

## How To Address the High Suicide Rates Among Native American and Alaskan Native Youth

### **Introduction**

Suicides among youth's ages 10-24 are the third leading cause of death nationwide and are of great concern to communities and the public<sup>1</sup>. This issue is especially salient among Native American and Alaska Native adolescents and young adults, ages 10-34, for whom suicide is the second leading cause of death<sup>2</sup>. Suicide is a very sensitive, but important topic. When determining possible interventions and ways to address mental health, caution and care must be maintained. Many factors such as depression, substance abuse, sexual assault, and acculturation play a role in increasing the frequency of suicides within Native American and Alaskan Native youth<sup>3, 4, 5</sup>. The lifetime rates of attempted suicide in youths raised on reservations and in urban areas are both high, at 17.6% and 14.3% respectively<sup>6</sup>. Different challenges and intervention strategies are likely to apply to each population.

This policy brief will examine the possible types of interventions by addressing preventative and risk factors that Native American and Alaskan Native youth are facing, particularly on tribal lands. Therefore, programs can be created and become more efficient at preventing suicide attempts and completions.

### **Background**

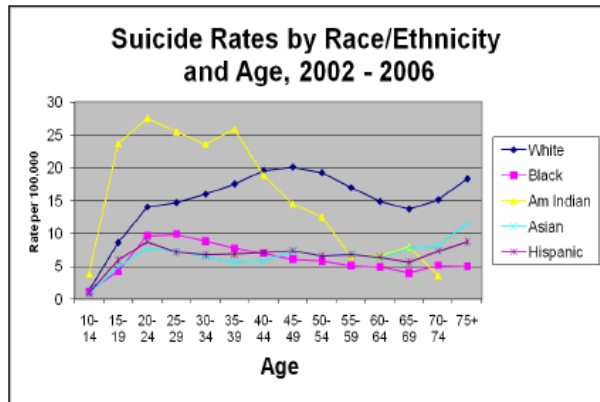
Of the 4.1 million Americans who self identify as being at least part American Indian or Alaskan Native (AI/AN), about one-third live on reservations<sup>2</sup>. Overall, AI/ANs are twice as likely to live in poverty than the general US population<sup>2</sup>. Part of the

difficulty of trying to address health outcomes is the diversity within AI/AN populations, with 564 federally recognized tribes and additional state recognized tribes<sup>2</sup>. Every tribe holds unique beliefs about healing, mental wellbeing, and physical health, but generally these views differ greatly from western ideas.

High suicide rates have been associated with high substance abuse rates, especially involving alcohol, that are also prevalent in many Native American communities and families<sup>3, 7</sup>. However, substance abuse is often used to help cover up larger issues as a coping mechanism. In addition, due to high poverty levels, children often grow up in very unstable living conditions. These broader issues can be tied to generational trauma, or historical trauma that stems from colonization, the boarding school era, and general forced acculturation<sup>8</sup>.

Due to this wide variety of factors, AI/AN youth has the highest suicide rates of any population<sup>9</sup> (Figure 1). While overall AI/AN suicide rates are similar to that of white Americans, the suicide rates among AI/AN youth are significantly higher<sup>2</sup>. In addition, attempted suicide rates range from 15% to 31% in some communities<sup>10</sup>. This indicates that even if suicides are not completed, psychological distress and suicidal thoughts are still common.

*Figure 1. American Indian Youth and Young Adult Suicide Rates Are Significantly Higher than Other Age Groups and Ethnicities<sup>2</sup>*



## Research

Since so many variables can impact AI/AN youth's decision to attempt suicide it is important to differentiate between risk and protective factors. Risk factors include substance abuse, previous suicide attempts, depression and other mood disorders, and abuse, as well as other negative influences<sup>6</sup>. Protective factors include positive influences such as a feeling of connectedness to the family, community, and tribe, access to effective mental health care, and a strong sense of spirituality<sup>6</sup>.

### Increasing Protective Factors

One study surveyed AI/AN middle and high school students from reservation communities who had and had not attempted suicide in their lifetime<sup>3</sup>. Various risk and protective factors were identified, and overall they found that increasing protective factors rather than decreasing risk factors made a larger positive impact<sup>3</sup>. Therefore, by increasing discussion of mental health and a connectedness with their family suicide attempts should decrease more than if the risk factors such as gang involvement, physical or sexual abuse, substance use, and suicides of family or friends were to be removed. In addition, the increasing protective factors can be more feasible than attempting to decrease the wide variety of risk factors.

More specifically, sexually abused AI/AN from reservation communities had

similar protective factors that were found in another analysis<sup>4</sup>. Girls and boys who had reported previous sexual abuse had slightly different protective factors keeping them from being suicidal<sup>4</sup>. Generally, the protective factors included enjoyment of school, the feeling of care from family and the tribe, and overall a feeling of connectedness<sup>4</sup>.

As these studies have touched upon, feeling support and a sense of connectedness from their tribe is an important factor to prevent suicidal attempts and completions. In a study of Native Americans aged 15-57 years old who lived on or near their reservations in the Northern Plains, cultural spiritual orientations was a significant protective factor against suicide attempts<sup>10</sup>. However, a similar commitment to Christianity was not a protective factor against suicide attempts, nor was it associated with suicide attempts<sup>10</sup>. While many tribes incorporate beliefs that present the idea of death as natural as opposed to a scary event, which have been thought to possibly increase suicide rates, it appears that strong traditional spiritual beliefs still act as an important protective factor<sup>10</sup>.

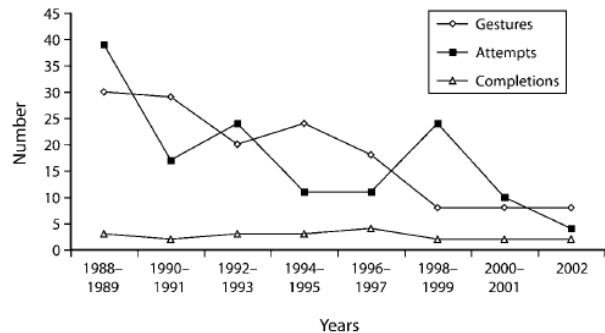
Since cultural spiritual beliefs are critical to preventing suicide attempts, it is important to understand how tribes are talking about the subject within the community. The manner in which suicide is discussed in AI/AN communities will directly impact the effectiveness of suicide prevention programs. While tribes' understandings of suicide will vary, they should also have many commonalities. A link between colonization and community failings and suicide was found to be the focus of Inupiat villages in Alaska<sup>5</sup>. They emphasized that this historical trauma manifests itself in the present day through alcoholism and various forms of abuse<sup>5</sup>. Their beliefs stress the idea that youth suicide is a community failure as opposed to

being solely on the shoulders of the individual or the family<sup>5</sup>. While this study was isolated to Alaskan Native populations, most Native American tribes feel a similar sense of community and group responsibility.

### Decreasing Risk Factors

While specificities regarding protective factors against suicide attempts have continued to add to the knowledge regarding AI/AN high suicide rates, the statistics of suicide rates in Native communities has been well known for decades. Therefore, many types of suicide prevention programs have been tried on reservations. One such program, focused on a youth population in New Mexico, has been in place for 15 years at the time of an outcome evaluation study<sup>11</sup>. The Adolescent Suicide Prevention Project was addressing the needs of a community where originally the suicide rates were 15 times higher than the national average and 5 times higher than rates for other AI/ANs in the state<sup>11</sup>. The community-focused intervention involved tribal leadership, health care providers, and individuals of all ages and attempted to prevent risk factors rather than increasing protective factors<sup>11</sup>. In addition, staff numbers were increased and contracts with the Bureau of Indian Affairs were extended and created<sup>11</sup>. While suicide completions neither increased nor decreased over the given time period, both suicidal gestures and attempts hugely decreased<sup>11</sup> (Figure 2).

*Figure 2. Suicidal Gestures and Attempts Significantly Decreased, While the Number Of Completions Remained Stable in the Native Community In New Mexico<sup>11</sup>*



In summary, both increasing protective factors and decreasing risk factors should decrease suicide rates among AI/AN populations, but increasing protective factors appear to be more effective<sup>3, 4, 5, 10</sup>. Since every tribe and community does vary in culture, language, and values it is difficult to create one single policy approach. In addition, risk and protective factors can vary between communities.

### Policy Implications

Since both the increase of protective factors and the decrease of risk factors should decrease suicide rates among AI/AN populations, there are a wide variety of possible policy interventions<sup>3, 4, 5, 10</sup>. As seen, by addressing risk factors through a community wide approach can effectively reduce suicide attempts, although may not affect suicide completions<sup>11</sup>. However, in some communities it might seem too difficult to approach the vast risk factors that include gang involvement, sexual and physical abuse, substance abuse, and depression.

On the other hand, by increasing protective factors such as tribal connectedness and cultural spirituality, suicide attempts also decrease. This might be especially favored because it also promotes preserving culture and resiliency. However, communities might be concerned that the program is over looking the many risk factors that play such a huge role in tribes.

Therefore, ideally both protective and risk factors should be addressed in a community wide suicide prevention program tailored to the specific tribe's environment and values. This would require cooperation between tribes and the Bureau of Indian Affairs in order to acquire necessary funding, staff, and other resources. The dire situation of the high rates of suicide among AI/AN youth strongly calls for this cooperation and there is promising evidence that results would be seen with proper attention.

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