



## Suicidality and help-seeking behaviors in American Indian youth

### Sources:

Chandler, M. J., & Lalonde, C. E. (in press). Cultural continuity as a moderator of suicide risk among Canada's First Nations. Kirmayer, L., & Valaskakis, G. (Eds). *The mental health of Canadian Aboriginal Peoples: Transformations, identity, and community*. Vancouver, BC: University of British Columbia Press.

Freedenthal, S., & Stiffman, A. R. (2007). "They might think I was crazy:" Young American Indians' reasons for not seeking help when suicidal. *Journal of Adolescent Research*, 22, 58-77.

Yoder, K. A., Whitbeck, L. B., Hoyt, D. R., & LaFromboise, T. (2006). Suicidal ideation among American Indian youths. *Archives of Suicide Research*, 10, 177-190.

American Indian youths have the highest suicide rates of all racial/ethnic groups in the United States; First-nation youth in Canada have suicide rates five times higher than the national average. These youth also have significantly lower rates of using professional health services when feeling suicidal. According to recent research, culture plays an integral role in both suicide ideation and willingness to seek help for these feelings.

### Yoder and colleagues:

Interviews were conducted with 201 youth study based in three American Indian reservations in the upper Midwestern United States. Their average age was 12 years and about half (46%) were female. Measures included suicide ideation, enculturation (involvement and identification with American Indian culture), perceived discrimination, negative life events, self-esteem, depressive symptoms, hopelessness, anger, and substance use.

Overall, 9.5% of the youth indicated ongoing thoughts about killing themselves. Females were 2.64 times more likely to have ongoing thoughts about suicide than males. Results from stepwise hierarchical linear regressions indicated that the strongest predictors of suicidality were drug use ( $\beta = .30$ ), enculturation ( $\beta = -.20$ ), perceived discrimination ( $\beta = .19$ ), age ( $\beta = -.19$ ), gender ( $\beta = .18$ ), negative life events ( $\beta = .17$ ), and self-esteem ( $\beta = -.15$ ). In other words, current thoughts of suicide in this sample were predicted by drug use, lower levels of involvement and identification in American Indian culture, higher levels of perceived discrimination, younger ages, being female, more negative life events, and lower self-esteem. Results indicate that more external forces (discrimination, enculturation, negative life events) than psychological variables (self-esteem) are related to suicide ideation in American Indian youth.

### Chandler & Lalonde:

Using data from the British Columbia Coroner's office, the authors calculated First Nation suicide rates from 1993-2000 by tribal band. They found that about 90 percent of the suicides occurred in 12 percent of the bands, and over half of all Native communities suffered no youth suicides. Using an index of cultural continuity which consisted of eight items such as the presence of cultural facilities, self-government, and a history of pursuing land claim, the authors found that having more of these factors was related to lower suicide rates.

### **Freedenthal and Stiffman:**

This study was part of a larger project that investigated the psychosocial problems of 401 American Indian adolescents, about half of whom lived on reservations. The results from this study come from the responses of the 101 participants who reported that they had, at any time in their life, thought about or attempted suicide. Average age of participants was 17.7 years; 72.3% were female and two-fifths indicated they were not currently attending any type of school.

Data were collected via interviews. In addition to suicide ideation, participants were also asked: (1) whether they sought help during the time they were suicidal and; (2) the reasons for not seeking formal and/or informal help (if applicable).

More than one half (59%) of the participants stated that they had only thought about committing suicide; almost 10% reported one suicide attempt and 24% indicated that they had multiple attempts; the remaining participants reported prior attempts but did not indicate number of times. On average, participants first thought about committing suicide when they were 14.4 years old.

Three-fourths of the participants (76%) turned to at least one person for help when feeling suicidal. They were more likely to turn to family and/or friends (63%) than a mental health professional (41%) or school counselor (13%). Over one-third (38%) of those seeking help turned to both formal and informal support. Almost one-fourth chose not to use any help at all. The most frequently stated reasons for not seeking formal help were: felt no help was needed, to avoid stigmatization, and already getting help from family and friends. Reasons given for not seeking informal help included avoiding stigmatization, feeling alone, and fearing the consequences of disclosure (e.g., being committed to a hospital). Overall, reasons for not seeking care were based on “internally driven” barriers, and not structural barriers (i.e., insurance, access to services). Stigmatization was reported as a barrier to seeking both formal *and* informal help.

### **Importance of Culture**

These studies show that cultural factors play a role in both suicidality and help-seeking for suicidal ideation in Native youth. Yoder and colleagues demonstrate that external factors such as discrimination and lack of identification with one’s culture correlate with suicide ideation. According to Chandler and Lalonde, suicide rates among Canada’s First Nation youth vary tremendously by tribal bands, and higher cultural continuity is related to lower suicide rates at a tribal level. Meanwhile, Freedenthal and Stiffman note that feelings of isolation and being stigmatized for one’s suicidal feelings contribute to lack of help-seeking for suicidal thoughts. Overall, these results demonstrate a need to educate Native youth about the importance of acknowledging suicidal feelings and seeking help for them. Mental health awareness should be framed in a cultural context. Cultural factors should also be taken into account when investigating why these youth feel suicidal, yet do not seek help when feeling suicidal.



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