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 2010, the Center for Disease Control and Prevention reported the following for American Indians or Alaska Natives:[4]

- 469 AI/AN died by suicide in the U.S (rate of 10.87 per 100,000) compared to the rate of 12.42 per 100,000 of the overall population.
- Of these 469, 344 (73.3%) were males (15.52 per 100,000) and 125 (26.6%) were females (6.07 per 100,000). Male-to-female ratio was 2.56 to 1.
- Across ages of the AI/AN population, suicide was the 8th leading cause of death. It was the 2nd leading cause of death for people aged between 10 and 34.
- Suffocation and Firearms were the two most common methods (43.9% and 38.0% respectively for AI/AN of all ages) Firearms are most commonly used by those in the non-AI/AN population who die by suicide.

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[1] The most recent year for which data are available.

[2] U.S. Census Bureau. (2010). Retrieved from http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf
[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.

Risk factors

- Significantly fewer (21%) urban-reared AI/AN youth were found to have had suicide ideation (versus 33% among reservation-reared youths).[5]
- Factors associated with suicide ideation among three tribes studied are culturally dependent.[6]
- Some examples of the risk factors were: [5, 6, 7]
  - low perceived social support
  - coming from a home without both biological parents in the home
  - friends or family members attempting or completing suicide
  - a family history of substance abuse
  - interpersonal stress
  - perceived discriminated due to native status
  - low self-esteem
  - a history of physical or sexual abuse
  - a history of being in a special education class
  - conduct-disorder
  - depressive symptoms or depression
  - treatment for emotional problems
  - somatic symptoms
  - gang involvement
  - gun availability
  - alcohol or drug abuse/ dependence
  - cigarette smoking

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).[8]

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[5] Freedenthal, S. & Stiffman, A. R. (2004). Suicidal Behavior in Urban American Indian Adolescents: A Comparison with Reservation Youth in a Southwestern State. *Suicide and Life-Threatening Behavior, 34*(2), 160-171.

[6] Novins, D. K., Beals, J., Roberts, R. E., & Manson, S. M. (1999). Factors Associated with Suicide Ideation among American Indian Adolescents: Does Culture Matter? *Suicide and Life-Threatening Behavior, 29*(4), 332-346.

[7] 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 & Adolescent Medicine, 153*(6), 573-580.

[8] Office of Applied Studies, SAMHSA. (2010). Substance Use among American Indian or Alaska Native Adults. The NSDUH Report.

- More than 60% of those with a lifetime depressive and/or anxiety disorder seek some form of help in the two reservations studied. [9]

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]

- 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] 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.

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[9] Beals, J., Manson, S. M., Whitesell, N. R., Spicer, P., Novins, D. K., Mitchell, C. M., & the AI-SUPERPFP Team. (2005). Prevalence of DSM-IV Disorders and Attendant Help-Seeking in 2 American Indian Reservation Populations. *Arch Gen Psychiatry, 62*, 99-108

[10] Borowsky, et al. (1999).

[11] Garroutee, E. M., Goldberg, J., Beals, J., Herrell, R., Manson, S. M., & the AI-SUPERPFP Team. (2003). Spirituality and attempted suicide among American Indians. *Social Science and Medicine, 56*, 1571-1579.

[12] May, P. A., Sema, P., Hurt, L., & DeBruyn, L. M. (2005). Outcome Evaluation of a Public Health Approach to Suicide Prevention in an American Indian Tribal Nation. *Research and Practice, 95*(7), 1238-1244.

[13] Novins, et al. (1999).

[14] Freedenthal, S. & Stiffman, A. R. (2004).

- Lack of **access to mental health services**, especially children to adolescent mental health professionals, is particularly serious among the AI/AN population.[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

[15] American Academy of Child and Adolescent Psychiatry. 2006. Joint Statement from the American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association for the Senate Indian Affairs Committee Hearing on Teen Suicide among American Indian Youth, May 17, 2006. Available at: http://www.aacap.org/galleries/LegislativeAction/SenIndianYShrg5-06.pdf

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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5221 Wisconsin Ave., N.W.
Second Floor
Washington, DC 20015
tel. (202) 237-2280
fax (202) 237-2282
www.suicidology.org
info@suicidology.org

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