Reviewing Suicide in Native American Communities

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Personal Disclosure

- I am a cisgender female of Native American decent
- There are members of my family who have received mental health diagnosis
- I have sought out and received my own mental health care
- I have both knowingly and unknowingly contributed to bias and most “isms”, and will work to improve upon these areas of growth
• Suicide rates are highest among Native American males age 15-25 yrs old compared to all other age, gender and racial groups in the United States. At 21.39 per 100,000 (WISQARS, 2012)

Some Native tribes have declared a state of emergency for suicidality. (Yurok Tribe, 2015)

Limited research looking at this specific population and a systematic review to evaluate the reliability and validity of the existing data.

Suicidality defined by the Suicide Prevention Resource Center as: suicide, suicide attempts, suicidal ideation, and planning/preparation to implement completed act of suicide (SPRC, 2019).

Suicidality does not include nonsuicidal self-injury as defined by Suicide Prevention Resource Center as: injury inflicted by a person on himself or herself deliberately, but without intent to die (SPRC, 2019).

Variables
- Single Predictor- prolonged inter-generational trauma, chronic conditions (physical and mental illness), sexual orientation, violent victimization.
- Multiple Predictor- The substance use, limited resources for employment, remoteness, untreated prolonged mental illness, knowing someone who has died by suicide, abuse and family conflict, social stressors.

* Absence of father figure, does youth have identified male support?
ASK THE AUDIENCE:

OTHER PREDICTORS

Interventions:

Holistic wellness programming: connect elders/mentors to adolescence, Peer support workers, youth advocates, clinicians, physicians, spiritual leaders, community.

- safety plan
- directions safety plan

Culture as prevention: Food Sovereignty- altruism, m.h. talking circles, sustainability, connection to place, wellness as lifestyle, cultural traditions

Digital storytelling- area of interest, builds skills in collaboration, SEL, tech, communication, critical thinking and problem solving, *acknowledges their story, validation

youth driven conferences- culture as prevention, youth voice, mastery/agency, wellness model

Community coalition- H.O.O.P.S.

Peer support workers

- Tier 1: Universal- more broad definition of exemplary. Ambassadors serve as peer-to-peer support to all peers.

- Tier 2: Ambassadors benefit from participation by increased motivation, purpose, altruism, and access to Associate Marriage and Family Therapist.

- Tier 3: Referrals to Ambassador Program for high risk youth who are struggling with suicidal ideation, substance overdose, anger issues, and more.

Research Findings

- Higher rates of multiple predictor variables for N.A. adolescence in general, not gender specific

- Some single predictor variables stress the importance of additional factor that multiples risk e.g. violent victimization in adolescence → traumatic exp. → cope → protective factors

- PROTECTIVE FACTORS: CLOSE FAMILY AND SCHOOL HAVE NOT BEEN SHOWN TO BE CULTURALLY APPROPRIATE FOR NATIVE POPULATIONS YET.

REFERENCES


Evans, William; Smith, Marilyn; Hill, Gus; Albers, Eric; Neufeld, Jerry (1996). Rural Adolescent views of risk and protective factors associated with suicide. Crisis intervention and time limited treatment, Vol. 3(1) 1-12.


