

INTRODUCTION

Suicide and self-destructive behaviors among American Indians and Alaska Natives, particularly adolescents, are issues of serious public health concern. The average suicide rate for American Indians and Alaska Natives from 1980-82 was 19.9 per 100,000, which was 1.7 times the rate for the nation as a whole. Suicide rates for Indians and Natives ages 10-14, 15-19, and 20-24 were considerably higher than national averages, specifically, 2.8, 2.4, and 2.3 times greater. Indian suicide patterns are more common among adolescents and young adults, especially for males. From the more than 40 studies published on American Indian and Alaska Native suicide, several general patterns can be described. Suicides are most likely to occur among males, to have been associated with heavy alcohol use and abuse, and to be carried out by highly lethal means such as guns or hanging. In addition, the victims are more likely to come from tribal groups with loose social integration as a part of their cultural tradition, cultures which emphasize a high degree of individuality, and ones that are undergoing the most rapid acculturation pressures and socioeconomic change.

This issue presents a new and diverse set of reports that add to our insights concerning risks, associated socioeconomic and health factors, and patterns of completed and attempted suicides. The chapters emphasize prevention strategies, provide an example of a public health approach on individual reservations and throughout the Indian Health Service, and analyze patterns of suicide, and suicide attempts. The contributors, Neligh, Claymore, Bechtold, Forbes, DeBruyn, and colleagues, represent a spectrum of dedicated individuals who are studying this serious problem from the points of view of health providers, administrators, researchers, and program developers.

Neligh's chapter on prevention strategies that can be applied to suicide among American Indians provides a comprehensive review and proposes a new model for identifying and intervening with high-risk individuals. He offers a conceptual framework to identify disorders that may be associated with self-destructive behaviors in three categories: a) disorders that run a time-limited course and are readily treatable, but which pose a substantial short-term risk for suicide; b) disorders with a chronic risk of suicide that need specialist attention and long-term follow-up to decrease the risk; and c) disorders that increase suicidal risk for an otherwise low-risk population such as situational stress with alcohol abuse. His clear distinction of levels of prevention intervention and systems analysis for points of public health intervention is a valuable framework for the remaining chapters.

Claymore reports an analysis of Indian Health Service medical records of suicide attempts and completed suicides from a Sioux reservation. Her methodology is straightforward, has application to all Indian Health Service units, and adds to our understanding of the high-risk profiles and the cultural and tribal specificity for suicide patterns and risk groups.

Bechtold adds to our understanding of Indian adolescent suicide epidemics by focusing on the cluster pattern. He specifically reports the clustering of an adolescent suicide epidemic in a Plains Indian community and demonstrates the significant relationships among the victims. His observations include cultural factors which might reinforce self-destructive behavior among high-risk individuals. The article also provides important examples of behavioral modeling and reinforcement that can accelerate the contagion for self-destructive behavior.

Forbes and Van Der Hyde present a regional study of suicide in Alaska from 1978 to 1984. Their data refute recent reports that the Alaska Native suicide rate has declined dramatically since 1976, and support the common knowledge that the problem is particularly serious for younger males. The work by Forbes and Van Der Hyde as well as Claymore emphasizes the importance of ongoing research to update, clarify, and, at times, correct misunderstandings concerning changing suicidal patterns. This suicidology research is particularly important to identify early trends that may signal an upswing in the suicide rate and allow for earlier programmatic intervention. In past research it has also been important to identify high-risk tribes that are in need of specific intervention services.

DeBruyn and her colleagues propose a community approach for intervention with individuals who are considered high-risk for suicide and violence. Their model includes the Special Initiatives Team of the Indian Health Service and adds a national dimension through the Indian Health Service to our view of effective program planning and intervention strategies. An important effort of the Special Initiatives Team has been the publication of an annotated bibliography by May on *"Suicide and Suicide Attempts among American Indians and Alaska Natives."* This contribution, which can be requested from the Office of Mental Health Programs Branch, Special Initiatives Team, 2401 12th Street, N.W., Albuquerque, New Mexico 87102, is a comprehensive review of 132 publications through July, 1987, and, as this issue, furthers efforts to provide information that will serve American Indian and Alaska Native people in the prevention of suicide.

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