Epidemic: Suicide in Indian Country

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National American Indian and Alaska Native ATTC Webinar
October 7, 2015

Indian Country

- 566 Federally recognized tribes in U.S.
  - 229 Federally recognized Alaska Native Villages
- 2010 Census estimated 5.2 million AI/AN
- 70% AI/AN live off the reservation in urban areas
- 25% live in poverty
  - AI/AN children 31% live in poverty
  - More than 2 times the U.S. rate.
- 33% AI/AN have no health insurance

Source: American Foundation for Suicide Prevention, Washington, D.C.
Health Care in Indian Country

- Indian Health Service (IHS) operates at 59% of need.
- Estimates indicate IHS would need $21.12 billion to achieve parity with general population.
- Behavioral Health at IHS has a total budget of $267 million, only 6.7% of the entire IHS budget.
- Of 242 Tribal Health facilities 10% reported no mental health services were provided.

Source: American Foundation for Suicide Prevention, Washington, D.C.
Mental Health

- AI/AN have more serious mental health disorders compared to other racial/ethnic groups including anxiety, depression, substance abuse
- Mental health services are not easy to access:
  - Lack of funding (IHS Mental Health 25% need)
  - Culturally inappropriate services
  - Mental Health professional shortages/high turnover

Native Suicide Contributing Factors

- Behavioral Health Diagnosis & Stigma
- Cultural Distress
- Substance Use/Abuse
- Family Disruption/Domestic Violence
- Negative Boarding School
- Historical Trauma
- Suicidal Behavior
- Impulsiveness
- Hopelessness
- Family History
- Psychological Vulnerability
- Edu., Econ., Rec
Suicide Rates for AI/AN

- Among American Indians/Alaska Natives (AI/AN) aged 15-35 years, suicide is the 2\textsuperscript{nd} leading cause of death.

- Suicide rate among AI/AN adolescents and young adults ages 15-24 years (22.5/100K) is 1.4 times higher than the national average for that age group in 2012-2013.

Suicide Rates Among Males Aged 15-24 Years by Ethnicity – United States, 1990-2010

Source: Centers for Disease Control & Prevention

Suicide Rates Among Females Aged 15-24 Years by Ethnicity – United States, 1990-2010

Data not available for AI/AN Females 1990-2002

Source: Centers for Disease Control & Prevention
General Suicide Rates AI/AN 2010 per 100,000


Native American Suicides per 100,000 Ages 0-19 IHS Areas, 1989-1998

All IHS Areas Rate – 9.2
United States Rate – 3.0
Mental Health Status

- Serious psychological distress 2009-2010
  - 170% AI/AN 5.2 White 3.1

- Worthlessness, everything is an effort
  - Worthlessness AI/AN 2.6 White 1.7
  - Everything is effort 11.0 5.6

Models of Care
Ethnic & Cultural Considerations

- Higher rates of poverty, poor educational achievement, substandard housing, & disease
- Colonization – acculturation
  - Mission & boarding schools
  - Weakening parental influence
  - Dislocation from native lands
- Few evidence based programs that are adapted for AI/AN cultures

Suicide Prevention Programs Among American Indian Youth: Three Main Approaches – Do them All

- Adoption of mental health focus on Risk and Protection factors across life span
- Adaptation of public-health based interventions that promote opportunities for youth to gain self-esteem and avoid substance abuse/risky behavior
- Incorporation of traditional tribal responses as effective prevention strategies

Source: The Suicide Prevention Resource Center supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services
What are some promising strategies?

AI/AN Prevention, Treatment, and Rehabilitation Interventions

- Story Telling
- Talking Circles
- Sweat Lodge
- Ceremonies and Ritual
  - Purification
  - Passages
  - Naming
  - Grieving
- Drumming, singing, dancing
- Vision Quest
- Flute playing/meditation
- Reconciliation
- Mentoring
- Service learning
- Traditional Experiences Preservation
Integrated Treatment

Premise: treatment at a single site, featuring coordination of treatment philosophy, services and timing of intervention will be more effective than a mix of discrete and loosely coordinated services

Findings:
- decrease in hospitalization
- lessening of psychiatric and substance abuse severity
- better engagement and retention

Cultural and Integrated Model

**Emotional**
- Wisdom
- Honesty
- Acceptance
- Prayer
- Synthesize
- Analyze
- Interpret

**Spirituality**
- Physical strength
- Heart
- Generosity
- Loyalty
- Sacrifice

**Community**
- Historical Factors, Boarding Schools
- Depression, PTSD, Anger, Cultural Shame

**Research - Education - Treatment**

**Partnered Collaboration**

- State/Federal
- Grassroots Groups
- Community-Based Organizations
- Nurturing
  - Prevention
  - Information
  - Education
  - Health

- Social
  - Traditional Activities
    - Sweat Lodges
    - Purifications
    - Powwows
    - Talking Circles
    - Traditional Crafts
    - Singing
    - Dancing

- West
- Elders
  - Traditional
  - Healer
  - Creation Stories
  - Storytelling
  - Nature

- North
- Illumination
- Humility
- Acknowledgement
- Prudence
- Spontaneity
- Joy

- South
- Physical

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### Reasons for Not Seeking Formal Help When Suicidal

<table>
<thead>
<tr>
<th>REASON</th>
<th>%</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not perceive need for help</td>
<td>28.8</td>
<td>Nothing really happened</td>
</tr>
<tr>
<td>Stigma, embarrassment</td>
<td>23.7</td>
<td>Care what people think</td>
</tr>
<tr>
<td>Had other support</td>
<td>23.7</td>
<td>Went to friends for help</td>
</tr>
<tr>
<td>Self-reliance</td>
<td>15.3</td>
<td>Figured it out on my own</td>
</tr>
<tr>
<td>Felt hopeless, alone</td>
<td>15.2</td>
<td>Didn’t think they could help</td>
</tr>
<tr>
<td>Fear of consequences</td>
<td>11.9</td>
<td>Someone might put me in a hospital</td>
</tr>
<tr>
<td>Costs</td>
<td>3.4</td>
<td>No money</td>
</tr>
<tr>
<td>No services available</td>
<td>1.7</td>
<td>No help around</td>
</tr>
</tbody>
</table>

### Reasons for Not Seeking Informal Help When Suicidal

<table>
<thead>
<tr>
<th>Reason</th>
<th>%</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stigma, embarrassment</td>
<td>34.8</td>
<td>Think I was weird</td>
</tr>
<tr>
<td>Felt hopeless, alone</td>
<td>16.6</td>
<td>Felt no one cared</td>
</tr>
<tr>
<td>Fear of consequences</td>
<td>16.6</td>
<td>They might lock me up</td>
</tr>
<tr>
<td>Did not perceive need for help</td>
<td>10.8</td>
<td>Didn’t need them</td>
</tr>
<tr>
<td>Self-reliance</td>
<td>10.8</td>
<td>It was my problem</td>
</tr>
<tr>
<td>Had other support</td>
<td>2.7</td>
<td>All alone. Find someone whose job it is to help</td>
</tr>
</tbody>
</table>
Common Characteristics of Successful Native Programs

- Leadership
- Mobilization Community driven
- Public health approach
- Strength based
- Culturally informed
- Proactive
Five Key Principles
Evidence-based predictors of change

✓ Understand & Involve the Community
✓ Focus on major problems
✓ Select the right change agent
✓ Seek ideas from outside the field and organization
✓ Evaluate

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