



Suicide Among American Indians/Alaska Natives

General Statistics

The Centers for Disease Control and Prevention report that, from 1999 to 2004¹:

- The suicide rate for American Indians/Alaska Natives was 10.84 per 100,000, higher than the overall US rate of 10.75.
- Adults aged 25-29 had the highest rate of suicide in the American Indian/Alaska Native population, 20.67 per 100,000.
- Suicide ranked as the eighth leading cause of death for American Indians/Alaska Natives of all ages.
- Suicide ranked as the second leading cause of death for those from age of 10 to 34.

Youth Statistics

- Among American Indian/Alaska Native youth attending Bureau of Indian Affairs schools in 2001, 16% had attempted suicide in the 12 months preceding the Youth Risk Behavior Survey.²
- From 1999 to 2004, American Indian/Alaska Native males in the 15 to 24 year old age group had the highest suicide rate, 27.99 per 100,000, compared to white (17.54 per 100,000), black (12.80 per 100,000), and Asian/Pacific Islander (8.96 per 100,000) males of the same age.³

Mental Health Considerations

- When compared with other racial and ethnic groups, American Indian/Alaska Native youth have more serious problems with mental health disorders related to suicide, such as anxiety, substance abuse, and depression.⁴
- Mental health services are not easily accessible to American Indians and Alaska Natives, due to:
 - lack of funding,
 - culturally inappropriate services,
 - and mental health professional shortages and high turnover.

For these reasons, Native Americans tend to underutilize mental health services and discontinue therapy.^{5,6}

Ethnic and Cultural Considerations

- According to the U.S. Commission on Civil Rights, Native Americans continue to experience higher rates of poverty, poor educational achievement, substandard housing, and disease.⁷
- Elements of acculturation - mission and boarding schools, weakening parental influence, and dislocation from native lands - undermine tribal unity and have removed many safeguards against suicide that Native American culture might ordinarily provide.⁸
- There are very few evidence-based programs that are adapted for American Indian and Alaska Native cultures.⁹

Strengths and Protective Factors

- The most significant protective factors against suicide attempts among American Indian/Alaska Native youth are:
 - discussion of problems with family or friends,
 - connectedness to family,
 - and emotional health.¹⁰
- Culturally sensitive programs that strengthen family ties, including addressing substance abuse, could protect against suicide among Native American adolescents.¹¹
- A study of American Indians living on reservations found that tribal spiritual orientation was a strong protective factor. Individuals with a strong tribal spiritual orientation were half as likely to report a suicide attempt in their lifetimes.¹²

Notes

The term "American Indians and Alaska Natives" includes many racial, ethnic, and cultural groups. We use the term because the majority of data and research use this category. When specific sources refer to Native Americans, that term is used.

The Suicide Prevention Resource Center (SPRC) collaborated with the Suicide Prevention Action Network (SPAN) USA to produce fact sheets on suicide in various American populations – American Indians/Alaska Natives, Asian Americans/Pacific Islanders, Black Americans, and Hispanic Americans. All facts sheets are available at www.sprc.org.

The National Strategy for Suicide Prevention emphasizes that cultural appropriateness is a vital design and implementation criterion for suicide prevention activities. SPRC and SPAN USA hope these fact sheets advance the work of those continuing to strive for cultural effectiveness.

References

¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. *Web based Injury Statistics Query and Reporting System (WISQARS)*. Retrieved Jan. 3, 2007, from: <http://www.cdc.gov/ncipc/wisqars>.

² Shaughnessy, L., Doshi, S. R., & Jones, S. E. (2004). Attempted suicide and associated health risk behaviors among Native American high school students. *Journal of School Health, 75*(5), 177-82.

³ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Retrieved Jan. 3, 2007, from: <http://www.cdc.gov/ncipc/wisqars>.

⁴ Olson, L. M., & Wahab, S. (2006). American Indians and suicide: A neglected area of research. *Trauma, Violence, and Abuse, 7*(1), 19-33.

⁵ Ibid.

⁶ Gone, J. P. (2004). Mental health services for Native Americans in the 21st century United States. *Professional Psychology: Research and Practice, 35*, 10-18.

⁷ U.S. Commission on Civil Rights. (2003). *A quiet crisis: Federal funding and unmet needs in Indian Country*. Washington D.C.: Manuel Alba and Mireille Zieseniss, <http://www.usccr.gov/pubs/na0703/na0731.pdf>.

⁸ Range, L. M., Leach, M. M., McIntyre, D., Posey-Deters, P. B., Marion, M. S., Kovac, S. H., et al. (1999). Multicultural perspectives on suicide. *Aggression and Violent Behavior, 4*(4), 413-30.

⁹ Suicide Prevention Resource Center. (2005). *Registry of Evidence-Based Practices*. Retrieved Jan. 3, 2007, from: http://www.sprc.org/featured_resources/ebpp/ebpp_factsheets.asp

¹⁰ Borowsky, I. W., Resnick, M. D., Ireland, M., Blum, R. W. (1999). Suicide attempts among American Indian and Alaska Native youth: Risk and protective factors. *Archives of Pediatrics and Adolescent Medicine, 153*(6), 573-80.

¹¹ Range, L. M., et al. (1999). Multicultural perspectives on suicide.

¹² Garrouette, E. M., Goldberg, J., Beals, J., Herrell, R., Manson, S. M., AL-SUPERPPF Team. (2003). Spirituality and attempted suicide among American Indians. *Social Science and Medicine, 56*(7), 1571-9.