

# Health Research Advisory Council

## Suicide Prevention Research in Indian Country

Suicides and suicide-related behaviors exact a profound toll on American Indian and Alaska Native communities. Suicides reverberate through close-knit communities and continue to affect survivors many years after the actual incident. On a national level, many American Indian and Alaska Native communities are affected by very high levels of suicide, poverty, unemployment, accidental death, domestic violence, alcoholism, and child neglect. According to the Institute of Medicine, an estimated 90 percent of individuals who die by suicide have a mental illness, a substance abuse disorder, or both. According to a 2001 mental health supplement report of the Surgeon General, "Mental Health: Culture, Race, and Ethnicity", there are limited mental health services in Tribal and urban Indian communities. While the need for mental health care is great; services are lacking, and access can be difficult and costly.

Suicide is complex, and there is no single reason, cause, or emotional state that directly leads to suicide. Substantial research has been conducted on suicidal behavior, risk factors, and trigger events in the general population, but research within American Indian and Alaska Native communities is comparatively weak.

### **Disparities in Behavioral Health:**

- Using the latest information available, the American Indian and Alaska Native suicide rate (17.9) for the three year period (2002-2004) in the IHS service areas is 1.7 times that of U.S. all races rate (10.8) for 2003. (This information will be published in the upcoming "Trends in Indian Health, 2002-2003").
- Suicide is the second leading cause of death behind unintentional injuries for Indian youth ages 15-24 residing in IHS service areas and is 3.5 times higher than the national average. (This information will be published in the upcoming "Trends in Indian Health, 2002-2003").
- Suicide is the 6<sup>th</sup> leading cause of death overall for males residing in IHS service areas and ranks ahead of homicide. (This information will be published in the upcoming "Trends in Indian Health, 2002-2003").
- American Indian and Alaska Native young people ages 15-34 make up 64 percent of all suicides in Indian Country. (This information will be published in the upcoming "Trends in Indian Health, 2002-2003").

## Health Research Advisory Committee Recommendations to Address the Lack of Research on Suicide in Indian Country

The mental and behavioral health disparities that exist in American Indian and Alaska Native communities demonstrates a clear need to develop and implement strategies to begin to close the gap in research and access to services. The Department of Health and Human Services has a critical role to play in addressing these disparities including the lack of research on suicide in Indian Country. The Health Research Advisory Committee recommends the following:

- American Indian and Alaska Native communities need to be involved at all levels of research, planning, and service delivery to create prevention programs that are truly community led and driven. This recommendation addresses both the considerations of sovereignty and the development of best practices for suicide prevention.
- Suicide prevention research needs to be framed to address and understand the issue of suicide from an Indigenous perspective, looking for cultural strengths and commonalities. Training also needs to be provided to support cultural competency and the development of research best practices, including qualitative methods.
- Funding agencies need to support long-term initiatives for suicide research efforts to be more successful in American Indian and Alaska Native communities.
- Discussions need to happen with Tribal and community leaders around the research, publication, and the use of data, establishing clear understanding and agreement around the release of the final data.
- Capacity-building needs to happen at all levels to inform researchers, funding sources, and government agencies of specific competencies needed for working with American Indian and Alaska Native communities; and to provide training and information for community members on the resources, skills, and strategies available for building program services.
- Support for community-driven program development to create prevention programs that are culturally relevant and successful and for evaluation for American Indian and Alaska Native communities to validate promising practices were recommended, along with the continued sharing of best practices and models between Indigenous communities.
- Increase collaboration across federal funding organizations involved in research to support the research priorities identified by Tribal leaders.
- Develop and implement the tribal consultation policy for the National Institutes of Health.