

SUICIDE AND SELF-DESTRUCTION AMONG AMERICAN INDIAN YOUTHS¹

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Abstract: Suicide mortality among most tribes of American Indians has predominantly been a problem of the young. With the recent concern about teenage and youthful suicide in the general U.S. population, it is important to re-examine youthful suicide among Indians and to compare the Indian experience with that of the U.S. Using a variety of data sets, sources, and studies, this paper presents a brief overview of the nature of our knowledge of youth suicide, suicide attempts, and single vehicle crashes among various tribes. Included in the presentation is a brief history of the professional and governmental concern about suicide among Indians and a twenty year follow-up of suicide death at an Intermountain Indian reservation. The variety of prevention and intervention efforts undertaken at this particular reservation are described as positive examples which other communities and/or tribes might follow. Mental health professionals must continue to learn from the experience of tribes and communities who have suffered in the past from epidemics of self-destruction so that the future is more positive.

Of great concern to all U.S. professionals in mental health and education fields is the fact that youth suicide rates have risen dramatically over the past three decades. During this era, the suicide rate among those aged 15-24 years tripled, going from 4.5 per 100,000 in 1958 to 12.1 in 1982 (U.S. Vital Statistics, 1967; National Institute of Mental Health, 1985). The numerical increase in this period was from 1000 to over 5000 deaths each year. A substantial increase has also been registered in suicide among youth aged 10-14 years, but rates in this age group might be more subject to changing definitions of the classification of suicide mortality than to an actual change in behavior.

The increase in youth suicide is greatest among males, particularly white males, who in 1982 had a rate twice as high as black males in the ages 15 to 24 years (See Table 1). White females aged 15-24 have rates of suicidal death which are only one-fourth that of white males, and black females have a rate which is one-fifth that of black males and one tenth that of white males (NIMH, 1985). Therefore, from readily available data published by vital statistics on the two major color/ethnic groups in the U.S., the problem is greatest among whites, particularly males.

The focus of this paper is a brief review of selected studies and data on suicide and self-destruction among American Indians of various tribes. While the above data summarize the trends among the largest

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categories of U.S. youth, this paper will define the nature and trends of suicide among this nation's original ethnic groups, particular tribes of American Indians, all of whom are now a vastly outnumbered minority.

Table 1
Suicide Rates* in the United States by Color and Gender
for Ages 15-24, 1982

Group	Rate
White Males	21.2
Black Males	11.0
White Females	4.5
Black Females	2.2

*Rates per 100,000

General Characteristics of the Indian Population

Currently in the United States there are over 300 different tribes recognized by the federal government. The Indian and Alaska Native population numbered 1.4 million in the 1980 census. Indians therefore are 0.6% of the U.S. population. Of this population, more Indians now live off reservations and away from Native communities (63%) than live on one of the 278 reservations and 209 Alaska Native villages (See Figure 1). Thus the Indian population is no longer predominantly in rural, reservation areas; but most still reside in the Western U.S. in areas and/or states close to their reservation. Since World War II Indians have become more urban and involved in mainstream American society (U.S. Bureau of Census, 1984a; 1984b). Nevertheless the average income for Indian families in the U.S. was considerably lower (\$13,678) than the national average (\$19,917) and twice as many Indians (27.5%) were below the poverty level. The unemployment rate for Indians continues to be higher than national averages (two times) and on some reservations unemployment is over 60% (U.S. Bureau of Census, 1984a, 1984b). The median age of Indians is much younger (22.9 years) than the general U.S. population (30.0 years) due mainly to higher fertility rates in past decades. Finally, the educational attainment of Indians is below national averages especially when measured by college experience (Brod & McQuiston, 1983). While 16% of those 25 years and older in the U.S. population have completed four years of college, only 8% of American Indians have done so (U.S. Bureau of Census, 1984b).

The above statistics are only general averages for a very diverse population. Realistically there is tremendous variation in social, economic, and educational factors from one tribe to the next, one reservation to the next and from community to community. In other words the Apache of New Mexico have very different lifeways from the Quinault of Washington; the

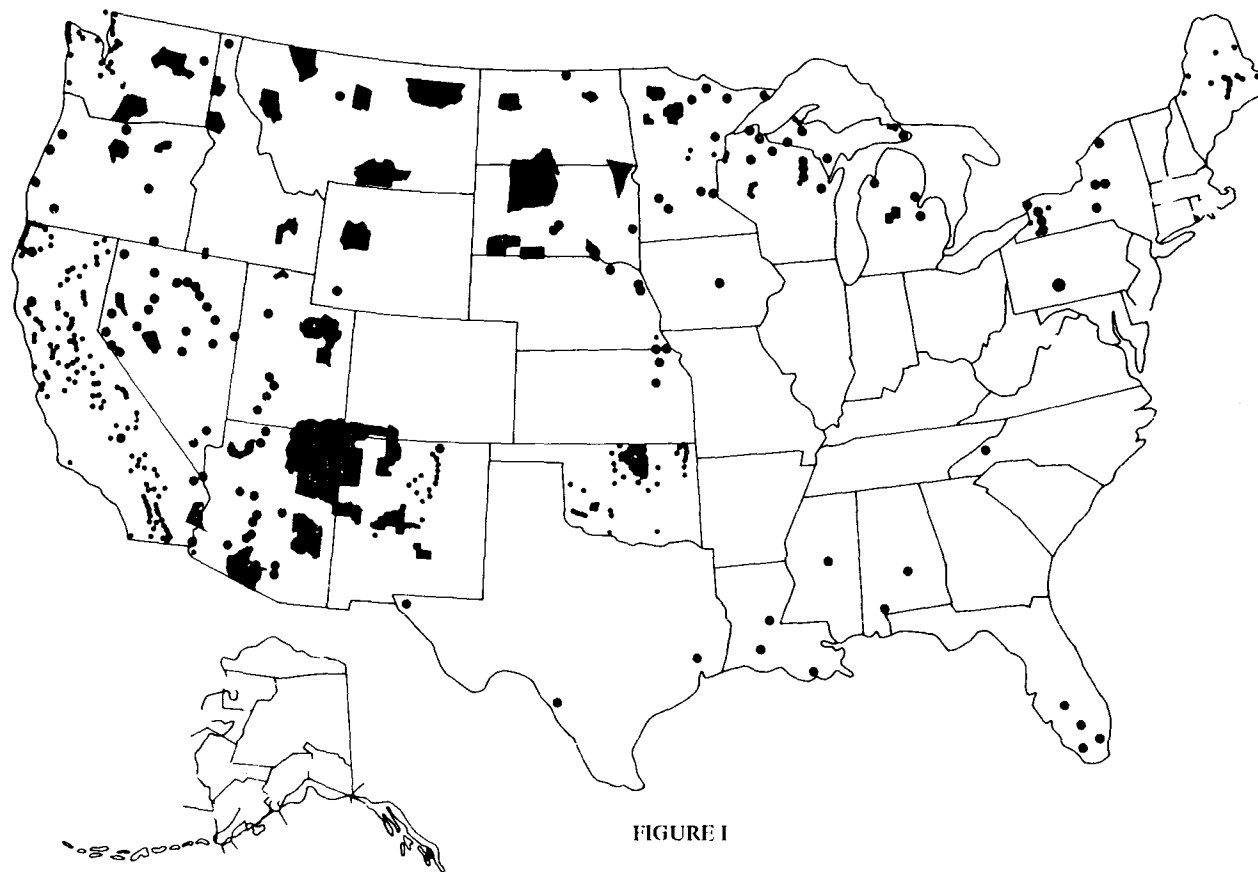


FIGURE 1

FEDERALLY RECOGNIZED INDIAN RESERVATIONS AND ALASKA NATIVE REGIONAL CORPORATIONS, 1985

Source: Native American Science Education Association, 1986

experience on the Zuni Pueblo reservation is very different from that of Taos Pueblo in another part of New Mexico; and the social indicators and experiences of the Indians in Albuquerque, New Mexico are very different from those in Seattle, Washington or Rapid City, South Dakota. The cultural and socio-economic conditions vary tremendously as do the behaviors which result from these conditions. Some tribes and Indian communities are much better off than others, and one must be cautious in generalizing too broadly.

Background on Indian Suicide

Such is the case with Indian suicide. When the first broad, national and governmental attention was focused on Indian suicide, it was 1968. Robert F. Kennedy was head of the Senate Subcommittee on Indian Education and also seeking the Democratic Presidential nomination. On a campaign/fact finding visit to the Intermountain west, he attended a community meeting on a local Indian reservation. On that particular winter day, local concern was acutely focused on the recent suicide of an Indian youth in a local jail. Therefore, in Senator Kennedy's visit of the area, the suicidal death of this youth and the frequency of Indian youth suicide in general became major topics of discussion and concern. With this visit and subsequent events, major press coverage ensued and a number of national news stories were printed throughout the next few years on the "Indian suicide problem." Also following Senator Kennedy's visit, a great deal of the attention of the Senate subcommittee became focused on self-destruction. Federal agency action was prompted by this attention and several agencies began to look into suicidal behavior at this Intermountain reservation.² The National Institute of Mental Health (NIMH) along with the Indian Health Service (IHS) and Volunteers in Service to America (VISTA) initiated pilot studies and efforts on the reservation. By the middle of 1968 preliminary research revealed a rate of suicide at the Intermountain reservation, 98.0 per 100,000 population, for 1960-1967 that was over nine times the national average (Dizmang, 1968). This rate received very wide distribution in the national press and it was often presented as the "Indian suicide rate" and not what it really was: the rate of this particular reservation for a limited period of time. Thus, this series of events spawned a new generalization about Indians, "The Suicidal Indian" stereotype. This stereotype was perpetuated for many years in spite of the fact that some tribes, reservations, and Indian communities had, and continue to have, low and/or moderate rates of suicide. Time has also shown, as we will see in this article, that the high rate at the Intermountain reservation became even higher for awhile, but has declined considerably in recent years. Thus, Indian suicide, like other behaviors, varies tremendously from one location to the next and also over time.

General Characteristics Of Indian Suicide Today

The average suicide rate for U.S. Indians and Alaska Natives for the period 1980-82 was 19.4 per 100,000 which is 1.7 times the rate for the nation as a whole but lower than it was in the earlier 1970's. Looking at youths, the suicide rates for Indians and Alaska Natives aged 10-14, 15-19, and 20-24 were considerably higher. As seen in Table 2, the rate for each of these categories is from 2.8 to 2.3 times as high as general U.S. rates. Therefore, the fact that Indian suicide is predominantly among the young is a first general truth. Conversely, Indians in the older age groups have lower rates than the general population.

Table 2
Age Specific Suicide Rates* of U.S. Indians and Alaska Natives (1980-82)
and the U.S. General Population (1981)

Ages	Indians and Alaska Natives	General U.S. Population	Ratio
10-14	1.4	0.5	2.8
15-19	20.8	8.7	2.4
20-24	36.4	15.6	2.3
All Ages**	19.4	11.5	1.7

Source: Indian Health Service, Office of Planning Evaluation and Legislation data.

*Rates per 100,000 population.

**Age Adjusted Rates to the Standard

Of the approximately forty studies published on suicide among various Indian groups, several other general characteristics emerge. A second truth is that Indian suicide in most tribes is predominantly male. Third, Indian women have particularly low rates of suicide in most tribes. Fourth, Indians generally use highly lethal or violent methods to commit suicide (guns and hanging), more so than other groups in the U.S. Fifth, tribes with loose social integration which emphasizes a high degree of individuality, generally have higher suicide rates than those with tight integration (which emphasizes conformity). Sixth, tribes who are undergoing rapid change in their social and economic conditions have higher rates than those who are not (Levy, 1965; May & Dizmang, 1974; Shore, 1975; Webb & Willard, 1975; Willard, 1979).

We now need to turn to several more specific studies to illustrate and expand upon the above generalities, particularly as they relate to the young people of various tribes.

Characteristics Of Youth Suicide Among Indians Of New Mexico

In New Mexico from 1957-1979, the suicide rate among Indians of all ages increased from 15.1 to 25.7 per 100,000, a 70% increase. In the United States during this period, the increase was 29%, from 9.8 to 12.6. Thus the New Mexico Indian rate increased more rapidly than the U.S., but actually no more rapidly than the overall New Mexico rate. As seen in Figure 2, the New Mexico rate, although lower than the New Mexico Indian rate, increased 92% from 10.2 to 19.6. This pattern of vital events is common among Indian tribes. That is, the tribal patterns will in many cases mirror the patterns of the states in which they live, but the magnitude of the rates is different.

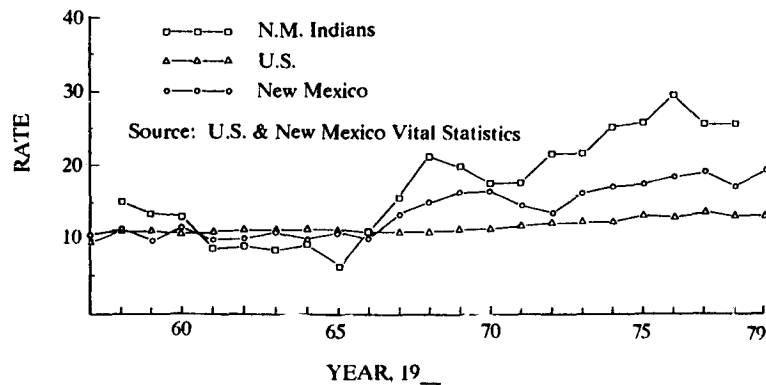


Figure 2
1957-79 Suicide Rates for New Mexico Indians and the U.S.
(Rates per 100,000)

More important than the overall rate is the variation in the rates of different cultural groups in New Mexico. As seen in Figure 3, the Apache, the Navajo and the Pueblo cultures³ had very different rates from one another and rates which varied throughout the 23 year period. In general the more loosely organized tribes, the Apache, had the highest rates, while the Navajo and Pueblo, which are more tightly integrated, had lower rates. This variation is explained in detail by sociological and anthropological theories of social integration which have been applied to the study of Indian suicide by Levy (1965). The reader should note that the Navajo rate was considerably less than 10 per 100,000 throughout the sixties and early 1970's, which is a lower rate than the national average of the same period. This low rate may reflect the strong traditional organization of the Navajo during that time period. In all cases, however, the rates of all three cultural groups increased over the study period. The rate increases among all the tribes (the Apache and Pueblo in the late 60's and the Navajo in the early

and middle 70's) corresponded to increased social contact with mainstream U.S. society. This contact was specifically in the form of wage work, improved transportation and communication and other social development (Van Winkle & May, 1986). As will be elaborated later, this rapid social change is believed by many to have created increased levels of acculturation, stress, anxiety and disruption among particular families and individuals which then resulted in higher rates of suicide (Van Winkle & May, 1986).

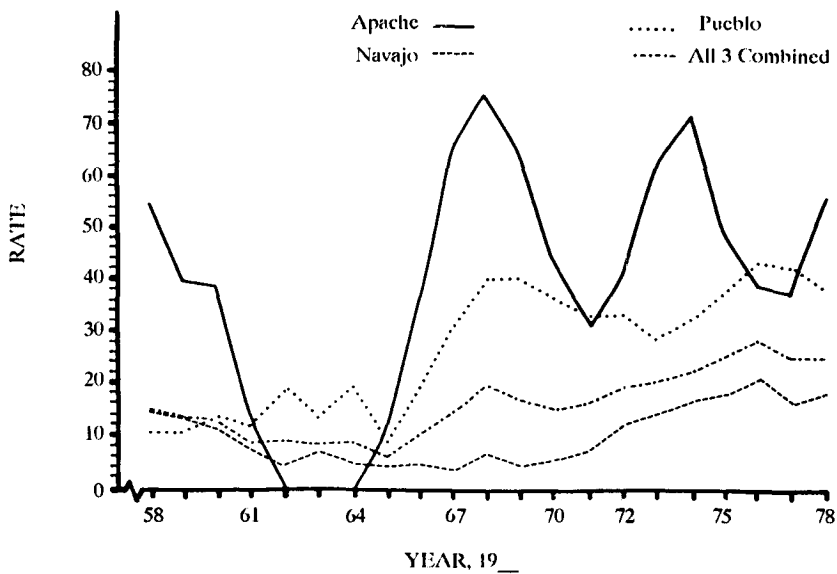


Figure 3
1958-78 Three Year Average Suicide Rates by American Indian Cultural Groups in New Mexico

Focusing more particularly on the youths of these tribes, Figure 4 shows the rate of suicide for those aged 15-24 years. The ratio of New Mexico Indian rates to U.S. rates was 3.7 in 1957-65 and increased to 4.6 by 1973-79. Therefore the New Mexico Indian youth suicide rate was not only greater than the U.S. rate 20 years ago, but it has increased more rapidly than the comparable U.S. rate which has so alarmed health professionals.

An examination of tribal rates shows which tribes in New Mexico have suffered the worst from this increase. In Table 3 the data show the highest rates among the Apaches, the lowest among the Navajo and an intermediate rate among the Pueblo tribes. Unfortunately the young of all three tribes have experienced increases in suicide throughout the period.

Table 3
Age Specific Suicide Rates (per 100,000) for Apache, Navajo, and Pueblo Indian
Youths in New Mexico 1957-68 and 1969-70 and U.S. Rates 1963 and 1974

Ages	1957-1968			U.S. 1963	Mortality Ratio		
	Apache	Navajo	Pueblo		Apache to U.S.	Navajo to U.S.	Pueblo to U.S.
5-14	0.0	0.0	0.0	0.3	0.0	0.0	0.0
15-24	101.3	15.2	28.6	6.0	16.9	2.5	4.8

Ages	1969-1979			U.S. 1974	Mortality Ratio		
	Apache	Navajo	Pueblo		Apache to U.S.	Navajo to U.S.	Pueblo to U.S.
5-14	9.5	0.6	3.4	0.5	19.0	1.2	6.8
15-24	166.8	15.2	29.9	91.7	10.9	2.7	8.4

Sources: U.S. data from U.S. Vital Statistics Annual Reports 1963, 1974, Vol. 1, Part A, Mortality. New Mexico data calculated from New Mexico Vital Statistics.

To further the description of youthful Indian suicide in New Mexico, a summary of the demographic and structural variables is in order. Indian suicides under age 25 constitute a much greater percentage of all Indian suicides than youth suicide among others in the U.S. Among the U.S. general population in 1982, 18.5% of all suicides occurred before the age of 25 (NIMH, 1985), while among New Mexico Indians in the 1970's it was 45% (Van Winkle & May, 1986). Among the Apache the percentage was even higher, 60%. Indian youth suicides of all tribes in New Mexico are predominately male, 90% as opposed to 76% in the general U.S. population. Violent methods are more commonly used by New Mexico Indians than others in the U.S.: firearms 71%, hanging 22%, and overdose 2%. Most New Mexico Indian suicides occur in and around the home (67%) but rural areas and jails are also frequent locations. Virtually all who commit suicide were born locally (98% in New Mexico and Arizona), and the vast majority of all New Mexico Indian suicides lived (over 85%) in reservation communities. A similar percentage, 75%, of the suicides were committed on reservation. Most youthful suicide victims in New Mexico were single, students, or unemployed individuals, most of whom have not served in the military. Finally, May was the most common month of suicide (12%), although there were a minimum of 6% in every month. At least 50% of all suicides occur on the three weekend days, Friday, Saturday, and Sunday (Van Winkle & May, 1986).

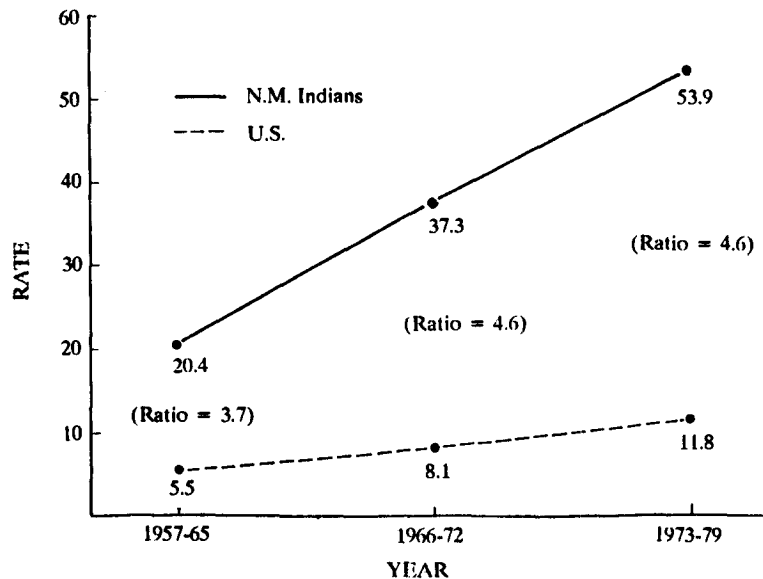


Figure 4
1957-79 Average Suicide Rates for Youth Ages 15-24 for
New Mexico Indians and U.S.
(Rates per 100,000)

In the New Mexico study the Indian communities which had the highest rates of rapid change and acculturation stress generally had the highest rates of suicide, particularly among the youth. When the eight largest Pueblo tribes are classified by their degree of traditionalism (maintaining the old ways) versus their degree of acculturation, the acculturated tribes have the highest rates, the traditional have the lowest and the transitional (not highly traditional or modern) have intermediate rates (Van Winkle & May, 1986). Since youth is a time of great uncertainty with difficult choices to make, Indian youth seem to be the most severely affected by acculturation stress.

Within individual tribes and communities, however, the degree of social integration and acculturation stress affects a limited number of families and individuals so severely that they eventually become self-destructive. When tribal communities are examined, the suicidal behavior is found to be limited to a small number of families. These families, unfortunately, are racked by a variety of problems such as high rates of divorce, desertion, arrest, and abuse of alcohol and other substances (Dizman et al., 1974; Shore, 1975).

Further, when youthful suicides do occur in most Indian communities (most of which are very small) they generally tend to "cluster" together in time and space. That is since suicide, particularly youthful suicide, is a "suggestible behavior" (Phillips, 1974; 1979); one suicide might

trigger one or more additional ones among friends, relatives or others in the same locale who are in similarly unfortunate or hopeless circumstances. Recently (1985) one of these clusters of 9 suicides on a small reservation in Wyoming received considerable attention in national media. These types of "epidemics" in non-Indian communities in Texas, Colorado, Washington, and elsewhere have also been publicized, but the total magnitude (certainly in terms of rate and also in terms of the perspective of the small, minority community) of impact is greater in Indian communities.

Suicide Attempts

Another form of self-destructive behavior of grave concern for Indian youth is suicide attempts. Unfortunately there are only a few studies on suicide attempts among any tribe (Shore, 1975; Conrad & Kahn, 1972). Table 4 presents a summary of the key findings of two comprehensive studies from several reservations. A vast majority of all Indian suicide attempts, 66% in one study, are under age 25 and almost 50% are under 20 years old. Briefly, among the Indian tribes studied those who attempt suicide appear to be qualitatively and quantitatively different than those who complete suicide. Specifically there are far more people who attempt suicide (about 13 to each suicide) than who actually kill themselves. Most Indians who kill themselves are male while those who attempt are female. The method of attempt is most commonly an overdose of medication while few deaths are by this means. In fact, in the Plains reservation attempt study, the amount of overdose was classified by pharmacists as serious in only 23% of the cases, mild to moderate in 39%, and non-toxic in 38% (May, et al., 1973). Indian attemptors are very young on the average, 20.8 years, while suicides are in their upper 20's (May, et al., 1973; Van Winkle & May, 1986). Finally the Plains suicide attempt data indicate that the intent of many who attempt suicide was something other than death, and their actions were usually directed at altering an important interpersonal relationship (43%). Therefore, as in other non-Indian studies which compare suicides with those who attempt, Indian attemptors also appear to be less lethal and/or lower risk in motive and method than those who complete.

Table 4
A Summary of Data on American Indian Suicide Attempts

	Plains Reservation*	Intermountain Tribe**	Northwest Tribes**
Suicides under 25 years old (%)	66		
Ratio of Completes to Attempts	1/13	1/9	1/17
Gender (% Female)	86	50	74
Alcohol/Substance related (%)	55	75	31

Table 4 (Continued)
A Summary of Data on American Indian Suicide Attempts

	Plains Reservation*	Intermountain Tribe**	Northwest Tribes**
Location (%) - jail	2	26	0.5
- home	60	--	--
Method (% overdose)	84	50	50
Hospitalized (%)	42	44	44
No previous attempts (%)	60		
Cry for help made (%)	64		
Age of attemptors (median)	20.8		
Stated reason for attempt (%)			
argument with significant other	43		
to die	18		
Therapist's evaluation of reason (%)			
to change an interpersonal			
relationship	45		
to escape or flee a situation	27		

Source: *May, et al., 1973

**Shore, 1975

An important factor for therapists to remember when working with Indians who have attempted suicide, is the extenuating nature of the minority status and the unique and sometimes less advantageous social conditions generally faced by the patient. An Indian and his/her family may have been subjected to greater levels of social stress and disruption which may have left fewer resources to draw upon in therapy. Therefore, key therapy goals such as dealing with depression, re-establishing strong bonds with significant others, adopting new coping skills, and gathering new resources for change might be more difficult to achieve in a tribal or familial setting where acculturation stress has already compromised the social, psychological, and economic resources. Unfortunately, it is common for most Indian attempts to have come from this type of family situation. However, if the therapist is creative and able to completely explore opportunities of both Western society and traditional Indian culture, the range of therapeutic intervention is great and challenging.

Motor Vehicle Accidents

In order to complete the discussion of self-destruction of American Indian youths, one must briefly mention motor vehicle accidents. Accidental death from motor vehicle crashes is higher among most tribes than the general population of the U.S. The general Indian age-adjusted rate of

death from accidents in 1981 was 136.3 per 100,000 which is 3.4 times the U.S. rate of 39.8. Over half of these accidental deaths are from motor vehicle crashes (Office of Technology Assessment, 1986).

The situation of the Navajo is fairly illustrative of many reservations. Among the Navajo, accidents have been the leading cause of death since the 1950's, causing 4 to 5 times as much death as among the general U.S. population. In 1975-77 the age-adjusted rate of motor vehicle accidents was 152.5 per 100,000 which was 7.1 times the U.S. rates (Broudy & May, 1983). Males are more likely to be killed in accidents than females. The question is, how many accidents are self-destruction?

The existing social science literature which defines this topic has estimated that between 2 and 20% of all single vehicle crashes are of serious suicidal intent (Schmidt et al., 1972, 1977; Tabachnick, 1973). But most of this literature states that the majority of single vehicle crashes are moderately self destructive in that the individual takes great risks in a "game playing" fashion and has an "insufficient concern for his own self-preservation" (Markush, et al., 1968).

There are very few studies on single vehicle crashes among Indians (Wills, 1969; May & Katz, 1981). On and around the Navajo reservation, fatal single vehicle crashes involving Indians were found to be a higher risk group for self-destruction than either Indian fatal multiple vehicle crashes or non-Indian fatal crashes. For example significant differences were found between Navajo single and multiple vehicle crashes in that single vehicle crashes will more likely have: drinking drivers, drivers with an invalid license, drivers with a younger mean age, and crashes not affected by the weather or time of day (May & Katz, 1981). When Navajo fatal, single vehicle crashes were compared with non-Indian fatal, single vehicle crashes, they were again found to be more likely to have: a higher percent of alcohol involvement, drivers with an invalid license, and younger drivers.

A study among the Sioux in South Dakota reported three psychological autopsies of male drivers in fatal crashes (Wills, 1969). In all three cases the drivers were undergoing major life changes and stress and had problems with impulse control, alcohol, interpersonal relations and work which were similar to those described as common in single vehicle crashes among other populations (Schmidt et al., 1972; Shaffer et al., 1974). Self destructive desires and communication of serious suicidal intent varied in the Sioux cases.

In sum, single vehicle crashes among Indian youths may hide some forms of self-destruction and/or suicide as they do other populations. Some scholars refer to this level of suicidal behavior as "para-suicide" in that the behavior might result in death, but the intent is more "fate tempting" than an overt suicide.

The Interrelationship of Self-Destructive Behavior

All of the above behaviors are forces of self-destruction which affect Indian youth. Their interrelationship, while not definitively detailed by research among Indians or other populations, can be depicted in a "set theory" diagram. In Figure 5 the interrelationships of these behaviors is drawn.

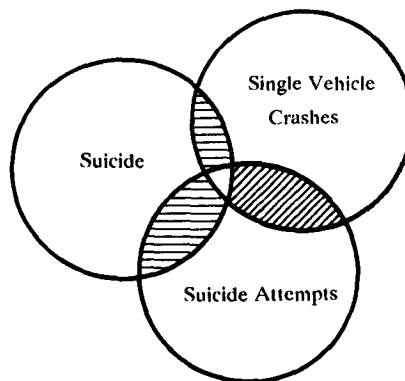


Figure 5
Hypothetical Relationship of Major Self-Destructive Behavior

Suicide attempts and single vehicle crashes, while representing somewhat independent populations from suicide, overlap to a certain degree. That is, 20 to 40% of Indian suicide attemptors may be very similar in intent and motive to those who actually kill themselves. Similarly, those drivers in single vehicle crashes are also a relatively independent population of risk takers of which 2 to 20% may be highly suicidal and some additional percentage is also similar to suicide attemptors in lethality.

The unfortunate problem with these three behaviors, suicide, attempts, and motor vehicle accidents, is that many Indian communities have high rates of one or more, and some have high rates of all three. Therefore the challenge of prevention and intervention is great for many Indian groups. Far too many Indian youths are lost to accidents, suicide, and other traumatic death before they can assume a fulfilling adult role.

Problems, Prospects, and Solutions

This paper began with a discussion of youth suicide in general. If the relatively minor social and economic changes in U.S. society over the last 30 years have produced a tripling of youth suicide rates in mainstream

society, then it may be no surprise that many Indian groups have also experienced increases. When most U.S. youths are faced with problems of adjustment, life meaning, and success in a fast-paced society with an economy of recession, Indian youths are faced with even greater challenges. Minority status, fewer economic and educational advantages, and cultural differences add to the difficulties of transition to adulthood (Berlin, 1986). Indian adolescents must choose from at least two, not totally clear paths, Indian and non-Indian. Those Indians who are the least likely to wind up as statistics in any major category of deviance are well grounded or well situated in both cultures (Ferguson, 1976; May, 1982). The question, then, becomes how to encourage and enhance such development in both the traditional Indian and the modern mainstream societies (Berlin, 1985).

Since the days when the first national attention was focused on suicide at the previously mentioned Intermountain reservation, tremendous strides have been taken by the tribe who resides there. While their success was not immediate, the current suicide rates are enormously improved. Table 5 presents the most recent suicide rates for the Intermountain reservation. Although the "epidemic" or high rates continued into the early 1970's, the more recent years were characterized by substantially lower rates. What was done at this reservation?

The Intermountain people whom I know are proud to discuss the progress they have accomplished. Briefly, they describe the situation of past, present, and future in these terms. When suicide was a problem in the 1960's and early 1970's, people felt as though a "black cloud" hung over the reservation and the two immediately adjoining boarder towns. Tribal identity and the self-esteem of many individuals were low. Social change and modernization were bringing new forces such as television, improved transportation, and new pressure to all tribal members to conform to new values and lifestyles, higher levels of formal education, and new expectations in wage work. The rapid change in values and expectations placed tremendous stress on families and individuals. Faced with such pressures many Intermountain families and individuals were able to cope, adjust, and succeed along fulfilling life paths. But some who were challenged by these forces had weak family ties and inadequate social support systems (Dizmang et al., 1974). With little support and faced with the specific consequences of prejudice and discrimination, a fractionalized (non-Indian) school system, and a world of unclear and seemingly hostile values, some were not able to cope. They then turned to various forms of retreatist behavior including self-destruction.

Table 5
Average Suicide Death Rate (per 100,000) at an Intermountain
Indian Reservation 1972-84

Year	Rate
1972-76	173.14
1977-80	21.47
1981-84	45.43

Source: Data from Indian Health Service, Office of Program Statistics, Washington, D.C., 1987

As the suicide problem affected the outlook and welfare of the entire community, the tribe "claimed ownership" of the problem and set out to alleviate the problem through intervention and prevention at a number of levels. Through positive community action the tribal council endeavored to gain new resources, marshal existing resources (human, social, and cultural) and to apply them to overall community improvement. In fact, for a first intervention upon the specific suicide problem, a "holding facility" was established and staffed by tribal volunteers who would sit with, counsel and support youths considered "at risk" and in "crisis" for self-destruction. Since many of these crises were first brought to the attention of police, health, and community officials on and off the reservation, all were urged to cooperate. Later, grant and contract money was sought by the tribal council and the interventions were expanded to include a broader range of mental health and social services (Shore, et al., 1973). These services expanded the capability of the community to effect secondary and tertiary interventions on self-destruction by combining the strengths of both mental health professionals and the traditional healing practices which existed within tribal culture. Working in coordination with one another, a more competent mental health system has emerged which facilitates access to both medical services and traditional healing approaches. Second, the tribal council worked to develop new resources for all, particularly the youth, in the community. New housing funds were obtained for a number of new dwellings throughout the reservation. New recreational facilities such as a new gym, baseball fields, and festivals and rodeo grounds⁴ were constructed. New relationships were negotiated with local school systems so that more Intermountain youth are now educated for a longer period of time on the reservation where they might benefit from a more positive cultural experience. Many new tribal businesses were created in the late seventies: a large, modern supermarket; a high inventory western store and traditional craft (beadwork, moccasins and other handmade items) sales outlet, tribal gas station, and restaurant. These enterprises have attracted the business of local non-Indians and also that of tourists on the major interstate highway which runs through part of the reservation. Third, tribal services (courts, social services, police, etc.) have continued to

expand and improve over the years through both efficiency of organization and from being staffed by well educated tribal members. The tribal council and its departments are actively involved in a number of health and cultural promotion programs in the schools and other community institutions. Fourth, tribal advocacy and self-determination, which seemed quite rare in the 1960's, have improved. Advocacy in social, governmental, and legal matters has helped the tribe foster its best interests within areas such as protecting its land base, hunting rights, and other concerns. Just as the tribe's Bison herd, established in the late 1960's, has grown from less than a dozen animals to over 400 today, the Intermountain community development efforts have produced positive results.

Things are not perfect at Intermountain today, but no community in the U.S. can claim to be. Problems remain, but as evidenced by the lower suicide rate and other social indicators mentioned above, they certainly are not as manifest as before. As I have been told, the atmosphere at the Intermountain reservation is now more positive and the tribal self-image is good. The importance of tribal customs, community, and family are more generally recognized, acknowledged, and supported. There are now more positive examples, leaders, and role models for the youths to observe and emulate. As with any community today, the Intermountain reservation must continue to evaluate its needs, claim ownership, and advocate for solutions. As the past indicates, they may have done so with the devastating problem of youth suicide, and it appears to have paid more general dividends. Many communities, Indian and non-Indian, can learn from this example.

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Notes

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2. Throughout the paper this particular reservation is referred to as the "Intermountain reservation" and the tribe as the "Intermountain tribe" for anonymity.
3. Apache, Navajo, and Pueblo denote cultural types which are held in common by a number of tribes. For example, in New Mexico there are two separate Apache reservations where two distinct Apache tribes, the Jicarilla and Mescalero live. Similarly the Pueblo culture is represented by 19 different tribes in New Mexico (the Taos, Zuni, Acoma, Laguna, etc.) each having their own reservation.

4. The Intermountain tribal celebration is held in August of each year at the grounds and is now not only a premier event for Indians of many tribes, but it is also a source of true tribal pride.

References

- Belin, I. N. (1985). Prevention of adolescent suicide among some Native American tribes. *Adolescent Psychiatry, 12*, 77-92.
- Berlin, I. N. (1986). Psychopathology and its antecedents among American Indian adolescents. *Advances in Clinical Child Psychiatry, 9*, 125-152.
- Brod, R. I., & McQuiston, J. M. (1983). American Indian adult education and literacy: The First National Survey. *Journal of American Indian Education, 1*, 1-16.
- Broudy, D. W., & May, P. A. (1983). Demographic and epidemiologic transition among the Navajo Indians. *Social Biology, 30*, 1-16.
- Conrad, R. D., & Kahn, M. W. (1974). An epidemiological study of suicide and attempted suicide among the Papago Indians. *American Journal of Psychiatry, 131*, 69-72.
- Dizman, I. H. (1968). *Observations on suicidal behavior among an Intermountain tribe of Indians*. Presented at the first annual National Conference on Suicidology, Chicago, IL.
- Dizman, I. H., Watson, J., May, P.A., & Bopp, J. (1974). Adolescent suicide at an Indian reservation. *American Journal of Orthopsychiatry, 44*, 43-39.
- Ferguson, F.N. (1976). Stake theory as an explanatory devise in Navajo alcoholism treatment response. *Human Organization, 35*, 65-78.
- Levy, J. E. (1965). Navajo suicide. *Human Organization, 24*, 308-318.
- Markush, R. E., Clark, J., Leibel, P., Adams, C., & Ryterband, B. (1968). Motor vehicle accidents in the U.S. (1906-1964). *Journal of the American Medical Association, 203*(2), 88-93.
- May, P. A. (1982). Substance abuse and American Indians: Prevalence and susceptibility. *International Journal of the Addictions, 17*, 1185-1209.
- May, P. A., & Katz, P. S. (1981). *Single vehicle crashes among the Navajo Indians*. Unpublished manuscript.
- May, P. A. et al. (1973). *Suicide and suicide attempts on the Pine Ridge Reservation*. Pine Ridge, SD: Community Mental Health Program of the Indian Health Service.
- National Institute of Mental Health (1985). *Mental Health, United States 1985*. Washington, D.C.: U.S. Government Printing Office.

- Office of Technology Assessment. (1986). *Indian Health Care*. Washington, D.C.: U.S. Government Printing Office.
- Phillips, D. P. (1974). The influence of suggestion on suicide: Substantive and theoretical implications of the Werther effect. *American Sociological Review*, *39*, 340-354.
- Schmidt, C. W., Perlin, S., Townes, W., Fisher, R., & Shaffer, J.W. (1972). Characteristics of drivers involved in single car accidents. *Archives of General Psychiatry*, *27*, 800-803.
- Schmidt, C., Shaffer, J. W., Fisher, P. S., & Zlotowitz, A. I. (1977). Suicide by vehicular crash. *American Journal of Psychiatry*, *30*, 508-511.
- Shaffer, J. W., Townes, C. W., Schmitt, C. W. et al. (1974). Social adjustment profiles of fatally injured drivers. *Archives of General Psychiatry*, *30*, 508-511.
- Shore, J. H. (1975). American Indian suicide - Fact and fantasy. *Psychiatry*, *38*, 86-91.
- Shore, J. H., Bopp, J. F., Dawes, J. W., & Walter, T. R. (1972). A suicide prevention center on an Indian reservation. *American Journal of Psychiatry*, *128*, 76-81.
- Tabachnick, N., et al. (1973). *Accident or suicide?* Springfield, IL: Charles C. Thomas.
- U.S. Bureau of Census. (1984a). *American Indian areas and Alaska Native villages, 1980*. Supplementary Report (PC80-51-13). Washington, D.C.: U.S. Government Printing Office.
- U.S. Bureau of Census. (1984b). *A statistical profile of the American Indian population: 1980 Census*. Washington, D.C.: Census Fact Sheet.
- U.S. Vital Statistics. (1967). *Suicide in the United States: 1950-1964*. Washington, D.C.: U.S. Government Printing Office (N.C.H.S. Series 20, Number 5).
- Van Winkle, N. W., & May, P. A. (1986). Native American suicide in New Mexico, 1967-1979: A comparative study. *Human Organization*, *45*(4), 296-309.
- Webb, J. P., & Willard, W. (1975). Six American Indian patterns of suicide. In N. L. Farberow (Ed.), *Suicide in Different Cultures* (pp. 17-33). Baltimore, MD: University Park Press.
- Willard, W. (1979). American Indians. In I. D. Hankoff & B. Eihssider (Eds.), *Suicide* (pp. 200-307). New York, NY: PSG Publishing Co.
- Wills, J. E. (1969). Psychological problems of the Sioux Indians resulting in the accident phenomena. *Pine Ridge Research Bulletin*, *8*, 49-63.