

# A SCOPING REVIEW

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Well-being among  
indigenous children and  
youth in the Arctic – with  
a focus on Sami and  
Greenland Inuit



Nordic Council  
of Ministers

### **A scoping review**

Well-being among indigenous children and youth in the Arctic  
– with a focus on Sami and Greenland Inuit  
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# Sammenfatning

Nordisk børne- og ungdomskomiteén (NORDBUK) peger i deres 2016-årsrapport på nødvendigheden af en indsats for udsatte børn og unge i Arktis. Forudsætningen for en sådan indsats, er et solidt vidensgrundlag omkring børn og unges trivsel og levevilkår i de arktiske egne. Herværende projekt har til formål, at tilvejebringe et sådant vidensgrundlag. Rapporten er på engelsk, derfor gives der indledningsvist en sammenfatning på dansk.

En række børn og unge i Arktis (her afgrænset ved det nordiske samarbejde) tilhører oprindelige befolkninger. I denne sammenhæng anses disse som særligt udsatte grupper af børn og unge. De oprindelige befolkninger i Arktis inden for det nordiske samarbejde omfatter Inuit i Grønland og Samere i Sápmi (Norge, Sverige og Finland). Unge samere og grønlandere oplever til eksempel højere rater af vold, overgreb, selvmordstanker og selvmordsrater sammenlignet med deres nordiske naboer eller majoritetsbefolkningen i de områder, hvor de bor. Deres levevilkår er i manges tilfælde påvirket af en mere begrænset adgang til velfærdsydelser så som sundhedsvæsenet, socialvæsenet og uddannelsesmuligheder ligesom erhvervs mulighederne i det arktiske område også er mere begrænsede sammenlignet med mere befolkede og centrale dele af Norden. Det giver således god mening at starte en afdækning af udsatte børn og unges trivsel i Arktis, med netop de oprindelige befolkningers perspektiv. Børn og unge defineres som alle i alderen 0–25 år og inkluderer dermed piger, drenge og børn, som ikke identificerer sig som det ene eller det andet køn lige så vel som unge transpersoner. Dette er i overensstemmelse med Ministerrådets definition af målgrupperne børn og unge i *Børn og unge i Norden – en tværsektoriel strategi for Nordisk Ministerråd 2016–2022*.

For at kortlægge landskabet har vi gennemført et såkaldt scoping review, som afdækker både den videnskabelige litteratur, men samtidig også inddrager rapporter og dokumenter, som ikke figurerer i den videnskabelige evidens. Det er nemlig typisk sådan, at rigtig mange projekter og indsatser med fokus på trivsel og mental sundhed, ikke dokumenteres gennem evalueringer. Derfor ved vi meget lidt om, hvad der rent faktisk giver mening at satse på, hvis vi skal forbedre forholdene for udsatte børn og unge og fremme trivsel mere generelt. Og når det gælder indsatser for udsatte børn og unge i Arktis, ved vi endnu mindre.

Vores undersøgelse af litteraturen på området viser, at der kun i begrænset omfang er fokus på oprindelige befolkninger i de nordiske lande, når der kigges på børn og unges trivsel. Samiske børn og unge udgør en mindre del af de svenske, norske og finske befolkninger, og er derfor i mindretal mange steder. Omvendt gælder det de grønlandske børn og unge. I Grønland er knap 85 % af befolkningen nemlig Inuit, og derfor er grønlandere et enestående eksempel på, at en oprindelig befolkning er majoritet i eget land.

Ud af 247 videnskabelige artikler, med fokus på børn og unges trivsel, var 27 relevante for den Arktiske kontekst. Yderligere ved gennemgang af 31 ikke-publicerede dokumenter (grå litteratur) og 46 hjemmesider fandt vi frem til 28 kilder, som var relevante for dette studie. Der hvor det gav mening medtog vi også undersøgelser fra Alaska og Canada, for at belyse viden på området, som ikke er publiceret inden for det nordiske samarbejde. Undersøgelsen supplerer to tidligere reviews, der blev lavet i hhv. 2009 af Lethi et al. og i 2011 af Augustsson og Hagquist, men hvor sidstnævnte ikke differentierede mellem børn og unge fra oprindelige befolkninger vs. majoritetsbefolkningen i de nordiske lande.

Først og fremmest viser undersøgelsen, at børn og unge i Sapmi og Grønland vokser op med et stort omfang af belastende hændelser, så som høje forekomster af selvmord, vold, alkoholmisbrug og overgreb. Disse udgør alle risikofaktorer for dårlig trivsel og udsathed. Samtidig kortlægger undersøgelsen også en stigende mængde af litteratur, der peger på vigtigheden af, at inddrage kulturelle faktorer i arbejdet med at fremme trivsel blandt børn og unge i en arktisk kontekst. Denne viden kommer primært fra de arktiske regioner i Canada samt Alaska, hvor flere studier på området er blevet udgivet i den videnskabelige litteratur. Sådanne kulturelle faktorer handler om at føle sig stolt af at være en del af et folk og have kendskab til viden, færdigheder og traditioner, som er nedarvet i kulturen gennem generationer.

Undersøgelsen viser også, at tiltag og indsatser i Arktis inden for det Nordiske samarbejde oftest er centralt forankrede og målrettet alle børn og unge i landet. Dermed tages der ikke højde for, de særlige forhold der kendetegner livet som barn og ung i de mere udsatte arktiske egne i de nordiske lande. For Grønland gælder det også at nationale strategier sjældent har lokal gennemslagskraft, fordi der er for langt fra det administrative system i hovedstaden til den kommunale forebyggelseskonsulent eller socialarbejder i en mindre by eller bygd. Dermed understreger undersøgelsen også, at arbejdet med at fremme trivsel og mental sundhed blandt børn og unge i Arktis, skal udvikles og gennemføres i tæt samarbejde med lokale børn, unge og voksne i de arktiske regioner.

Evidensen for indsatser og interventioner med fokus på at inddrage kulturel identitet, færdigheder i naturen og lokal tilknytning er stigende i den nordamerikanske litteratur, men stort set ikke eksisterende for Sápmi og Grønland. Tiden er derfor kommet til at vi inden for det nordiske samarbejde i højere grad sætter fokus på at inddrage erfaringerne fra andre arktiske egne til at udvikle programmer og indsatser, som rent faktisk skaber forbedringer for især udsatte børn og unge. Denne udvikling kan selvsagt ikke ses uafhængigt af nødvendigheden af en generel forbedring af levevilkårene, men øget trivsel blandt børn og unge i Arktis kan medvirke til at skabe positive forandringer.

Det er selvfølgelig helt afgørende, at unge samere og grønlandere involveres både i forskningen og udviklingen af nye tiltag. Deres input er afgørende for at kunne stille de rigtige spørgsmål og ikke mindst sikre, at deres perspektiv på udviklingen i Arktis også bliver hørt.

**The Inuit and Sami population in the Nordic Region includes Inuit in Greenland and Sami in Sápmi (Finland, Norway and Sweden).**



# Background

## Objective

The children and youth of the Inuit and Sami population in the Nordic countries can be identified as a vulnerable group. Compared to the Nordic majority populations, young Sami and Inuit experience a higher degree of violence, abuse, suicidal thoughts and suicidal rates. Furthermore, their living conditions are in most cases influenced by a limited access to welfare benefits such as health care, social service and educational opportunities. Career prospects in the Arctic region are also narrow compared to the more densely populated and central regions in the Nordic countries. However, in order to understand and act upon the common and different challenges they are facing, an indepth and systematic review of the existing literature and experiences of children's and youth's well-being and living conditions in the Arctic Region is essential.

The Inuit and Sami population in the Nordic Region includes Inuit in Greenland and Sami in Sápmi (Finland, Norway and Sweden). Young Sami and Inuit experience to a higher degree violence, abuse, suicidal thoughts and suicide rates compared to their peers in the majority populations in the Nordic countries. (Broderstad et al., 2011; Dahl-Petersen et al., 2016; Lehti et al., 2009; Lund et al., 2007; Pedersen et al., 2012; SANKS, 2017; SDWG, 2015; Young et al., 2015). Their living conditions are in most cases influenced by a limited access to welfare benefits such as the healthcare system, social services and educational opportunities. Furthermore, career prospects in the Arctic region are also narrow compared to the more densely populated and central regions in the Nordic countries.

The Nordic Council of Ministers initiated in 2011 a systematic review mapping the studies on youth's mental health in the general population of the Nordic countries conducted by Augustsson and Hagquist (2011). However, the review did not differentiate between indigenous and non-indigenous populations, which this scoping

review aimed to follow up upon. Lehti et al. (2009) published an extensive systematic review on 'Mental health, substance use and suicidal behaviour among young indigenous people in the Arctic'. Their main findings were the alarmingly high youth suicide rates in many parts of the Arctic, the evident differences between indigenous and non-indigenous populations, the lack of studies exploring other psychosocial problems than suicide and substance use, and the lack of knowledge of the causes of the mental health problems and the impact the rapid socio-cultural changes have on the Arctic populations (Lehti et al., 2009). The authors of the present scoping review chose to take Lehti et al.'s review as a reference point and thereby limit the systematic literature search to 2009 to present. Furthermore, it is well known among scholars that much evidence and information does not get published and thereby hidden in reports and policy briefs. In view of this the present study has included a great amount of grey literature in the screening process (see more p.12).

## Aim of the review

The aim of the scoping review was to identify knowledge gaps, action taken and needed, as well as directions for future research in regard to the well-being of indigenous children and youth in the Arctic region of the Nordic countries. (Nordiska ministerrådet, 2016). This scoping review was delegated by the Nordic Council of Ministers to be conducted by the Centre of Health Research in Greenland (National Institute of Public Health, University of Southern Denmark.) This scoping review (Arksey & O'Malley, 2005) gives a descriptive overview of the well-being and living conditions of Inuit and Sami children and youth in the Arctic region, including relevant and comparable studies conducted among indigenous populations in the Arctic regions of Canada and Alaska. Furthermore, conducted and existing interventions focusing on improving children's and youth's well-being in the Arctic have been identified within selected scientific and grey literature.

# Methods

In this chapter, the methods used for this scoping review are presented. The assessment and analysis of both peer-reviewed and non-peer-reviewed (grey) literature is described.

Literature on the well-being among children and youth in the Arctic region was reviewed in order to grasp the existing knowledge describing their well-being and living conditions and identifying the remaining knowledge gaps for future research to fill. Additionally, this review aimed to provide an overview of established interventions aiming to promote adolescents' well-being and to prevent or treat issues and determinants affecting their well-being. To be able to collect information about such interventions from literature it was necessary to not only review scientific, peer-reviewed literature, but also grey, non-peer-reviewed literature. It is a well-known issue in implementations and interventions science that interventions and programs are rarely evaluated and scientifically reported upon. Hence, it was necessary to include grey, non-peer-reviewed literature. Most of this literature was in the Nordic languages.

Children and young people from the ages 0 to 25, as identified by the Nordic Council of Ministers, are the target group within this review. However, as pointed out in NORDBUK's 2016–2022 strategy, there is no hard line for when you are an adolescent or adult, therefore information or interventions discussing people above the age of 25 years were included when the other eligibility criteria were met.

## Peer-reviewed literature

### Search strategy

A systematic search was conducted for studies describing the well-being of children and youth in the Arctic. The search was limited to the timeframe 2009–2017, since two comprehensive reviews on this topic were conducted in 2009 and 2011 by Lehti et al. (2009) and Augustsson and Hagquist (2011). A search syntax (see table 1), inspired by (Augustsson & Hagquist, 2011), was applied in the databases PubMed/MEDLINE, a biomedical and life science database, and PsycINFO, a behavioural science and mental health database. In order to ensure a comprehensive search, a search syntax was developed based on the three key concepts,

Table 1 Search syntax			
1	mental health	15	child*
2	psychological health	16	youth
3	psychological wellness	17	teenage*
4	psychological well being OR psychological wellbeing	18	young*
5	OR psychological well-being psychosomatic	19	pupil*
6	externalizing problem* OR externalising problem*	20	student*
7	internalizing problem* OR internalising problem*	21	14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20
8	mental ill-health	22	arctic
9	mental disorder*	23	inuit
10	bully*	24	sami
11	depression OR depressive	25	indigenous
12	suicide OR suicidal	26	circumpolar
13	1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12	27	22 OR 23 OR 24 OR 25 OR 26
14	adolesc*	28	14 AND 21 AND 27

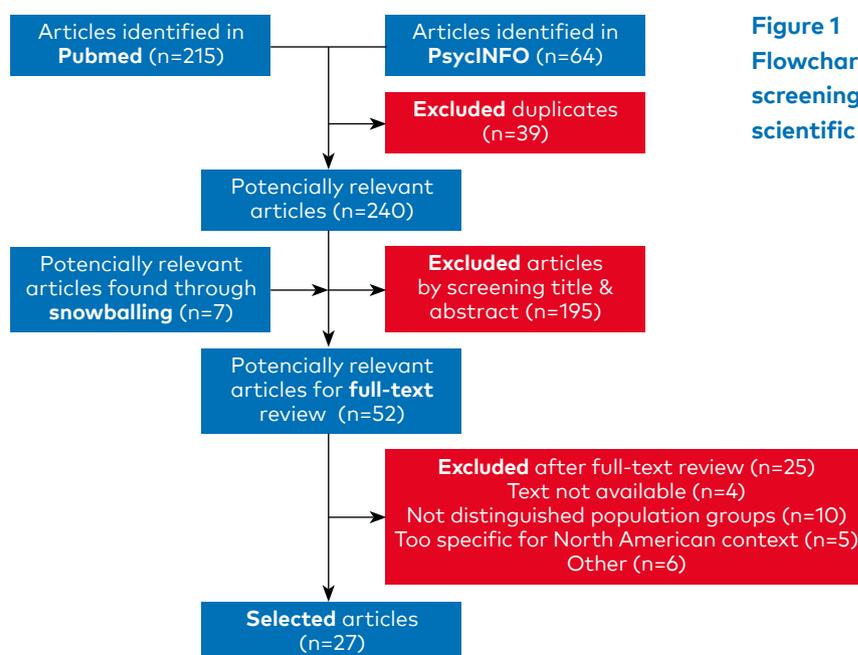
namely 'mental health', 'adolescents' and 'arctic'. The final search syntax was used to search for articles by title and abstract in PubMed and PsycINFO. In the appendices (p.30) the applied search strings are made available. An assessment tool was developed based on the studies objectives (see page 31).

### Selection of peer-reviewed literature

The search in PubMed and PsycINFO resulted in 279 peer-reviewed, scientific articles, which were systematically reviewed. So far, 39 duplicates were identified and excluded. In total, 240 articles were screened by title and abstract, which led to 195 being excluded. These articles did not meet the following eligibility criteria:

- Selected articles relate to research or issues in the arctic, Nordic or Scandinavian region or in one or more of the following countries: Denmark, Finland, Norway, Greenland, Sweden, Alaska, Canada;
- Selected articles discuss or describe mental health issues among Sami and Inuit adolescents;
- Articles written in English;
- Articles published in and after 2009.

In case of uncertainty for eligibility, articles were kept for full-text review. Snowballing resulted in 7 additional potentially relevant articles, which were found via the references of relevant background literature. Before proceeding to full-text screening the list of preliminary selected literature was forwarded to NORDBUK. NORDBUK had no further comments or literature to add. Then the 52 potentially relevant articles were full-text reviewed of which 25 articles were excluded. 4 of the identified articles no full-text of the article was available, 10 of the 25 articles did not distinguish between indigenous and non-indigenous populations. 5 of the 25 excluded articles related to indigenous populations in Alaska or Canada, however, the results were very country specific in regard to their historical background, e.g. the Canadian residential school system. The remaining 6 articles were excluded due to different reasons such as study population only consisting of adults. Figure 1 visualises the conducted screening process in a flowchart.



**Figure 1**  
Flowchart of screening process of scientific literature

## Grey literature

### *Search strategy*

Next to the systematic search for scientific, peer-reviewed literature, a search of grey, non-peer-reviewed literature was carried out. Here, documents from different relevant organisations, identified through the authors experience in the field as well as through snowballing, were screened. This relates to organisations such as the Nordic Council of Ministers or the Greenlandic Institute for Children's Rights (MIO).

*"Grey literature is composed of knowledge artefacts that are not the product of peer-review processes characterizing publication of scientific journals." (Adams, Smart, & Huff, 2017)*

Including non-peer-reviewed, grey literature in a scoping review provides a broader scope on the topic. Furthermore, it avoids bias in terms of overestimated results, which often occurs when grey literature is excluded from reviews (Adams et al., 2017; Mahood, Van Eerd, & Irvin, 2014; McAuley, Tugwell, & Moher, 2000).

Different scholars have described the importance of developing a quality assessment tool for reviewing grey literature systematically (Adams et al., 2017; GreyNet, 2016; Mahood et al., 2014). Such quality assessment tools usually aim to measure the reliability of documents such as the academic background of the authors. However, in this review the academic quality of the documents was of less importance. The academic quality of the research or reporting done in these documents is not decisive for their eligibility, since this study aims to gain insight and understand the issue at hand, especially collecting information on implemented and successful interventions aiming to improve children's and young people's well-being in the Arctic. Here, the same assessment tool was applied as for the scientific literature (see page 31).

### *Selection of non-peer-reviewed literature*

The grey, non-peer-reviewed literature reviewed in this scoping review was gathered through snowballing. NORDBUK provided a literature list of their youth and mental health related reports (see page 32). Furthermore, websites of various organisations working with mental health and children's rights in Nordic countries were screened for relevant information. Lastly, material was

found through organisations and projects that were known to the authors of this scoping review.

In total 31 documents were reviewed of which 16 were excluded. 3 documents did not discuss issues within the eligible countries mentioned above, and 12 of the 16 excluded documents did not distinguish between indigenous and non-indigenous populations. The last document was a duplicate in form of a report, where we already have included the scientific article in this review. 46 homepages of organisations were screened, of which 13 websites contained relevant information regarding health promotion interventions related to children's and youth's well-being.

## Data extraction & analysis

After the screening process was completed, a deductive and inductive data extraction and coding was conducted. An assessment tool for the structuring and collection of data from the selected literature was developed on the basis of the objectives of this study. The assessment tool, a data extraction table, facilitated the extraction and coding of relevant information of the selected articles and documents. Relevant information included:

- bibliographic information, study objective and used methodology,
- facts/information on well-being, living conditions and mental health,
- implemented, evaluated or suggested interventions for promoting adolescents' well-being,
- influencing or protective factors for their mental health and well-being,
- identified knowledge gaps and recommended future research.

The data was extracted in an iterative process to verify emerging aspects and topics. A format of the data extraction table can be found in the appendices (page 31). After the data extraction tables were filled in for all selected literature, the tables were coded manually to identify sub-themes.



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# Results

27 of the 247 articles which were identified by the original search phase from the electronic data bases and through snowballing were included in the scoping review. Furthermore, 15 of 31 non-peer-reviewed (grey) documents and reports, and 13 of 46 homepages of organisations, supplementing and enriching the identified peer-reviewed articles, were included in this review. The importance of having included grey literature in this review becomes prominent when examining the country context of the selected articles. Here, Canada is highly represented and otherwise Nordic countries are sparsely represented in comparative studies with other arctic countries. The majority of the articles were cross-sectional studies and discussed suicidality in a specific country context or in the Arctic region. Although most articles concerned Inuit populations, this still reflects a North American bias in the literature as Greenland Inuit are not as well-represented. Most literature from Greenland and Sápmi is found within the grey literature. Table 2 provides an overview of the selected peer-reviewed literature. Overviews of the selected and excluded literature are provided in the appendices (see page 34–43). For the grey literature, 4 documents were from the Arctic region, 1 from Canada, 0 from Alaska, 4 from Norway, 5 from Sweden, 12 from Greenland and 2 from Finland.

## Children's and youth's well-being, mental health and living conditions in the Arctic

The annual rates of suicide, as compared to rates throughout the world, are extremely high in many areas of the Arctic (Lehti et al., 2009; Young et al., 2015). Young et al. (2015) state in their paper on the comparisons of (standardised) suicide rates in the circumpolar region, how the highest suicide rates are found in Chukotka (Russia), Greenland and Nunavut (Canada). Additionally, these are regions with a high proportion of indigenous population; approximately 90% in Greenland, 85% in Nunavut, and 30% in Chukotka (Young et al., 2015). In an extensive literature review

Table 2 Overview of selected literature	Number of scientific literature
<b>Location</b>	
Arctic region (multiple countries)	6
Canada	8
Alaska	3
Norway	6
Sweden	2
Greenland	2
Finland	0
<b>Population</b>	
Sami and Inuit	6
Inuit	12
Sami	2
Non-Indigenous and Inuit	1
Non-Indigenous and Sami	6
<b>Topic</b>	
Suicidality	14
Protective factors	2
Other	11
<b>Design</b>	
Cross-sectional	17
Review	5
Retrospective longitudinal	3
Prospective longitudinal	1
Exploratory longitudinal	1
<b>Methodology</b>	
Questionnaire	9
Questionnaire – NAAHS	6
Interview	4
Registry	1
Mixed methods	2
Literature review	5

by Lehti et al. (2009) youth suicide rates were found to be alarmingly high in many parts of the Arctic. Supporting to the rates compared in Young et al.'s (2015) paper, Lehti et al. (2009) found that *"whenever rates were compared between indigenous and non-indigenous populations currently living in the same region, rates for suicidal behaviours were higher in indigenous populations"*. Furthermore, rates for suicidal behaviour were clearly higher for males than for females (Lehti et al., 2009).

Greenlandic youth was found to have had a lower life satisfaction and poorer self-rated health compared with the average in other countries (Lehti et al., 2009). In the survey of living conditions in the Arctic (SLiCA) conducted in Alaska, Greenland, Sweden and Norway among the population aged 15 or older, Greenland was identified to have had the highest rates of suicidal thoughts (Broderstad et al., 2011). Differences between indigenous and non-indigenous groups were most evident and uniform in suicide studies, where the rates were around two to ten times higher among indigenous youth (Lehti et al., 2009). In Norway only few difference between Sami and non-Sami populations were found in studies on suicidal behaviour, emotional problems and alcohol use (Bals, Turi, Skre, & Kvernmo, 2010; Eriksen, 2017; Lehti et al., 2009). Bals et al. (2010) point out that this lack of difference often can be *"attributed to the good living conditions and positive socio-cultural development in Sami areas"*. However, in the NAAHS study (2003–2005) Sami youth reported more suicide attempts last year, as well as more concurrent adversities than non-Sami peers (Reigstad & Kvernmo, 2017). A study conducted in Sweden found that young Sami experienced a higher prevalence of suicidal expressions and suicide in significant others but not a higher prevalence of suicide attempts compared to young Swedes (Omma, Sandlund, & Jacobsson, 2013). Kral, Idlout, Minore, Dyck, and Kirmayer (2011) found in their study on the meaning and experience of well-being among Inuit in Nunavut (Canada) that respondents experienced suicide as a major social problem. Here, respondents, among these also suicide attempters, identified romantic relationship problems and family problems as the trigger for most youth suicides (Kral et al., 2011).

Gender differences in suicide rates and risk factors have been identified by multiple studies (Bania & Kvernmo, 2016; Bania, Lydersen, & Kvernmo, 2016; Bjerregaard & Larsen, 2015; Fraser, Geoffroy, Chachamovich, & Kirmayer, 2015; S. H. Karsberg, Lasgaard, & Elklit, 2012; Omma, Jacobsson, & Petersen, 2012; Omma et al., 2013). In Greenland suicide rates were found to be higher among men than women while the prevalence of suicidal thoughts was higher among women (Bjerregaard & Larsen, 2015). The highest suicide rate is found among young men aged 20–24. More girls than boys are exposed to violence and conflict in their home or are witnesses to such occurrences (Pedersen et al., 2012). Furthermore, before the age of 15, 17% of the adolescents in the study have had sexual experiences or have been contacted in a sexual way by an adult, significantly more girls than boys (Pedersen et al., 2012).

Fraser et al. (2015) conducted a gender-based analysis of risk and protective factors when studying the suicide rates in Nunavut (Canada). The use of marijuana and high levels of psychological stress were the strongest risk factors for females between 15 and 24 years of age (Fraser et al., 2015). Among males and females, physical violence and sexual abuse were significantly associated with suicide attempts. A cross-sectional study on 18–28-year-old Sami in Sweden brought forward that the majority of the young people had a rather good health. However, almost half experienced often having worries, forgetting things as well as experiencing lack of time (Omma et al., 2012). Sami women reported more life weariness, death wishes, suicidal ideation and suicide plans compared to Sami men (Omma et al., 2013). Furthermore, perceiving bad treatment because of Sami ethnicity was negatively associated with some aspects of health (Omma et al., 2012). In the Greenlandic population survey from 2014, 66% of the adult population reported to have grown up in a home characterised by alcohol and violence, or having been exposed to sexual abuse (Dahl-Petersen et al., 2016). The prevalence was higher in the younger generations compared to the older ones (Dahl-Petersen et al., 2016). S. H. Karsberg et al. (2012) identified in their study population of 12–18-year-old Greenlandic students, that around 9% boys and 28% girls had been exposed to sexual abuse. Many Greenlandic



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***"Today, in Sami communities in Norway, both the traditional and the mainstream gender socialisation exist side by side"***

(Bals, Turi, Vitterso, et al., 2011).

children and young people are at high risk to be exposed to potentially traumatic events (PTEs) throughout their lives. S. H. Karsberg et al. (2012) studied victimisation and post-traumatic stress syndrome (PTSD) in a Greenlandic youth sample (12–18 years). They found that death of someone close, near drowning, threat of assault/beatings, humiliation or persecution by others and attempted suicide were the most frequent direct events experienced by the study population (S. H. Karsberg et al., 2012). Furthermore, Greenlandic girls were identified to be particularly vulnerable towards experiencing PTEs (S. H. Karsberg et al., 2012).

Bals, Turi, Vitterso, Skre, and Kvernmo (2011) describe how ethnic socialisation, a transmission of cultural information from parents or other adults to children and adolescents, and the family environment from minority cultures, like Sami and Inuit, diverge from the majority cultures. These differences relate to for example conflicting cultural values. *"Today, in Sami communities in Norway, both the traditional and the mainstream gender socialisation exist side by side"* (Bals, Turi, Vitterso, et al., 2011). Traditionally, Sami culture divided labour between the genders (Bals, Turi, Vitterso, et al., 2011), where hunting, for example, was a male activity, but the ongoing social changes in Inuit and Sami communities have led to changes in male and female roles (Fraser et al., 2015).

### **Risk & protective factors**

Lehti et al.'s (2009) review revealed that substance use is common throughout the entire Arctic, where the rates in Alaska and Greenland were highest; the ethnic differences in substance use varied more locally. In an article of series on suicide by Inuit and First Nations youth in Canada by Eggertson (2014), the lasting damages of sniffing gas are described, which is being used by boys and girls to often medicate themselves from the stress and trauma they experience at home. It is further described how witnessing domestic violence or having been sexually abused are underlying causes for both solvent abuse and suicide (Eggertson, 2014). These issues and traumatic experiences are rarely discussed openly in communities nor among friends or family members (Eggertson, 2014; Eriksen, 2017).

Known risk factors described in several studies are substance use, a history of abuse, depression and knowing others who have made attempts or have committed suicide (Chachamovich et al.,

2015; Fraser et al., 2015; S. Karsberg, 2016; Kral, 2016; Lehti et al., 2009; Reigstad & Kvernmo, 2017; Sheppard & Hetherington, 2012). Among Sami adolescents (15–16 years) in the NAAHS study (2003–2005) suicide committed by friends or relatives was the strongest risk factor of attempted suicide among boys, while sexual abuse and parental mental health problems were the adversities with highest risk among girls (Reigstad & Kvernmo, 2017). Furthermore, in the same study significant associations were found between attempted suicide last year and poverty, divorce, and ethnicity (Sami youth) (Reigstad & Kvernmo, 2017). The Norwegian studies identified in Lehti et al.'s (2009) review found alcohol intoxication, single-parent home and parental overprotection to be ethnic-specific risk factors for the Sami population in Norway. Other risk factors related to suicide attempts were lack of family support and involvement, and conflicts with parents. The latter was also identified as one of the strongest predictors for suicide risk behaviour (Reigstad & Kvernmo, 2017). The most commonly reported reasons for suicidal thoughts and/or attempts among young Greenlandic people according to S. Karsberg (2016) include feeling lonely, heartbreak, problems in the family such as alcohol abuse, violence and sexual abuse, and grief for close relatives who have committed suicide.

MacDonald, Ford, Willox, and Ross (2013) conducted a major review of protective factors and causal mechanisms that enhance the mental health of Indigenous Circumpolar youth, where they categorised these factors into community (traditional knowledge and practice), family (e.g. kinship) and individual (e.g. belief in self and desire to be useful and to contribute) level. The same categories will be applied to present MacDonald et al.'s and this review's results in table 3–5 (p. 18–19), and a few examples for each level are given.

*"Factors that are protective of mental health for Indigenous people are often cultural"* (Kral, 2016). On the community level Fraser et al. (2015) found that potential sociocultural protective factors, include cultural pride, participating in land-based activities of hunting, fishing, berry picking, and preparing animals, perceived community cohesion, and having someone to talk to when needing emotional support. In a study conducted in Greenland and Norway, one of the identified protective factors for better self-rated health

**Table 3 – Community level**

Protective factors – Community level	Authors
Positive role models	cf. MacDonald et al. (2013)
Sense of collective responsibility and community connectedness	cf. MacDonald et al. (2013), Fraser et al. (2015)
Sense of belonging in community	cf. MacDonald et al. (2013), Fraser et al. (2015), Kral (2016)
Meaningful opportunities to be involved within community or school community	cf. MacDonald et al. (2013), DeCou, Skewes, and Lopez (2013)
Community-wide limits/standards/expectations	cf. MacDonald et al. (2013)
Safe places	cf. MacDonald et al. (2013)
Supportive, caring, encouraging, cohesive communities that show concern and reach out to youth	cf. MacDonald et al. (2013), DeCou et al. (2013), Mota et al. (2012)
Strong relationships with community members (peers or other adults)	cf. MacDonald et al. (2013), DeCou et al. (2013), Rasmus, Allen, and Ford (2014)
Mentorship from older generations	cf. MacDonald et al. (2013), Kral (2016)
Continuous communication, talking, and interaction	cf. MacDonald et al. (2013), Kral et al. (2011), Fraser et al. (2015), Mota et al. (2012)
Regular church attendance	cf. MacDonald et al. (2013)
Community control	cf. MacDonald et al. (2013), Kral et al. (2011)
Cultural revitalisation	cf. MacDonald et al. (2013), Bals et al. (2010)
Community recognition, respect and appreciation	cf. MacDonald et al. (2013), Fraser et al. (2015), Kral (2016)

**Table 4 – Family level**

Protective factors – Family level	Authors
Close relationship	cf. MacDonald et al. (2013), Spein et al. (2013), Kral (2016), Mota et al. (2012)
Affection and praise	cf. MacDonald et al. (2013)
Models of sobriety and safe/protective family environment	cf. MacDonald et al. (2013)
Transmission of expectations and values	cf. MacDonald et al. (2013)
Family history of having received treatment for psychiatric problem	cf. MacDonald et al. (2013)
Parental approval of friends	cf. MacDonald et al. (2013), Bals, Turi, Vitterso, et al. (2011)
Sense of being treated as special/being valued	cf. MacDonald et al. (2013), Kral (2016), Mota et al. (2012)
Kinship structure	cf. MacDonald et al. (2013), Bals et al. (2010), Bals et al. (2011), Kral et al. (2011)
Native language learned at home and competence in native language	cf. MacDonald et al. (2013), Bals et al. (2010), Bals et al. (2011), Sheppard & Hetherington (2012)
Ethnic socialization at home	cf. MacDonald et al. (2013), Bals et al. (2010), Bals et al. (2011)

**Table 5 – Individual level**

Protective factors – Individual level	Authors
Belief in self	cf. MacDonald et al. (2013), Kral (2016)
Sense of purpose	cf. MacDonald et al. (2013)
Physically being in home community	cf. MacDonald et al. (2013)
Wanting to contribute, be useful to others, take care of others and give back to the community (e.g. to be a role model)	cf. MacDonald et al. (2013)
Mindfulness and awareness of the consequences of one’s individual actions upon the community	cf. MacDonald et al. (2013)
Reflection	cf. MacDonald et al. (2013)
Sense of responsibility to oneself, family and/or community	cf. MacDonald et al. (2013)
Learning values of harmony and co-operation as well as autonomy and hardiness	cf. MacDonald et al. (2013), Bals et al. (2011)
High level of academic achievement	cf. MacDonald et al. (2013), Spein et al. (2013)
Ethnic pride	cf. MacDonald et al. (2013), Bals et al. (2011), Fraser et al. (2015)
Cultural/ethnic identity and/or affiliation	cf. MacDonald et al. (2013), Kral (2016), Rasmus et al. (2014)
Traditional knowledge, cultural values, and practice	cf. MacDonald et al. (2013), Bals et al. (2010), Bals et al. (2011), DeCou et al. (2013), Kral et al. (2011), Kral (2016)
Systems of reciprocity and reciprocal bonds	cf. MacDonald et al. (2013)
Physical activity and active lifestyle	cf. MacDonald et al. (2013), DeCou et al. (2013), Spein et al. (2013)
Staying busy	cf. MacDonald et al. (2013)
Self-reliance	cf. MacDonald et al. (2013)
Being committed to community and culture	cf. MacDonald et al. (2013), Fraser et al. (2015), Kral (2016)

was a close relationship between parents and the adolescent; family level (Spein et al., 2013). On an individual level, it is important to have a sense of self and identity to which often feeling connected to one's culture relates (Kral, 2016). In some studies, a high level of academic achievement was identified as a protective factor for well-being (MacDonald et al., 2013; Spein et al., 2013), Bania and Kvernmo (2016) and Bania et al. (2016) focused in their papers on non-completion of secondary school and educational factors on mental health in tertiary school based on the NAAHS. Here, they describe how females had more academic aspirations at higher and intermediate level than males, there was though no significant difference between Norwegian Sami and non-Sami adolescents (Bania et al., 2016). There were also not found any significant differences in education or dropout rates (Bania & Kvernmo, 2016). They further identified factors on the family level that influence the completion of secondary and tertiary education; socio economic factors such as family finances showed little impact on completed tertiary education, and parental educational level, however, was highly significant among females' and males' completion (Bania & Kvernmo, 2016).

These several protective factors are crucial to consider and include when developing interventions preventing mental health issues or promoting well-being among Sami and Inuit youth in the Arctic region (Bals, Turi, Skre, & Kvernmo, 2011; Fraser et al., 2015). This includes implementation of substance use prevention or culturally sensitive and integrative intervention programs emphasising violence awareness and parenting skills, which could be a critical step in reducing suicidality and childhood maltreatment (Mota et al., 2012).

## **Interventions**

Only a scarce amount of interventions targeted mental health among children and youth are described in scientific literature within the circumpolar region. In this section, these identified papers and suggestions for relevant interventions made in articles are presented. Additionally, interventions promoting youth's well-being or preventing mental health issues such as suicidal behaviour found in grey literature are included.

Fraser et al. (2015) point out how *"suicide prevention must include alcohol and drug prevention programs and rehabilitation services, interventions to reduce physical and sexual violence and their long-term impacts on Inuit youth, as well as exposure to culturally meaningful activities"*. A great amount of the selected literature pointed out the importance of developing culturally and locally relevant interventions (Bals et al., 2010; Bals, Turi, Skre, et al., 2011; Bjerregaard & Larsen, 2015; DeCou et al., 2013; Fraser et al., 2015; Redvers et al., 2015), for example to strengthen Inuit and Sami populations' traditional ways with the aim to prevent suicide (DeCou et al., 2013). One of the main findings in the report 'Sharing Hope', a comprehensive report that documented and evaluated best practices in mental wellness-related interventions in circumpolar regions, was the fact that *"suicide prevention requires culturally-grounded solutions that are community-based and community-driven"* (SDWG, 2015). When looking at the regional differences of suicide rates over time, as done in Greenland, it becomes clear that strategies for prevention need to consider the different temporal patterns, disparities in living conditions and local context (Bjerregaard & Larsen, 2015). Bals et al. (2010) point out that it is important to increase tolerance of cultural differences among Sami as well as between Sami and non-Sami in Norway. This aspect is underlined by the considerations Fraser et al. (2015) describe, when thinking of the changing societies:

*"In a transitional society that must deal with the inter-generational consequences of historical trauma and ongoing structural problems that result in high levels of exposure to risk factors such as physical abuse, sexual abuse, alcohol misuse, and drug use, mental health services and broader promotion strategies that address these social structural issues are also needed."*

Broad community-based approaches for prevention can entail clinicians and frontline workers screening for risk factors in indigenous communities with attention to gender differences (Bania & Kvernmo, 2016; MIO, 2017a, 2017b, 2017d; Mota et al., 2012; Redvers et al., 2015; Reigstad & Kvernmo, 2017), enhancing teachers' ability to detect symptoms and problems as well as providing low threshold health services from primary school onwards (Bania & Kvernmo, 2016; Bania et al., 2016; Chachamovich

et al., 2015; MIO, 2017a, 2017b, 2017d), and/or fostering parenting skills in young families (Bania et al., 2016; Chachamovich et al., 2015; Kral et al., 2011; MIO, 2017a, 2017b, 2017d). The latter approach has shown to provide promising results such as decreasing rates of maladaptive behaviours and long-term mental health outcomes (Chachamovich et al., 2015). Parental skills programs exist in for example Nunavut (Canada) (QHRC, 2012) and is currently also being implemented in Greenland (MANU, 2017). Kral et al. (2011) found family life essential to Inuit conceptions of well-being, which makes it important for future interventions to be family centred; see also Reigstad and Kvernmo (2017).

Internationally, programs on mental health literacy, coping strategies and psychopathology have been used successfully to promote awareness in youth about suicide risk factors and to develop coping mechanisms, which are relevant to adopt in Arctic communities (Chachamovich et al., 2015). Reinforcing adolescents coping skills and resilient behaviour, next to enforcing cultural connectedness, are thought to be important for preventive strategies (Bals et al., 2010; Fraser et al., 2015). Community-driven programs such as Youth Centres organised by youth groups in Nunavut (Canada) have led to a decline of suicides (Kral, 2016). DeCoul et al. (2013) conclude that discussing the issue of suicide can be an important aspect of suicide prevention and has shown positive effects among the study's interviewed youth. Among the Nordic countries there has been a general movement by the Nordic Council of Ministries to engage the youth in civil society, one of the aims being to give youth a voice and engaging them in decisions made on their behalf (Jungsberg & Karlsdóttir, 2015). Including youth in discussions and giving them a voice are also some of the main objectives the children's spokesman in Greenland advocates for (MIO, 2017a, 2017b, 2017d).

In this scoping review several suggestions and interventions addressing or aiming to promote or improve children's and youth's well-being have been identified. These are listed in the appendices (page

44). However, the majority of these interventions do not have a specific focus on the indigenous population in the Arctic region of their country. Furthermore, to the authors knowledge, only few of the interventions have been evaluated and even fewer have been described and evaluated scientifically. The table page 44 is not exhaustive of the existing interventions in the Nordic countries and the Arctic in general, however, we believe it provides an overview of the various and broad initiatives with relevance for the circumpolar context. However, we do not know how these initiatives have been delivered and to what extent an effect or positive results for children and youth can be documented. This lack of knowledge represents a significant gap in the literature. The lack of evaluations being done on ongoing interventions is an issue pointed out by several authors. In order to effectively increase the well-being of Sami and Inuit children and youth, we need to know what initiatives and interventions are effective where and to whom.<sup>1</sup>

### Future research

Redvers et al. (2015) recommend that more culturally appropriate evaluation and community capacity building around evaluation be supported, and that these are shared in international journals in order to make them internationally accessible, since most of this literature is recorded in grey literature. The need for identifying effective interventions of preventive strategies in the circumpolar region has also been underlined by many other scholars (Chachamovich et al., 2015; Crooks et al., 2017; Young et al., 2015).

MacDonald et al. (2013) point out that *"there is a need for future studies on Circumpolar Indigenous youth mental health to focus on resilience and protective factors (...). The pathways and processes through which these factors protect is understudied and poorly understood and, as such, it is crucial that this research goes beyond identifying protective factors."* The need to identify resilience factors and applying this knowledge to develop a theoretical model or developing initiatives based on this knowledge is a relevant and important

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<sup>1</sup> References for intervention tabel overview listed in the appendices (page 44): (BRIS, 2017; Børn, 2017; Christensen, 2016; Crooks, Exner-Cortens, Burm, Lapointe, & Chiodo, 2017; Eggertson, 2014; FGB, 2017; Friends, 2017; S. Karsberg, 2016; Kolouh-Söderlund & Lagercrantz, 2016; Maskrosbarn, 2017; MIBB, 2017; Mind, 2017; MIO, 2017c; MLL, 2017; Psykisk Helse, 2017; SDWG, 2015; Sommar, 2016a, 2016b; VFB, 2017; Wrede-Jantti, 2016).

focus in future research (Bals, Turi, Skre, et al., 2011; Broderstad et al., 2011; Chachamovich et al., 2015; Omma et al., 2013; Young et al., 2015). The research should focus on the local perspective and cultural sensitivity (MacDonald et al., 2013). To develop such culture-sensitive interventions future research also needs to continue exploring the cultural aspects of mental health and how traditional practices and cultural identity can contribute towards for example suicide prevention (Bals et al., 2010; DeCou et al., 2013; Kral et al., 2011; MacDonald et al., 2013; Omma et al., 2013). Omma et al. (2013) further point out the importance to address the issue of discrimination and negative treatment of the indigenous population.

Furthermore, it is necessary to study the social and cultural changes occurring in Inuit and Sami societies and more specifically the gender differences in socialisation (Bals, Turi, Vitterso, et al., 2011; Bania et al., 2016; Bjerregaard & Larsen, 2015; Fraser et al., 2015; Lehti et al., 2009; Omma et al., 2012; Rasmus et al., 2014). Studying the details of socio-cultural changes will help in identifying the causes of mental problems in general (Lehti et al., 2009; Omma et al., 2012). Further research on recent cultural changes in gender roles and expectations both locally and globally is needed to better understand the gender-related phenomena (Bals, Turi, Vitterso, et al., 2011; Bania et al., 2016; Bjerregaard & Larsen, 2015; Fraser et al., 2015; Rasmus et al., 2014).



# Discussion

Arctic populations in general struggle with high rates of suicide, suicide attempts and substance abuse. In some countries, such as Norway and Sweden the differences between indigenous and non-indigenous populations are difficult to identify because Sami identity cannot be identified in national registers due to historical reasons. However, differences have been identified through population based studies among Sami such as SAMINOR (Lund et al., 2007) and NAAHS (Bals, Turi, Skre, et al., 2011). Among both Sami and Greenland Inuit, suicide rates are highest among men, whereas suicide attempts are highest among women. In both populations youth suicide is most prevalent. Especially among young men.

Scholars have found physical violence and sexual abuse to be significantly associated with suicidal attempts among both men and women. This is not different from other populations. However, the high rates of these adverse childhood experiences can be seen as a specific challenge for Indigenous communities in the Arctic. In a Greenlandic study 66% of the adult population reported to have been exposed to these risk factors during their childhood; alcohol, violence and sexual abuse (Dahl-Petersen et al., 2016), which is seen to play a significant role for the high suicide rates in the region.

Next to substance use and a history of abuse, other known risk factors described in several studies in the scoping review are depression and knowing others who have made attempts or have committed suicide (Chachamovich et al., 2015; Fraser et al., 2015; S. Karsberg, 2016; Kral, 2016; Lehti et al., 2009; Reigstad & Kvernmo, 2017; Sheppard & Hetherington, 2012). The fact that most children and youth growing up in circumpolar communities have been confronted with suicide either within their family or among close friends is a premise for all interventions and initiatives targeted mental health promotion. Following the high rates of suicides, a high level of trauma can be expected. Furthermore, these traumas are

inherited through generations creating the issue of intergenerational trauma, which seems to have as much of a devastating effect on youth and communities as personal trauma (Crawford, 2014).

The literature included in the scoping review shows that culture is a significant protective factor (Kral, 2016). However, this is mostly showed in studies from Alaska and Canada and only sparsely explored in the scientific literature from Greenland and the Sami regions of Norway, Sweden and Finland (Sápmi). Although the importance of cultural identity and belonging can be expected to be just as important for children and youth in Greenland and Sápmi. The indigenous cultures throughout the circumpolar area are not only population/tribe specific, but also very context specific. Rapid changes in society, the different or lack of transmission of culture in families and the adoption of new cultures has changed gender roles and formed conflicts in cultural values. These are factors that influence most groups in the Arctic, but the implications can be on different levels and should be investigated more.

Some of the most protective factors at the community level discussed in the literature included, were the youth feeling connected and feeling a sense of belonging to their community. A part of this is being actively engaged in activities in the community. On a family level, having a close relationship to one's parents and speaking or learning to speak the native language at home was shown to have a protective effect on the individual's well-being. Identifying oneself as part of an indigenous group with a strong cultural identity and being proud of it, as well as access to traditional knowledge and knowledge of cultural values are also protective factors on the individual level.

These several protective factors are crucial to consider and include when developing interventions preventing mental health issues or promoting well-being among Sami and Inuit youth

in the Arctic region (Bals, Turi, Skre, et al., 2011; Fraser et al., 2015). This includes implementation of substance use prevention or culturally sensitive and integrative intervention programs emphasising violence awareness and parenting skills, which could be a critical step in reducing suicidality and childhood maltreatment (Mota et al., 2012).

A great amount of the selected literature pointed out the importance of developing culturally and locally relevant interventions (Bals et al., 2010; Bals, Turi, Skre, et al., 2011; Bjerregaard & Larsen, 2015; DeCou et al., 2013; Fraser et al., 2015; Redvers et al., 2015), to make them relevant for the indigenous populations by recognizing the contextual difference in challenges between indigenous and non-indigenous populations. This, however, requires studies exploring and increasing our knowledge on Inuit and Sami culture and practices in the historical and modern context (Bals et al., 2010; DeCou et al., 2013; Kral et al., 2011; MacDonald et al., 2013; Omma et al., 2013), and culturally appropriate and evidence-based evaluations, and support of community capacity building around evaluations (Redvers et al., 2015). The need for identifying effective interventions of preventive strategies in the circumpolar region has also been underlined by many other scholars (Chachamovich et al., 2015; Crooks et al., 2017; Young et al., 2015).

The most important finding of this scoping review is the lack of knowledge regarding interventions and initiatives that have shown to actually increase the well-being of Sami and Inuit children and youth. In order to move forward, we need to know more about what initiatives and interventions are effective and how they are working to improve the well-being among children in these Arctic communities. Furthermore, this knowledge needs to be available in international journals and at circumpolar meetings to make the best evidence based practices accessible for other countries and regions and implemented into the relevant education, social and health sectors with direct impact at the local community level.

Along with building community capacity, it is important to engage children and youth in civil society and to give them a voice in issues concerning their well-being; "Nothing about us

without us". Within the frame of this project a pilot network-meeting with a group of Greenlandic children aged between 10 to 16 years was held in Nuuk, Greenland. In a comfortable and familiar setting with no fixed agenda, the children were invited to share their dreams about their future, why Greenland is the best place to grow up in, how their childhood differs from their parents' childhood, and what they think should be improved or available to every child in order to be happy. Some of the findings of this pilot network meeting showed that the children appreciated spending time in nature instead of being on social media. The young people mentioned to only use social media to communicate with friends. A young boy explained how he thinks that teachers are nowadays less strict than back when his parents went to school. "*Now it is the children who decide, not the teachers.*" He opened up and said that if someone would challenge him more and be stricter he would work harder. Some of the young people regularly used the local youth club in their free time and one young girl expressed that in the youth club you can meet others without drinking alcohol. Finally, two boys aged 16, who have moved from a village to the capital city in Greenland, dreamed of becoming Greenlandic hunters. Following this pilot, more network meetings will be planned for 2018 in both Greenland and the Sami regions of the Nordic countries to make sure that the findings from the scoping review will be supplemented with youth's own perspectives.

It is highly relevant to involve Sami and Inuit children and young people in future research through transdisciplinary methods. This entails including them in setting the research agenda, collecting data and/or assisting in parts of the data analysis. The results of such research would ensure the inclusion of youth's perspective, youth's ownership of the study's results or developed intervention, and highly relevant, valid and evidence-based knowledge and intervention.

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Sommar, M. (2016a). Mental health among youth in Norway: Who is responsible? What is being done? *NVC Nordens Välfärdcenter / Nordic Centre for Welfare and Social Issues*.

Sommar, M. (2016b). Mental health among youth in Sweden: Who is responsible? What is being done? *NVC Nordens Välfärdcenter / Nordic Centre for Welfare and Social Issues*.

Spein, A. R., Pedersen, C. P., Silviken, A. C., Melhus, M., Kvernmo, S. E., & Bjerregaard, P. (2013). Self-rated health among Greenlandic Inuit and Norwegian Sami adolescents: associated risk and protective correlates. *Int J Circumpolar Health*, 72. doi:10.3402/ijch.v72i0.19793

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Wrede-Jantti, M. (2016). Mental health among youth in Finland: Who is responsible? What is being done?. *NVC Nordens Välfärdcenter / Nordic Centre for Welfare and Social Issues*.

Young, T. K., Revich, B., & Soininen, L. (2015). Suicide in circumpolar regions: an introduction and overview. *International journal of circumpolar health*, 74(1), 27349.

# Appendices

## Search strings

### *PsycINFO:*

(mental health OR psychological health OR psychological wellness OR psychological well being OR psycho-logical wellbeing OR psychological well-being OR psychosomatic OR externalizing problem\* OR externalising problem\* OR internalizing problem\* OR internalising problem\* OR mental ill-health OR mental disorder\* OR bully\* OR depression OR depressive OR suicide OR suicidal) AND (adolesc\* OR child\* OR teenage\* OR young\* OR pupil\* OR student\*) AND (inuit OR arctic OR sami OR indigenous OR circumpolar)

### *PubMed:*

(mental health[tiab] OR psychological health[tiab] OR psychological wellness[tiab] OR psychological well being[tiab] OR psychological wellbeing[tiab] OR psychological well-being[tiab] OR psychosomatic[tiab] OR externalizing problem\*[tiab] OR externalising problem\*[tiab] OR internalizing problem\*[tiab] OR internalising problem\*[tiab] OR mental ill-health[tiab] OR mental disorder\*[tiab] OR bully\*[tiab] OR depression[tiab] OR depressive[tiab] OR suicide[tiab] OR suicidal[tiab]) AND (adolesc\*[tiab] OR child\*[tiab] OR teenage\*[tiab] OR young\*[tiab] OR pupil\*[tiab] OR student\*[tiab]) AND (inuit[tiab] OR arctic[tiab] OR sami[tiab] OR indigenous[tiab] OR circumpolar[tiab])

## Data extraction table

<b>Author(s), year of publication, title</b>	
<b>Study focus (aim)</b>	
<b>Country or region focus Population &amp; age group</b>	
<b>Methodological approach (or type of document)</b> e.g. sample size	
<b>1. Youth well-being (trivsel) in regards to mental health, well-being and living conditions</b>  A. Physically B. Mentally C. Gender differences D. Other	
<b>2. Types of preventive initiatives</b>  A. National B. Community C. Individual D. Other	
<b>3. Factors influencing well-being</b>  A. Constraining B. Enabling	
<b>4. Knowledge gaps/future research</b>	
<b>5. Additional notions</b>	

## Nordic Council of Ministers literature list

### Intressenter och litteratur

Uppdragstagaren skall, förrän analysen igångsätts i augusti 2017, ange en lista med litteratur och intressenter, som kommer att utnyttjas till analysen, endera för intervjuer eller för annat syfte. Avsikten är att säkerställa att all relevant litteratur inkluderas i så vid rang som möjligt.

Det är imperativt att uppdragstagaren bekantar sig med redan existerande litteratur som Nordiska Ministerrådet publicerat, och är i dialog med existerande nordiska projekt i samma fält (bland dessa Nordregio, Nordisk Valfärdcenter och "Arctic Youth"-projektet, som mottar stöttemedel från Nordiska ministerrådet:s arktiska samarbetsprogram och leds av Joan Nyman Larsen från Akureyri Universitet).

### Litteraturlista

#### (Nordiska Ministerrådets publikationer):

Arnardóttir, Jóhanna Rósa: *Mental health among youth in Iceland: Who is responsible? What is being done?* Stockholm: NVC Nordens Valfärdcenter / Nordic Centre for Welfare and Social Issues, 2016.

Augustsson, Hanna & Hagquist, Curt: *Kartläggning av studier om nordiska ungdomars psykiska hälsa*. Göteborg: Nordic School of Public Health NHV, 2011.

Hagquist, Curt: *Skolelevers psykiska hälsa*. Stockholm: NVC Nordens Valfärdcenter / Nordic Centre for Welfare and Social Issues, 2015.

Halvorsen, Bjørn, et al: *Unge på Kanten: Om inkludering av utsatte ungdommer*. Köpenhamn: Nordisk Ministerråd, 2012.

Hyggen, Christer: *Unge utenfor utdanning og arbeid i Norden: Utfordringer, innsatser og anbefalinger*. Köpenhamn: Nordisk Ministerråd, 2015.

Høj Anvik, Cecilie, et al.: *WHEN SOMEONE HAS TO TAKE CHARGE: Youth and Mental Health: Challenges, Policy and Collaboration in Iceland, the Faroe Islands and Norway*. Stockholm: NVC Nordens Valfärdcenter / Nordic Centre for Welfare and Social Issues, 2016.

Fløtten, Tove, et al: *Insatser mot barnfattigdom*. Stockholm: NVC Nordens Valfärdcenter / Nordic

Centre for Welfare and Social Issues, 2016.  
Jungsberg, Leneisja & Karlsdóttir, Anna: *Youth perspectives on their future in the Nordic Arctic*. Stockholm: Nordregio Policy Brief, 2015.

Karsberg, Sidsel: *Mental health among youth in Greenland: Who is responsible? What is being done?* Stockholm: NVC Nordens Valfärdcenter / Nordic Centre for Welfare and Social Issues, 2016.

Kirkegaard, Sine, et al: *Creating participation for youth with mental health problems: Cross-sector collaboration between public services and the civil society in Denmark and Sweden*. Stockholm: NVC Nordens Valfärdcenter / Nordic Centre for Welfare and Social Issues, 2016.

Kolouh-Söderlund, Lidija: *Anbefalinger: Unge ind i Norden – psykisk sundhed, arbejde, uddannelse*. Stockholm: NVC Nordens Valfärdcenter / Nordic Centre for Welfare and Social Issues, 2016.

Kolouh-Söderlund, Lidija: *Vi arbejder med unga i Norden: Institutioner, myndigheter och organisationer med fokus på psykisk hälsa, arbete och studier*. Stockholm: NVC Nordens Valfärdcenter / Nordic Centre for Welfare and Social Issues, 2015.

Lagercrantz, Helena, et al: *In focus: Mental Health among Young People*, Stockholm: NVC Nordens Valfärdcenter / Nordic Centre for Welfare and Social Issues, 2016.

Marklund, Kristin, et al: *Nordens Barn – Tidiga insatser för familjer*. Stockholm: NVC Nordens Valfärdcenter / Nordic Centre for Welfare and Social Issues, 2012.

Niclasen, Birgit & Bjerregaard, Peter: *Child health in Greenland. Scandinavian Journal of Public Health*, ISSN 1403-4948, E-ISSN 1651-1905, Vol. 35, no 3, 313–22 p.

Nordisk Ministerråd: *Barn och unga i Norden: – en tvärssektoriell strategi för Nordiska ministerrådet 2016–2022*. Köpenhamn: Nordisk Ministerråd, 2016.

Nordisk Ministerråd: *Handlingsplan för nordiska barn- och ungdomskommittén 2014–2017*. Köpenhamn: Nordisk Ministerråd, 2014.

Nordisk Ministerråd: *Indsatser for udsatte unge: Gode eksempler fra det nordiske arbejdsmarked*. København, 2014.

Nordisk Ministerråd: *Virksomheders indsats for udsatte unge (Företags insatser för utsatta unga): De gode eksempler i Norden (goda nordiska exempel)*. Köpenhamn: Nordisk Ministerråd, 2014.

Oxford Research, A/S: *Gender mainstreaming in the work performed by municipalities: Results and recommendations from a trans-Nordic study*. Köpenhamn: Nordisk Ministerråd, 2015.

Petersen, Tóra: *Mental health among youth in The Faroe Islands: Who is responsible? What is being done?* Stockholm: NVC Nordens Välfärdcenter / Nordic Centre for Welfare and Social Issues, 2016.

Poppel, Birger, et al: *SLiCA: Arctic living conditions: Living conditions and quality of life among Inuit, Saami and indigenous peoples of Chukotka and the Kola Peninsula*. Köpenhamn: Nordisk Ministerråd, 2015.

Sommar, Mona: *Mental health among youth in Denmark: Who is responsible? What is being done?* Stockholm: NVC Nordens Välfärdcenter / Nordic Centre for Welfare and Social Issues, 2016.

Sommar, Mona: *Mental health among youth in Norway: Who is responsible? What is being done?* Stockholm: NVC Nordens Välfärdcenter / Nordic Centre for Welfare and Social Issues, 2016.

Sommar, Mona: *Mental health among youth in Sweden: Who is responsible? What is being done?* Stockholm: NVC Nordens Välfärdcenter / Nordic Centre for Welfare and Social Issues, 2016.

Wrede-Jantti, Matilda: *Mental health among youth in Åland: Who is responsible? What is being done?* Stockholm: NVC Nordens Välfärdcenter / Nordic Centre for Welfare and Social Issues, 2016.

Wrede-Jantti, Matilda: *Mental health among youth in Finland: Who is responsible? What is being done?* Stockholm: NVC Nordens Välfärdcenter / Nordic Centre for Welfare and Social Issues, 2016.

## Overview selected literature

Selected scientific, peer-reviewed literature	
Allen, J., Rasmus, S. M., Fok, C. C. T., Charles, B., Henry, D., & Team, Q. (2017). Multi-level cultural intervention for the prevention of suicide and alcohol use risk with Alaska Native youth: a nonrandomized comparison of treatment intensity.	Country: Alaska Population: Inuit Topic: Suicidality Design: cross-sectional Method: Questionnaire
Bals, M., Turi, A. L., Skre, I., & Kvernmo, S. (2010). Internalization symptoms, perceived discrimination, and ethnic identity in indigenous Sami and non-Sami youth in Arctic Norway.	Country: Norway Population: Sami and non-Sami (15–16 years) Topic: Other Design: cross-sectional Method: Questionnaire, NAAHS
Bals, M., Turi, A. L., Vittersø, J., Skre, I., & Kvernmo, S. (2011). Selfreported internalization symptoms and family factors in indigenous Sami and non-Sami adolescents in North Norway.	Country: Norway Population: Sami and non-Sami (15–16 years) Topic: Other Design: cross-sectional Method: Questionnaire, NAAHS
Bals, M., Turi, A. L., Skre, I., & Kvernmo, S. (2011). The relationship between internalizing and externalizing symptoms and cultural resilience factors in Indigenous Sami youth from Arctic Norway.	Country: Norway Population: Sami and non-Sami (15–16 years) Topic: Other Design: cross-sectional Method: Questionnaire, NAAHS
Bania, E. V., & Kvernmo, S. E. (2016). Tertiary education and its association with mental health indicators and educational factors among Arctic young adults: the NAAHS cohort study.	Country: Norway Population: Sami and non-Sami (15–16 years) Topic: Other Design: cross-sectional Method: Questionnaire, NAAHS
Bania, E. V., Lydersen, S., & Kvernmo, S. (2016). Non-completion of upper secondary school among female and male young adults in an Arctic sociocultural context; the NAAHS study.	Country: Norway Population: Sami and non-Sami (15–16 years) Topic: Other Design: cross-sectional Method: Questionnaire, NAAHS
Bjerregaard, P., & Larsen, C. V. L. (2015). Time trend by region of suicides and suicidal thoughts among Greenland Inuit.	Country: Greenland Population: Inuit (10 years and above) Topic: Suicidality Design Retrospective longitudinal Method: Register and questionnaire
Broderstad, A.R., Eliassen, B. M., & Melhus, M. (2011). Prevalence of self-reported suicidal thoughts in SLiCA. The survey of living conditions in the Arctic (SLiCA).	Country: Alaska, Greenland, Sweden, Norway Population: Inuit and Sami (15 and above) Topic: Suicidality Design: Cross-sectional Method: Questionnaire

Selected scientific, peer-reviewed literature	
Chachamovich, E., Kirmayer, L. J., Haggarty, J. M., Cargo, M., McCor-mick, R., & Turecki, G. (2015). Suicide among Inuit: results from a large, epidemiologically representative follow-back study in Nunavut.	Country: Canada Population: Inuit (median age 24) Topic: Suicidality Design: Retrospective longitudinal Method: Interview
Crooks, C. V., Exner-Cortens, D., Burm, S., Lapointe, A., & Chiodo, D. (2017). Two Years of Relationship-Focused Mentoring for First Nations, Métis, and Inuit Adolescents: Promoting Positive Mental Health.	Country: Canada Population: Inuit + other Topic: Intervention Design: Exploratory longitudinal Method: Mixed methods
DeCou, C. R., Skewes, M. C., & López, E. D. (2013). Traditional living and cultural ways as protective factors against suicide: perceptions of Alaska Native university students.	Country: Alaska Population: Inuit (18 to 37 years) Topic: Suicidality Design: cross-sectional Method: Interview
Eggertson, L. (2014). Children as young as six sniffing gas in Pikangikum.	Country: Canada Population: Inuit (under 18 years) Topic: Other Design: Cross-sectional Method: Interview
Fraser, S. L., Geoffroy, D., Chachamovich, E., & Kirmayer, L. J. (2015). Changing rates of suicide ideation and attempts among Inuit youth: A Gender-based analysis of risk and protective factors.	Country: Canada Population: Inuit (15–24 years) Topic: Suicidality Design: cross-sectional Method: questionnaire
Karsberg, S. H., Lasgaard, M., & Elklit, A. (2012). Victimization and PTSD in a Greenlandic youth sample.	Country: Greenland Population: Inuit (12–18 years) Topic: Other Design: Cross-sectional Method: Questionnaire
Kral, M. J. (2016). Suicide and suicide prevention among Inuit in Canada.	Country: Canada Population: Inuit Topic: Suicidality Design: Review Method: -
Kral, M. J., Idlout, L., Minore, J. B., Dyck, R. J., & Kirmayer, L. J. (2011). Unikkaartuit: Meanings of Well-Being, Unhappiness, Health, and Community Change Among Inuit in Nunavut, Canada.	Country: Canada Population: Inuit (14–04 years) Topic: Others Design: Cross-sectional Method: Questionnaire

Selected scientific, peer-reviewed literature	
Lehti, V., Niemelä, S., Hoven, C., Mandell, D., & Sourander, A. (2009). Mental health, substance use and suicidal behaviour among young indigenous people in the Arctic: a systematic review.	Country: Arctic region Population: Sami and Inuit (4–24 years) Topic: Suicidality Design: Review Method: -
MacDonald, J. P., Ford, J. D., Willox, A. C., & Ross, N. A. (2013). A review of protective factors and causal mechanisms that enhance the mental health of Indigenous Circumpolar youth.	Country: Arctic region Population: Inuit and Sami Topic: Protective factors Design: Review Method: -
Mota, N., Elias, B., Tefft, B., Medved, M., Munro, G., & Sareen, J. (2012). Correlates of suicidality: Investigation of a representative sam-ple of Manitoba First Nations adolescents.	Country: Canada Population: First Nations Topic: Suicidality Design: Prospective longitudinal Method: Questionnaire
Omma, L., Jacobsson, L. H., & Petersen, S. (2012). The health of young Swedish Sami with special reference to mental health.	Country: Sweden Population: Sami (18–28 years) Topic: Mental health Design: cross-sectional Method: Questionnaire
Rasmus, S. M., Allen, J., & Ford, T. (2014). "Where I have to learn the ways how to live:" Youth resilience in a Yup'ik village in Alaska.	Country: Alaska Population: Inuit (11–18 years) Topic: Resilience Design: cross-sectional Method: Interview
Redvers, J., Bjerregaard, P., Eriksen, H., Fanian, S., Healey, G., Hiratsuka, V., ... & Silviken, A. (2015). A scoping review of Indigenous suicide prevention in circumpolar regions.	Country: Arctic region Population: Sami and Inuit Topic: Suicidality Design: Review Method: -
Reigstad, B., & Kvernmo, S. (2017). Concurrent adversities and suicide attempts among Sami and non-Sami adolescents: the Norwegian Arctic Adolescent Study (NAAHS).	Country: Norway Population: Sami and non-Sami (15–16 years) Topic: Suicidality Design: cross-sectional Method: Questionnaire, NAAHS
Sheppard, A. J., & Hetherington, R. (2012). A decade of research in Inuit children, youth, and maternal health in Canada: areas of concentrations and scarcities.	Country: Canada Population: Inuit Topic: Others Design: Review Method: -

Selected scientific, peer-reviewed literature	
<p>Spein, A. R., Pedersen, C. P., Silviken, A. C., Melhus, M., Kvernmo, S. E., &amp; Bjerregaard, P. (2013). Self-rated health among Greenlandic Inuit and Norwegian Sami adolescents: associated risk and protective correlates.</p>	<p>Country: Greenland and Norway  Population: Inuit and Sami (youth)  Topic:  Design: Cross-sectional  Method: Questionnaire</p>
<p>Young, T. K., Revich, B., &amp; Soininen, L. (2015). Suicide in circumpolar regions: an introduction and overview.</p>	<p>Country: arctic region  Population: Sami and Inuit  Topic: Suicidality  Design: Retrospective longitudinal  Method: Registry</p>

Selected grey, non-peer-reviewed literature	
Augustsson, H. & Hagquist, C. (2011). Kartläggning av studier om nordiska ungdomars psykiska hälsa.	Report Arctic
BRIS. (2017). Retrieved from <a href="https://www.bris.se/">https://www.bris.se/</a>	Homepage Sweden
Christensen, E. Det har vi lært af Nakussa. SFI – Det Nationale Forskningscenter for Velfærd.	Report Greenland
Dahl-Petersen, I. K., Larsen, C. V. L., Nielsen, N. O., Jørgensen, M. E., & Bjerregaard, P. (2016). Befolkningsundersøgelsen i Grønland 2014.	Report Greenland
Eriksen, AMA. (2017). "Breaking the silence" – Interpersonal violence and health among Sami and non-Sami – a population based study in Mid- and Northern Norway.	Thesis Norway
FGB. (2017). Foreningen Grønlandske Børn. Retrieved from <a href="http://www.fgb.dk/">http://www.fgb.dk/</a>	Homepage Greenland
Friends. (2017). Retrieved from <a href="https://friends.se/">https://friends.se/</a>	Homepage Sweden
Jungsberg, L. & Karlsdóttir, A. (2015). Youth perspectives on their future in the Nordic Arctic.	Report Arctic
Karsberg, S. (2016). Mental health among youth in Greenland: Who is responsible? What is being done?	Report Greenland
Kolouh-Söderlund, L & Lagercrantz, H.: In focus: <i>Mental Health among Young People</i>	Report Arctic
MANU. (2017). MANU – forældreforeberedelse. Retrieved from <a href="http://peqqik.gl/Emner/Gravid/MANU/MANU?sc_lang=da-DK">http://peqqik.gl/Emner/Gravid/MANU/MANU?sc_lang=da-DK</a>	Homepage Greenland
Maskrosbarn. (2017). Retrieved from <a href="http://www.maskrosbarn.org/">http://www.maskrosbarn.org/</a>	Homepage Sweden
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Mind. (2017). Mind for psykisk hälsa. Retrieved from <a href="https://mind.se/">https://mind.se/</a>	Homepage Sweden
MIO. (2017). Grønlands Børnerettighedsinstitution. Retrieved from <a href="http://mio.gl/til-boern-og-unge/?lang=da">http://mio.gl/til-boern-og-unge/?lang=da</a>	Homepage Greenland
MIO. (2017). Børnetalsmandens Rejserapport ift. Qeqqata Kommunia. Retrieved from <a href="http://mio.gl/wp-content/uploads/2017/04/2017_10_Qeqqata_dk_web.pdf">http://mio.gl/wp-content/uploads/2017/04/2017_10_Qeqqata_dk_web.pdf</a>	Report Greenland

Selected grey, non-peer-reviewed literature	
MIO. (2017). "Pas på mig" – Børnetalsmandens høring af børn og voksne borgere om børns vilkår i Tasiilaq – set ift. Børns Rettigheder. Retrieved from <a href="http://mio.gl/wp-content/uploads/2017/04/Boernetalsmandens-rapport-om-Tasiilaq.pdf">http://mio.gl/wp-content/uploads/2017/04/Boernetalsmandens-rapport-om-Tasiilaq.pdf</a>	Report Greenland
MIO. (2017) Børnetalsmandens Rejserapport ift. Kujalleq Kommunia. Retrieved from <a href="http://mio.gl/wp-content/uploads/2017/04/KommuneKujalleq01Marts2017_dk.pdf">http://mio.gl/wp-content/uploads/2017/04/KommuneKujalleq01Marts2017_dk.pdf</a>	Report Greenland
MLL. (2017). Mannerheimin Lasternsuojeluliitto. Retrieved from <a href="https://www.mll.fi/">https://www.mll.fi/</a>	Homepage Finland
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Sommar, M. (2016). <i>Mental health among youth in Norway: Who is responsible? What is being done?</i>	Report Norway
Sommar, Mona: <i>Mental health among youth in Sweden: Who is responsible? What is being done?</i> Stockholm: NVC Nordens Välfärdcenter / Nordic Centre for Welfare and Social Issues, 2016.	Report Sweden
Sustainable Development Working Group. (2015). <i>Sharing Hope. Circumpolar Perspectives on Promising Practices for Promoting Mental Wellness and Resilience.</i>	Report Arctic
VFB. (2017) Organisasjonen voksne for barn. Retrieved from <a href="http://vfb.no/no/">http://vfb.no/no/</a>	Homepage Norway
Wrede-Jantti, M. (2016). <i>Mental health among youth in Finland: Who is responsible? What is being done?</i>	Report Finland

## Overview excluded literature

Excluded scientific, peer-reviewed literature	
Allen, J., Hopper, K., Wexler, L., Kral, M., Rasmus, S., & Nystad, K. (2014). Mapping resilience pathways of indigenous youth in five circumpolar communities.	
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Bougie, E., Arim, R. G., Kohen, D. E., & Findlay, L. C. (2016). Validation of the 10-item Kessler psychological distress scale (K10) in the 2012 aboriginal peoples survey.	doesn't distinguish between Indigenous and non-Indigenous populations
Brockie, T. N., Dana-Sacco, G., Wallen, G. R., Wilcox, H. C., & Campbell, J. C. (2015). The Relationship of Adverse Childhood Experiences to PTSD, Depression, Poly-Drug Use and Suicide Attempt in Reservation-Based Native American Adolescents and Young Adults.	about other indigenous group
Cheadle, J. E., & Whitbeck, L. B. (2011). Alcohol use trajectories and problem drinking over the course of adolescence: A study of North American indigenous youth and their caretakers.	doesn't distinguish between Indigenous and non-Indigenous populations
Decaluwe, B., Jacobson, S. W., Poirier, M. A., Forget-Dubois, N., Jacobson, J. L., & Muckle, G. (2015). Impact of Inuit customary adoption on behavioral problems in school-age Inuit children.	text not available
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Gone, J. P., & Trimble, J. E. (2012). American Indian and Alaska Native mental health: Diverse perspectives on enduring disparities.	doesn't distinguish between Indigenous and non-Indigenous populations
Greenfield, B. L., Sittner, K. J., Forbes, M. K., Walls, M. L., & Whitbeck, L. B. (2017). Conduct disorder and alcohol use disorder trajectories, predictors, and outcomes for indigenous youth.	doesn't distinguish between Indigenous and non-Indigenous populations
Guèvremont, A., & Kohen, D. (2012). The physical and mental health of Inuit children of teenage mothers.	text not available
Hackett, C., Feeny, D., & Tompa, E. (2016). Canada's residential school system: measuring the intergenerational impact of familial attendance on health and mental health outcomes.	too North American country specific
Harlow, A. F., & Clough, A. (2014). A systematic review of evaluated suicide prevention programs targeting indigenous youth.	should already be excluded in 'title abstract screening'

Excluded scientific, peer-reviewed literature	
Hartshorn, K. J. S., Whitbeck, L. B., & Prentice, P. (2015). Substance use disorders, comorbidity, and arrest among Indigenous adolescents.	doesn't distinguish between Indigenous and non-Indigenous populations
Kaspar, V. (2013). Mental health of Aboriginal children and adolescents in violent school environments: Protective mediators of violence and psychological/nervous disorders.	too North American country specific
Kaspar, V. (2014). Long-term depression and suicidal ideation outcomes subsequent to emancipation from foster care: Pathways to psychiatric risk in the Métis population.	study population only consists of adults
Kral, M. J. (2012). Postcolonial suicide among Inuit in arctic Canada.	too North American country specific
Laliberté, A., & Tousignant, M. (2009). Alcohol and other contextual factors of suicide in four aboriginal communities of Quebec, Canada.	text not available
Logie, C. H., & Lys, C. (2015). The process of developing a community-based research agenda with lesbian, gay, bisexual, transgender and queer youth in the Northwest Territories, Canada.	study population is not representative
MacDonald, J. P., Willox, A. C., Ford, J. D., Shiwak, I., Wood, M., Government, R. I. C., & IMHACC Team. (2015). Protective factors for mental health and well-being in a changing climate: Perspectives from Inuit youth in Nunatsiavut, Labrador.	doesn't distinguish between Indigenous and non-Indigenous populations
Melander, L. A., Hartshorn, K. J. S., & Whitbeck, L. B. (2013). Correlates of bullying behaviors among a sample of North American Indigenous adolescents.	doesn't distinguish between Indigenous and non-Indigenous populations
Mohatt, G. V., Fok, C. C. T., Henry, D., Team, P. A., & Allen, J. (2014). Feasibility of a community intervention for the prevention of suicide and alcohol abuse with Yup'ik Alaska Native Youth: The Elluam Tunjiinun and Yupiucimta Asvairtuumallerkaa Studies.	about other than Arctic indigenous groups
Volpe, T., Boydell, K. M., & Pignatiello, A. (2014). Mental health services for Nunavut children and youth: evaluating a telepsychiatry pilot project.	only describes training of health workers within an intervention
Walls, M. L., & Whitbeck, L. B. (2011). Distress among Indigenous North Americans: Generalized and culturally relevant stressors.	doesn't distinguish between Indigenous and non-Indigenous populations
Whitbeck, L. B., Walls, M. L., Johnson, K. D., Morrisseau, A. D., & McDougall, C. M. (2009). Depressed affect and historical loss among North American indigenous adolescents.	doesn't distinguish between Indigenous and non-Indigenous populations
Willows, N. D., Ridley, D., Raine, K. D., & Maximova, K. (2013). High adiposity is associated cross-sectionally with low self-concept and body size dissatisfaction among indigenous Cree schoolchildren in Canada.	doesn't distinguish between Indigenous and non-Indigenous populations

Excluded grey, non-peer-reviewed literature	
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Hagquist, C. (2015). Skolelevers psykiska hälsa.	doesn't distinguish between Indigenous and non-Indigenous populations
Halvorsen, B., et al. (2012). Unge på Kanten: Om inkludering av utsatte ungdommer.	doesn't distinguish between Indigenous and non-Indigenous populations
Hyggen, C. (2015). Unge utenfor utdanning og arbeid i Norden: Utfordringer, innsatser og anbefalinger.	doesn't distinguish between Indigenous and non-Indigenous populations
Høj Anvik, C., et al. (2016). WHEN SOMEONE HAS TO TAKE CHARGE: Youth and Mental Health: Challenges, Policy and Collaboration in Iceland, the Faroe Islands and Norway.	doesn't distinguish between Indigenous and non-Indigenous populations
Fløtten, T., et al. (2016). Insatser mot barnfattigdom.	doesn't distinguish between Indigenous and non-Indigenous populations + not mental health specific
Kirkegaard, S., et al. (2016). Creating participation for youth with mental health problems: Cross-sector collaboration between public services and the civil society in Denmark and Sweden.	doesn't distinguish between Indigenous and non-Indigenous populations + not mental health specific
Kolouh-Söderlund, L. (2016). Anbefalinger: Unge ind i Norden – psykisk sundhed, arbejde, uddannelse.	not mental health or indigenous specific
Marklund, K., et al. (2012). Nordens Barn - Tidiga insatser för familjer.	doesn't distinguish between Indigenous and non-Indigenous populations
Nordisk Ministerråd. (2014). Indsatser for udsatte unge: Gode eksempler fra det nordiske arbejdsmarked.	not mental health or indigenous specific
Nordisk Ministerråd. (2014). Virksomheders indsats for udsatte unge (Företags insatser för utsatta unga): De gode eksempler i Norden (goda nordiska exempel).	not mental health or indigenous specific
Oxford Research, A/S. (2015). Gender mainstreaming in the work performed by municipalities: Results and recommendations from a trans-Nordic study.	doesn't distinguish between Indigenous and non-Indigenous populations
Petersen, T. (2016). Mental health among youth in The Faroe Islands: Who is responsible? What is being done?	irrelevant country
Poppel, B., et al. (2015). SLiCA: Arctic living conditions: Living conditions and quality of life among Inuit, Saami and indigenous peoples of Chukotka and the Kola Peninsula.	duplicate

Excluded grey, non-peer-reviewed literature	
Sommar, M. (2016). Mental health among youth in Denmark: Who is responsible? What is being done?	doesn't distinguish between Indigenous and non-Indigenous populations
Wrede-Jantti, M. (2016). Mental health among youth in Åland: Who is responsible? What is being done?	irrelevant country

Excluded grey, non-peer-reviewed literature	
<b>Norwegian websites</b>	
<a href="http://www.ffo.no">www.ffo.no</a> <a href="http://www.kirkensbymisjon.no">www.kirkensbymisjon.no</a> <a href="http://barnevernsbarna.no/">http://barnevernsbarna.no/</a> <a href="http://www.natteravnene.no/">http://www.natteravnene.no/</a> <a href="http://www.sanitetskvinnene.no">www.sanitetskvinnene.no</a> <a href="http://www.lnu.no/">http://www.lnu.no/</a> <a href="https://www.reddbarna.no/">https://www.reddbarna.no/</a> <a href="http://www.rodekors.no/ungdom">www.rodekors.no/ungdom</a> <a href="http://www.safo.no/english/">http://www.safo.no/english/</a>	These websites have been excluded on the grounds of not providing any initial information on relevant initiatives regarding children's and youth's well-being within the Arctic region.
<b>Swedish websites</b>	
<a href="http://www.sverigesfontanhus.se/">http://www.sverigesfontanhus.se/</a> <a href="http://www.fsum.org/">http://www.fsum.org/</a> <a href="http://www.hso.se/">http://www.hso.se/</a> <a href="http://lsu.se/">http://lsu.se/</a> <a href="http://www.likaunika.org/">http://www.likaunika.org/</a> <a href="http://www.nsph.se/">http://www.nsph.se/</a> <a href="http://www.psykiatrifonden.se/">http://www.psykiatrifonden.se/</a> <a href="https://rsmh.se/">https://rsmh.se/</a> <a href="http://www.nsph.se/hjarnkoll">http://www.nsph.se/hjarnkoll</a> <a href="https://www.rfsl.se/">https://www.rfsl.se/</a> <a href="http://www.rfsu.se/sv/">http://www.rfsu.se/sv/</a> <a href="https://www.roks.se/">https://www.roks.se/</a> <a href="https://www.raddabarnen.se/">https://www.raddabarnen.se/</a>	These websites have been excluded on the grounds of not providing any initial information on relevant initiatives regarding children's and youth's well-being within the Arctic region.
<b>Finish websites</b>	
<a href="https://finfami.fi/">https://finfami.fi/</a> <a href="http://mtkl.fi/">http://mtkl.fi/</a> <a href="http://www.funktionshinder.fi/">http://www.funktionshinder.fi/</a> <a href="http://www.alli.fi/english/">http://www.alli.fi/english/</a> <a href="https://www.pelastakaalapset.fi/en/frontpage/">https://www.pelastakaalapset.fi/en/frontpage/</a> <a href="https://samsnet.fi/">https://samsnet.fi/</a> <a href="http://www.yad.fi/">http://www.yad.fi/</a>	These websites have been excluded on the grounds of not providing any initial information on relevant initiatives regarding children's and youth's well-being within the Arctic region.
<b>Greenlandic websites</b>	
<a href="http://www.krk.gl/">http://www.krk.gl/</a> <a href="http://www.lions.dk/groenlandsfonden">http://www.lions.dk/groenlandsfonden</a> <a href="http://www.redbarnet.dk/grønland">www.redbarnet.dk/grønland</a> <a href="https://www.rotary.dk/">https://www.rotary.dk/</a>	These websites have been excluded on the grounds of not providing any initial information on relevant initiatives regarding children's and youth's well-being within the Arctic region.

## Overview of interventions – Political

Initiatives	Country	Addressing indigenous specifically or the population in general	References
<p>“Break the silence, stop the violence” and includes information campaigns, a national webpage about violence, closer inter- disciplinary collaboration between professionals, more direct contact with victims of violence in public institutions and the municipalities, and educational material.</p>	Greenland	specific (89% Inuit in Greenland)	Karsberg, 2016
<p>“The Healthy Sex life”, “Early Intervention”, “The Doll Project” and “Ready for a Baby” initiatives that comprise interventions aimed at young or vulnerable individuals, including school students, new families, and pregnant women. The aim of these nationally implemented interventions is to reduce the number of children who are exposed to neglect and abuse, and to prevent negative health patterns in children and adolescents.</p>	Greenland	specific (89% Inuit in Greenland)	Karsberg, 2016
<p>“Resilience in Youth Education” the intervention is designed to support the development of resilience in vulnerable children, adolescents and families, as well as to promote mental health. The intervention informs participants about resilience, providing reliable information about thoughts, feelings and the brain, and tackling knowledge about common challenges such as bullying.</p>	Greenland	specific (89% Inuit in Greenland)	Karsberg, 2016
<p>The National Program For Improvement of Service Systems for Children and Youth's Mental Health aimed to synchronise the support offered by all stakeholders involved in the treatment and prevention of child and adolescent mental health problems, so as to provide effective and comprehensive, interventions with the greatest impact. Now a national coordinator on mental health will support the work carried out by the authorities, municipalities, county councils and organisations in the area of mental health.</p>	Sweden	general	Sommar, 2016

## Overview of interventions – Community

Initiatives	Country	Addressing indigenous specifically or the population in general	References
TIMI ASIMI in Nuuk is an active, action- and outdoor-based intervention for at-risk adolescents aged 13 to 21. The 12-week programme includes health education, various demanding physical activities and field trips, courses (medical, first aid, life-saving), community service and educational counselling.	Greenland	specific (89% Inuit in Greenland)	Karsberg, 2016
Better Life for Children (Meqqai Inuunerissut – Bedre Børneliv) organises debates about sexual abuse of children.	Greenland	specific (89% Inuit in Greenland)	MIBB, 2017
NANU Children initiates projects to campaign increase the focus on children who have experienced violence in their home and establishes children and youth clubs in various cities in Greenland.	Greenland	specific (89% Inuit in Greenland)	NANU, 2017
From 2003 to 2011, Pikangikum had a community-based crisis intervention program run by psychologist Lachie Macfadden. For two-week periods, youth at risk of suicide – many of whom were routinely inhaling gas fumes – were brought to a cabin where they learned traditional hunting and trapping skills. Two elders helped teach and participated in sharing circles and counselling. “Most of the kids don’t feel wanted – they don’t feel loved,” says Macfadden, who took part in the intervention. “There isn’t sufficient food for them. You have an intergenerational impact, in which the parents or the grandparents are still drinking.”	Canada	specific	Eggertson, 2014
The Makimautiksat Youth and Wellness and Empowerment Camp	Canada	specific	SDWG, 2015
The Youth Leaders Program	Alaska	specific	SDWG, 2015
The Alluk Sangillivalianginnatuk Program	Canada	specific	SDWG, 2015
The Sami Psychiatric Youth Team	Norway	specific	SDWG, 2015
The Tlicho Community Action Team	Canada	specific	SDWG, 2015
Healing circle for people to come and discuss feelings	Canada	specific	SDWG, 2015

## Overview of interventions – School

Initiatives	Country	Addressing indigenous specifically or the population in general	References
<p>The Association for Greenlandic Children (Foreningen for Grønlandske Børn) creates activities aiming to empower children and adolescents in their everyday life. The activities have a special focus on vulnerable children and adolescents. Sapiik is a youth-to-youth mentoring project and the intervention seeks to inspire and motivate students who are considering dropping out of school, or who have difficulties in school.</p>	Greenland	specific (89% Inuit in Greenland)	FGB, 2017; Karsberg, 2016
<p>NAKUUSA, a project financed by UNICEF, was initiated with the aim to increase knowledge about children's rights among children and youth in Greenland. The project reports that participants experience to have increased their awareness for their rights and some adolescents reported that they have taken initiative to approach friends and children in their school when social issues occurred.</p>	Greenland	specific (89% Inuit in Greenland)	Christensen, 2015
<p>The non-governmental organisation (NGO) Mannerheim League for Child Welfare arranges afternoon programs for school children and educates them about substance abuse and offers other counselling services to children and their families.</p>	Finland	general	MLL, 2017
<p>Children's rights organisation Friends works to prevent bullying in schools and in sports clubs. They educate school personnel and clubs to prevent bullying and violations among children and youth.</p>	Sweden	general	Friends, 2017
<p>Mental Health in School is a program aiming to contribute to health-promoting and preventive measures that strengthen the schools' own structures and skills in the field. The programmes give children and young people knowledge about mental health, how to befriend someone who has mental health problems, and knowledge about the local support system.</p>	Norway	general	Sommar, 2016
<p>A mentoring program for Inuit, First Nations and Métis children and adolescents in elementary (7th and 8th grade) and secondary (9–12th grade) level was initiated with the aim to help participants to develop their intrapersonal and interpersonal skills, and to enhance their cultural and healthy relationships knowledge base. Effects could not be seen immediately and therefore future research would be interesting to see its later effects. However, it is expected that sufficient dosage of culturally-relevant, strengths-based mentoring programs can have positive impacts on the well-being of indigenous youth.</p>	Canada	specific	Crooks et al., 2017

## Overview of interventions – Individual

Initiatives	Country	Addressing indigenous specifically or the population in general	References
<p>The primary function of Majoriaq is to guide and advise citizens who contact the centre. Majoriaq offers education that improves the educational level as well as personal skills. The primary goal of the intervention is to give the participants a stronger educational and personal base from which to continue to further education or to obtain employment.</p>	Greenland	specific (89% Inuit in Greenland)	Karsberg, 2016; Lagercrantz, 2016
<p>Maskrosbarn, a children's rights organisation, offers counselling to children who have parents with an addiction or bad mental health all over Sweden through for example Skype or chat.</p>	Sweden	general	Maskrosbarn, 2017
<p>Bris' support services offer children and young adults up to 18 years old a secure, anonymous and free way to email, chat, or call a counsellor at Bris. Since its inception, physical abuse has been a central issue for Bris but support is also about other important issues where the child is mistreated, having problems or needs support and advice from knowledgeable and empathetic adults. Bris' support services offer children and young adults up to 18 years old a secure, anonymous and free way to email, chat, or call a counsellor at Bris. Since its inception, physical abuse has been a central issue for Bris but support is also about other important issues where the child is mistreated, having problems or needs support and advice from knowledgeable and empathetic adults.</p>	Sweden	general	BRIS, 2017
<p>UMO - Youth guidance centre is an easily accessible, free, municipal service for young people and young adults.</p>	Sweden	general	Sommar, 2016
<p>The Mental Health First Aid Training and Research Programme (MHFA) aims to reduce the risk of suicide and improve quality of life for people with mental health problems.</p>	Sweden	general	Sommar, 2016
<p>The organisation Adults for children (Voksne for barn) offers counselling about the mental health of children and youth with a primarily focus on schools and other institutions.</p>	Norway	general	VFB, 2017
<p>The umbrella-organisation Council for Mental Health (Rådet for Psykiska Helse) in Norway offers courses in depression management for adolescents.</p>	Norway	general	Psykisk Helse, 2017
<p>Religious organisations also offer support services; for example, in the cap-ital, Helsinki Mission arranges an emergency service aimed specifically at young people.</p>	Finland	general	Wrede-Jantti, 2016
<p>Several types and forms of crisis lines exist in the circumpolar region. Redvers et al. (2015) refer in their review to an evaluation made of a crisis line in Nunavut (Canada). Here, language barriers occur if no Inuit employ is present and they found it to be relevant to have a crisis line specifically dedicated to youth.</p>	Arctic in general	general & specific	MIO, 2017; MLL, 2017; Mind, 2016; Redvers et al., 2015



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### **A scoping review**

Children and young people from the Inuit and Sami populations in the Nordic countries can be identified as a vulnerable group. Young Sami and Inuit experience a higher degree of violence, abuse, suicidal thoughts and suicide rates compared to their peers in the majority populations in the Nordic countries. Their living conditions are in most cases influenced by a limited access to welfare benefits such as the healthcare system, social services and educational opportunities. Career prospects in the Arctic region are also narrow compared to the more densely populated and central regions in the Nordic countries. In order to understand and act upon the challenges the populations face, an in-depth and systematic review of the existing literature and experiences of children's and youth's well-being and their existing living conditions in the Arctic Region is essential.