

RECOMMENDATIONS

The final charge of the participants was to generate recommendations for basic and applied research targeting suicide prevention among American Indian and Alaska Native youth. Recommendations appear throughout this volume in various articles and subsequent discussions. During the last session of the conference, the participants highlighted specific lines of inquiry that are summarized below. Because of some basic similarities in target, scope, and areas of emphasis, they have been organized using a format developed by the U.S. Department of Health and Human Services Secretary's Task Force on Youth Suicide (1989). The research recommendations are organized into six major categories: data development, risk factors for youth suicide, evaluation of interventions to prevent youth suicide, suicide prevention services, public information and education, and broader approaches to preventing youth suicide.

#1 Data Development

Develop accurate, timely, and valid qualitative and quantitative data on suicidal behavior among Indian/Native adolescents, using broadly applied instruments and measures as well as culturally specific ones.

- Document the clustering/imitation dynamics of Indian/Native suicide.
- Describe cross-cultural and cross-ethnic definitions of suicide and self-destructive behaviors, and develop lexicon of traditional ideas concerning suicide.
- Conduct psychological autopsies and in-depth case studies of completed suicides and attempts.
- Conduct descriptive epidemiologic studies of suicide and related psychiatric disorders among Indian/Native youth.
- Evaluate the efficacy of broadly applied clinical instruments as to their sensitivity and reliability in Indian/Native communities. As needed, develop culturally sensitive tools for assessing suicidal behavior among Indian/Native adolescents.

- Evaluate current record-keeping systems and practices on children and adolescents in regard to suicide and self-destructive behavior.
- Develop standardized record-keeping and monitoring systems applicable in a variety of service systems, including clinical, educational, and detention. Develop subsequent case registers of Indian/Native suicides and violent deaths.
- Develop a culturally sensitive diagnostic manual and casebook for mental health problems of adolescents.

#2 Risk Factors for Youth Suicide

Conduct multidisciplinary research to determine and evaluate the risk factors for suicidal behavior among this particular population, including community surveillance data, biobehavioral risk factors, antecedent risk factors, and risk factors for suicide clustering and contagion.

Characterize Suicidal Behavior and Suicides

- Complete meta-analytic suicide studies to identify salient environmental and psychological influences.
- Develop empirical typology of attempters/completers and etiological factors from secondary analysis of existing data sets.
- Compare the antecedents of Indian/Native suicide to the antecedents of suicide in the general population.
- Conduct extensive social and clinical histories of suicide victims.
- Uncover situational contexts of attempters — who, what, where, when, and how.
- Study Indian/Native physiology and biochemistry in relation to alcohol and heredity.
- Investigate and compare the epidemiology of cluster suicides with noncluster suicides in Indian/Native communities. Investigate social response to serial suicides and other community variables in Indian/Native communities, where clustering has occurred.

Specific Risk Factors

- Survey local communities in regard to their perception of risk.
- Evaluate the degree of risk for suicide in terms of the following:

lack of attachment and bonding
multiproblem family background
family history of suicide
anomic, situational, and clinical depression
hopelessness
anxiety disorders and states
history of previous attempt
abuse, neglect, and domestic violence
acculturation stress
conduct disorders and behavioral dyscontrol
alcohol abuse and dependence
co-morbidity
fetal alcohol syndrome and mental retardation/
developmentally disabled
gender roles
genetic precursors
neurobiological precursors
temperamental precursors
status of local service ecology
psychopharmacological prescribing patterns
economic factors both at micro and macro levels
social labeling and stigma
place and pattern of residence
detainment and criminal justice encounters

Trigger Factors

- Intoxication
- Acute interpersonal rejection or loss
- Acute actual or perceived failure

Protective Factors

- Ascertain the nature and extent of cultural norms as well as social controls in regard to preventing suicidal behavior.
- Study the positive role of different school environments.
- Examine successfully adaptive versus minimally adaptive family styles using stratified samples longitudinally.
- Evaluate the status of Indian/Native health.

#3 Evaluation of Interventions to Prevent Youth Suicide

Evaluate the efficacy and cost benefit of suicide preventive interventions targeting Indian/Native youth.

- Evaluate treatment outcomes using broadly applied instruments and measures. Assess the efficacy of these instruments to accurately measure outcome in a cross-cultural setting. As needed, develop culturally relevant treatment outcome measures.
- Conduct longitudinal studies of outcomes of preventive interventions targeted to high-risk children.
- Investigate the efficacy of the following:
 - self-esteem programs as they relate to risk for suicide
 - community response teams
 - interventions targeting feelings of isolation
 - problem-solving curriculum as an effective tool in decreasing future family discord and suicide
 - peer-support, peer-counseling networks
 - IHS Suicide Crisis Intervention Team
 - IHS Mental Health Clinical Programs
 - post-interventions, especially in the school setting
 - diagnostic and therapeutic services for preschool children
 - different biomedical treatment modes as preventive efforts (e.g. group vs. individual therapy)
 - in-home services to parents and children during early years
 - programs targeting alcohol and substance abuse
 - “hunter safety” and gun control
 - preventive interventions in correctional settings
 - current hospital emergency room interventions
 - screening and intervention in primary care settings
 - media containment — soft print and broadcast media

#4 Suicide Prevention Services

Support research on the development, delivery, and evaluation of suicide preventive interventions in reducing suicidal behavior among Indian/Native youth.

- Conduct organizational research on successful interagency approaches and barriers to effective service delivery.
- Intervene with high-risk parents to reduce the incidence of suicidal behavior among their offspring.
- Create youth community centers for after school, weekends, and summer use.

- Develop a community intervention approach using several communities with high suicide rates.
- Develop intervention techniques for hospital emergency room use.
- Expand successful demonstration projects with broader range of outcomes.
- Create a primary preventive intervention for suicide clustering.
- Involve Indian/Native adolescents in the design of interventions.
- Target youth who are facing "existential crisis" leaving or staying on the reservation.
- Establish alternatives for children/adolescents whose families are dysfunctional both in and outside tribal settings.
- Survey services actually received by Indian/Native youth.
- Increase access to adolescent-specific mental health services in school-based and youth centers.
- Adapt various risk factor interventions for school curriculum.
- Develop alternatives to incarceration for adolescent substance abuse and status offenders.
- Compare private/state/local/federal strategies and policies for reducing Indian/Native suicidal risk.

#5 Public Information and Education

Develop and evaluate information and education pathways of health service providers and the public in regard to prevention, diagnosis, and treatment of suicide among Indian/Native youth.

Training

Determine the most effective means of recruiting and training mental health clinicians to work in a community-oriented fashion.

- Evaluate the adequacy of child/adolescent training among tribal, state, and federal mental health providers in regard to care for Indian/Native youth.
- Develop culturally meaningful ways of training tribal mental health providers to recognize, assess, treat, and manage the spectrum of psychiatric disorders.

- Ascertain effective methods for organizing and equipping local advocacy groups — youth as well as adult — to prevent adolescent suicide.
- Evaluate the impact of IHS child and adolescent mental health training funds.

Recruitment

Investigate ways to get more qualified people interested in working in these areas.

Public Information

- Describe the paths and dynamics by which information about suicide flows through Indian and Native communities.
- Develop methods for comprehensive networking among individuals, community-based organizations, agencies, and institutions to facilitate suicide research and prevention activities (e.g., a computerized resource directory, central coordination of conferencing).
- Evaluate the compliance of the Bureau of Indian Affairs in meeting the provisions of 25 USC 2455 and 25 USC 2434(b), which require systematic recording and dissemination of information about substance abuse involvement in juvenile criminal encounters.
- Assess the nature and extent of the impact that exposure to media reports about local suicide deaths has on an Indian/Native community.
- Implement knowledge gained in research.

Community Education

- Develop and evaluate the efficacy of educational programs to promote more positive and encouraging attitudes among adults toward Indian/Native youth.
- Investigate the potential of broad-based community education in preventing suicide clusters.

#6 Broader Approaches

Research the combined efforts of all sectors of society, public and private, that address broad preventive strategies targeting a wide range of self-destructive behavior.

Universal/Promotive Interventions

- Develop and evaluate the effectiveness of the following:
 - residential alternatives for Indian/Native children/adolescents living within dysfunctional families
 - cultural heritage immersion programming
 - community youth centers
 - increased access to adolescent-specific mental health services in school-based settings
 - adolescent alcohol/drug abuse treatment programs
 - culturally modified child-rearing intervention based on communal approaches
 - gender-specific interventions based on adult role modeling
 - intensive in-home services to children
 - role of traditional ceremonial activities

System-oriented Change

- Assess the viability of integrating suicide prevention activities with other health promotion efforts.
- Evaluate different models of organizing human services in terms of increased efficacy for detecting and treating individuals at risk for suicide.
- Determine the factors that promote the diffusion of "health care fads" in Indian/Native programs and means for channeling such activities into outcomes consistent with tribal service priorities.

Miscellaneous

- Determine factors that facilitate appropriate tribal consumption of Western technology without undermining existent traditions.
- Investigate the nature and predictors of resiliency among Indian/Native children as well as its relationship to mental health status.

Suicide is the second leading cause of death for young American Indians and Alaska Natives 15 to 24 years of age (USDHHS, 1991). Reiterating the Secretary's Task Force on Youth Suicide opinion that the

factors that contribute to youth suicide in general are complex and defy simple explanations, minority status, thus, can only further complicate these answers. To reduce suicidal behavior among American Indians and Alaska Natives, continued research efforts will entail long term, multifaceted strategies involving culturally competent, multidisciplinary research.

References

- U.S. Department of Health and Human Services. (1989). Report of the secretary's task force on youth suicide. Vol. 1 Overview and recommendations. (DHHS Publication No. ADH 89-1621). Washington D.C.: U.S. Government Printing Office.
- U.S. Department of Health and Human Services. (1991). Trends in Indian health 1991. (300-165/50070) Washington D.C.: U.S. Government Printing Office.