Suicide and Suicidality in Native American Youth

Doreen Bird, MPH
UNM Department of Psychiatry
Center for Rural and Community Behavioral Health
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Public Health Issue

- More than 30,000 people in the United States die by suicide every year

- Average of 1 person every 14.6 minutes kills themselves.
  Source: http://www.suicidology.org/c/document_library/get_file?folderId=232&name=DLFE-382.pdf
- Average of 1 young person every 1 hour and 57 minutes killed themselves.
  Source: http://www.suicidology.org/c/document_library/get_file?folderId=232&name=DLFE-382.pdf

- There have always been suicides, even in times of great economic prosperity (Durkheim, 1897).

- Suicide is PREVENTABLE!

What does the literature say?

Risk Factors:

- **Previous attempts**
- **Knowing someone who has attempted** or completed suicide; contagion
- **Substance abuse-** In NM, high blood alcohol levels found in people who completed suicide; Often find co-morbidity
- **Mental Illness-** Such as depression, anxiety, trauma, Bi-polar, etc. Early identification and treatment is key!
- **Family or intimate partner conflicts**- Mullany, et al, 2009
- **In NM: teens, having >1 sex partner and having aggression increased risk** (AASTEC, 2011) *
- **Age, Gender**- young males have highest completion rates, and females have highest attempt rates

Mackin, Perkins, & Furrer, (2012)*

For AI/AN youth, the **five strongest predictors** of reported suicide attempts were:

1. **Feeling so sad or hopeless** in the last 2 weeks that you stopped participating in usual activities,

2. **Having an emotional condition** such as anxiety or depression,

3. **Not eating breakfast** 7 out of the last 7 days,

4. Ever **being intentionally hit or physically hurt** by an adult, and

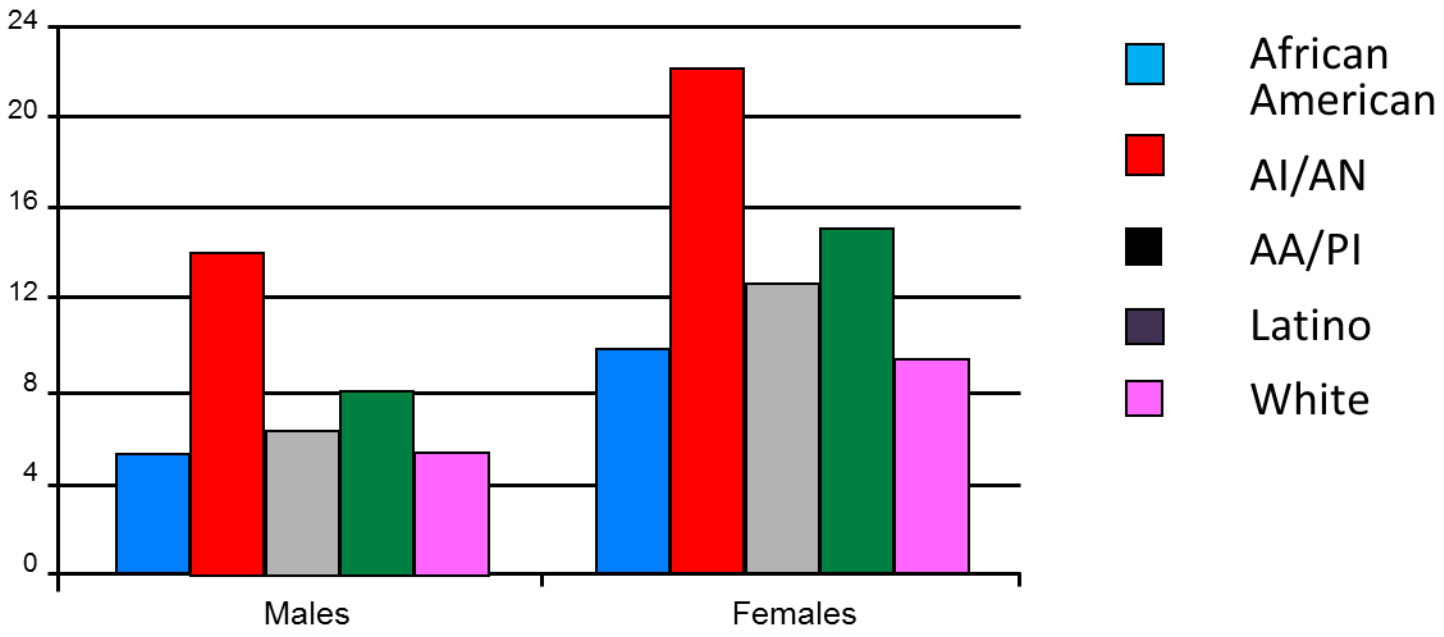
5. Ever having had **sexual contact with an adult**.

Why would a teenager want to kill themselves?

- Relationship problems- Family, intimate partner, friend
- Lack coping skills to deal with life's challenges
- Mental health problems going untreated- Link to Adverse Childhood events
- Substance abuse- alcohol abuse[1] (May, et al 2002), prescription drugs, peer pressure
- Being a victim of bullying[3] (Klomeck et al 2011) , violence, or abuse
- Hopelessness!

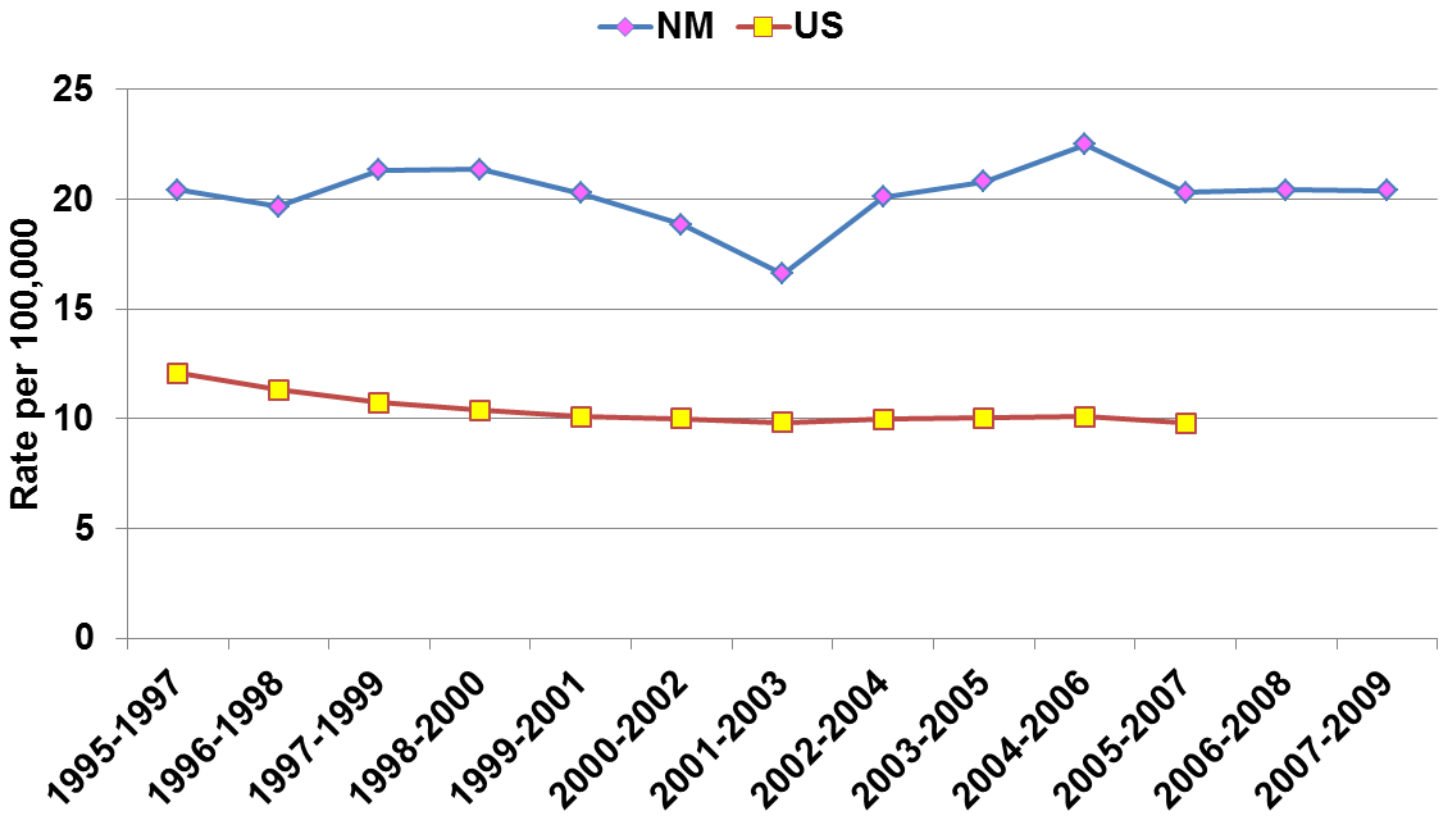
What do the data tell us?

One-year rates of Youth Risk Behavior Surveillance self-reported suicide attempts in the U.S.



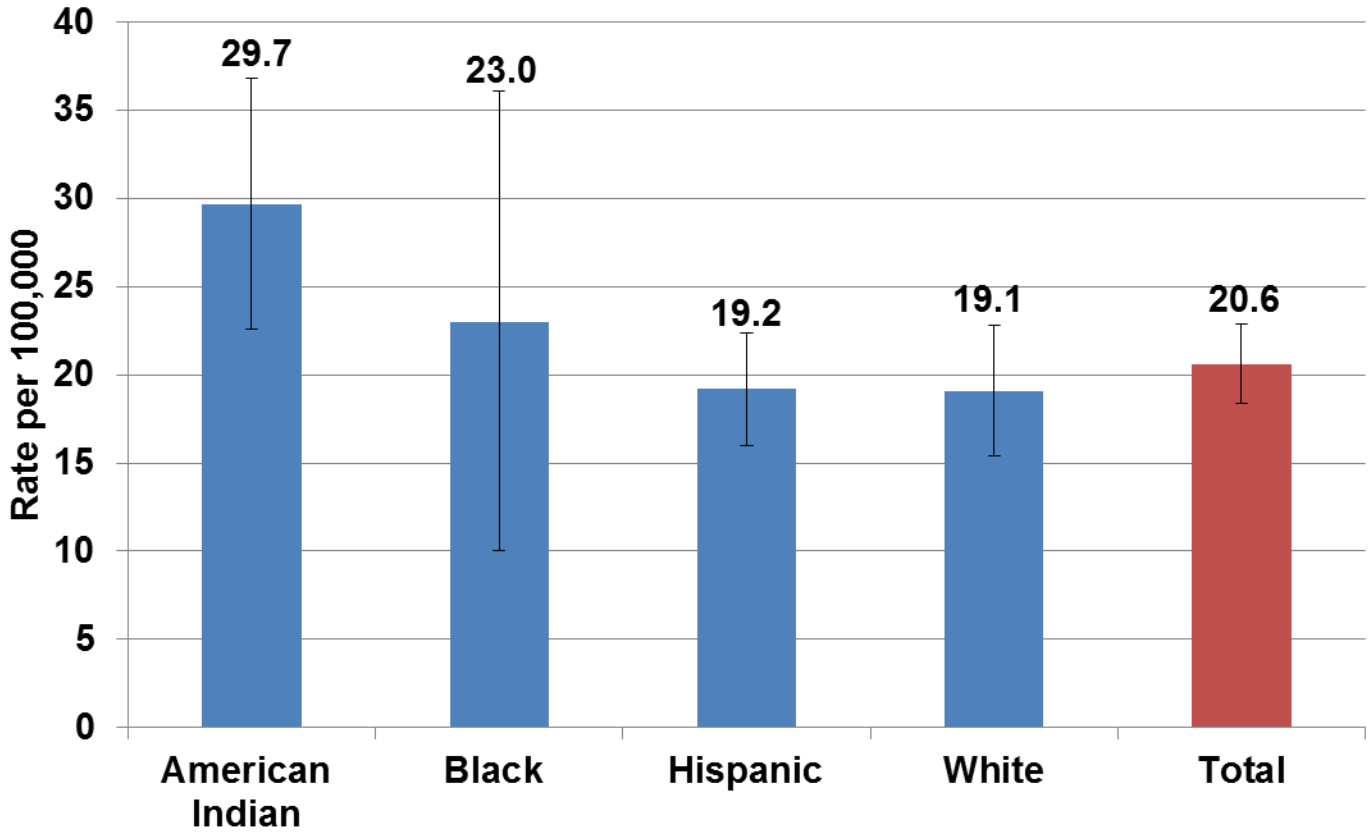
Goldston et al., 2008

Suicide rates among youth 15-24 years, NM and US, 1995-2009



Sources: NMBVRHS, NMDOH; BBER, UNM; CDC, NCHS.
**3-year average rates per 100,000 population.*

Suicide rates among NM youth 15-24 years by race/ethnicity, 2005-2009



Source: NMBRVHS, NMDOH; BBER, UNM.

Southwest Tribal Youth Project, AASTEC*

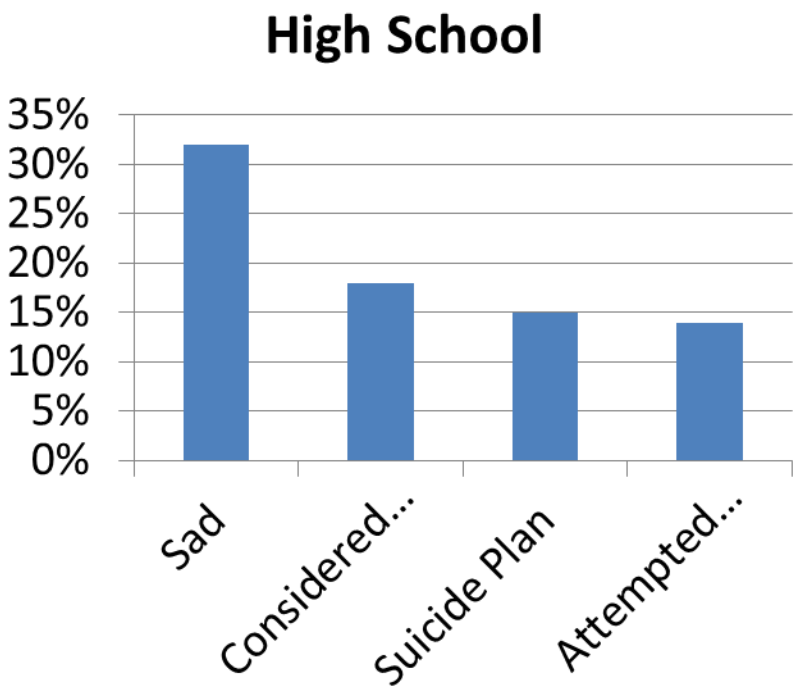
RISK FACTORS	SWTYP %	NM %	US %	Compared to NM, SWTYP rate is...[1]	Compared to US, SWTYP rate is...[1]	NM rank compared to other states[2]
Suicide						
Persistent feelings of sadness and hopelessness**	**34.8**	30.8	**28.5**	- ns -	Higher	4
Seriously considered suicide**	**23.1**	19.3	**14.5**	- ns -	Higher	1
Made suicide plan**	**19.5**	15.1	**11.3**	- ns -	Higher	3
Attempted suicide**	**20.1**	14.3	**6.9**	- ns -	Higher	1
Suicide attempt with injury**	**7.3**	4.8	**2.0**	- ns -	Higher	1

*** In the past 30 days**
**** In the past 12 months**
[1] Indicators in BOLD are statistically significant based on 95% confidence intervals (SWTYP compared to NM and US)
[2] Based on 39 states that participated in the survey

Mental Health among Native American Youth 2009 - AASTEC YRRS Data

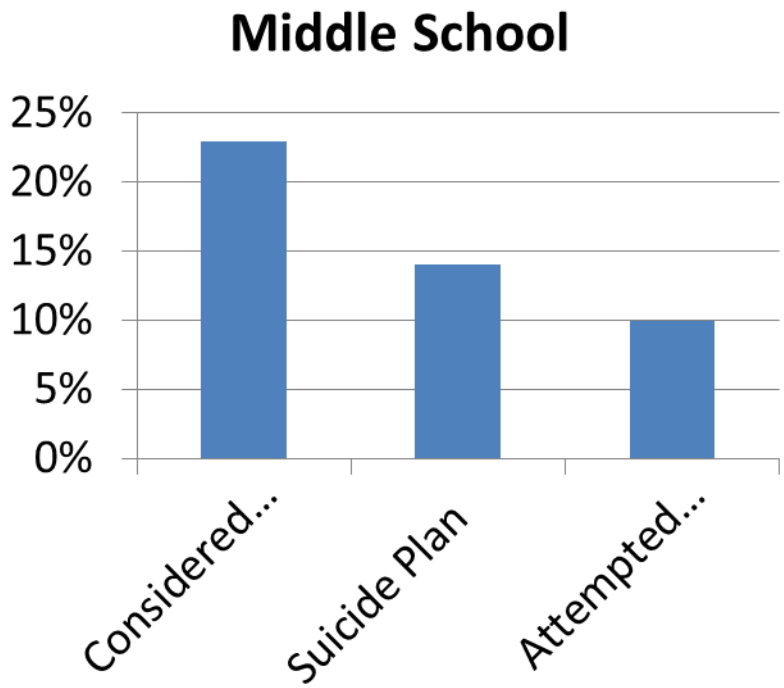
Native American High School Students in New Mexico

- About 1 in 3 Girls & 1 in 6 Boys Report Suicide Issues



Native American Middle School Students in New Mexico

- About 1 in 3 Girls & 1 in 6 Boys Report Suicide Issues



Southwest Tribal BRFSS, AASTEC

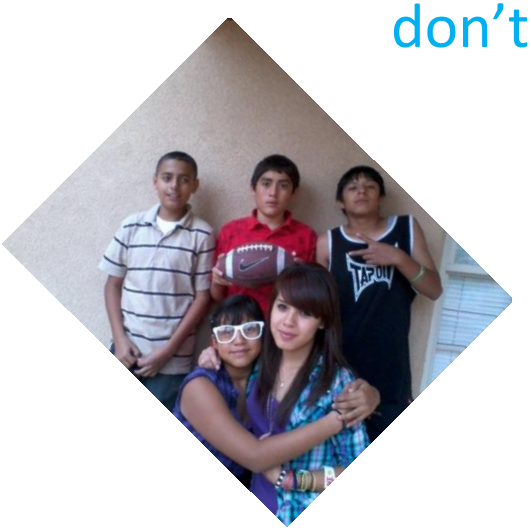
Note the Tribal differences

- **Suicide**
  - Suicide ideation in last year
    Tribe A 5.0 (1.6,8.4)
    Tribe B 8.6 (3.6,13.6)
    Tribe C 1.9 (0.0,5.0)
    Tribe D 15.5 (11.3,19.6)
  - Ever attempted suicide
    Tribe A 5.4 (1.5,9.3)
    Tribe B 10.4 (5.0,15.7)
    Tribe C 9.9 (1.8,17.9)
    Tribe D 10.7 (7.1,14.2)*
    NM 2006 5.2 (4.5, 6.0)
  - Attempted suicide in last year
    Tribe A 0
    Tribe B 1.8 (0.0,4.2)
    Tribe C 3.5 (0.0,8.3)
    Tribe D 3.4 (1.3,5.5)

What is unique about American Indian (AI) youth?

- Community they come from- rural or urban?
- Life in poverty and or substance abuse [a]
- Historical trauma – individual, community, family[1]
- Identity issues- blood quantum, acculturation, traditional vs modern
- School achievement issues- language barrier
- Traditional healing options

- Living in "two worlds"
- "Kids can be evil"
- "…Nobody ever asks us[2]"
- "We just want somebody to listen"
- "teachers label us as special ed because we don't speak up in class"



Cultural barriers can be situation specific

- Some tribes (not all) consider it taboo to talk about death[1]
- Generational differences[2]
- Among and within tribal variation
- Stigma of mental illness

What can we do?

We can all help to increase Protective Factors

Protective Factors

"AI/AN youth had higher thresholds of risk before making a suicide attempt. Protective factors buffered the impact of risk, particularly for higher risk youth."

Mackin, Perkins, & Furrer, (2012).

What can protect AI youth from suicide?

- Social support- peers, family, community, leaders
- Life skills and coping skills
- Traditional culture and involvement in ceremony
- Positive religious influences
- Having good mental health

What can you do?

- Advocate for suicide prevention programs in your schools and communities.
- Become aware of the warning signs of suicide and take action
- Know who to call in case of emergency
- Praise children often
- Contribute to community awareness
- Be willing to ask the hard question
- Get training and become a gatekeeper

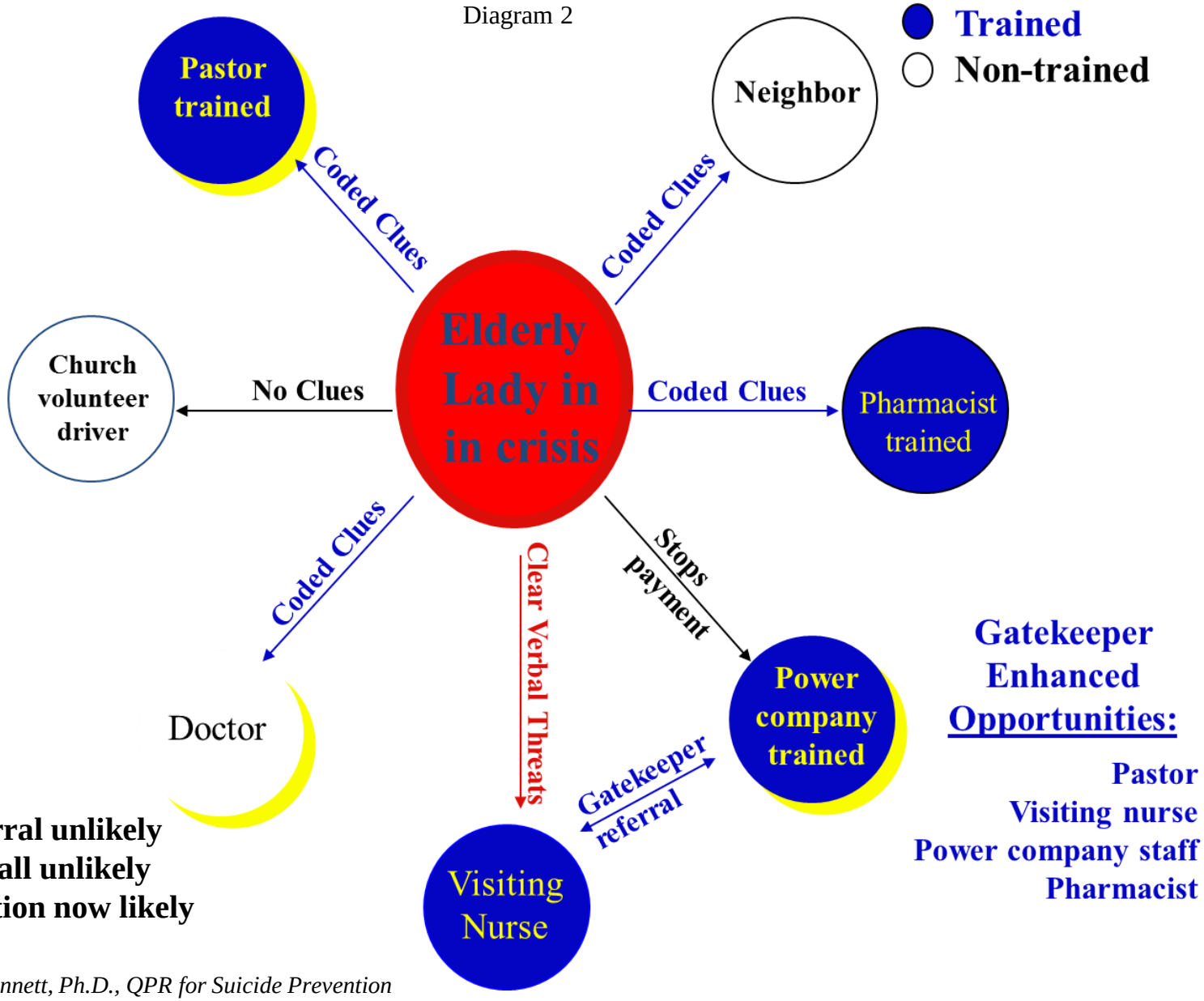
QPR / Gatekeeper training

- **Question, Persuade , Refer**
- 3 simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.

1. recognize the warning signs of suicide
2. know how to offer hope
3. know how to get help and save a life

Gatekeeper Detection Network

Diagram 2



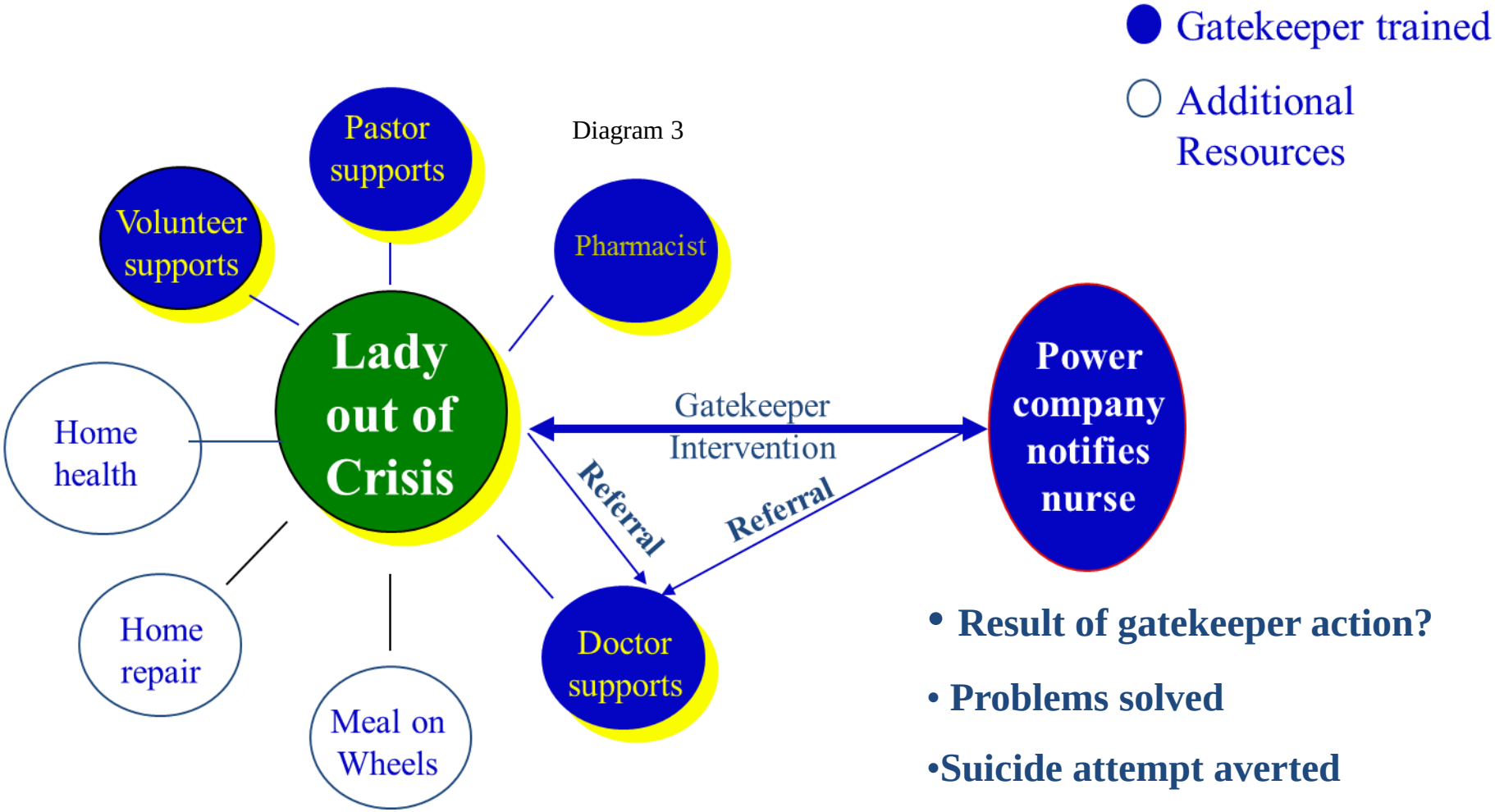
Gatekeeper Enhanced Opportunities:

- Pastor
- Visiting nurse
- Power company staff
- Pharmacist

- **Self-referral unlikely**
- **Hotline call unlikely**
- **Intervention now likely**

Source: Paul Quinnett, Ph.D., QPR for Suicide Prevention

QPR Gatekeeper Network



- **Result of gatekeeper action?**
- **Problems solved**
- **Suicide attempt averted**
- **Social, emotional, medical and spiritual supports now in place**

Source: Paul Quinnett, Ph.D., QPR for Suicide Prevention

Suicide Warning Signs

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself, i.e. searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.

Suicide Warning Signs

- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping to little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings

Source: suicidepreventionlifeline.org

Resources

- www.suicidepreventionlifeline.org/

- How to report suicidal users on facebook
http://www.suicidology.org/c/document_library/get_file?folderId=236&name=DLFE-489.pdf

- www.nmsuicideprevention.org

- Agora Crisis Center : 1-866-HELP-1NM
http://www.unm.edu/~agora/

In case of an emergency- CALL 911

Resources

- I.H.S. AI/AN Suicide Prevention Website-
  http://www.ihs.gov/nonmedicalprograms/nspn/
  - Local and national programs listing

- NM Suicide Prevention Clearinghouse- UNM/CRCBH
  www.honoringnativelife.org
  - SB 417
  - National and Local Library of literature
  - Youth empowerment component

Questions?

THANK YOU!

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Contact info: dbird2@salud.unm.edu