Overview

In the 2010 U.S. Census,\(^1\) 2,932,248 respondents indicated AI/AN as their only race (0.9% of the total population), while 2,288,331 respondents indicated themselves as AI/AN in combination with other races (0.7 of the total population).\(^2\) Less than 2% of the U.S. population includes individuals who identify to some degree as AI/AN.

There are currently 565 federally recognized tribes, and more than half of the AI/AN population lives away from reservations.\(^3\)

Data

In 2009 the Center for Disease Control and Prevention reported the following for American Indians or Alaska Natives:\(^4\)

- 409 AI/AN died by suicide in the U.S (rate of 11.90 per 100,000) compared to the rate of 11.84 per 100,000 of the overall population.

- Of these 409, 308 (75%) were males (17.92 per 100,000) and 101 (25%) were females (5.88 per 100,000). Male-to-female ratio was 3.05 to 1.

- Across ages of the AI/AN population, suicide was the 8\(^{\text{th}}\) leading cause of death. It was the 2\(^{\text{nd}}\) leading cause of death for people aged between 10 and 34.

- Suffocation and Firearms were the two most common methods (38.1% and 37.4% respectively for AI/AN of all ages), compared to the rates of 23.8% and 50.6% of the non-AI/AN population.

\(^1\) The most recent year for which data are available.


\(^3\) http://www.bia.gov/FAQs/index.htm

\(^4\) Center for Disease Control and Prevention (2008). Retrieved from http://webappa.cdc.gov/sasweb/ncipc/mortrate10_us.html; the most recent year for which data are available.
• Suicide rates for AI/AN aged between 10 and 29 are significantly higher than those for the non-AI/AN population (see chart below).

• The AI/AN population also has the highest rate of suicide among different races in these age groups (i.e. White, Black, Asian/ Pacific Islander).

![Suicide Rates for AI/AN and non-AI/AN Populations](chart)

• The rates of suicide by suffocation among the AI/AN population aged between 10 and 29 are significantly higher than those of their non-AI/AN counterparts (see chart below).

• The rates of suicide by firearm among AI/AN aged between 15 and 39 are higher than those of the non-AI/AN population (see chart below).

• In the older AI/AN population, firearms are used less frequently.
Risk factors

- Significantly fewer (21%) urban-reared AI/AN youth were found to have had suicide ideation (versus 33% among reservation-reared youths).\(^5\)

- Rates of attempted suicide were not significantly different between the two groups (14-18%). The findings also show that urban-reared AI/AN youth had fewer psychosocial problems.

- Factors associated with suicide ideation among three tribes studied are culturally dependent.\(^6\)

- Some examples of the risk factors were: \(^{5,6,7}\)

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Substance Abuse and Mental Health Problems

As mentioned above, substance use disorders and mental disorders are risk factors for suicide. The following is a summary of the available literature on these issues.

- The prevalence of AI/AN adults in need of treatment for an alcohol problem (14.8%) and illicit drug use problem (6.0%) was found to be higher than the national averages of (8.1% and 2.90%, respectively).  

- The rate of binge drinking among AI/AN adults was higher among those living in poverty than those who were not (36.1% and 25.32%, respectively).

- More than 60% of those with a lifetime depressive and/or anxiety disorder seek some form of help in the two reservations studied.

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• Over 70% of those with lifetime comorbid depressive and/or anxiety and substance disorder seek help. Help seeking from traditional healers was also quite common.

**Opportunities for Suicide Prevention**

**Protective Factors**

• The 1990 National American Indian Adolescent Health Survey found discussing problems with friends or family, emotional health, and connectedness to family were protective against suicide attempts.\(^{10}\)

• No association between beliefs (cognitive aspect of faith; both cultural and Christian) and suicide attempts was found. However, cultural spiritual orientation (what tribal members frequently associate with cultural spirituality) was found to be a protective factor.\(^{11}\)

**Effective Programs/ Areas for Improvement**

• A 15-year suicide prevention program with a public health approach used among youth living on an American Indian reservation found that both suicidal gestures and attempts declined significantly and consistently after the program started, although suicide death rates remained stable (2 to 4 each year).\(^{12}\)

• Based on their experience, researchers suggest that suicide prevention programs designed for the AI/AN population should focus on a wide range of behaviors and place emphasis on conditions related to developmental, psychological, and social issues. Community involvement to develop strategies appropriate to the culture is also crucial. Additionally, it is important to have flexibility in program implementation and development; development of the program should be based on continuous assessment and feedback from the community and program staff.

• Since factors associated with suicide and suicidal behaviors would likely vary among American Indian tribes as well as between urban- and reservation-reared youth,\(^{13,14}\)

\(^{10}\) Borowsky, et al. (1999).


\(^{13}\) Novins, et al. (1999).

suicide prevention efforts proved effective in one tribe might be not translate to another, and **tribal heterogeneity** has to be taken into consideration. This is when community involvement becomes critical.

- Lack of **access to mental health services**, especially children to adolescent mental health professionals, is particularly serious among the AI/AN population.\(^\text{15}\) Therefore, efforts to strengthen this part of the system would likely help prevent youth suicide problem among the AI/AN population.

### Resources

**Center for Native American Youth at the Aspen Institute**

http://www.aspeninstitute.org/policy-work/native-american-youth

**Indian Health Service, American Indian and Alaska Native Suicide Prevention Website**

http://www.ihs.gov/nonmedicalprograms/nspn/

**National Alliance on Mental Illness, American Indian and Alaska Native Mental Health Webinar**

http://www.nami.org/Template.cfm?Section=Multicultural_Support1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=88575

**Native Wellness Institute**

http://www.nativewellness.com/home/index.html

**Suicide Prevention Resource Center, American Indian/ Alaska Native Resource Page**

http://www2.sprc.org/aian/index

**U.S. Department of Health & Human Services, Assistant Secretary for Planning and Evaluation, An American Indian/ Alaska Native Suicide Prevention Hotline: Literature Review and Discussion with Experts**

http://aspe.hhs.gov/hsp/09/aian-suicidepreventionhotline/index.shtml#Background

American Association of Suicidology

AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services. For membership information, please contact:

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If you or someone you know is suicidal, please contact a mental health professional or call 1-800-273-TALK (8255).