



Reviewing Suicide in Native American Communities

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Project ECHO®

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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

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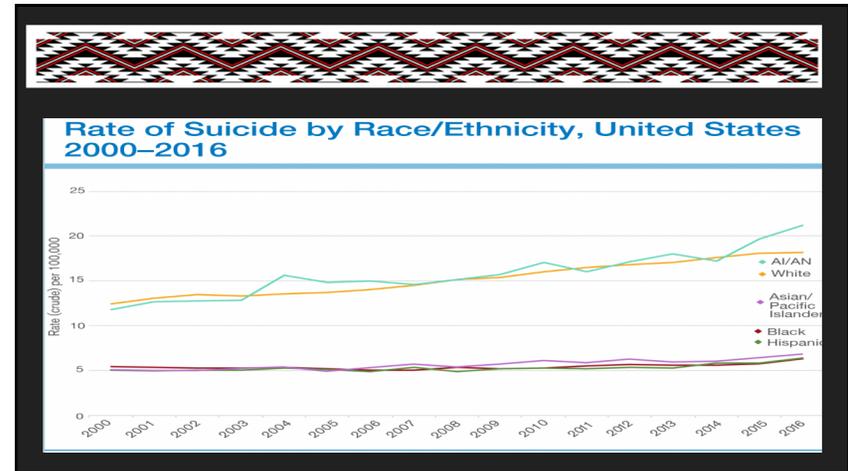


•SUICIDE RATES ARE HIGHEST AMONG NATIVE AMERICAN MALES AGE 15-25 YRS OLD COMPARED TO ALL OTHER AGE, GENDER AND RACIAL GROUPS IN THE UNITED STATES. AT 21.39 PER 100,000 (WISQARS, 2012)

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.

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- 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).

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Predictor

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?

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ASK THE AUDIENCE:

OTHER PREDICTORS

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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.

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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.



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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.
- THERAPEUTIC TRIAD DEBATE ABOUT EPISTEMOLOGICAL STATUS OF EVIDENCE TO SUPPORT NATIVE SPECIFIC PROGRAMMING VS. EVIDENCE BASED PRACTICE MOVEMENT.

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