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

Sámi mielladearvvašvuođakonferánsa. Anár, 18.9.2025

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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

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

Part 1

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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

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

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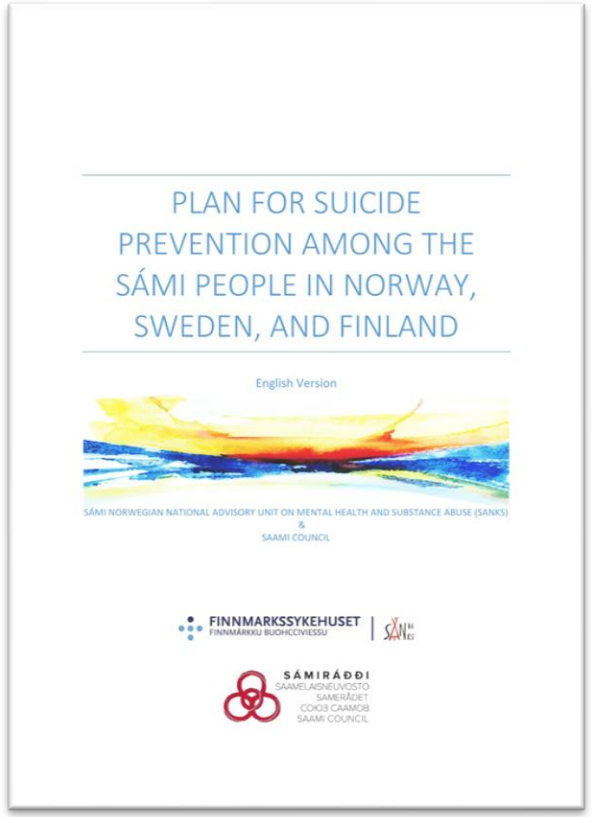
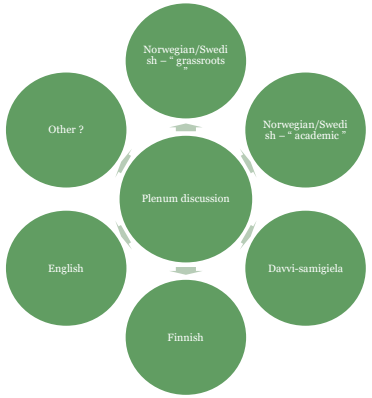
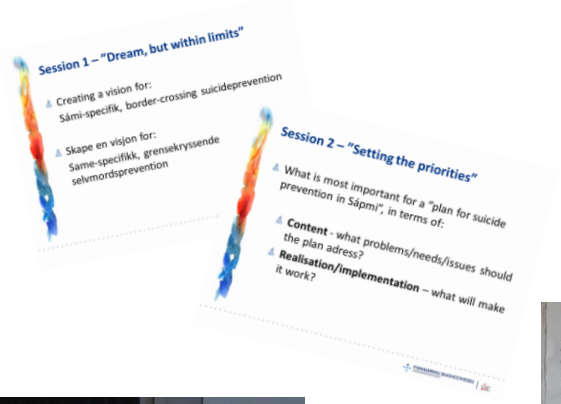
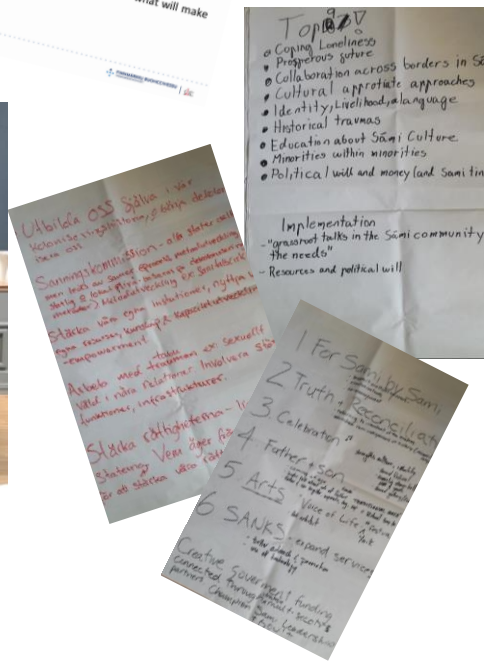
Plan for suicide prevention among the Sámi people in Norway , Sweden and Finland (PSPS)









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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)	Total cohort	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

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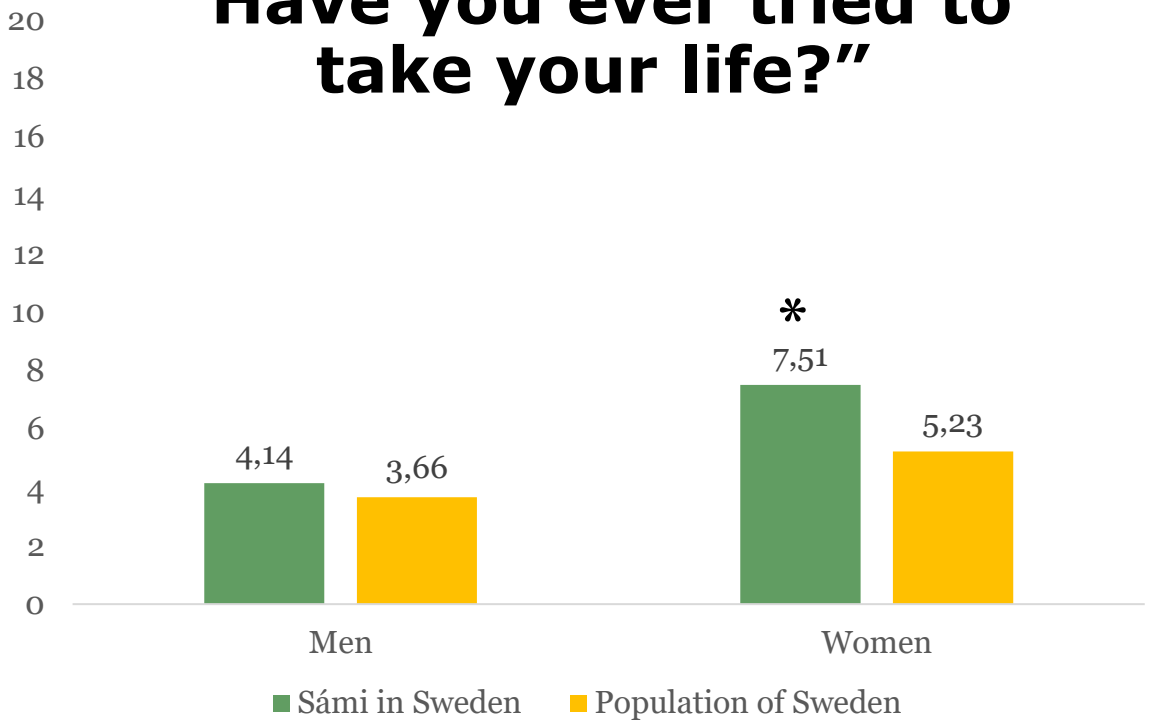
1: Focus on the men?

- Example from Sweden
  (San Sebastián , Nilsson
  & Stoor, unpublished)

1: Focus on the women?

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

"Have you ever tried to take your life?"



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

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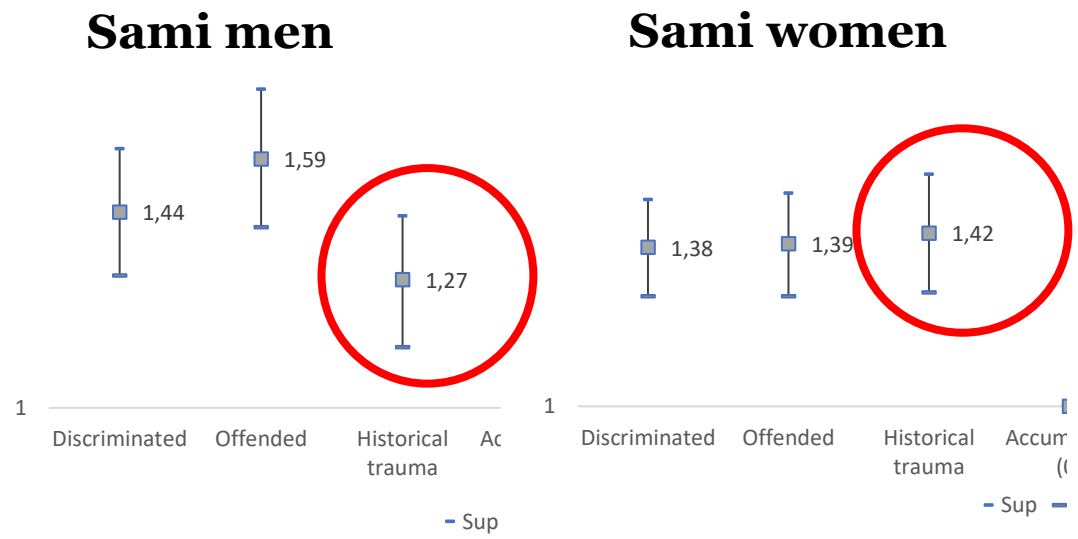
4: Initiate work to highlight and address historical traumas

- 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)

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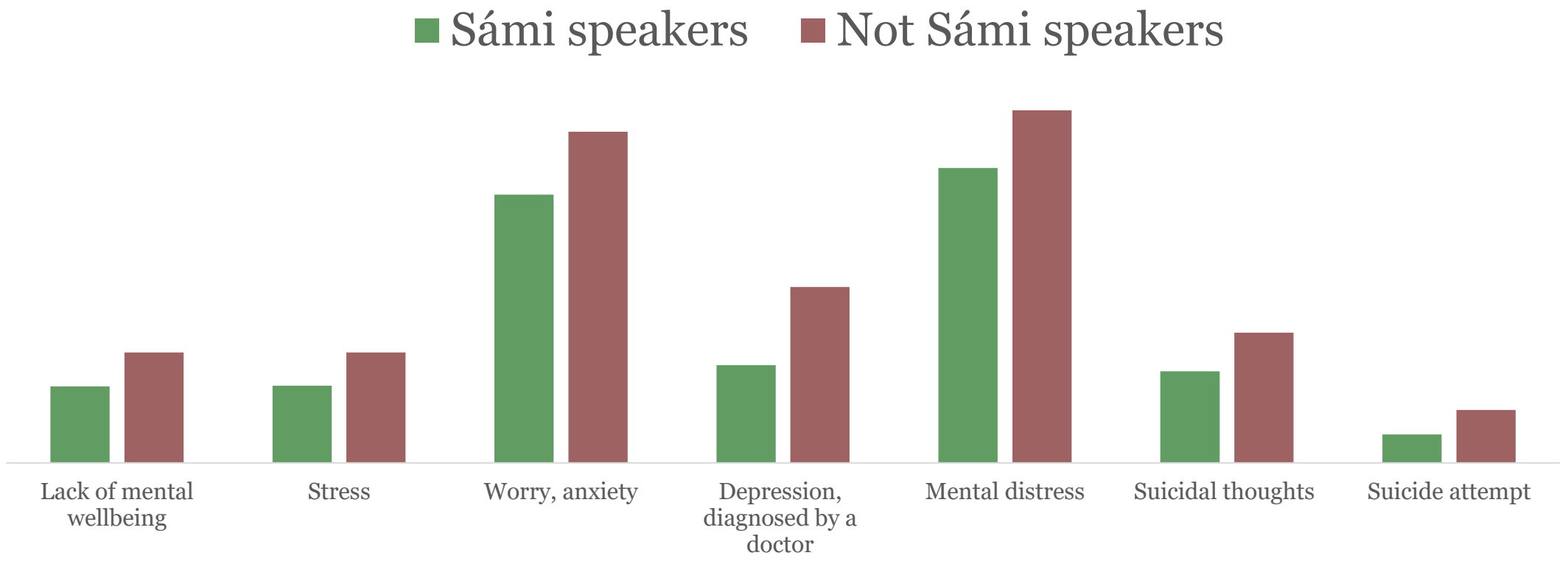
5: Strengthen and protect the cultural identities of the Sámi people



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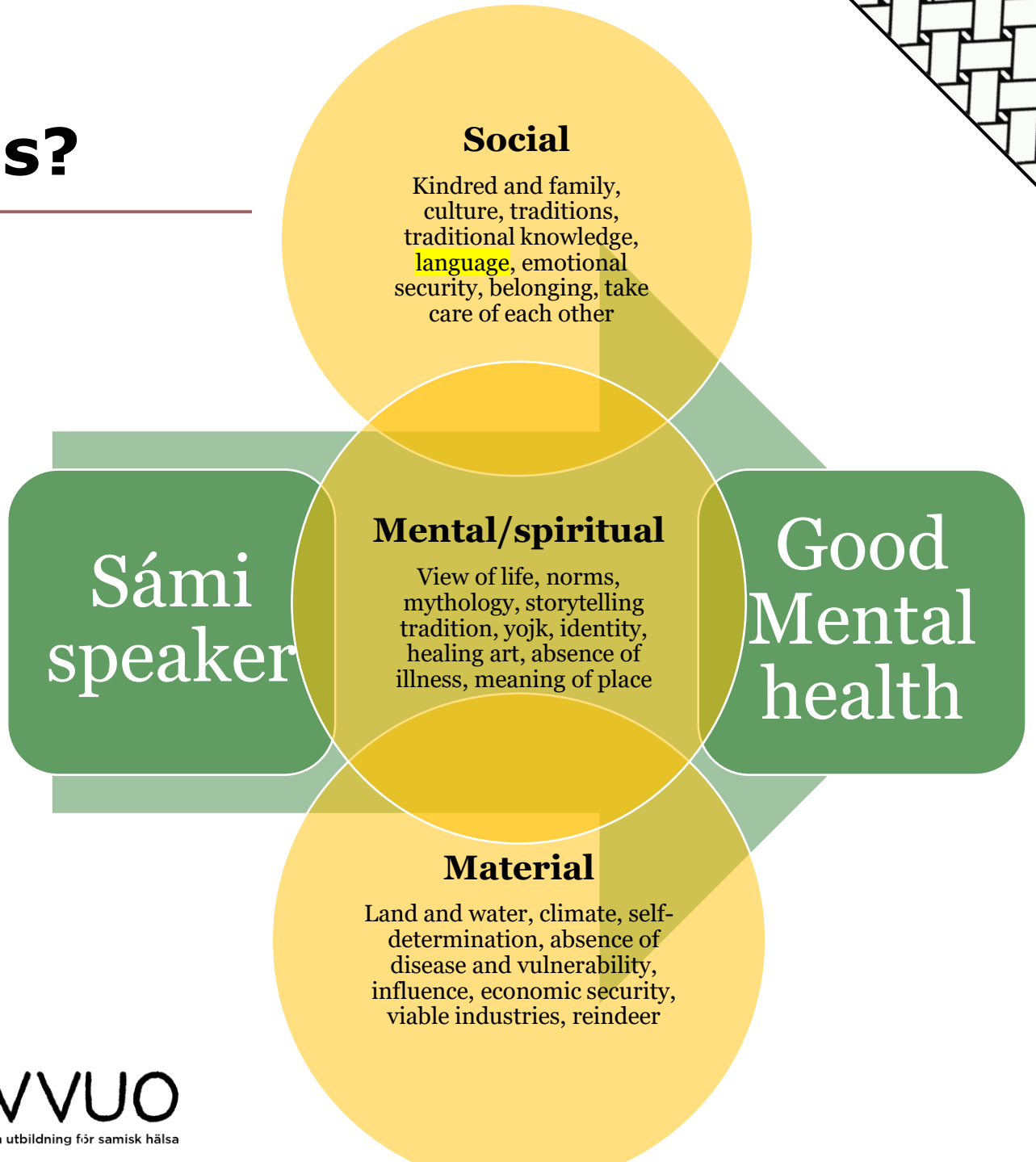
Interpretation of findings?

- 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



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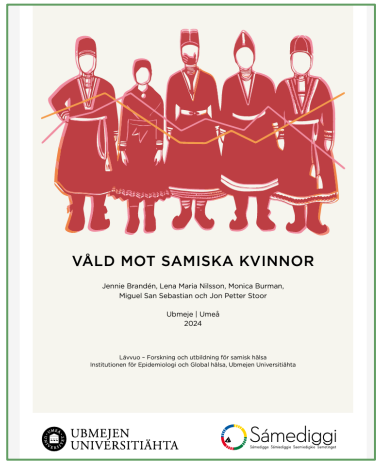
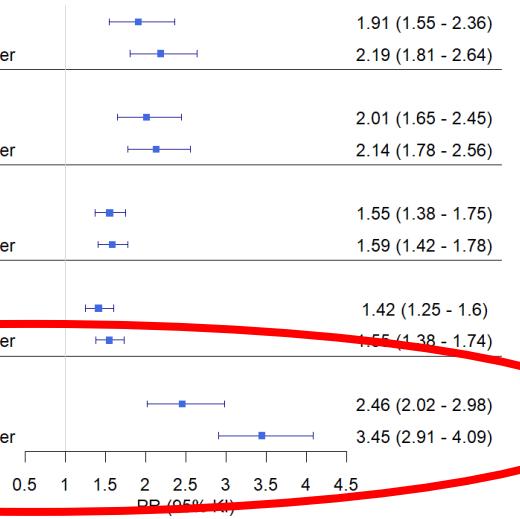
6: Reduce exposure to violence

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 (Fysiskt våld)	Adj. PR (95% KI)
Dåligt psykiskt välbefinnande		
	Ja, en gång	1.91 (1.55 - 2.36)
	Ja, flera gånger	2.19 (1.81 - 2.64)
Stress		
	Ja, en gång	2.01 (1.65 - 2.45)
	Ja, flera gånger	2.14 (1.78 - 2.56)
Ångest, oro		
	Ja, en gång	1.55 (1.38 - 1.75)
	Ja, flera gånger	1.59 (1.42 - 1.78)
Psykisk påfrestning		
	Ja, en gång	1.42 (1.25 - 1.6)
	Ja, flera gånger	1.55 (1.38 - 1.74)
Självmordstankar		
	Ja, en gång	2.46 (2.02 - 2.98)
	Ja, flera gånger	3.45 (2.91 - 4.09)



Brandén et al, 2024

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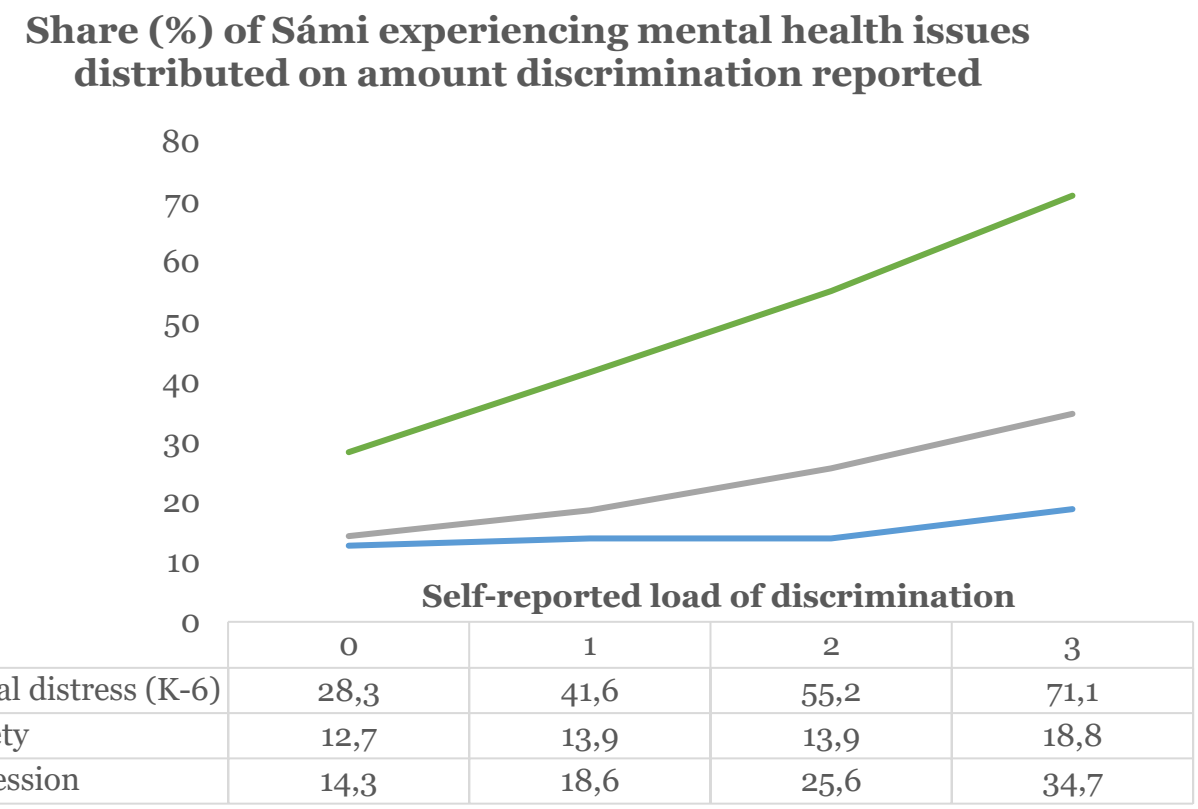
7: Reduce ethnic discrimination



	0	1	2	3
Mental distress (K-6)	28,3	41,6	55,2	71,1
Anxiety	12,7	13,9	13,9	18,8
Depression	14,3	18,6	25,6	34,7

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)

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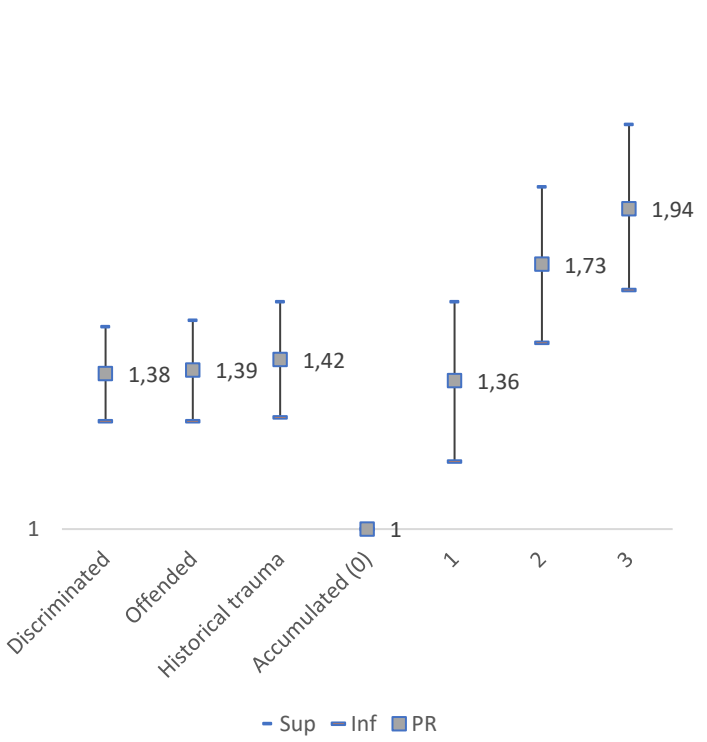
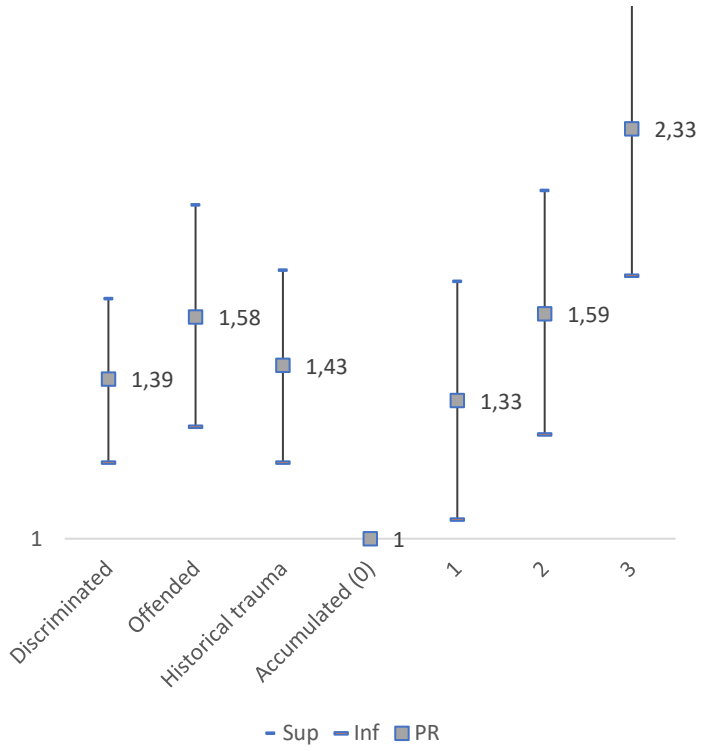
Correlation between discrimination and mental health problems among Sámi women

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

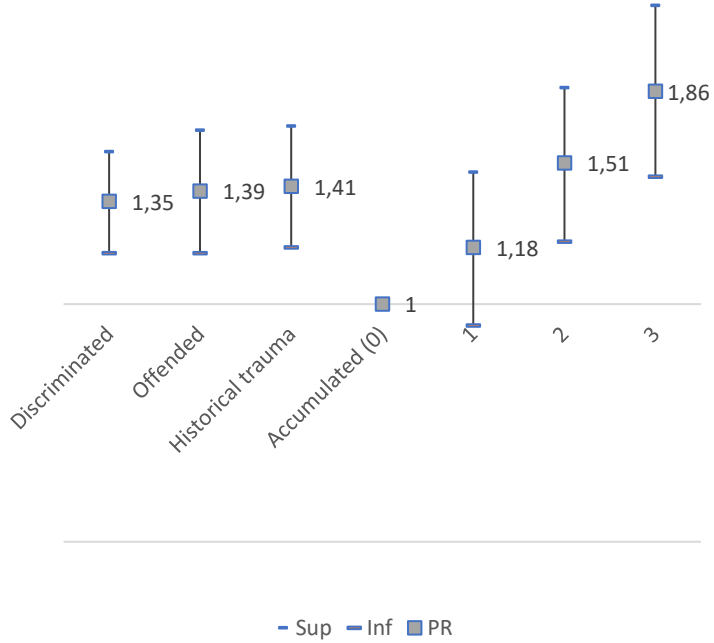
Mental distress



Anxiety



Depression



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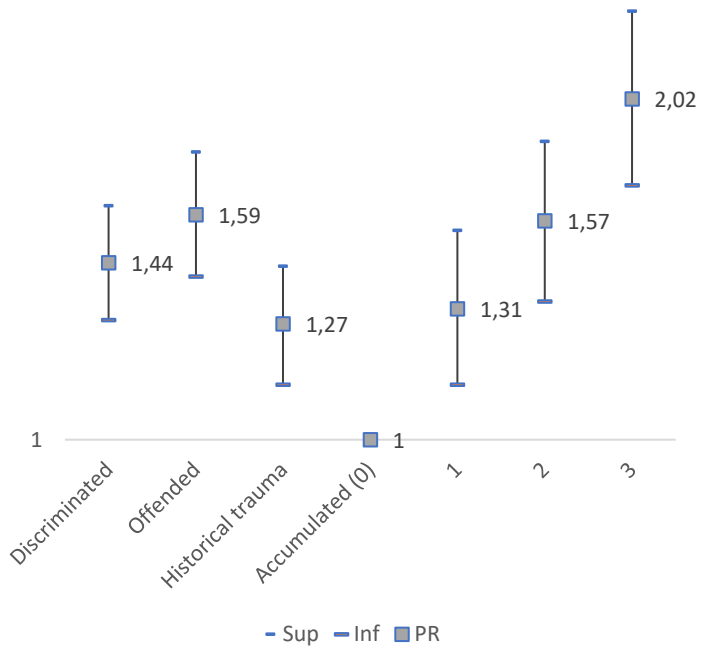
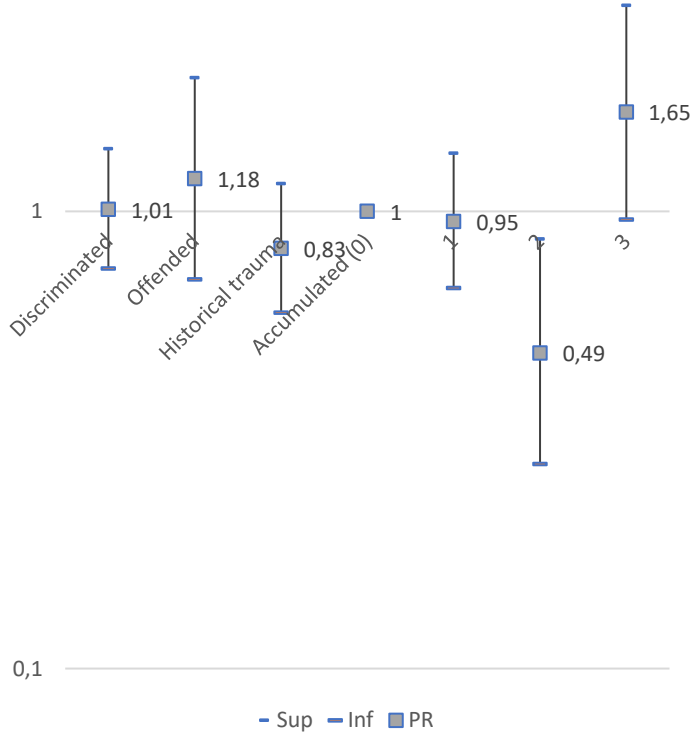
Correlation between discrimination and mental health problems among Sámi men

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

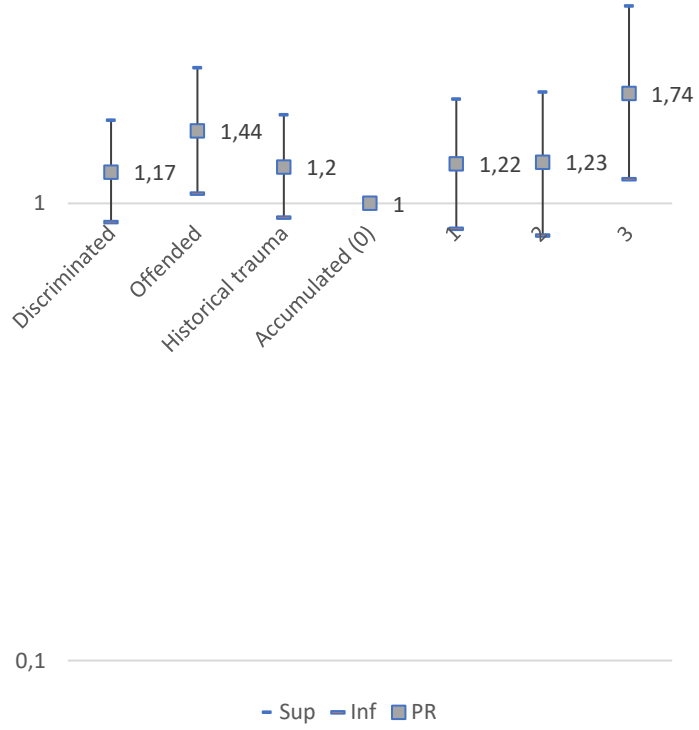
Mental distress



Anxiety



Depression



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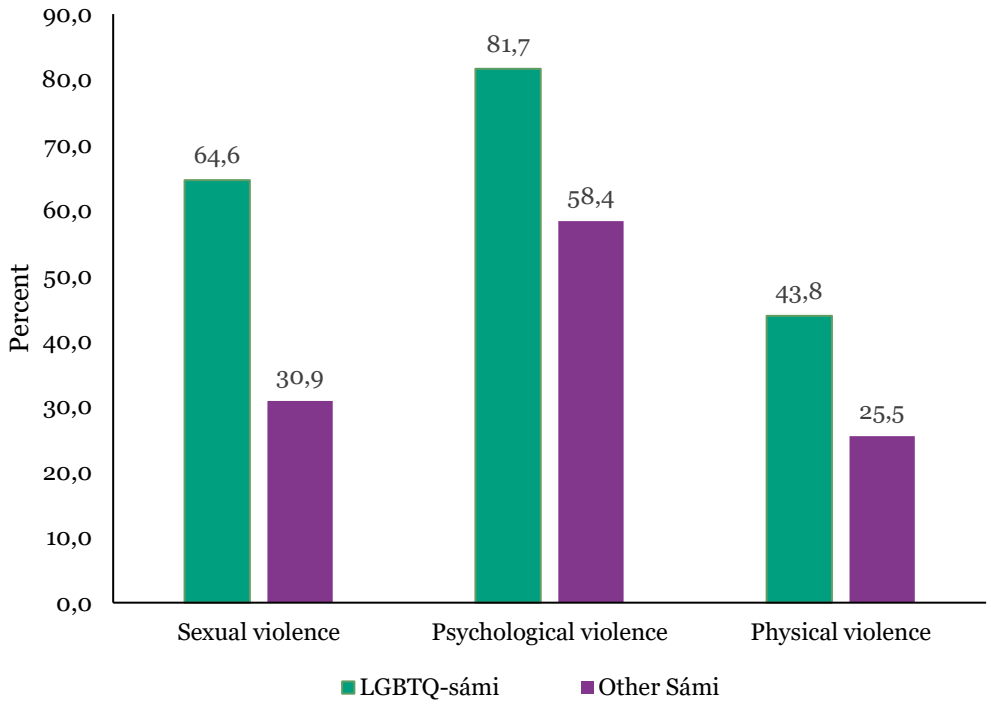
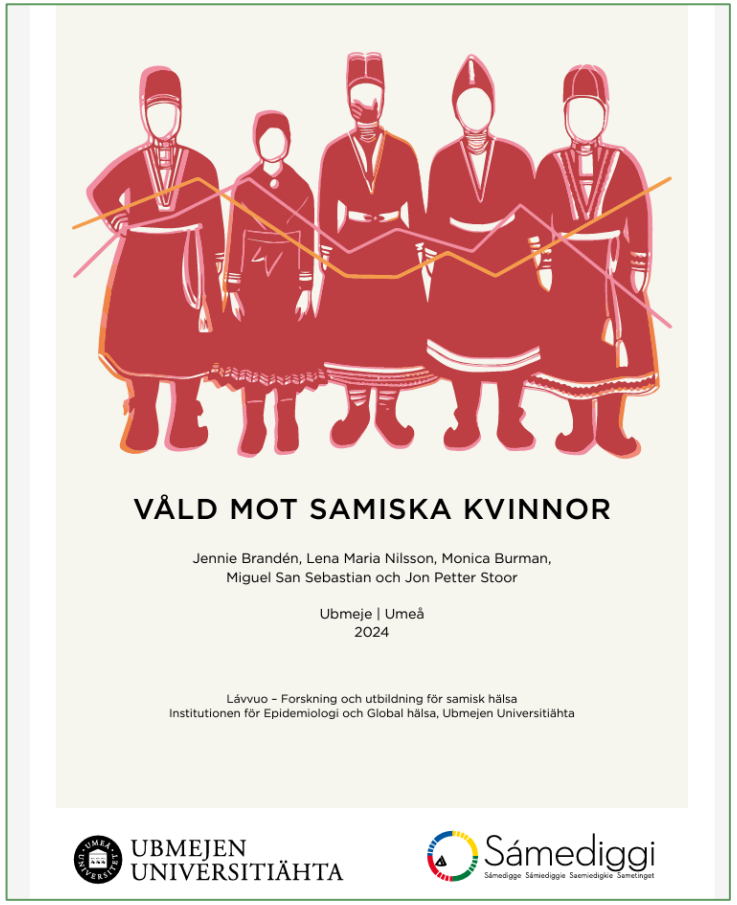
8: Increase diversity and acceptance

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).





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Part 2: the Sámi suicide prevention plan

2017

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

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A need for revision based on new recommendations?

Part 2.

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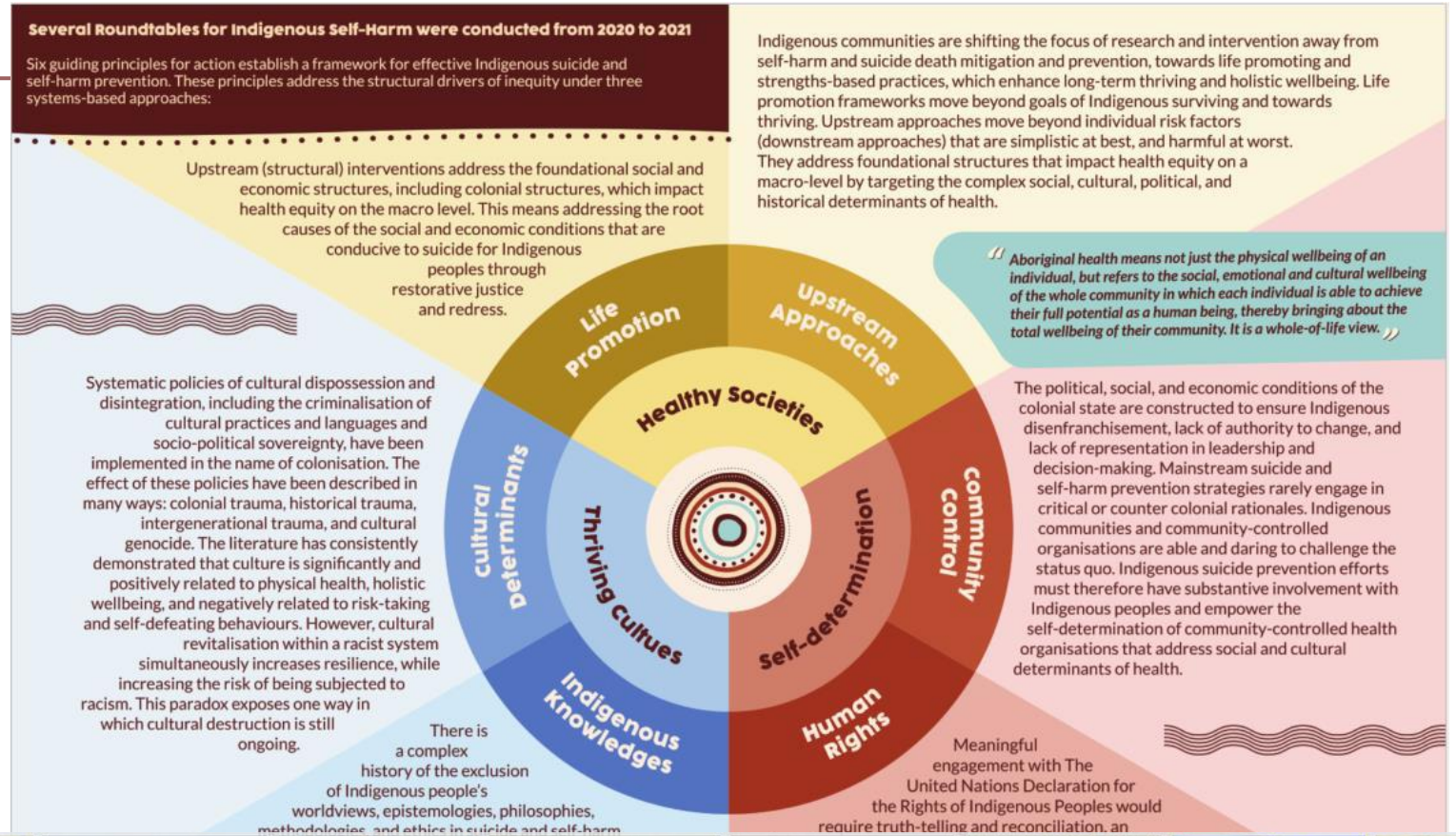
the Lancet Commission on Self-harm: principles for the prevention of self-harm in Indigenous communities



Prof. Pat **Dudgeon** (AU), A. Prof. Jeffrey **Ansloos** (CA), A. Prof Waikaremoana **Waitoki** (NZ), Dr. Jon P. A. **Stoor** (SE), A. Prof. Victoria M. **O'Keefe** (USA), A. Prof. Michael **Wright**, Leilani **Darwin**, and Dr. Kate L. **Derry** (AU)

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

- **Self-determination**
  - Human rights
  - Indigenous community control
- **Healthy communities**
  - Life-promoting work
  - Upstream approaches (Social determinants)
- **Thriving cultures**
  - Indigenous knowledges
  - Cultural determinants

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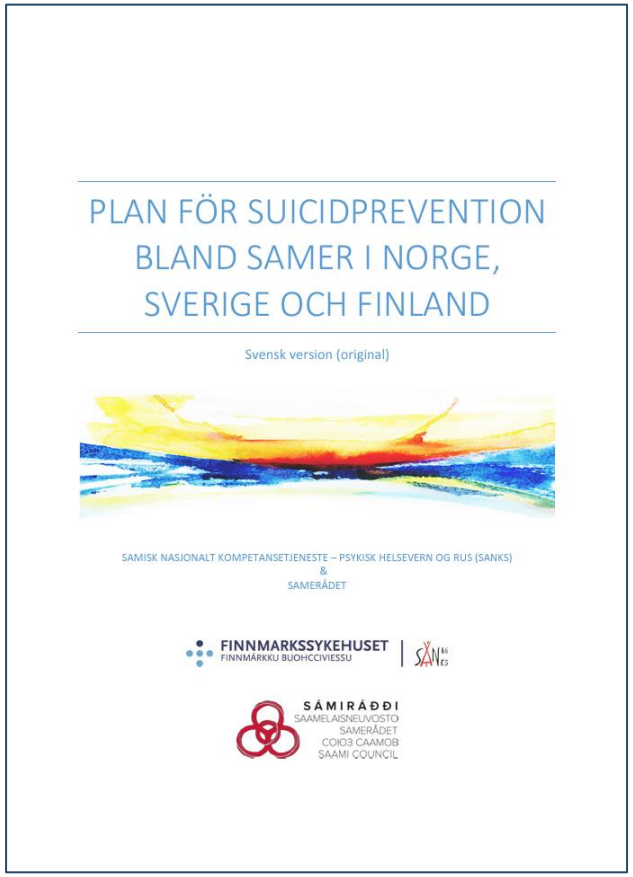
Indigenous peoples' right to self-determination

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.



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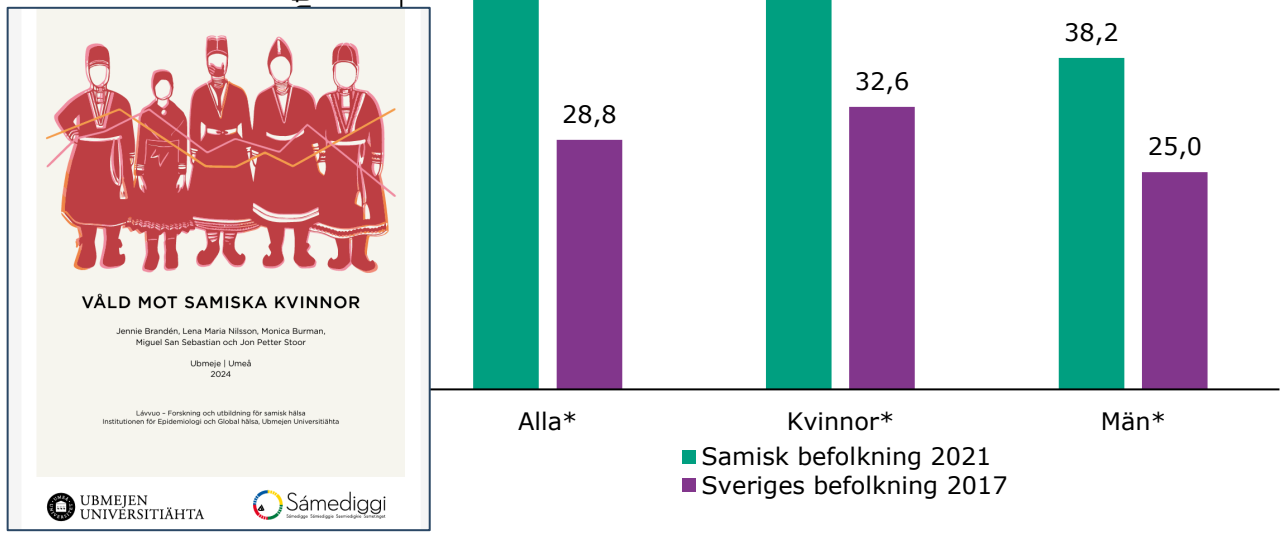
Healthy communities support resilient individuals and social networks

- 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 .



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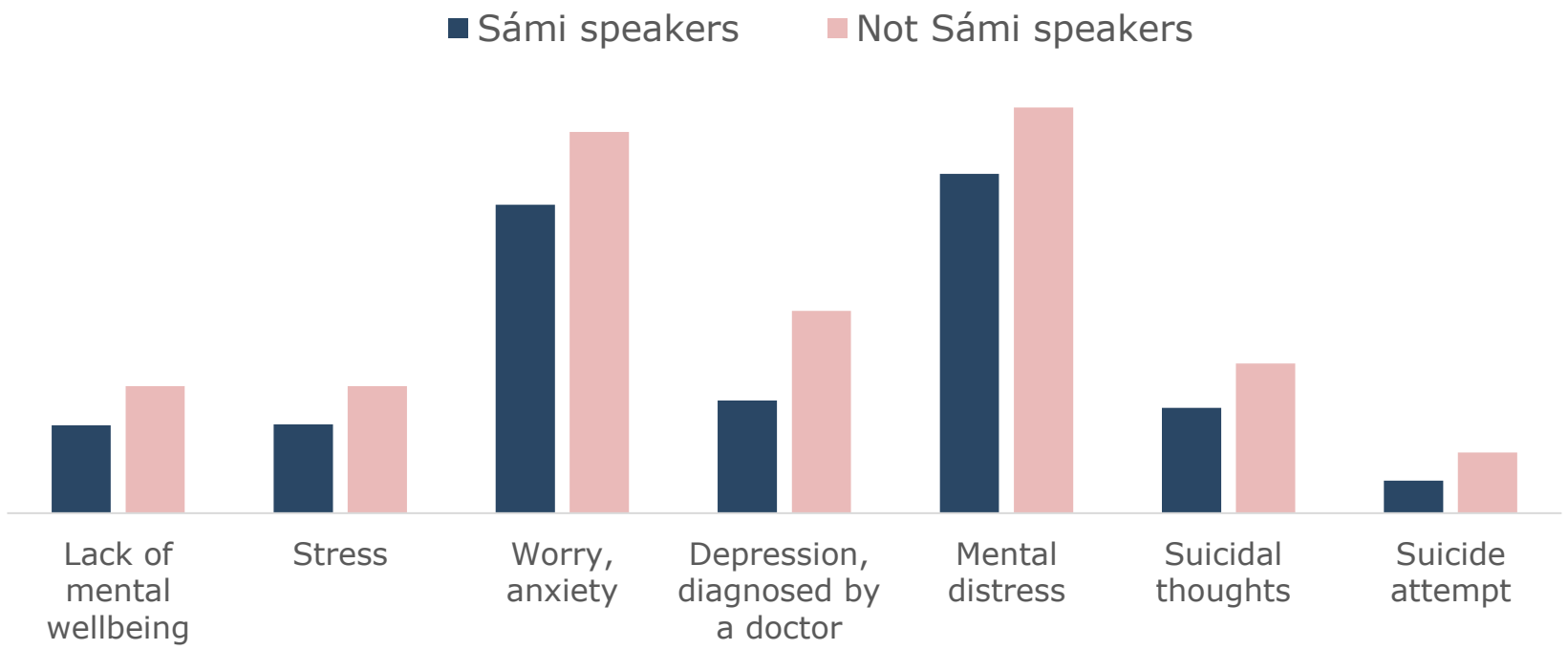
Thriwing Indigenous cultures support indigenous Individuals to better mental health



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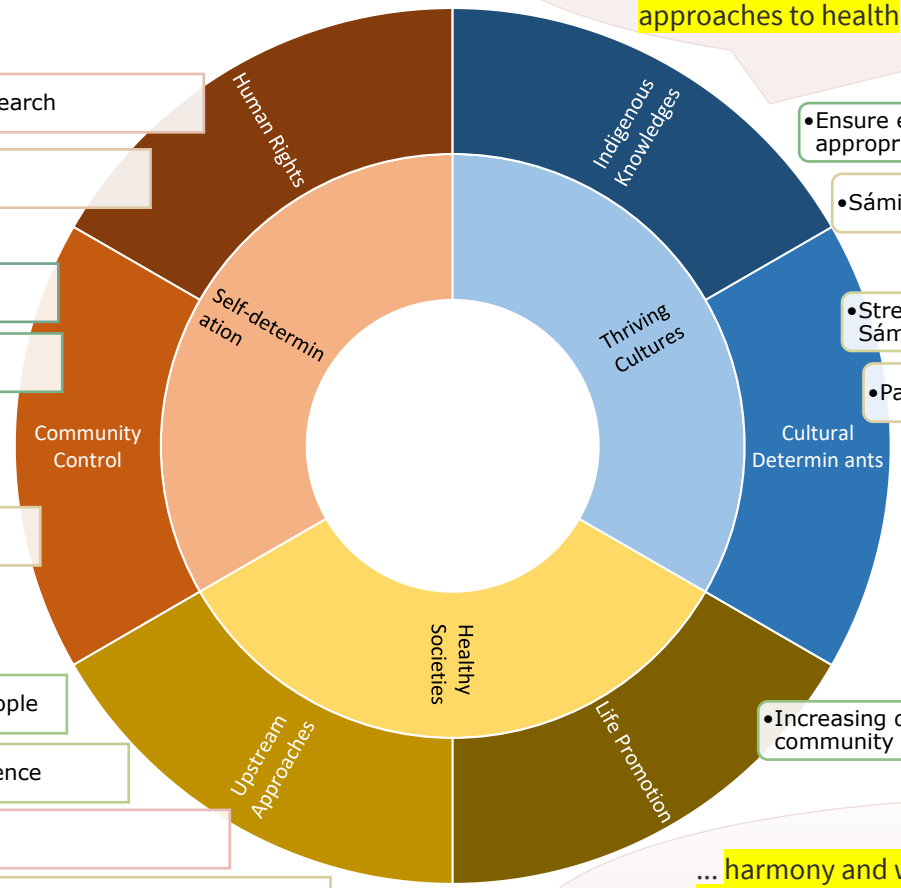
Is there a need fo a revised plan?

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 approaches to health



- Produce statistics and strengthen research
- Strengthen Sámi self-determination
- Strengthen cross-border cooperation for suicide prevention
- Educate and mobilize Sámi civil society for suicide prevention
- Sámi prevention center – initiate, support and coordinate
- Reduce ethnic discrimination against the Sámi people
- Reduce the exposure of Sámi people to violence
- Focus work on ~~men in~~ risk groups
- Sámi socio-economics
- Ensure equivalent, linguistically and culturally appropriate mental health care
- Sámi survivors – and berevead (postvention)
- Strengthen and protect the cultural identity of the Sámi people
- Paying attention to and dealing with historical trauma
- Increasing diversity and acceptance in the Sámi community

... harmony and wellness among all peoples, beings, countries, and in relation to the cosmos . /…/ centuries of practice-based evidence that recognize holistic health as harmony evident by thriving individuals , communities , cultures , and natural environments .

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Giitu, kiitos, tack!

Jon Petter Stoor

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Lávvuo – Research and education for Sámi health

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

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