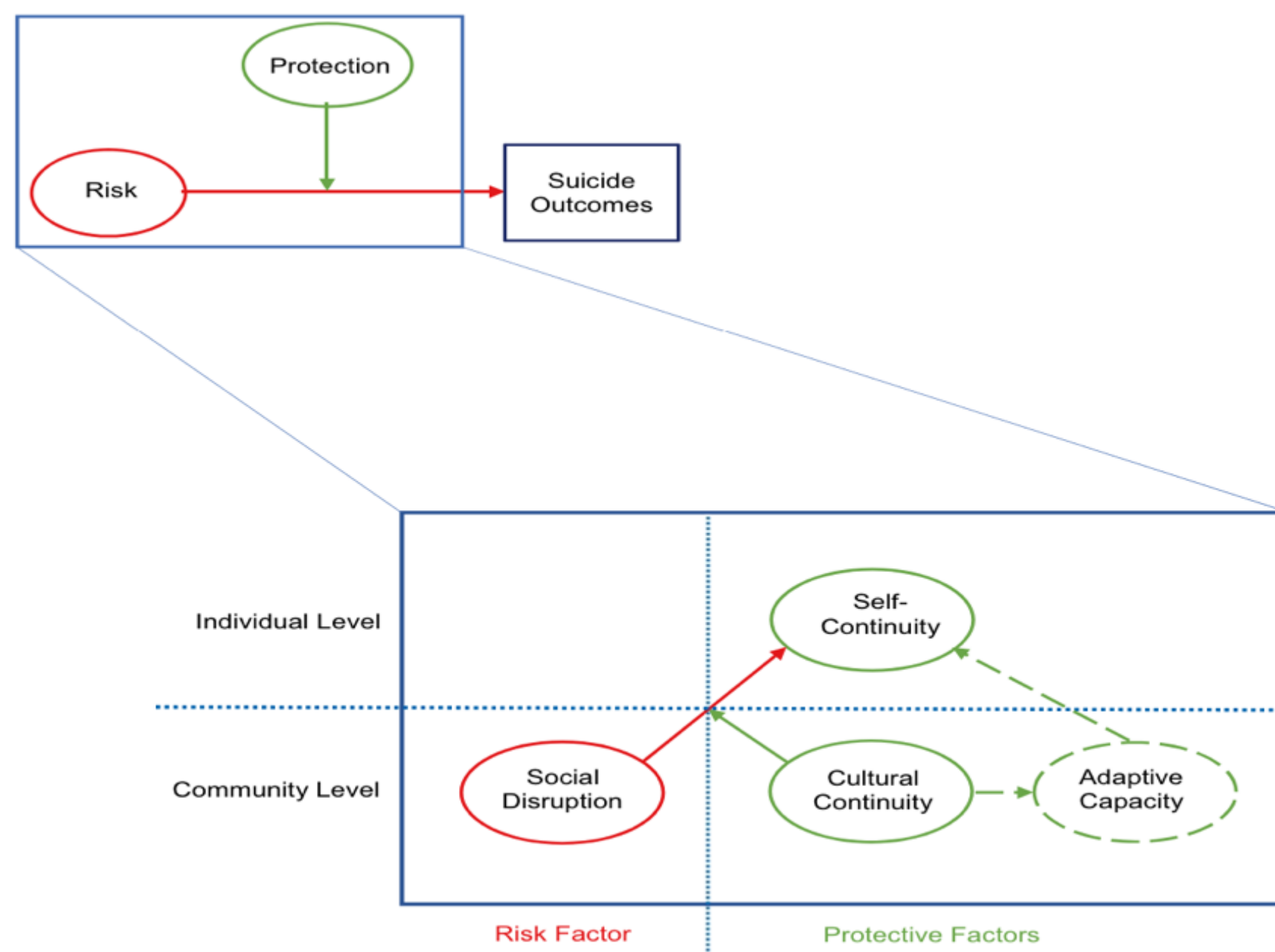


Introduction

Suicide has tragically impacted American Indian/Alaskan Native communities significantly. The loss of a family member, friend, or community member can have enduring effects on both individuals, and the community as a whole. Throughout history, American Indian/Alaskan Native people have endured numerous tragedies, resulting in profound historical trauma. European colonization of the North American continent began in 1492 with Christopher Columbus's arrival, leading to conflict as American Indians resisted European attempts to expand land control. The American Indians endured enslavement, with women often subjected to kidnapping, and rape. Many died due to settler violence, and European disease. In 1830, President Andrew Jackson enacted the Indian Removal Act, forcibly relocating American Indians from their homelands. Boarding schools were established in the 1880s, part of a government initiative to assimilate American Indian people into white society. American Indian culture, language, and spiritual beliefs were perceived as "uncivilized." They were required to cut their hair, wear uniforms, and speak English.

Objectives

- Identify potential risk factors that contribute to increasing suicide rate on Native American communities.
- Determine factors that safeguard against suicide rates in Native American communities.
- Comprehend various policies, and funding initiatives aimed at decreasing suicide rates in Native communities



Methods

Literature Review

Conducted a literature review to investigate/identify risk factors and protective factors associated with suicide among Native American/Alaskan Native populations.

Facilitated Interviews

- Dr. Carmella Roybal of the Native American Budget and Policy
- Jennifer Nanez of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health
- Teresa Gomez of Honoring Native Life

Database Analysis

Utilize the CDC WONDER database to compile statistics on suicides among Native American/Alaskan Native populations

Significance

Statistics Provided by CDC in the Suicides Among American Indian or Alaska Native Persons National Violent Death Reporting System, United States, 2015–2020

- Suicide rates among non-Hispanic AI/AN persons increased nearly 20% from 2015 to 2020.
- The highest percentage of AI/AN suicides (46.9%) occurred among individuals aged 25–44 years.
- Nearly 45% of AI/AN suicide decedents lived in nonmetropolitan areas.
- Nearly 55% of AI/AN suicide decedents experienced any relationship problems or losses before their death. This includes intimate partner problems, family relationship problems, and other relationship problems.
- Toxicology testing was performed for 66.6% of AI/AN suicide decedents and 61.1% of non-AI/AN decedents
- Overall, AI/AN decedents had higher odds than non-native decedents of receiving a positive test result for at least one substance in their blood alcohol concentration.

CDC Wonder Database - American Indian/Alaskan Native Deaths by Suicide from 2012-2022

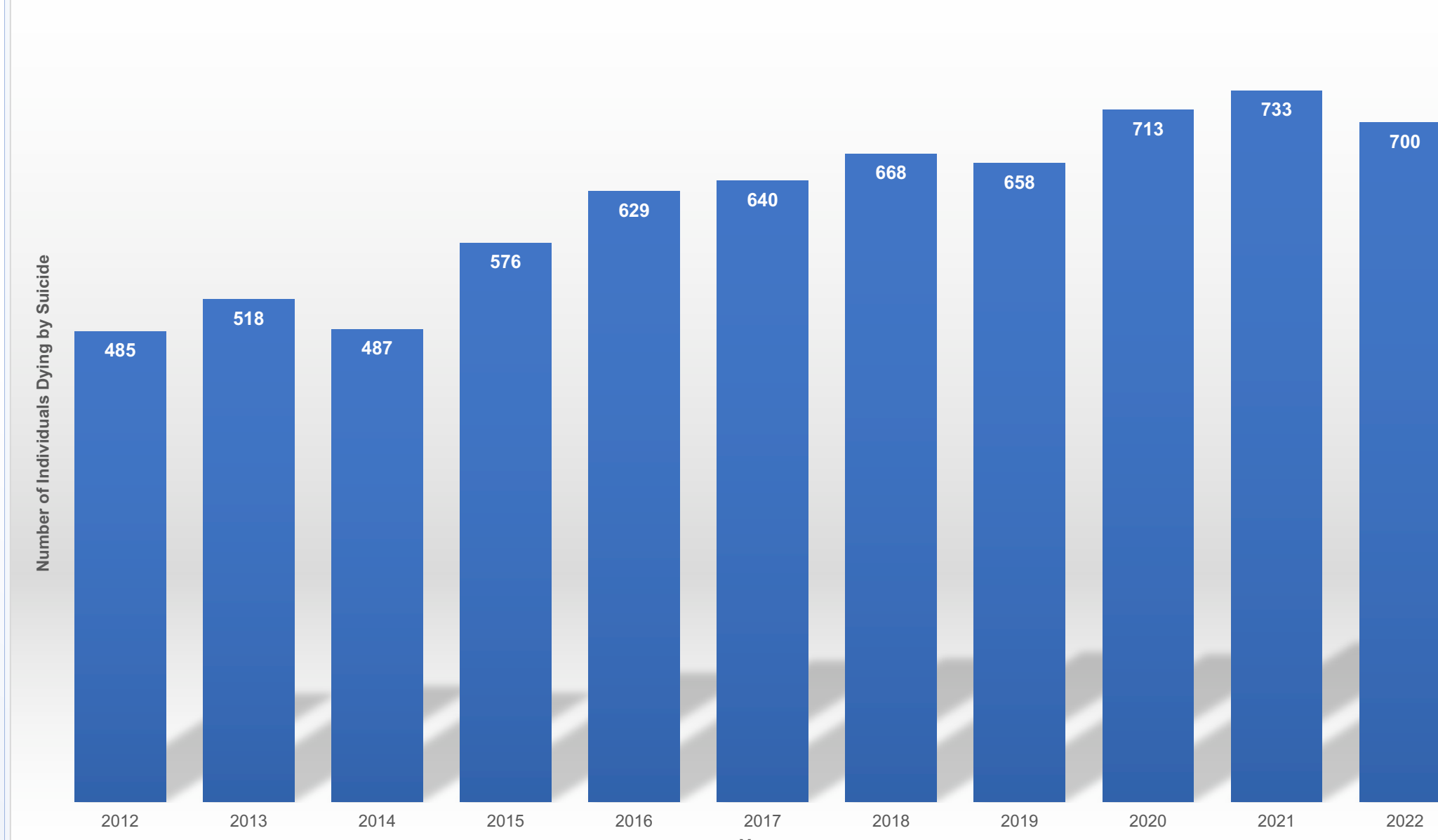


Figure 1: This graph illustrates the trend in American Indian/Alaskan Native suicides from 2012 to 2022. This data was requested by the CDC Wonder database which generated the number of deaths by suicide for the entire American Indian/Alaskan Native population in the United States. I noted that the graph indicates a notable increase following 2020, coinciding with the pandemic.

CDC Wonder Database - American Indian/Alaskan Native Deaths by Suicide (Age Adjusted Rate per 100,000 population)

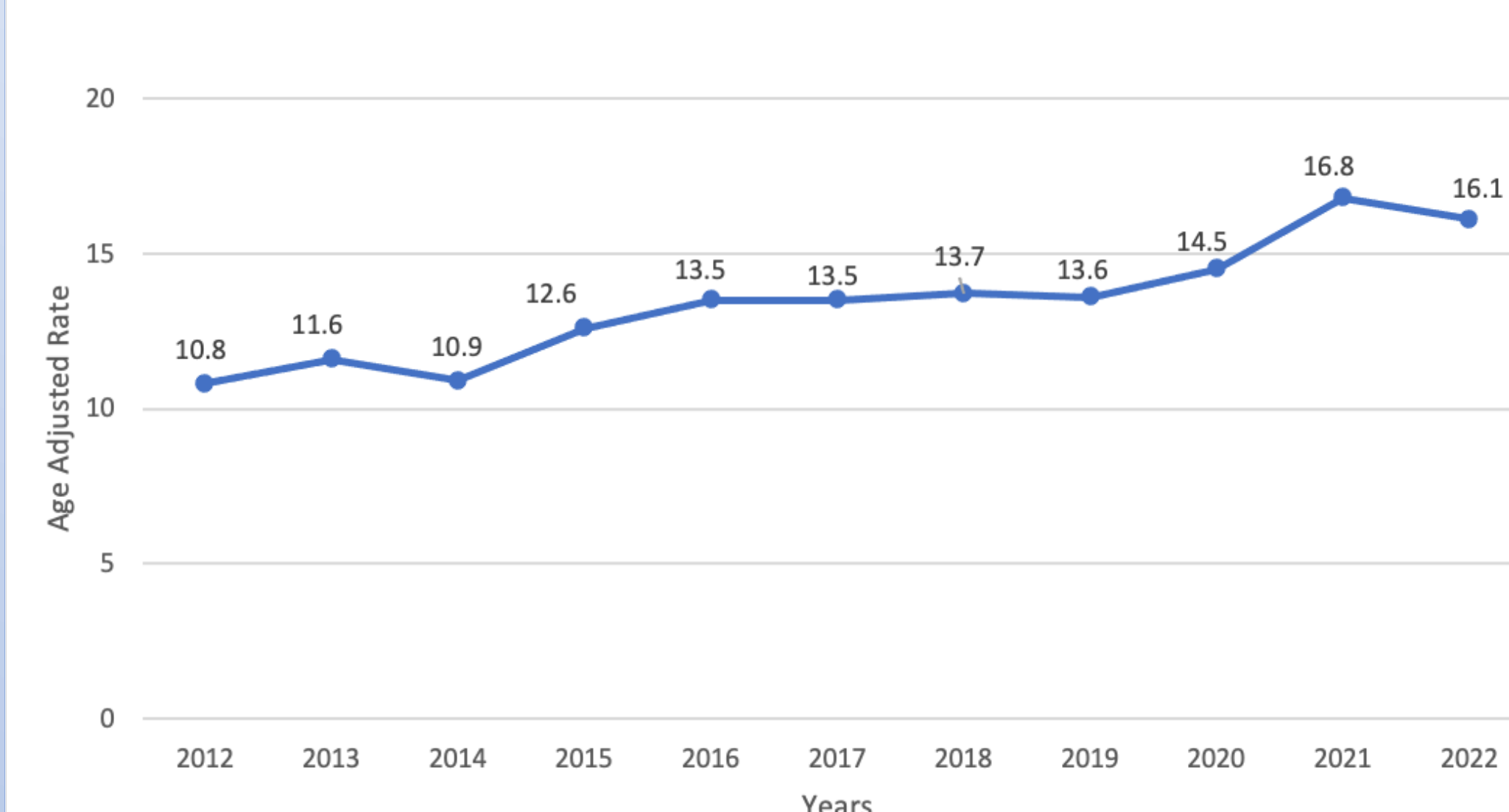


Figure 2 illustrates the Age-Adjusted Suicide Death Rate among American Indian/Alaskan Native populations from 2012 to 2022, showing a notable increase starting in 2020.

Results

Risk Factors

- Unemployment, poverty, and education
- Religion and urbanization
- Age and gender
- Religion, family, and cultural factors
- Gun ownership and substance use
- Acculturation

ACE (Adverse childhood experiences)

- Higher ACE scores for Native American/Indigenous individuals are associated with increased rates of suicidality (suicide attempts and suicidal thoughts).
- Specific ACEs like physical abuse, sexual abuse, emotional abuse, emotional neglect, and parental alcoholism roughly double the risk of alcohol dependence among Native American women, which can contribute to suicidal behavior.
- For Native American men, ACEs like parental alcoholism, physical abuse, physical neglect, or combined physical and sexual abuse increase the risk of alcohol dependence, another risk factor for suicide.
- Studies have found associations between ACEs and increased suicide attempts among Native American populations.
- The lifetime risk of suicide attempt rises by a factor ranging from two to five for people with ACE scores greater than zero, including Native Americans.

Protective Factors

PCE (Positive Childhood Experiences)

1. Cultural Connection and Identity

Engagement in cultural practices and maintaining a strong cultural identity can provide a sense of belonging and purpose. This connection helps Native American children develop resilience and a positive self-image, which are crucial for mental health and well-being.

2. Family and Community Support

These relationships provide emotional support, stability, and a sense of security, which are essential for healthy development and can buffer against the negative impacts of ACEs.

3. Positive Role Models

Having positive role models within the community can inspire and guide children, helping them to develop healthy behaviors and attitudes.

4. Access to Education and Resources

Access to quality education and resources, including healthcare and mental health services, can improve overall well-being. Educational success is linked to better health outcomes and can break the cycle of poverty and trauma.

5. Community-Based Interventions

Programs that are culturally tailored to Native American communities, such as those focusing on traditional healing practices and community cohesion, can effectively address the specific needs of these populations.

6. Resilience and Adaptability

Native American communities have demonstrated remarkable resilience and adaptability in the face of historical and ongoing challenges.

Interventions

Honoring Native Life

Honoring Native Life aims to offer culturally sensitive suicide prevention support to Native American individuals, families, tribes, nations, and pueblos in New Mexico. Based at the University of New Mexico Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health, Honoring Native Life organizes statewide summits. These gatherings bring together youth, tribal leadership, partners, and behavioral health professionals to address critical topics such as community readiness, crisis response planning, and effective suicide prevention strategies.

Community Based Training: Mental Health First Aid

- Adult
- Youth
- Public Safety (First Responders)

Sponsored Instructor Training Certification (75 Individuals)

- Allows anyone who is interested to receive training and offer their services to their own community.
- Information Sessions:
- Discuss suicide and mental health 101
- Stigma reduction within communities

Telehealth

- Offer services to IHS clinics in tribal communities including Arizona, New Mexico, Nevada, and South Dakota.
- UNM CBH offers clinical services and supervision those who are under their assignment.

Grand Mental Health Center Crisis Services

Grand Mental Health is a Certified Community Behavioral Health Center, which means it is a comprehensive community behavioral health provider that helps to increase access to high quality integrated care. CCBHC's must offer community based mental and substance use disorder services, integration with physical health care, utilize evidence-based practices and promote access to high quality care.

Urgent Recovery Clinics (URC) and Crisis Stabilization Units (CSU): are places of stabilization that offer the community a no wrong door access to mental health and substance use care.

Multidisciplinary team: (staffed 24/7/365) Psychiatrist, nurse, licensed behavioral health practitioners.

Comprehensive Crisis Response

- ➔ **Helpline:** Oklahoma's 988 helpline connects individuals to mental health professionals for immediate access to resources or care.
- ➔ **The Mobile Crisis Team:** Includes licensed clinicians and certified peer recovery specialists, provides behavioral health services for suicide prevention.
- ➔ **Follow up & Referral:** Patients receive prompt follow-up for therapy, medication, or inpatient treatment.
- ➔ **Integrated Technology:** Tablets enable staff to deliver telehealth programs to assist first responders quickly.
- ➔ **Transportation:** Available for patients be transported to the nearest Urgent Recovery or Crisis Center.

References

