



Suicide Prevention in Indian Country

Suicide rates for American Indians and Alaska Natives (AI/ANs) are four times higher than the national average. Suicide is the second leading cause of death for AI/AN youth between the ages of 15 to 24.¹

This fact sheet, developed for tribal audiences and the agencies that work with them, reviews suicide prevention in Indian Country and how the 2012 National Strategy for Suicide Prevention can apply to tribal communities.

Wellness Efforts in Indian Country

Resilience, empowerment, and hope help AI/AN communities overcome experiences of cultural suppression and trauma. Tribal communities face challenges and risks that are rooted in poverty, chronic trauma, and a lack of resources. Yet AI/AN communities have the knowledge and strength to address suicide when their cultural practices and spiritual beliefs act as foundations for taking action, solving problems, and promoting lasting wellness.

The National Strategy for Suicide Prevention: What Works in Indian Country

The 1999 Surgeon General's Call to Action to Prevent Suicide introduced a blueprint for suicide prevention and guided the development of the 2012 National Strategy for Suicide Prevention. The Strategy is organized into four interconnected, strategic elements. Examples of what works in Indian Country are provided for each element of the Strategy.

Suicide prevention is a health issue that must be addressed at many levels by different groups working together in a coordinated and synergistic way. Federal, state, tribal, and local governments; health care systems, insurers, and clinicians; businesses; educational institutions; community-based organizations; and family members, friends, and others all have a role to play in suicide prevention.

- National Strategy for Suicide Prevention

1. Supportive environments for healthy and empowered individuals, families, and communities

- Implement ongoing and collaborative efforts
- Focus on the community's level of awareness of the issue and readiness for change
- Support the local vision and solutions that come from the community
- Strengthen cultural beliefs and practices
- Promote a sense of belonging and increase protective factors, including strengthening cultural identities, the sense of family and community connectedness, and communication skills
- Build supportive school environments to further increase protective factors by:
 - implementing a life skills curriculum that includes problem-solving and positive thinking
 - instituting strong anti-bullying policies and practices
 - implementing dating violence prevention programs

2. Enhanced clinical and community preventive services

- Implement a trauma-informed care approach to understand and acknowledge the impact and effects of historical trauma and poverty
- Identify and draw upon protective and cultural resilience factors to help restore resilience
- Routinely train substance and clinical service providers in suicide prevention
- Train community prevention and clinical staff in evidence-based interventions
- Assure continuity of care during high-risk transition times

¹ United States. Department of Health and Human Services, Indian Health Service. (n.d.). Trends in Indian health, 2002-2003. Rockville, MD: Indian Health Service.



3. Available, timely treatment and support services

- Address shame, negative attitudes, taboo, and silence about mental and substance use disorders and suicide to allow and encourage culturally appropriate conversations
- Enhance the community's capacity through collaboration efforts and grant writing or administration training
- Provide culturally informed approaches in appropriate cultural settings
- Focus services on groups at increased risk of suicide, including AI/AN youth, suicide survivors, individuals who have attempted suicide, Two-spirited populations, members of the armed forces, and veterans
- Address multi-jurisdictional issues through collaboration and long-range planning
- Provide and monitor post-intervention and aftercare

4. Improved suicide prevention data collection, research, and evaluation

- Build local evaluation capacity and develop infrastructures to gather effective data, as needed
- Consider Indigenous practices for improving knowledge, storytelling, and other indigenous ways of knowing
- Address data collection, research, and evaluation on a tribal level to best navigate issues of sovereignty, confidentiality, and culturally appropriate evaluation methods



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One way to address and prevent suicide is to plan and host a Gathering of Native Americans/Gathering of Alaska Natives (GONA/GOAN) event. The GONA/GOAN facilitates the community's planning process. Examples of cultural activities identified through this process include drumming, dancing, and sweat lodges, all of which build supportive environments and provide opportunities for skill transfer from AI/AN elders to AI/AN youth.

About the Tribal TTA Center

The Tribal Training and Technical Assistance Center (Tribal TTA Center) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Tribal TTA Center uses a culturally relevant, holistic approach to deliver TTA on mental and substance use disorders, suicide prevention, and mental health promotion. TTA is offered to a broad audience of all tribal communities, a focused audience of SAMHSA tribal grantees, and an intensive audience of selected AI/AN tribes per year.

For More Information

To request more information about the Tribal TTA Center or to submit a technical assistance request, call (301) 257-2967 or visit <http://www.samhsa.gov/tribal-ttac>.

Other Helpful Resources

Please review the following resources to help in your suicide prevention efforts.

- SAMHSA's webpage: <http://www.samhsa.gov>
- Suicide Prevention Resource Center (SPRC) webpage: <http://www.sprc.org>
- 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action: <http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf>

