

American Indians/ Alaska Natives



This fact sheet is one in a series that summarizes data and research on suicidal behavior among particular racial and ethnic populations.* The term *American Indians/Alaska Natives* (AI/AN) encompasses many ethnic and cultural groups, tribes, and traditions. We use the term here because it is what is used in most national data sets and research. Not all of the facts below apply to all of the subgroups. The Office of Management and Budget defines *American Indian or Alaska Native* as a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.¹ In 2013, AI/AN people comprised an estimated 1.2% of the U.S. population.²

The U.S. Census and national suicide-related data sets categorize data by individual racial groups, (e.g., AI/AN, White) and by one non-specific “other” or “multiple race” category. Therefore, the data in this sheet refer to individuals who classify themselves only as AI/AN and not to those who classify themselves as both AI/AN and of another racial/ethnic background.

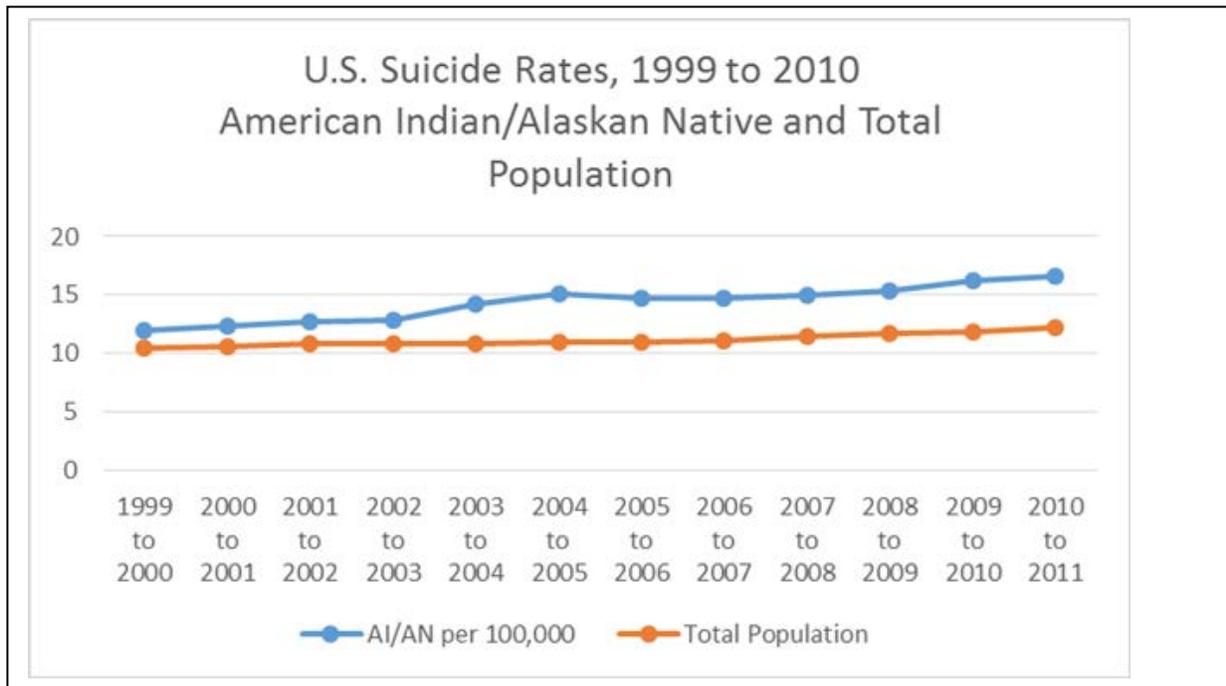


Figure 1
Source: CDC, 2011
Fatal Injury Reports.

Mortality Data

The Centers for Dis

ease Control and Prevention (CDC) reports the following statistics:³

- At 16.93, the suicide rate for American Indians/Alaska Natives of all ages was much higher than the overall U.S. rate of 12.08.
- Suicide was the eighth leading cause of death for American Indians/Alaska Natives of all ages and the second leading cause of death among youth ages 10–24.

* Visit <http://www.sprc.org> for the other fact sheets on suicide among different racial/ethnic populations.

Suicide Deaths: Rates per 100,000 for American Indian/Alaska Native and U.S. Population 2011

age group	American Indian/Alaska Native		U.S. Population	
	Males	Females	Males	Females
total	16.34	4.96	20.23	5.38
15 to 24	27.67	7.07	17.65	4.04
25 to 34	21.52	6.23	23.11	5.96
35 to 64	19.88	7.19	27.55	8.4
65 to 84	11.51	0.73	27.67	4.66
85 +	24.87	0	44.27	3.47

- The AI/AN rate decreases significantly after early adulthood in contrast to the rate in the overall U.S. population, which increases with age.

Despite the general decline in suicide rates as the AI/AN population ages, a recent CDC⁴ study found that AI/AN men and women ages 35–64 had a greater percentage increase in suicide rates between 1999 and 2011 than any other racial/ethnic group.

Suicide Rates of American Indian/Alaska Native Men and Women Ages 35–64

Sex	1999 Suicide Rates	2011 Suicide Rates	% Increase 1999–2011
Men	15.27	19.88	66.79%
Women	4.83	7.19	48.86%

Suicide rates vary widely among tribes. For example, the rate found among the White Mountain Apache people was much higher (45.4 per 100,000) than among all American Indians/Alaska Natives (13.93 per 100,000) in the same time period of 2001–2006. The suicide rate for White Mountain Apache youth ages 15–24 (128.5 per 100,000) was much higher than the rate for all AI/AN youth of the same ages in the same time period (24.62 per 100,000).^{5, 6}

In the years 2003–2006, Alaska Natives had a suicide rate of 51.4, compared to 16.9 in the non-Native Alaska population. However, there was considerable variation in the suicide rates of Natives among the different regions of the state and the different Native ethnic groups, with the Inupiat Eskimos having the highest rates, and the Aleuts having a rate lower than the rest of Alaska.⁷

Suicidal Behavior

Adults

Based on data from a national survey in 2011, 13.1% of AI/AN adults ages 18 and older reported having serious thoughts of suicide in the *past year*, compared to 3.7% of adults in the total U.S. population. The rate among these AI/AN respondents represents a very significant increase over the previous three years since 2008.⁸

Based on data from a national survey in 2010, 1.2% of AI/AN adults ages 18 and older reported having attempted suicide in the *past year*, compared to 0.5% of adults in the total U.S. population.⁹

Youth

AI/AN high school students report higher rates of suicidal behaviors than the general population of U.S. high school students:¹⁰

Results of 2013 Youth Risk Behavior Survey of high school students regarding drinking status and depression, suicide consideration, and developing a suicide plan*

	Depressive Feelings	Considered Suicide	Developed a Suicide Plan
Non-Drinker	34%	17%	20%
Current, No Binge	23%	16%	15%
Current, Binge	30%	15%	16%

Lifetime rates of having attempted suicide reported by adolescents ranged from 21.8% in girls to 11.8% in boys and from 17.6% of both sexes raised on reservations to 14.3% of both sexes raised in urban areas.^{11, 12}

Lifetime rates of suicidal ideation were significantly higher among youth raised on reservations (32.6%) compared to youth raised in urban areas (21%).¹³

Strengths and Protective Factors

Across all populations, some of the most significant protective factors are:^{14, 15}

- Effective mental health care
- Connectedness to individuals, family, community, and social institutions
- Problem-solving skills
- Contacts with caregivers

Two large studies found that for AI/AN youth strengthening protective factors may be more important than reducing risk factors in addressing suicide risk.^{16,17} In addition to the four protective factors above, research has shown the following to be among the most significant protective factors in AI/AN populations:

Community control: In a Canadian study of data from the British Columbia Coroner's Office, tribes with no suicides had more indicators of cultural continuity. Cultural continuity was defined as having infrastructure, such as the presence of cultural facilities, and sovereignty, such as self-government, having

* All of these surveys for the AI/AN Population have the respondent self-identify into one category for which they most identify (American-Indian/Alaska Native, not as AI/AN, Hispanic, etc.). Sample populations range from 609 to 698 based on drinking status and depression/suicidal thoughts/plan.

title to their traditional lands, and the provision of services within the community, including education, police, and fire; health care delivery; and child and family services.¹⁸ In another Canadian study, preliminary evaluative data and Inuit community member narratives indicated that community control in designing and carrying out suicide prevention programming “can be effective towards preventing suicide.”¹⁹

Cultural identification: Alaska Native tribal members following a more traditional way of life reported greater happiness, more frequent use of religion and spirituality to cope with stress, and less frequent use of drugs and alcohol to cope with stress.²⁰

Two studies of Native American youth in the Midwest found that those who had a stronger ethnic/cultural identity were better able to cope with acculturative stress and less likely to have suicidal thoughts.^{21, 22}

Spirituality: Commitment to tribal cultural spirituality (forms of spirituality deriving from traditions that predate European contact) is significantly associated with a reduction in suicide attempts. People with a high level of cultural spiritual orientation have a reduced prevalence of suicide compared with those with low levels of cultural spiritual orientation.²³

Family connectedness: Connectedness to family and discussing problems with family and friends are protective against suicide attempts among AI/AN youth.²⁴

Risk Factors

Across all populations, some of the most significant risk factors are:^{25, 26}

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders
- Access to a means to lethal means

For individuals who are already at risk, a “triggering” event causing shame or despair may make them more likely to attempt suicide. These events may include relationship problems and breakups, problems at work, financial hardships, legal difficulties, and worsening health. In addition, research has shown the following to be among the most significant risk factors for AI/AN populations:

Alcohol and drug use: According to the National Violent Death Reporting System 2003–2009, of AI/AN suicide decedents tested for alcohol, 36% were legally intoxicated at the time of death. There were proportionally more positive test results for alcohol among AI/AN decedents than there were for any other racial or ethnic group.²⁷

In a small 2007–2010 study of White Mountain Apache youth ages 15-24, 64% were “drunk or high” when they died by suicide, 75.7% were “drunk or high” during a suicide attempt, and 49.4% during suicidal ideation.²⁸ In a study of Alaska Natives in Northwest Alaska between 2001 and 2009, about 60% of those exhibiting suicidal behavior (attempts and deaths) had a history of substance abuse.²⁹

In 2011, AI/AN had the highest rate of current illicit drug use (13.4%) among those ages 12 or older compared to any other single racial/ethnic group, and illicit drug use is a risk factor for suicide. The overall rate for all racial/ethnic groups was 8.7%.³⁰

Historical trauma: Attempts to eliminate AI/AN culture—such as forced relocation, removal of children who were sent to boarding schools, prohibition of the practice of native language and cultural traditions, and outlawing of traditional religious practices—have affected multiple generations of AI/AN people and contribute to high rates of suicide among them.^{31, 32}

Alienation: In an analysis of suicide notes to determine motivation, alienation among Native Americans was double that of Whites. Alienation causes a loss of well-being when the individual feels emotionally disconnected from his or her family of origin or culture.³³

Acculturation: Alaska Native tribal members with greater adaptation to the mainstream culture reported increased psychosocial stress, less happiness, and greater use of drugs or alcohol to cope with the stress of navigating the differences between two cultures.³⁴ In less traditional American Indian tribes, there is more pressure to acculturate, greater conflict regarding traditional cultural practices, and a high suicide rate among adolescents and young adults.³⁵

Discrimination: Studies of American Indian youth found that discrimination was as important a predictor of suicidal ideation as poor self-esteem and depression.^{36, 37} This association may be more common among reservation youth than their urban counterparts.³⁸

LGBT AI/AN experience even more prejudice and discrimination and have higher rates of suicide deaths, attempts, and ideation than heterosexual AI/AN and LGBT people of other racial/ethnic backgrounds.^{39, 40, 41, 42}

Community violence: AI/AN youth are 2.5 times more likely to experience trauma than non-AI/AN youth.⁴³ Much of this trauma involves victimization from non-AI/AN perpetrators or from family violence and abuse.⁴⁴

Mental health services access and use: Only 10% to 35% of American Indian adolescents and young adults use professional health services during a suicidal episode.^{45, 46}

There are many reasons for not seeking help. In one study, youth reported that internal factors, such as embarrassment, not realizing they had a problem, a belief that nobody could help, and self-reliance, affected their decisions not to seek help.⁴⁷ There is also a lack of American Indian mental health professionals.⁴⁸ In addition, significant numbers of AI/AN live in rural, isolated areas where it is difficult to get to the few mental health professionals of any racial/ethnic background that are located within a reasonable distance.⁴⁹

Many AI/AN people do not trust mental health professionals because they see mental health services as part of White culture and not sensitive to their culture.⁵⁰ The underlying assumptions driving psychological intervention can neglect the social, societal, and historical issues that many AI/AN people associate with suicide.^{51, 52}

Contagion: Many suicide deaths occur on reservations where AI/AN youth have considerable exposure to suicide.⁵³ Suicide contagion has been observed among both AI/AN adults⁵⁴ and youth, and there is evidence that youth may be at particular risk.^{55, 56}

Relationship of risk factors: The social significance and societal origins of AI/AN suicide underscore the linkages between shared risk factors, such as historical trauma, and personal risk factors, such as acculturation, discrimination, and even reluctance to seek mental health services.^{57, 58}

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