

National Indian Health Board



NOVEMBER 28, 2011

SUICIDE AND SUBSTANCE ABUSE PREVENTION

BACKGROUND

American Indians and Alaska Natives (AI/ANs) suffer from some of the most disproportionately high rates of mental and behavioral health problems in the nation. In fact, they rank first among ethnic groups as likely to experience these types of disorders, with 23% of the AI/AN population reporting that they are frequently anxious or depressed. Moreover, a full 18% of the AI/AN population is in need of treatment for alcohol or illicit drug use.

These and other risk factors are major contributors to the high rate of AI/AN suicide. Suicide remains a persistent and devastating problem for Indian Country. This is especially true for AI/AN youth who have an average suicide rate 2.2 times higher than the national average for their adolescent peers of other races.

Although the Indian Health Service (IHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) continue to work towards mental health parity for AI/ANs, additional funding, support, and data collection is needed.

TALKING POINTS

Youth Suicide Prevention and Agency Coordination

IHS and SAMHSA Collaboration: These agencies need to focus on collaboration and data sharing in the fight against youth suicide. Ending duplicative efforts and sharing information will allow for a full and economical focus of time and funding.

Funding

Both IHS and SAMHSA require additional funding to address suicide and substance abuse. Unfortunately, the Budget Control Act of 2011 does not protect SAMHSA and its programs serving AI/ANs from across-the-board cuts to funding during the sequestration process. Under the same law, IHS could face up to a 2% cut to its funding. This Administration should continue to show its commitment to mental health parity in the AI/AN community, and work to exempt AI/AN programs from cuts throughout all agencies.

Data Collection

Our community lacks sufficient data on the root causes of suicide and other behavioral health issues. Thus, we stress the need for additional funding for this purpose and for additional mental health studies in the AI/AN population. Benefits of these types of studies would include greater understanding of suicide and mental illness in Indian Country and provide empirical support for greater funding directed to mental health services and for tailor services on a cultural and regional basis.

