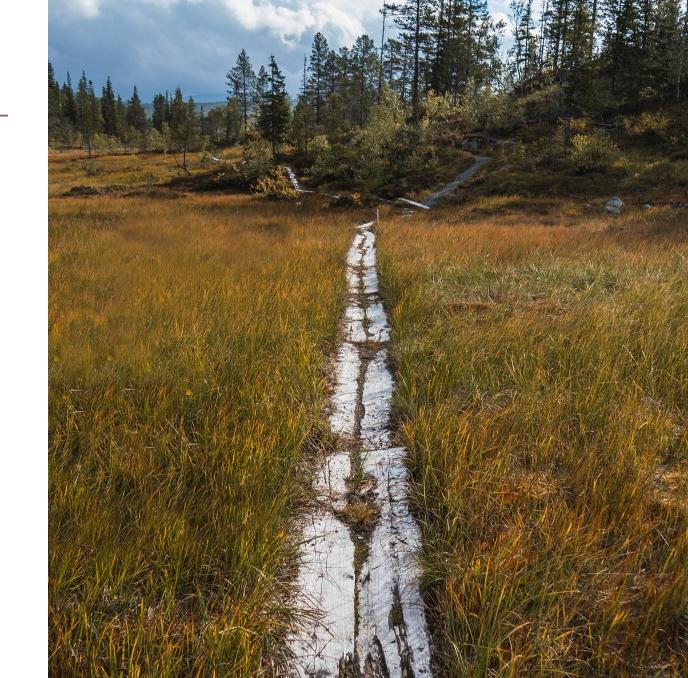
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### **Purposes – 2 parts**

- Part 1: Reviewing the Sámi suicide prevention plan in light of developing knowledge from the Swedish side of Sápmi
- Part 2: Pointing to the future, drawing from the report of the Lancet Commission on Self-harm







# Reviewing the Sámi suicide prevention plan in light of developing knowledge from the Swedish side of Sápmi

Part 1





# Part 2: the Sámi suicide prevention plan

2017

Plan for suicide prevention among Sami people in Norway, Sweden and Finland

11 strategies that complement existing suicide prevention work in Norway, Sweden and Finland

- Focus work on men
- Produce statistics and strengthen research
- Strengthen Sami self-determination
- Paying attention to and dealing with historical trauma
- Strengthen and protect the cultural identity of the Sami people
- Reduce the exposure of Sami people to violence
- Reduce ethnic discrimination against the Sami people
- Increasing diversity and acceptance in the Sami community
- Ensure equivalent, linguistically and culturally appropriate mental health care
- Educate and mobilize Sami civil society for suicide prevention
- Strengthen cross-border cooperation for suicide prevention

PLAN FÖR SUICIDPREVENTION BLAND SAMER I NORGE, SVERIGE OCH FINLAND

Svensk version (original)



SAMISK NASJONALT KOMPETANSETJENESTE – PSYKISK HELSEVERN OG RUS (SANKS) & SANKDÅRET.

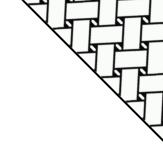


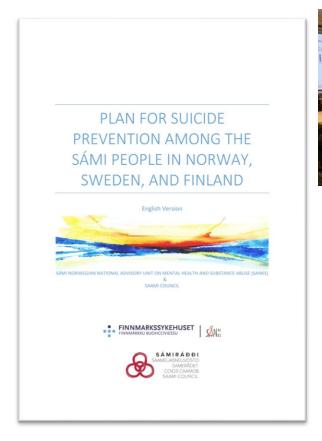






# Plan for suicide prevention among the Sámi people in Norway, Sweden and Finland (PSPS)







# 2: Produce statistics and strengthen research

- Men are at increased risk compared to non-Sámi men
- The statistics available are now outdated
  - Norway 1970-1998
  - Sweden 1961-2000
  - Finland 1979-2010

	Cohort	M	F
Northern Sweden (1961 - 2001 )	1961 - 2001 ) Total cohort 1	1.17	0.76
	Non-herding	1.05	0.67
	Herding	1.50	1.12
Northern Norway (1970 – 1998)	Total cohort	1.27	1.27
	Finnmark	1.50	1.55
	Tromsø	0.74	1.00
	Northland	0.42	3.17
	Core area	1.54	1.31
	Coast	1.24	1.21
	South	0.41	1.51
	1970-1980	1.17	1.14
	1981–1990	1.36	1.92
	1991–1998	1.20	0.81
	Non-herding	1.30	1.34
	Herding	1.06	0.66
Northern Finland (1979-2010)	Total cohort	1.78	1.26
	1979–1987	1.83	(No case)
	1988–1996	1.07	1.93
	1997-2005	2.55	1.2
	2006–2010 2.32 1.2	1.2	



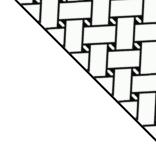
### 1: Focus on the men?

• Example from Sweden

(San Sebastián , Nilsson

& Stoor, unpublished)

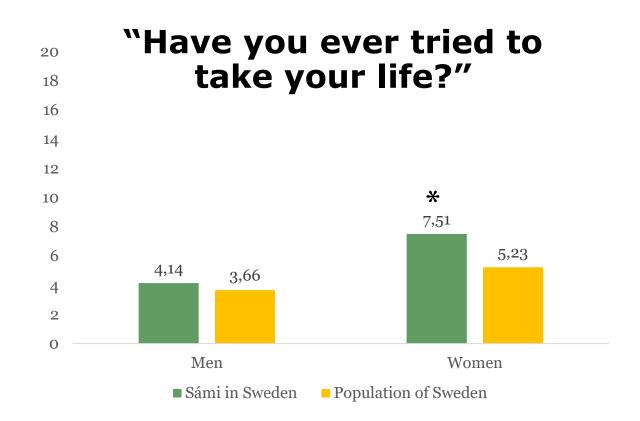




#### 1: Focus on the women?

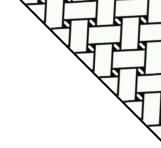
- Another example from Sweden:
  - Stoor, Nilsson & San Sebastián (2023)





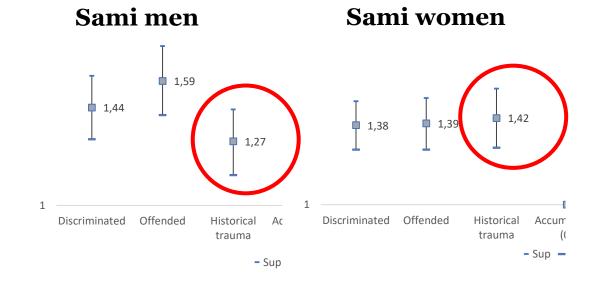
Weighted proportions (%) who have ever attempted suicide among the Sami and the population of Sweden, distributed by gender, 18–84 years.

# 4: Initiate work to highlight and address historical traumas



- Sámi truth commissions have been -or are being carried out- in the Nordic countries:
  - Norway (Sami and national minorities)
  - Finland (ongoing)
  - Sweden (ongoing)

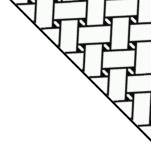
### Association between self-reported historical trauma and psychological distress

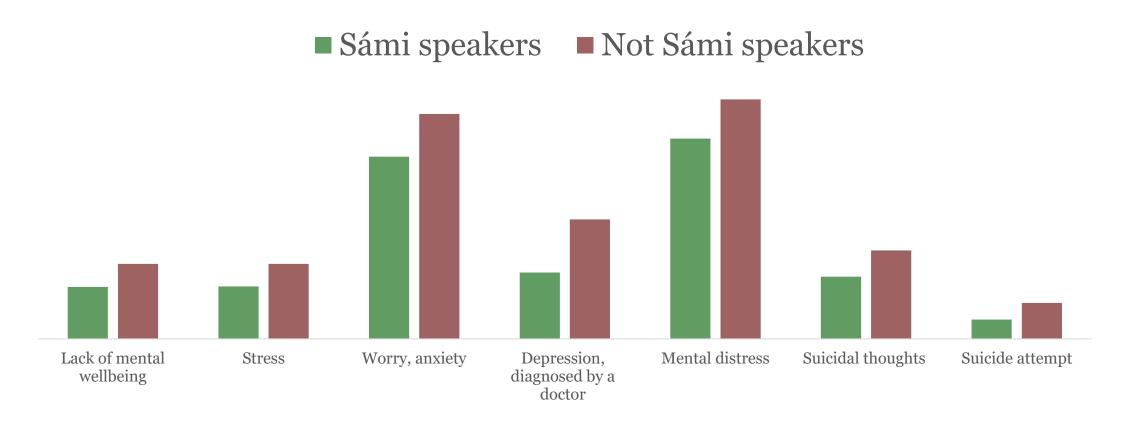




Adjusted prevalence ratios, 95% CI (adjusted by age, income, marital status and education). Data from La Parra-Casado, San Sebastián & Stoor (2023)

# 5: Strengthen and protect the cultural identities of the Sámi people







### Interpretation of findings?

- The findings suggest being able to speak Sámi language may be a strong protective factor against mental ill-health
- But why?
- Language ability is likely related to:
  - Strong ethnic identity
  - Strong social networks
  - Well-functioning group and community level determinants
  - Other cultural indicators
  - Cultural response patterns

#### **Social**

Kindred and family, culture, traditions, traditional knowledge, language, emotional security, belonging, take care of each other

### Sámi speaker

#### Mental/spiritual

View of life, norms, mythology, storytelling tradition, yojk, identity, healing art, absence of illness, meaning of place

### Good Mental health

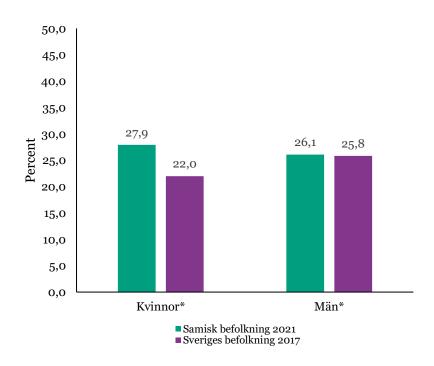
#### Material

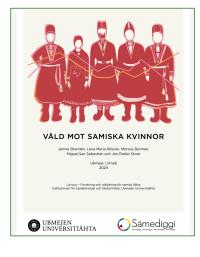
Land and water, climate, selfdetermination, absence of disease and vulnerability, influence, economic security, viable industries, reindeer



### **6: Reduce exposure to violence**

PHYSICAL VIOLENCE. Proportion (in percent) who have been **exposed to** having been hit with an open hand, pushed, pulled by the hair or hit with a fist, hard object, kicked, choked or injured with a weapon or **knife**, among the Sami population and the rest of the Swedish population, total and distributed by gender, 18–84 years. The asterisk \* shows within which groups there are statistically significant differences, adjusted for age and education.





The relative risks of mental health problems in Sami women exposed to physical violence compared to Sámi women who are not exposed (adjusted for age and education level, with 95% confidence interval).

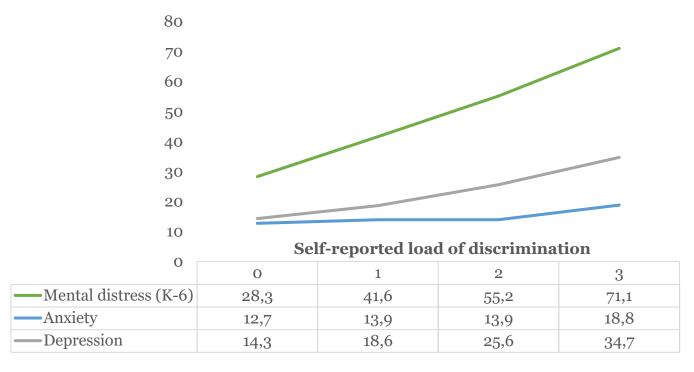
Utfall	Exponering	Exponering (Fysiskt våld)	
	(Fysiskt våld)		
Dåligt psykiskt välbefinnand	le		
	Ja, en gång	-	1.91 (1.55 - 2.36)
	Ja, flera gånger	<b>⊢</b>	2.19 (1.81 - 2.64)
tress			
	Ja, en gång	<b>──</b>	2.01 (1.65 - 2.45)
	Ja, flera gånger	<b>⊢</b>	2.14 (1.78 - 2.56)
ngest, oro			
	Ja, en gång	<b>⊢</b>	1.55 (1.38 - 1.75)
	Ja, flera gånger	<b>⊢</b>	1.59 (1.42 - 1.78)
sykisk påfrestning			
	Ja, en gång	H■H	1.42 (1.25 - 1.6)
	Ja, flera gånger	H	1.55 (1 38 - 1.74)
jälvmordstankar			
	Ja, en gång	-	2.46 (2.02 - 2.98)
	Ja, flera gånger	-	3.45 (2.91 - 4.09)
	0.5	1 1.5 2 2.5 3 3.5 4	4 4.5

Brandén et al, 2024



#### 7: Reduce ethnic discrimination

Share (%) of Sámi experiencing mental health issues distributed on amount discrimination reported



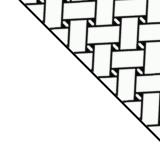
Prevalence often self-reported mental health problems among 18-84 year old Sámi depending on experiences often being discriminated ( historical trauma, racism / discrimination during lifetime and/or being offended last three months ) in spring 2021. Data from La Parra-Casado, San Sebastián & Stoor (2023)

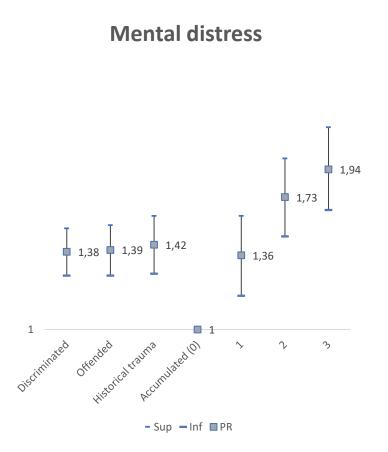


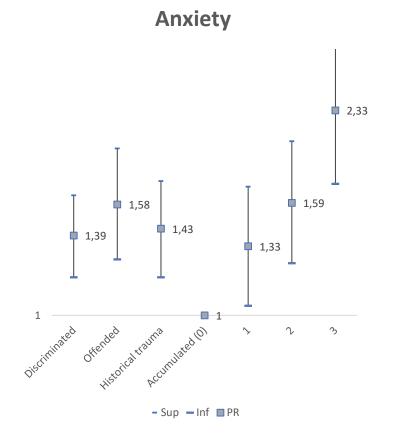


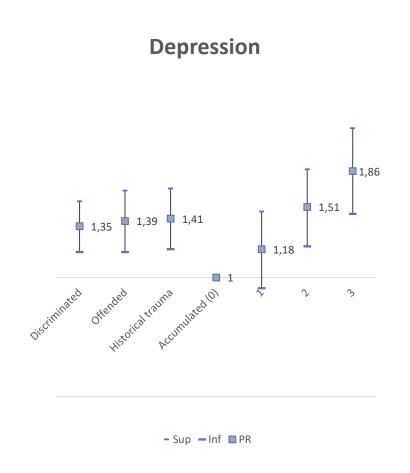
# Correlation between discrimination and mental health problems among Sámi women

(adjusted PRs, 95% CI – adjusted for age, income, education and relationsship status)





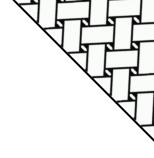




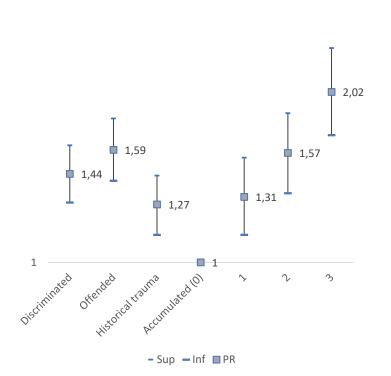


# Correlation between discrimination and mental health problems among Sámi men

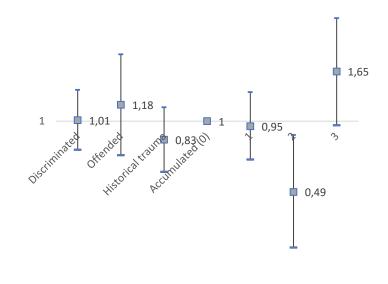
(adjusted PRs, 95% CI – adjusted for age, income, education and relationsship status)





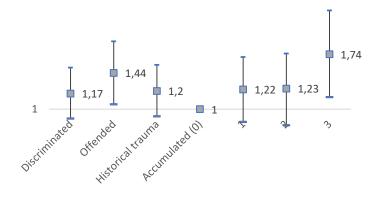


#### **Anxiety**





#### **Depression**

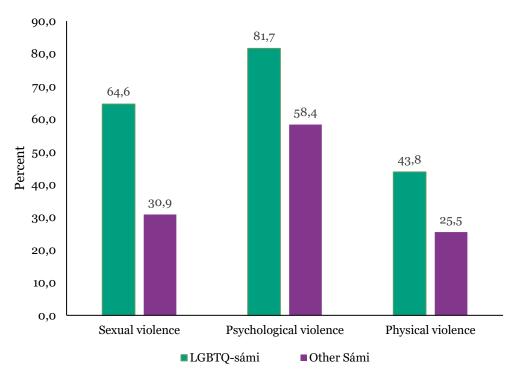


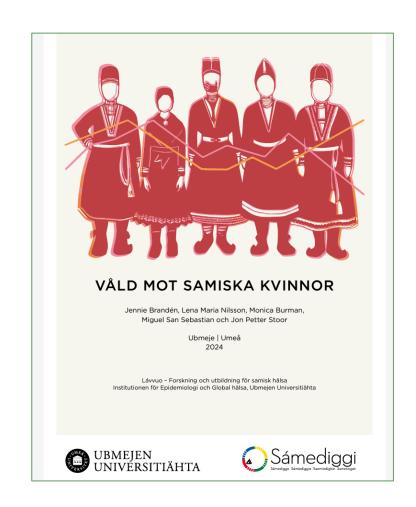




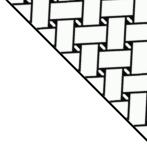
### 8: Increase diversity and acceptance

Share (in percent) who has reported exposure to sexual violence , psychological violence and physical violence among the Sámi people in Sweden 18–84 years old , distributed on LGBTQ Sámi (n=231) and other Sámi (n=3427).









# Part 2: the Sámi suicide prevention plan

2017

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# A need for revision based on new recommendations?

Part 2.





the Lancet Commission on Self-harm: principles for the prevention of self-harm in Indigenous communities

Several Roundtables for Indigenous Self-Harm were conducted from 2020 to 2021

Six guiding principles for action establish a framework for effective Indigenous suicide and self-harm prevention. These principles address the structural drivers of inequity under three systems-based approaches:

Indigenous communities are shifting the focus of research and intervention away from self-harm and suicide death mitigation and prevention, towards life promoting and strengths-based practices, which enhance long-term thriving and holistic wellbeing. Life promotion frameworks move beyond goals of Indigenous surviving and towards thriving. Upstream approaches move beyond individual risk factors (downstream approaches) that are simplistic at best, and harmful at worst. They address foundational structures that impact health equity on a macro-level by targeting the complex social, cultural, political, and historical determinants of health.

Upstream (structural) interventions address the foundational social and economic structures, including colonial structures, which impact health equity on the macro level. This means addressing the root causes of the social and economic conditions that are conducive to suicide for Indigenous

peoples through restorative justice and redress.

Aboriginal health means not just the physical wellbeing of an individual, but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view.

Systematic policies of cultural dispossession and disintegration, including the criminalisation of cultural practices and languages and socio-political sovereignty, have been implemented in the name of colonisation. The effect of these policies have been described in many ways: colonial trauma, historical trauma, intergenerational trauma, and cultural genocide. The literature has consistently demonstrated that culture is significantly and positively related to physical health, holistic wellbeing, and negatively related to risk-taking and self-defeating behaviours. However, cultural revitalisation within a racist system simultaneously increases resilience, while increasing the risk of being subjected to racism. This paradox exposes one way in which cultural destruction is still ongoing.

The political, social, and economic conditions of the colonial state are constructed to ensure Indigenous disenfranchisement, lack of authority to change, and lack of representation in leadership and decision-making. Mainstream suicide and self-harm prevention strategies rarely engage in critical or counter colonial rationales. Indigenous communities and community-controlled organisations are able and daring to challenge the status quo. Indigenous suicide prevention efforts must therefore have substantive involvement with Indigenous peoples and empower the self-determination of community-controlled health organisations that address social and cultural determinants of health.

There is a complex history of the exclusion of Indigenous people's worldviews, epistemologies, philosophies,

Meaningful engagement with The United Nations Declaration for the Rights of Indigenous Peoples would require truth-telling and reconciliation, an









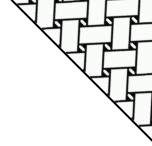








#### the Lancet Commission on Self-harm: principles for the prevention of self-harm in Indigenous communities



23tl3834 The Lancet Commissions Jess P

#### The Lancet Commission on self-harm

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atmusaty across the worst, perjecesting a goods rate of that the interest state to processes take to be a considerable underestimate, because most people who self-harm do not present to clinical services and there are few routine entrellance systems, particularly in MDMC. Although self-harm can occur at any age, the cidence is much higher among young people and harm (mand 1).

We already know that tackling societal drivers such.

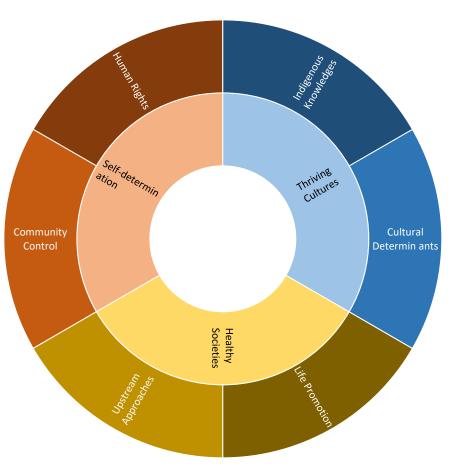
We already know that tackling societal drivers such.

We already know that tackling societal drivers such is much power, social isolation, and access to means of suicid harm. In IMICs, rates of repetition appear to be lower harm must stop immensionally, and government because pesticide self-poisoning (the most common approaches should address the conditions that make method of self-harm in IMICs) has a high case faulthy self-harm more likely. For Indigenous peoples,

actors. It is shaped by culture and society yet its. Momentary Assessment together with machine learning

tion, self-harm has been neglected by govern-internationally. For these reasons, we set out to

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#### **Self-determination**

- Human rights
- Indigenous community control

#### **Healthy communities**

- Life-promoting work
- Upstream approaches (Social determinants)

#### Thriving cultures

- Indigenous knowledges
- **Cultural determinants**



### Indigenous peoples' right to selfdetermination

United Nations Declaration on the Rights of Indigenous Peoples



- Article 23
- Indigenous peoples have the right to determine and shape priorities and strategies for the exercise of their right to development. In particular, indigenous peoples have the right to be actively involved in, and to shape and determine, health, housing and other economic and social programmes affecting them and, to the extent possible, to administer such programmes through their own institutions.

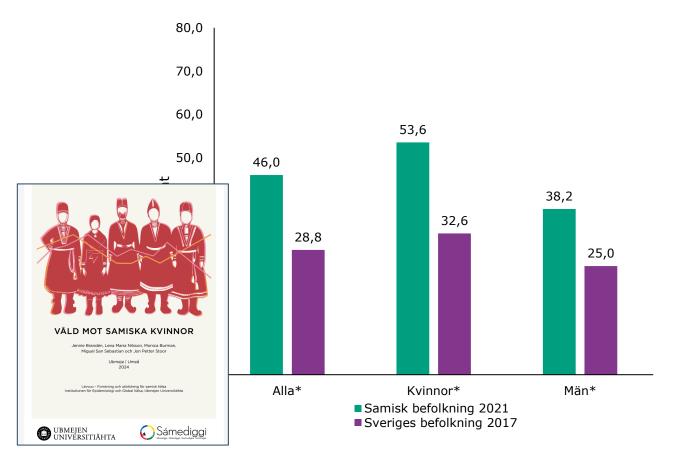




# Healthy communities support resilient individuals and social networks

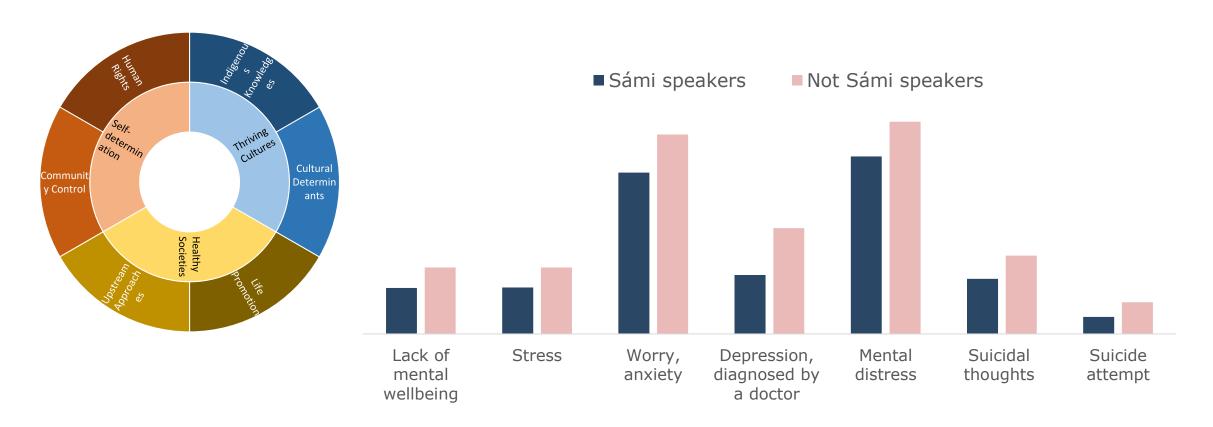
- Many forms of violence were more common among Sámi in 2021 than in Sweden's population in general public 2017 (Brandén, Nilsson, Burman, San Sebastián & Stoor, 2024)
- Relative poverty, economic vulnerability and exposure to violence is strong Risk factors for suicidal behavior among the Sami people loneliness is a particularly important risk factor among Sami men (Stoor, Edin-Liljegren, Gustafsson, Henje & San Sebastián, submitted script)

Share who has been **exposed to having been bullied**, **insulted or harassed**, among the Sámi in Sweden and Sweden's population, total and distributed on gender, 18–84 years.





# Thriwing Indigenous cultures support indigenous Individuals to better mental health





Is there a need fo a revised plan?

approaches to health Produce statistics and strengthen research Ensure equivalent, linguistically and culturally appropriate mental health care Strengthen Sámi self-determination Sámi survivors – and berevead (postvention) Strengthen cross-border cooperation for suicide prevention •Strengthen and protect the cultural identity of the Sámi people •Educate and mobilize Sámi civil society for suicide prevention Paying attention to and dealing with historical trauma Cultural Community Control **Determin ants** •Sámi prevention center - initiate, support and coordinate •Reduce ethnic discrimination against the Sámi people Increasing diversity and acceptance in the Sámi community •Reduce the exposure of Sámi people to violence •Focus work on men in risk groups ... harmony and wellness among all peoples, beings, countries, and in relation to the cosmos. /.../ centuries Sámi socio-economics of practice-based evidence that recognize holistic health as harmony evident by thriving individuals,

Health inequities between Indigenous and non-Indigenous peoples can be redressed by preventive

practices that affirm and nourish cultural identity and restoration, recognize cultural idioms of distress, and identify culturally connected and community-based

communities, cultures, and natural environments.



### Giitu, kiitos, tack!

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Lávvuo – Research and education for Sámi health

www.umu.se/forskning/grupper/lavvuo/



