

UN Permanent Forum on Indigenous Issues

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Agenda item 3 (c)

Statement by the Sami Parliament of Norway,

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Madam Chair

On behalf of the Sámi parliament of Norway I welcome this serious and somber issue on the agenda. There are few things imaginable that are more heartbreaking than youth choosing suicide or self-harm. We are all responsible to do what is within our power to prevent suicide and self-harm among our youth.

Suicide and self-harm among young people is a challenge for indigenous peoples worldwide. This is also the case in the Arctic region and Sámi communities. We see worrying suicide rates in the Sámi communities, compared to the majority population, and especially among youth involved in reindeer herding. The pressure to sustain traditional ways of life as a Sami reindeer herder in the modern world, where industrialization and economic instability may be threats, can be contributing factors to suicide and self harm. Each suicide is a tragedy to our small and fragile societies and cultures.

Madam Chair,

The Sámi parliament endorses the message of the “breaking the silence” campaign. We need to talk about sexual abuse. We need to create social environments where sharing bad experiences is welcome and considered safe. We know that sexual abuse can push young people over the edge. To create safe places for these individuals, where they freely can talk about their experiences and emotions, is a task that applies to all of us.

To break the silence is also something we need to do about sexual orientation. I am glad to say that the Sámi Parliament is working to better the conditions for Sámi lesbian, gay, bisexual and trans gender persons. It should be safe for individuals to express their distinctive sexual orientation; and to be who they are.

Madam Chair,

Within the Arctic region the pressure on culture and livelihoods are some of the root causes to suicide and self-harm. We know from research that there is a correlation between strong ethnic identity, discrimination and loss of language, and symptoms of anxiety and depression among Sámi youth. There is also empirical evidence suggesting that treatment of mental health issues is most effective when the therapist belongs to the same culture as the patient; communicates in the same language; and knows the patient's cultural conditions.

What we can learn from this policy wise, is that equal health care is important, in the sense that indigenous youth are met with the same degree of knowledge to culture and language as non-indigenous, and that they can receive their mental health care close to their own homes.

The importance of this became clear to us in the 90s, during a wave of suicide among Sámi youth in northern Norway. To reduce the risk for suicide, the Sámi National Centre for Mental Health was established in

Karášjohka, a Sámi municipality. We view this centre as an example of best practice, and would like to see similar institutions or cooperations in other parts of the Sámi area where suicide rates are increasing. It is an investment worth the costs, as long term, community-based prevention programs do save human lives.

The states need to acknowledge their responsibility to ensure this on a local, regional and national basis, and to facilitate this within the frameworks of their public health care systems. This work should be done in close cooperation with the affected indigenous peoples. The mental health care for indigenous peoples must hold the same quality as for others.

The root causes of suicide and self-harm among indigenous youth are surely complex. We still need more knowledge, preventative action and better mental health care, and we need it fast. We have no more friends and loved ones to lose.

Thank you, Madam Chair.