



# Red Hawk Project United American Indian Involvement, Inc.



## **Assessing the Suicide Related Service Needs of the American Indian and Alaska Native Community of Los Angeles County**

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## Suicide: Incidence and Demographics

- According to Indian Health Service, from 1996 to 1998, the adjusted suicide rate for AI/AN for the California area was 15.2 per 100,000, with a total of 53 deaths (IHS, 2000-2001).
- Suicide rates for AI/AN range from 1.5 to over 3 times the national average (IHS, 2000-2001).
- Nationally, Indian youth suicide is 2.5 times greater than the rate for all youth (IHS, 2000-2001).

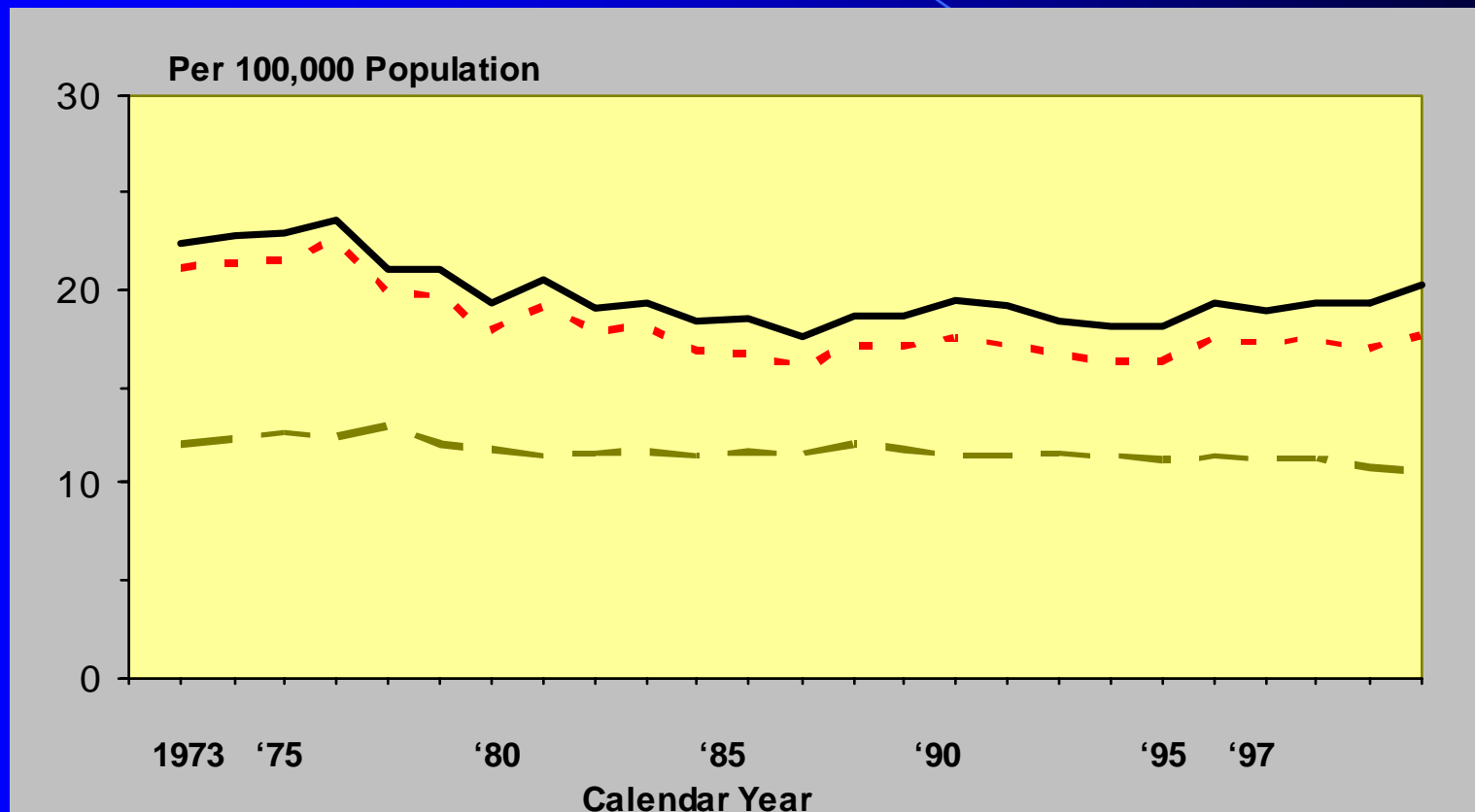


## Suicide: Incidence and Demographics

- Nationally, suicide is the fourth leading cause of death for youth ages 10-14, third for ages 15-24 and is the second leading cause of death for both age groups (Champagne & Long, 2003).
- For AI/AN youth, 22% of females and 12% of males reported having attempted suicide at some time (Blum, et al., 1996)
- Suicide is particularly common among young AI/AN males ages 15-24, accounting for 64% of all suicides by AI/AN. This rate is 2 to 3 times higher than the general U.S. rate (Mock, et al., 1996).



# Age-Adjusted Suicide Death Rates



--- American Indians and Alaska Natives, Unadjusted

— American Indians and Alaska Natives, Adjusted

--- U.S. All Races

Trends in Indian Health 2000-2001  
Chart 4.4

# Depression & Suicide Among AI/AN

Depression is the **2nd** leading cause of disability in industrialized countries

Depression associated with:

- **2x** increased risk of death overall
- **26x** increased risk of suicide

Impaired social functioning



# Red Hawk Project Goals and Objectives

## Project Goals

The Red Hawk Project will target American Indian and Alaska Native (AI/AN) children and youth (ages 10-24) in Los Angeles County. The overall goal of the project is to strengthen and develop culturally and linguistically appropriate youth suicide prevention and early intervention services for the American Indian community.





# Red Hawk Project Goals and Objectives

## Project Objectives

The Red Hawk Project will

- 1) evaluate the existing service delivery systems available to American Indian children and families in Los Angeles County, to describe services, identify access barriers, and assess the cultural appropriateness of services.
- 2) collaborate with other agencies, providers and organizations to share information and resources by promoting awareness that suicide is preventable.



## Red Hawk Project Goals and Objectives

- 3) develop a culturally appropriate youth suicide prevention curriculum.
- 4) implement the public health approach to suicide prevention as outline in the Institute of Medicine report, *Reducing Suicide: A National Imperative*.



# Objective 1: Needs Assessment

The Red Hawk Project has ensured that the needs assessment tools, data collection activities, and data analysis techniques are theory-based and scientifically rigorous.



# Methods

## Mixed Method Approach:

Small Group Discussions

Focus Group Discussions

Key Informant Interviews

Service System Assessment Surveys

## Data Analysis Techniques:

Manual Transcriptions

SPSS Analysis



# Target Population

## Service System Assessment

AIAN or non-AIAN Service Agencies or Programs providing suicide related services in the Los Angeles County

## Key Informant Interviews

### Experts

- Providers
- Medicine People
- Traditional Healers

## Focus Groups & Group Discussion

### Focus Groups

- Adolescents (age 13-17)
- Young Adults (age 18-24)
- Parents/Legal Guardians
- Providers/Teachers/Community Leaders/Traditional Healers.

### Small Group Discussion

- LGBTIQ Youth and Young Adults

# Data Collection

## Service System Assessment

- **Low Response Rate**
- **High Resource Utilization**
- **Less useful Information**

## Key Informant Interviews

**40% of data has been collected**

**Target:  
20 Interviews**

**Current Status:  
8 Interviews**

## Focus Group Discussion

**Small Group Discussion:  
Completed**

**Focus Groups:  
To be conducted**

**Anticipated  
Completion Date:  
December 30, 2007**



# Results

## Key Informant Interviews

### Most Prevalent Suicide Risk Factors:

- Self-destructive Behaviors
- Substance Abuse
- Domestic Violence
- Depression
- Arguments with GF/BF/Spouse
- Sexual Assault
- Problems at School



# Results-Key Informant Interviews

## Top Three Risk Factors:

- Substance Abuse
- Depression
- Family/Relationship Problems

## Protective Factors:

- Strong Support System (Family, Elderly, and Tribal Leaders)
- Community and Youth Involvement in the Development of the Suicide Prevention Program
- Recognition of Suicidality/Serious Problems
- Involvement in Community and Cultural Activities
- Suicide Risk/Resource Awareness and Education



# Results-Key Informant Interviews

## Needed Services:

- Strengthening Support System
- Early Risk Identification
- Life-skills Training
- Substance Abuse Services

## Helpful Services:

- Family Support
- Community Gatekeeper Training
- Cultural Enhancement
- Peer Support
- Life skills Training
- Self-Esteem Building
- Traditional Healing Practices
- Youth Leadership
- Interagency Communication and Coordination
- Suicide Awareness Education
- Support Groups for Youth



# Results-Key Informant Interviews

## Helpful Cultural/Traditional Activities:

- Tribal Elders as Role Models
- Learning about Cultural History
- Participate in Cultural Activities/Ceremonies

## Access Barriers:

- In rural areas suicide related services are not as accessible
- People don't know if suicide prevention programs exist





# Results

## **Small Group Discussion with AIAN LGBTIQ youth and young adults**

Problems experienced by AIAN LGBTIQ youth and young adults that may act as contributing factors for suicide:

- **Not being Accepted/Scrutinized**
- **Isolation**
- **Negative Peer Pressure**
- **Substance Abuse**
- **Run Away Youth**
- **Lack of Job Skills**
- **Lack of School Education**
- **Dysfunctional Families**



# Results-Small Group Discussion

## Signs of Suicide:

- Depression
- Resentfulness
- Substance Abuse
- Hurting Animals
- Vandalism
- Neglected by Family/Peers



# Results-Small Group Discussion

## Protective Factors:

- Family Support/Acceptance as LGBTIQ
- Native Spirituality
- Role Models/Mentors for Youth
- Good Upbringing/Parenting
- Assessment of Early Substance Use
- Healthy Environment/Relationships
- Open Communication with Family and Friends



# Results-Small Group Discussion

## Needed Suicide Prevention Activities/Services:

- **Substance Abuse Rehabilitation Programs**
- **Introduction of Community Volunteer Work**
- **Support Groups/Empowerment Groups**
- **Peer Support**
- **Journal Writing – both positive and negative experiences**
- **Team Building Activities-outdoor activities**
- **Spiritual/Cultural Activities**
- **Self-encouragement through Recognition**
- **Mental Health/Substance Abuse Counseling**
- **Suicide Hotline**
- **Mentorship Program**
- **Sensitivity towards Native LGBTIQ**



# Limitations

- Delayed approval by the Institutional Review Board
- Limited Staff and Multiple Staff Roles
- Service System Assessment Surveys
  - low response rate and high costs
- Phone interviews with Key Informants
  - Limited availability
  - Issues with transcriptions



## Red Hawk Project Implementation

- The Red Hawk project will provide early intervention and assessment services to American Indian youth ages 10-24 who are at risk for mental or emotional disorders that may lead to suicide attempts.
- The Red Hawk project will serve 100-150 AI/AN youth and their families per year (relating to suicide prevention).
- The project will include skill building support groups, parenting support training, case management, and referral sources for crisis intervention and treatment.
- We will develop a curriculum that is culturally relevant, feasible, salient, and effective.



## Strengths-Based Approach



The *focus* of the program will be to assist urban AI/AN communities to assess their own spiritual, mental, emotional and physical strengths.

The Red Hawk project will *provide* a holistic, cultural foundation to suicide prevention, building on the resilience of AI/AN communities.

We will *recognize the interaction* of socio-cultural, historical, economic, biological and spiritual factors contributing to suicide from an AI/AN perspective.



Thank You

