

Suicide clusters in Montana Native American Youth: Policy Recommendations for Prevention and Services on the Flathead Indian Reservation

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Statistics

In the past year alone, the Flathead Indian Reservation in Montana has lost 20 lives to suicide with an unknown number of attempts.

Starting in late 2016 to mid-2017 Native youth under the age of 18 and ages 18-24 accounted for 34% of the suicides in the past two years (CSKT Suicide Report, 2018). The reservation is currently experiencing a “suicide cluster” or an accumulation of suicide cases in a given area (Boyce, 2011).

The impacts of suicide are felt reservation and statewide, building urgency to create preventative measures and cope with the current problems or risk further suicides in our communities.

Background Information

Indigenous communities are common settings for suicide clusters with young individuals being more susceptible to the phenomena (Robinson, et. al 2016).

Risk factors include; mental illness and/or depression, exposure to suicidal behavior in others, substance abuse, strain on relationships, and life pressures. (Laliberte, et.al 2009). Specifically, for American Indian and Alaska Native (AI/AN) youth, risk factors are concentrated by isolation, reservation life, discrimination and historical trauma; all of which are present on the Flathead Indian Reservation

Suicide is the third leading cause of death for Americans between the ages of 10-24 and the American Indian/Alaska Native population has the highest rate of death by suicide of all ethnic groups. (IHS,2018) Furthermore, Montana is third in the nation for death by suicide and it is the second leading cause of death for ages 10-44. (AFSP, 2018).

Of the total 2016 population of MT 1,042,520; 75,653 are Native American. (*Montana Department of Commerce*, 2018). Also, at this time, the suicide rate for AI/AN was 13.37 percent. In this configuration of data, American Indians committed suicide in Montana at the second highest rate of the state in 2016. With such a large population of AI/AN across the state, including the 7 reservations; these statistics lend a fatal potential of deaths by suicide for American Indians, especially youth in Montana. These statistics lend a fatal potential of deaths by suicide for American Indians, especially youth in Montana.

Current Policies and Prevention Methods

The Indian Health Service (IHS) has mental health services available such as; family therapy, crisis intervention services, and school-based counseling in some reservation schools (*Tribal Health*, 2017). The Billings region of the Indian Health Service serves several tribal communities including Blackfeet, Crow, Flathead, Fort Belknap, Fort Peck, Northern Cheyenne and Rocky Boy. For the seven reservations across Montana, these facilities serve as the prominent healthcare providers for Native American people.

Senator Jon Tester (D-MT) secured \$50,000 in March 2018 to combat the suicide epidemic in Indian Country. This includes improving mental health services for on-reservation schools on the Flathead Indian Reservation (Jon Tester Press Release, 2018). These funds are part of the School Emergency Response to Violence (Project SERV) grant that helps develop recovery initiatives for students after traumatic events. This grant will allow mental health specialists to directly engage with students at reservation schools.

An example of a culturally appropriate prevention campaign that is making an impact on Montana reservations is The Warrior Movement by Arlee State basketball champions. The Warrior Movement has gained national prominence as a suicide prevention media campaign that fosters mentorship and good role models through sports on the Reservation. While sports mentorship is a valuable tool across reservation schools, this prevention campaign is geared directly towards suicide prevention.

The Indian Health Service promotes the engagement of tribal leaders in development and implementation of community-wide initiatives for suicide prevention as well as promotion of early identification of at-risk youth and elder engagement and increased connections between youth and culture. Currently, there are at least four grants in place within the Confederated Salish and Kootenai Tribes with clauses that specifically target youth suicide.

- Department of Health and Human Services Indian Health Services, *Methamphetamine and Suicide Prevention Initiative* (MSPI)
- Department of Health and Human Services IHS Behavioral Health, *Zero Suicide*.
- Substance Abuse and Mental Health Services Administration (SAMHSA) *Reason to Live Native* assistantship to county and tribal health departments to enhance public readiness to health crises.
- CSKT Tribal Behavioral Health Program, MSPI and Generation Indigenous partnership project aids in the creation of youth councils throughout the reservation that assess, promote, and bring together youth issues and community learning.

Alternative Solutions

Holistic methods for healing, prevention and wellness in Indian communities provide an alternative solution to suicide clusters. This could be connection to culture, improving physical fitness, access to culturally-appropriate coping methods in schools (i.e. smudging, prayer, etc.), improved access to healthy foods, and youth-centered mental fitness.

Creation of weekend activities or places for tribal youth to go to in lieu of other harmful forms of recreation could also be helpful in many tribal communities like the Flathead Indian Reservation. For some youth there is simply nothing to do on the weekends. Tribes should also consider requesting grants to get memberships to local gyms or facilities for youth.

Cultural-based healing practices and mentorship. Promotion and continuation of cultural events that link local youth to tribal practices (i.e. horse camp, language camp, plant harvesting.) Also, attention to the resources and needs that these programs require that youth may not have access to (money, travel, equipment, etc.)

Create positive incentive strategies and programs that get youth involved in healthy eating, wellness practices, and cultural engagement. This could be giveaways, raffles, recognition, and community praise for their efforts.

Policy Recommendations, Feasibility and Implementation Strategies

- ❖ **Create opportunities for youth, tribal leaders, school boards, and Indian Health Service representatives to come together so that the youth can voice their concerns as to what can sustain them.** Understanding youth perspective and their own obstacles, worries, and issues can lead to further growth in suicide prevention initiatives.
- ❖ **Create and distribute holistic prevention methods that target nutrition** (such as key vitamins and minerals from foods that can alleviate symptoms of mental/physical health issues), exercise, and behavioral best practices (meditation, self-assessment, etc.) that can aid in suicide prevention.
- ❖ **Develop culturally appropriate school curriculums that cover traditional/healthy nutrition, living well, and being culturally active.** This can include but is not limited to; traditional food guides, outdoor engagement ideas, language lessons, tribal value pamphlets and other educational materials. Currently, there are language games and biogeography apps that make acquisition of traditional knowledge more enjoyable and engaging for youth and adults. Future development of educational materials with a youth focus and dissemination among areas frequented by young people, (fitness centers, schools, tribal health facilities, etc.) could provide a stronger cultural foundation through hands-on learning. A holistic view of “living well” means including a variety of practices that can create a positive framework for young people. This could be through sessions in school or other youth gatherings that bring positive coping skills, emotional capacity building, and resiliency among tribal youth.

Tribal Support

The Confederated Salish and Kootenai Tribal council is available and willing to listen to new opportunities/ideas to combat youth suicide.

The Indian Health Service of St. Ignatius, has been extremely gracious in sharing information and data on youth suicides given the severe state that the Flathead Indian Reservation is in.

It is important to recognize *this information has been carefully selected for the protection of the community and tribal individuals that have been involved or touched by suicide.*

Conclusion

The purpose of prevention is to negate or decrease chances of suicide for native youth. Yet, prevention is multi-faceted. When we just look at mental health factors for suicide and ignore the various cultural, communal, and spiritual aspects of wellbeing; we lose important parts of the overall picture. The cumulative years of life lost to suicide is indescribable; we need to ensure that our youth live up to their full potential. Risk factors that play into suicide such as depression, anxiety, poverty, poor nutrition, lack of connection to culture and tribal ways; all can be mitigated through thoughtful engagement with youth at their most critical years. This means that engaging them in good mental, physical, spiritual and emotional practices that can lessen the probability of suicide in the future. These means not only work against suicide but also the common chronic illnesses that plague our communities such as diabetes, obesity, hypertension and depression.

Our youth are our biggest asset to creating a vibrant, strong, tribal community for the next generations. It is time for us to start looking beyond the western medicine scope of thinking and employ all means necessary to show our youth that they can be healthy, well, stable, and free to move forward.

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