8. Mental Health and Suicide

Mental health is closely tied to and affected by our physical, social, and spiritual health. Historical trauma, community violence, family history, and drug or alcohol use can all contribute to poor mental health outcomes. Common mental health conditions include depression, anxiety, panic disorder, attention deficit disorder, and obsessive-compulsive disorder. Patients can manage these conditions with proper treatment from qualified medical providers.

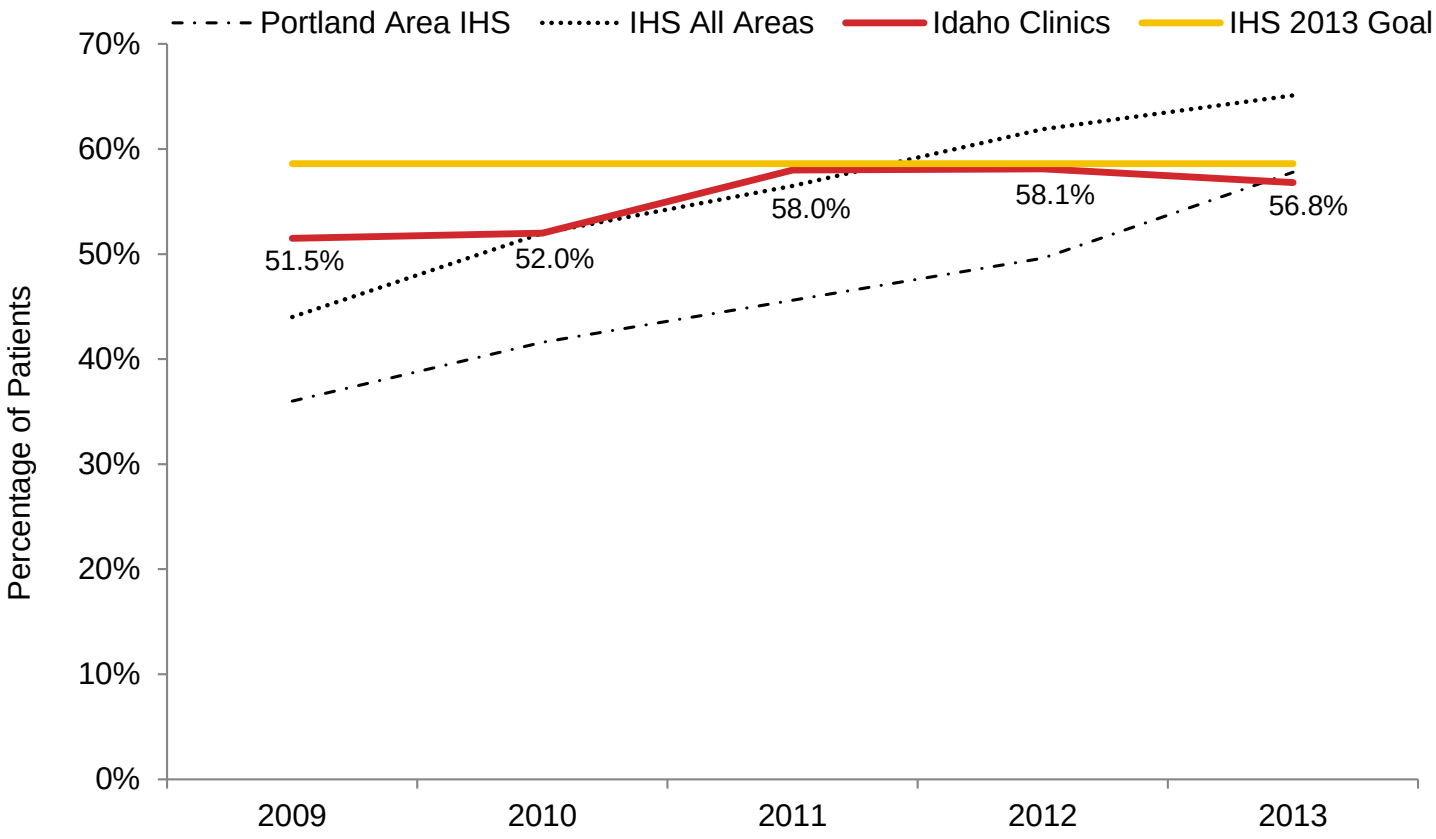
Self-harm and suicide are among the most tragic consequences of mental health illness. Suicide rates for AI/AN are typically highest in early adulthood and decrease with age, while suicide rates in the general population tend to increase with age. In recent data from the CDC, suicide was the second leading cause of death for AI/AN teens and young adults. At the state level, annual suicide rates for AI/AN tend to fluctuate widely because the actual number of deaths each year is relatively small. Data from several years are often compiled to address this challenge.

About half of the patients seen in Idaho Indian health clinics were screened for depression, which is close to the IHS goal for this screening. However, suicide remains a top killer of AI/AN in the state, and compared to NHW, suicide mortality rates were about 40% higher for AI/AN. Males had about three times higher risk of suicide death than females.

Depression Screening

IHS tracks the percentage of AI/AN patients ages 18 years and older who received a depression screening in the past year. Since 2009, the screening rate for depression has increased for Idaho clinics, the Portland Area IHS, and the national IHS (Figure 8.1). The national IHS average exceeded the 2013 goal of 58.6%, while the screening rate for Idaho clinics and the Portland Area IHS were slightly below the 2013 goal for this measure.

Figure 8.1: Percentage of IHS AI/AN patients (ages 18 and older) who were screened for depression during the past year, 2009-2013.



Data Source: Portland Area Indian Health Service.

Data Notes: Data labels only shown for Idaho clinics.

Idaho clinics include non-urban federal and tribal Indian health facilities in Idaho. Portland Area IHS clinics include non-urban federal and tribal Indian health facilities in Idaho, Oregon, and Washington.

Suicide Mortality

Suicide is the sixth leading cause of death among Idaho AI/AN. Figure 8.2 shows the age-adjusted death rates for suicide among AI/AN and NHW in Idaho. Male AI/AN are over three times more likely to die from suicide than females. While the rates of completed suicides are much higher for males, it should be noted that several studies have found that females are more likely to attempt suicide than males; however, females are less likely to choose a violent mechanism and so are more likely to survive the attempt[1,2]. Compared to NHW, AI/AN suicide rates are 40% higher. Among AI/AN in the Northwest, those living in Idaho have the highest suicide rates of the three states.

1. Dorgan BL. The Tragedy of Native American Youth Suicide. Psychological Services 2010;7(3):213-218.

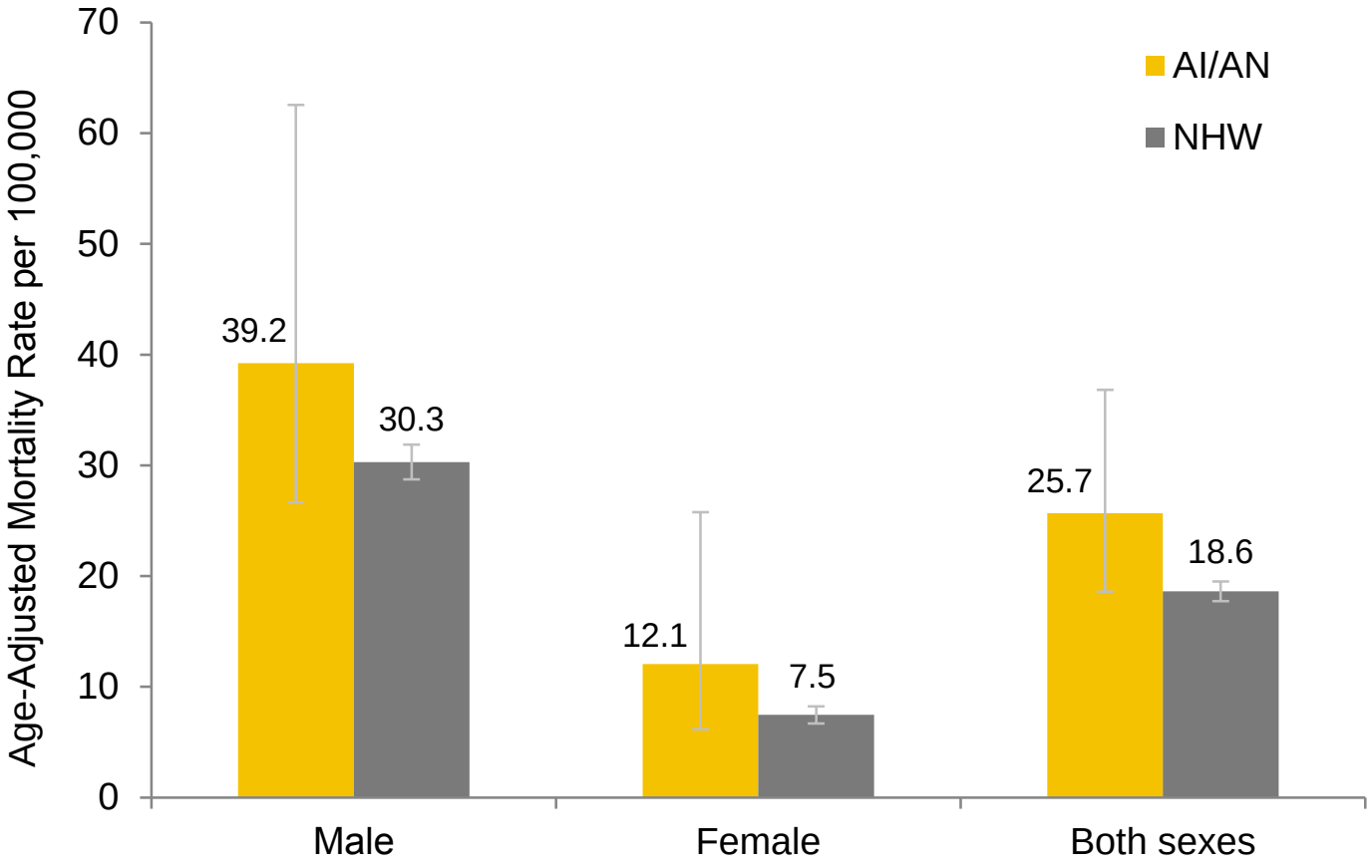
2. Alcantara C, Gone JP. Reviewing Suicide in Native American Communities: Situating Risk and Protective Factors within a Transactional-Ecological Framework. Death Studies 2007;31:457-477.

Table 8.1: Age-adjusted suicide mortality rates by race and sex, Idaho, 2006-2012.

Sex	AI/AN Rate (95% CI)	NHW Rate (95% CI)	AI/AN vs. NHW Rate Ratio (95% CI)
Male	39.2 (26.6, 62.6)	30.3 (28.7, 38.9)	1.29 (0.93, 1.80)
Female	12.1 (6.2, 25.8)	7.5 (6.7, 8.2)	1.62 (0.91, 2.87)
Both Sexes	25.7 (18.6, 38.6)	18.6 (17.7, 19.5)	1.38 (1.04, 1.84)‡

CI = confidence interval
‡ Indicates a statistically significant difference (p<.05)

Figure 8.2: Age-adjusted suicide mortality rates by race and sex, Idaho, 2006-2012.



Data Source: Idaho Death Certificate File (Idaho Dept. of Health and Welfare), 2006-2012, corrected for misclassified AI/AN race

Program Spotlight: THRIVE

Suicide is a sensitive issue, but one that is of great concern to many AI/AN communities. While the data on suicide among Northwest AI/AN is sobering, there are many factors that can protect against suicide, including:

- Connecting to family and friends
- Connecting to culture and spirituality
- Good emotional and physical health
- Positive communication with family or friends
- Restricted access to lethal means
- Access to mental health care
- Problem solving skills

Since 2009, NPAIHB's THRIVE program has assisted Northwest tribes in implementing culturally appropriate suicide prevention programs and media campaigns. THRIVE's activities are directed by three priority goals:

1. Increase knowledge and awareness about suicide among Tribal community members.
2. Improve intertribal and interagency communication about suicide prevention and treatment.
3. Increase the capacity of Tribal health programs to track, prevent, and treat suicide.

THRIVE works with other NPAIHB projects to convene the *NW Native Adolescent Health Alliance,* which is an inclusive, multi-functional group that meets in OR, WA, and ID to discuss cross-cutting planning and prevention strategies targeting AI/AN teens and young adults.

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