Suicide has been the second leading cause of death for 15 to 24-year-old American Indians and Alaska Natives for the past 15 years, so prevention continues to be a priority issue for Native American communities and the mental health providers with whom they work.

“The physical, environmental, social, and psychological conditions that confront American Indian youth are well documented. They face alarming rates of unemployment, alcohol and substance abuse, devastating health conditions such as diabetes, nutritional deficiencies, below standard living conditions, and suicide,” says Denis Nissim-Sabat, PhD, senior policy analyst for the American Psychological Association.

The devastating effect of these conditions becomes apparent when looking specifically at adolescent males.

In 1990, American Indian/Alaska Native males ages 15 to 24 had a suicide death rate of 49.1 per 100,000 resident population, compared to a rate of 23.2 for White males in the same age group. African American, Asian/Pacific Islander, and Hispanic males in the same category all had similar rates—15.1, 13.5, and 14.7, respectively.

The suicide death rate for American Indian/Alaska Native males ages 15 to 24 fluctuated in the 1990s, decreasing to 36.6 in 1999. American Indian male youth still have a higher suicide death rate than the rate of 17.2 per 100,000 for all other males in the same age group.

For the Seneca Nation of Indians, headquartered in Irving, NY, suicide prevention counseling is an ongoing project, but one that has been successful.

Karla Carol Button, a suicide prevention counselor for the Seneca Nation of Indians’ Human Services Unit said, “We try to see how serious they are—but whether they’re capable of carrying out a suicide plan, whether they even have a plan.”

Youth are referred to the Health Services Unit through their parents or other family members, or one of the three local high schools. The word has gone out during the past few years about the availability of suicide prevention counseling—with measurable results. Button reports that the last successful suicide occurred five years ago.

Still, there have been a number of attempts. “Usually it’s when they’re drinking—alcohol is a very big problem, it’s so idolized in American culture—and someone’s who’s drunk does something stupid. Recently, one boy stabbed himself,” Button says.

Button also cites an extremely low high school graduation rate and limited job opportunities. “A lot of what’s available around here are jobs in smoke shops and gas stations—not really a satisfying career,” Button says. “A real jobs program and the jobs to go with it would really help increase the self-esteem of our youth.”

The good news Button offers is that for those who do graduate high school, there are a variety of scholarships available for Seneca youth. “New York State gives each Indian student over a thousand dollars a semester and they’re usually eligible for other grants,” she says. “Plus the Seneca Nation has its own tuition program that funds books and supplies.”

But the big problem is a pervasive lack of self-esteem among the tribe’s youth. “Seneca culture is very important to building self-esteem,” Button says. “That has been stripped away from us over the years—especially through the boarding school program of the late 1800s and early 1900s. Our culture is important because you must figure out who you are first and where you come from to figure out where you are going.”
Suicide Epidemic Continues
Among American Indian Youth

By Jody Vilschick

Closing the Gap, Violence Prevention - Who's Responsible? • January/February 2002

During the 1800s, throughout the United States, the Federal
government took young American Indian children between the ages
of 3 and 16 from their homes and families and placed them in board-
ing schools, where they were systematically alienated from their cul-
ture and religion.

“ Their purpose was to kill the Indian but save the human be-
ing,” says Harry Hill, a suicide prevention counselor for the Native
American Community Services of Buffalo, NY, and a member of the
Iroquois Confederacy in upstate New York. “Parents would walk days
to get to their kids, and when they got to the school, they were told
the kids were somewhere else. The kids were simply told their parents
were dead. Can you imagine a young child being told ‘your mama is
dead’?”

Hill blames the generations of abuse—mental, physical, sexual,
and emotional—that American Indians experienced for the high sui-
cide rates in the American Indian community. “There have been gen-
erations of Native Americans dealing with multiple losses, but with-
out their culture to support them and help them through these losses,”
he says.

Hill, through the Native American Community Services, twice a
year provides month-long workshops for at-risk American Indian youth
who live in urban settings. “We focus on Native American culture and
our own teachings to help them deal with suicide and look beyond it.
One student described suicide as ‘disrespecting the Creator,’ and that’s
really true.

“The Creator has given everyone a gift, a talent, and a work to do.
Our job is to walk through our days and accomplish the work we have
been given. It is our job to seek it and to find it,” Hill says. He consid-
ers the program very successful—in the four years working with the
program in Buffalo, there’s only been one suicide of a youth who par-
ticipated in the program; and in the seven years in which he pre-
sented the program in Ontario, Canada, there weren’t any suicides
among participating youth.

In the boarding schools, American Indian were taught to value
anything but their own identity and culture. “A sense of shame per-
vades our self-image,” Hills says. “So when it comes time to deal with
the idea of suicide or when life gets hard, there’s nothing to help the
individual deal with the process.”

“Another risk factor, across all populations, is exposure to sui-
cide—whether you know someone, or you’ve seen a movie about it or
read a book about a successful suicide,” Hill says. “Most Native Ameri-
can kids have a family member who’s committed suicide. Whether we
like it or not, suicide is a part of our lives right now.”

According to the American Indian and Alaska Native Mental
Health Organization, the American Indians most likely to successfully
commit suicide have the following social characteristics:

- Often a male between 15 and 24 years of age;
- Single;
- Under the influence of alcohol just before his suicide attempt;
- Has lived with a number of ineffective or inappropriate parental
  substitutes because of familial disruption;
- Has spent time in boarding schools and has been moved from
  one to another;
- Has been raised by caretakers who have come into conflict with
  the law;
- Has often been jailed at an early age;
- Has experienced an emotional loss, such as divorce, desertion, or
  death in the family; and/or
- Has experienced a past loss through violence of someone to whom
  he felt attached.

“Sometimes just being there and listening is the key way to pre-
vent suicide,” Hill says. Recently he received a call from a family of a
young suicide, asking him to come speak with and counsel the family,
including aunts and uncles. “Unknown to me at the time, one of
uncles who was there was also the perpetrator of child abuse of the
younger who died,” Hill says. “That uncle came to me and confessed to
me, asking me to help him, so he too didn’t commit suicide from the
guilt of what he’d done to the boy. He became aware of his own
sickness through just talking, and wanted to get help to prevent the
damage from going on.”

For more information, go to the National Strategy for Suicide Pre-
vention Web site at http://www.mentalhealth.org/suicideprevention/