

Native American and Indigenous Studies Newsletter

Indiana University Bloomington



By Standing Bear (kuuNUx teeRIt) Kroupa



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The 2010-2011 NAIS newsletters were designed to introduce students to some of the most important contemporary issues facing American Indians as individuals, communities, and Nations worldwide. Each NAIS issue presented guest features from individuals living and working throughout Indian country. These colleagues generously shared their stories and offered their knowledge and insights. There has been recent discussion of the development of Native American Studies academic programs and institutions as well as the building up of grassroots efforts, such as language revitalization movements in Native communities. We have featured stories shared from Alaska to the Andean region of South America and have become acquainted with leaders in Native Country, particularly those providing educational opportunities for Indian students.

Thanks again to all of the newsletter's contributors!

The persistence of American Indian Nations over the centuries is a remarkable story. However, for most Americans, the Indian experience is an after-thought, which has left an overwhelming gap in the acknowledgement and understanding of present-day American Indian issues. This year's newsletters have offered a Native perspective and provide a window into the modern American Indian experience. It is hoped that readers developed an understanding regarding contemporary American Indian people, their cultures and issues, and learned to identify bias in mainstream American thought, policy, and discourse concerning Native people.

The final NAIS newsletter of this school year focuses on health disparities among North American Indians, in particular the devastating issue of suicide. Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and a disproportionate disease burden exist because of inadequate education, structural poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions.

Twyla B. Baker-Demaray, MS, (Mandan, Hidatsa, and Arikara Nation) is project director of the National Resource Center on Native American Aging for the Center for Rural Health at the University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, North Dakota. In her contribution to the newsletter, she examines the problem of Native American suicide in a paper titled, "Life is Sacred: Suicide and Native People."

Special points of interest:

- *Welcome to the Spring/Summer 2011 NAIS Newsletter*
- *Guest Feature: Twyla B. Baker-Demaray (Mandan, Hidatsa, and Arikara)*
- *News: Creation of an undergraduate minor in Native American and Indigenous Studies at IU*

Guest Feature: Twyla B. Baker-Demaray

Life is Sacred: Suicide and Native People

It's the second leading cause of death among young Native Americans, and we're dying from it at a rate over one and a half times that of the rest of the country - and yet, it is the most preventable. Young Native men are at highest risk amongst Native people, experiencing it at rates two and a half times that of same age males in the rest of the U.S. Almost a quarter of Native youth have tried it one or more times in their lives. Suicide amongst American Indians and Alaska Natives (AI/ANs) has reached epidemic state in Native communities across the country, so much so that it has drawn national and international attention from health professionals, tribal and federal governments, and of course the communities themselves.

Native men and women are both at heightened risk beyond that of their non-Native peers. The rate of suicide for Native American youth is far higher -- 70 percent higher -- than that of any other ethnic group in the United States. Digging to the root of the problem reveals many of the same causes behind the myriad issues Indian Country faces today; anxiety, substance abuse, depression, disease, poverty, dispossession, disenfranchisement. The statistics bear witness; according to the National Institutes of Health, Native Americans are *510 percent* more likely to die of alcoholism than the general population, *189 percent* more likely to die of diabetes, and *229 percent* more likely to die of motor vehicle crashes. Exacerbating the problem is the shortage, and in some cases, outright lack of mental health services available to Native people, stigmas associated with seeking help, culturally inappropriate services, and scarcity & high turnover rates of mental health professionals serving Indian Country¹.

Many experts agree that acculturation and historical trauma to many experts is largely to blame for many of the societal ills which lead to suicidal behavior on Indian reservations throughout the country. Jacqueline Gray (Choctaw-Cherokee), an assistant professor at the University of North Dakota Center for Rural Health states that "Acknowledging the role of these events (historical trauma) and appropriately incorporating them into culturally sensitive and relevant interventions are critical to successful suicide prevention and mental health intervention." Dr. Gray has worked on various mental health and suicide initiatives and developed a rural crisis intervention program and adolescent suicide prevention program in Oklahoma that was adopted across the state. Dr. Gray states that suicides also tend to have a 'ripple effect' in Native communities; that is, when a suicide occurs in a tight knit community, the risk of more attempts rises. In Indian Country, "you're somehow defective if (there is) a mental health issue rather than a physical issue," she says, adding that at least five Native American reservations have had one or more "clusters" of suicides in the past six years on the Northern Plains. Clusters are cases in which three or more suicides occur closely, such as in the same family or among youth who spend time together in a short span of time. "Once someone in your circle commits suicide, suddenly it makes it more of an option to the problem," Gray says. "Where you might never have considered it, now it's a possible solution. It's called a contagion effect, where suicide becomes almost 'catching', like a virus."

Suicide, particularly amongst marginalized and/or bullied youth has made national headlines recently following the deaths of a number of teens and young people who had been either bullied or targeted in some manner across the country. The news came as a wake-up call to the nation; however in Indian Country, the news came rather late, as our peoples are already dealing with a crisis that had reached epidemic proportions. Native communities are now scrambling to deal with the issue, and Native health professionals, stakeholders, and community members are doing what they can to understand suicide, share resources, and formulate strategies to prevent it. For many of these communities, preserving our youth and our future is highly reliant upon reaching back into our past.

According to the Suicide Prevention Resource Center (SPRC), the most significant protective factors against suicide attempts amongst AI/AN youth are:

- The ability to discuss problems with family or friends
- Connectedness to family
- Emotional health

Professionals have also noted that strong ties to tribal culture and spiritual orientation were also important protective factors amongst young AI/ANs. In one study, people reporting strong tribal spiritual orientation were half as likely to report a suicide attempt in their lifetimes.

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Programs and initiatives across the country are capitalizing on the protective factors a strong cultural identity offers their youth. A number of tribes have applied for and received Garrett Lee Smith Suicide Prevention grants to start culturally relevant programs on reservations aimed directly at suicide prevention. Other communities and organizations utilize traditional Native lifeways as a means to help youth and young adults cultivate the identities and personal resilience that was nearly destroyed in prior generations. In summer of 2010 Sen. Byron Dorgan (D-N.D.), chairman of the Committee on Indian Affairs, hosted a meeting in Washington that brought together tribal leaders and youth, as well as private organizations like American Foundation for Suicide Prevention (AFSP) and federal agencies, to build partnerships and develop a plan on how to work together to prevent youth suicide in AI/AN populations.

“Suicide clusters are a tragic problem among youth on our reservation communities,” Dorgan said at the meeting. “These are kids that too often feel like they have nowhere to turn, and I believe it’s important that there are resources to help them and someone to tell them, ‘You are not alone.’”²

An array of resources exists for communities and individuals seeking guidance in dealing with suicide. The Indian Health Service has dedicated a website to serve as a clearinghouse of information for nationwide programs and initiatives geared towards suicide amongst Native Americans (<http://www.ihs.gov/nonmedicalprograms/nsnp/>). In May 2010, the Substance Abuse and Mental Health Services Administration (SAMHSA) released a publication titled “To Live to See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Adults.” This free guide is available for download (http://www.sprc.org/library/Suicide_Prevention_Guide.pdf) or by ordering from the SAMHSA website (www.samhsa.gov). The guide was written to “support AI/AN communities and those who serve them in developing effective, culturally appropriate suicide prevention plans.” The SPRC or SAMHSA can provide contact information for professionals and organizations that specialize in providing training in suicide prevention programs such as Yellow Ribbon, Peer Mentoring, QPR (Question, Persuade, Refer), Mental Health First Aid, and programs on how to talk with someone who may have thoughts of suicide.

So what do you do if someone you know or you yourself are in crisis? Talk to someone. Whether that someone is a friend, family member, spiritual leader, clergy person, or health care provider, it is important that you seek help immediately. Individuals seeking confidential assistance can call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). Persons with concerns about a friend or a family member can learn to recognize warning signs in others. Examples of warning signs include the following:

- Appearing depressed or sad most of the time. (Untreated depression is the number one cause for suicide.)
- Talking or writing about death or suicide.
- Withdrawing from family and friends.
- Feeling hopeless.
- Feeling strong anger or rage.
- Feeling trapped -- like there is no way out of a situation.
- Experiencing dramatic mood changes.
- Abusing drugs or alcohol.
- Exhibiting a change in personality.
- Acting impulsively or recklessly.
- Losing interest in most activities.
- Feeling excessive guilt or shame.
- Giving away prized possessions.

A person with acute risk for suicidal behavior most often will show signs such as the following:

- Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself; and/or,
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or,
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

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Any or all of these signs may occur, and don't necessarily follow a pattern or checklist. Suicides do occur where victims do not display any warning signs; however in approximately 75% of cases the victim exhibits some warning signs. Thus, it is important that people around at-risk individuals are able to recognize, and react to them. What is critical to remember is that you do not have to suffer in silence, nor do you have to be a health professional to save a life. Counselors, friends, family members, and community members all possess the ability to help save our youth, and our future. To paraphrase a prominent Native ideology, defeating suicide in Indian Country will require the concerted effort of "all our relatives".

References

1. [Suicide Prevention Resource Center. \(2009\). Suicide Among American Indians/Alaska Natives. Fact Sheet, accessed August 11, 2010, http://www.sprc.org/library/ai.an.facts.pdf.](http://www.sprc.org/library/ai.an.facts.pdf)
2. [CNC News. \(2010\). "Native Americans Face Challenges With Suicide". Accessed August 12, 2010, http://www.capitolnewsconnection.org/news/native-americans-face-challenges-suicide.](http://www.capitolnewsconnection.org/news/native-americans-face-challenges-suicide)

Twyla B. Baker-Demaray, MS Project Director

Twyla B. Baker-Demaray (Mandan, Hidatsa, & Arikara Nation) is the project director of the National Resource Center on Native American Aging for the Center for Rural Health at the University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, North Dakota. In that role, she conducted the nation's largest health and wellness needs assessment for Native seniors. Her other professional and volunteer work has focused on similar issues of Native American health and aging. Baker-Demaray is a Sequoyah Fellow of the American Indian Science and Engineering Society (AISES), and served for two years on the organization's executive board. She also chairs the board of the Northstar Council, a Native nonprofit she founded with others to support urban Natives in the northern Red River Valley. UND granted her a BS in environmental geology and technology, an MS in education general studies with a focus in research methodologies; she is currently pursuing her doctorate degree in research methodologies.



Established in 1980, the Center for Rural Health is one of the nation's most experienced rural health organizations. It has developed a full complement of programs to assist researchers, educators, policymakers, health care providers and, most importantly, rural residents to address changing rural environments by identifying and researching rural health issues, analyzing health policy, strengthening local capabilities, developing community-based alternatives, and advocating for rural concerns.

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Keeping up with NAIS at IUB

Interested in news from NAIS at IUB? Here are some ways to keep in touch.

Core announcements, such as for lectures and talks that we organize, will be publicized via our email list. To get on this list, or to confirm that you are on it, send an email to nais@indiana.edu.

When news from the wider world of Native American and Indigenous Studies comes our way, we'll pass it on via the NAIS News weblog. You can consult this website at:

<http://iunais.wordpress.com/>

One easy way to get this information is to "subscribe" to it via email. Visiting the website, look for the "Email Subscription" tool on the right hand side of the page. This will allow you to set up an account to get these announcements by email.

As easy, is subscribing to the website via an RSS feed reader. To do this, visit the site and click the RSS icon in the URL bar in your web browser. To learn more about RSS services, do a web search for "RSS in Plain English." You will find a short, humorous and useful explanation of how RSS feeds work.

You can also get this information by following "IUB_NAIS" on Twitter.

Finally, you can alternatively get this information by "liking" "Native American and Indigenous Studies at Indiana University" in Facebook.

New NAIS Undergraduate Minor!

The American Studies Program has announced the creation of an undergraduate minor in Native American and Indigenous Studies (NAIS). The development of the NAIS undergraduate minor reflects the permanent commitment of American Studies at IU to this significant field of academic inquiry. Guided by an interdisciplinary approach and a commitment to engagement with contemporary communities, NAIS scholars will study the histories and cultures of Native communities in the United States and throughout the Americas.

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