



**Tennessee Suicide
Prevention Network**

"Saving Lives in Tennessee"

Suicide and Native Americans

NOTE: As stipulated by the Office of Management and Budget, the term "American Indian or Alaska Native" denotes someone having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. However, the term encompasses many ethnic and cultural groups, tribes, and traditions. Not all of the facts below apply to all of the subgroups.

- In 2012, suicide was the eighth-leading cause of death for American Indians/Alaska Natives (AI/AN) of all ages and the second-leading cause of death for people aged 10–34. In Tennessee it was the sixth-leading cause of death for American Indians/Alaska Natives between 2001 and 2010.
- At 16.5 deaths per 100,000, the suicide rate for American Indians/Alaska Natives of all ages was than the overall U.S. 2012 rate of 12.9.
- Between 2003 and 2012, there were 16 suicide deaths among American Indians/Alaska Natives in Tennessee, at a rate of 9.2 per 100,000 (compared to the white rate of 15.1).
- Suffocation—hanging, asphyxiation, etc.—is the leading method of death within this population group. Nationally, it accounted for 44% of all Native American suicide deaths in 2010. Firearms accounted for 41% of the deaths.
- The AI/AN rate decreases significantly after early adulthood in contrast to the rate in the overall U.S. population, which increases with age. However, a 2013 recent CDC study found that AI/AN men and women ages 35–64 had a greater percentage increase in suicide rates between 1999 and 2010 than any other racial/ethnic group. Furthermore, suicide rates may vary widely among tribes and locations.
- The national 2013 Youth Risk Behavior Survey found that AI/AN high school students report higher rates of suicidal behaviors than the general population of U.S. high school students.
- Recent studies from Canada observed that tribes with no recent suicides had more indicators of cultural continuity—the presence of cultural facilities, some form of self-government, having title to their traditional lands, and the provision of services like police and health care systems within the community. Community control in designing and carrying out suicide prevention programming can be effective towards preventing suicide.
- Studies have found that Native American with stronger ethnic/cultural identity were better able to cope with acculturative stress and less likely to have suicidal thoughts.
- Other potential protective factors include a commitment to tribal cultural spirituality (forms of spirituality deriving from traditions that predate European contact) and a sense of connectedness.
- According to National Violent Death Reporting System reports from 2003–2009, 36% AI/AN suicide decedents 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. Alcohol and/or drug abuse has been implicated in suicide epidemics in some AI/AN communities.
- Historically, 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 have been implicated in high rates of suicide among this ethnic group. It is worth noting that a 2011 analysis of suicide notes to determine motivation found that feelings of alienation among Native Americans was double that of Whites.
- Community violence is also a major factor. AI/AN youth are 2.5 times more likely to experience trauma than non-AI/AN youth. Much of this trauma involves victimization from non-AI/AN perpetrators or from family violence and abuse. Additionally, particularly strong suicide contagion has been observed among both AI/AN adults and youth.
- Studies show that only 10% to 35% of AI/AN adolescents and young adults use professional health services during a suicidal episode. The reasons for not seeking help are many and diverse. They include internal factors (embarrassment, not realizing they had a problem, a belief that nobody could help, and self-reliance), a lack of American Indian mental health professionals, living in isolated areas with few mental health professionals within a reasonable distance, a lack of trust of mental health professionals because of real or perceived cultural insensitivity. The underlying assumptions driving psychological intervention can neglect the social, societal, and historical issues that many AI/AN people associate with suicide.

Sources: Suicide Prevention Resource Center, Tennessee Department of Health; US Department of Health and Human Services; Centers for Disease Control and Prevention; *Journal of School Health*; *Trauma, Violence, and Abuse*; *Professional Psychology: Research and Practice*; U.S. Commission on Civil Rights; *Aggression and Violent Behavior*; *Archives of Pediatrics and Adolescent Medicine*; *Social Science and Medicine*.

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