CHANGE PATHWAYS IN INDIGENOUS AND NON-INDIGENOUS YOUTH SUICIDE

Deborah Goebert, Dr.P.H.; Fumiaki Hamagami, Ph.D.; Earl Hishinuma, Ph.D.; Jane Chung-Do, Dr.P.H.; Jeanelle Sugimoto-Matsuda, Dr.P.H.; Kristina Bifulco, M.P.H.; Tasha Tydingco, M.P.H.

University of Hawaiff, John A. Burns School of Medicine, Department of Psychiatry & Longitudinal Analysis

Introduction

- •Suicide is a serious, preventable public health problem that can have lasting harmful effects on individuals, families, and communities.
- Hopelessness is rising among youth.
- ·However, perception and realization of hope is an important protective factor in emotional well-being among youth.

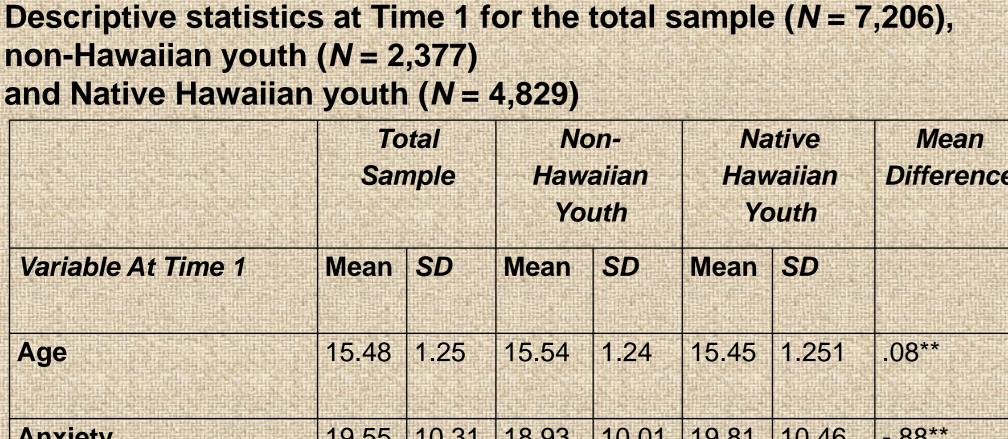
Objectives

- Suicide prevention efforts seek to reduce risk for suicidality and increase factors that help strengthen, support, and protect individuals from suicide.
- •The purpose of this study is to examine the relationship among suicide attempts, anxiety symptoms, depressive symptoms, hope and help-seeking across time in Native Hawaiian and non-Hawaiian adolescents.

Methods

Participants were adolescents from the National Center on Indigenous Hawaiian Behavioral Health's high school health survey who were part of a five-year longitudinal cohort study (N = 7,317). Contemporary longitudinal dynamic structural equation models were used to analyze the multiple dynamical relationships among anxiety symptoms, depressive symptoms, help seeking, hope, and suicide attempts for non-Hawaiian and Native Hawaiian groups.

Results



	Sample		Hawaiian Youth		Hawaiian Youth		Difference
Variable At Time 1	Mean	SD	Mean	SD	Mean	SD	
Age	15.48	1.25	15.54	1.24	15.45	1.251	.08**
Anxiety	19.55	10.31	18.93	10.01	19.81	10.46	88**
Depression	0.67	0.59	0.64	0.59	0.69	0.59	06**
Help 1 family or friends	2.77	2.09	2.87	2,14	2.69	2.04	.18**
Help 2 Needed counseling during past 6 months	3.22	0.88	3.28	0.84	3.19	0.90	.09**
Hope 1 hopeful about future	1.28	1.07	1.27	1.07	1.28	1.06	02
Hope 2feel about life now?	2.44	0.87	2.43	0.85	2.45	0.87	01
Hope 3 feel about life ten years from now?	1.86	0.72	1.87	0.71	1.86	0.73	.003
Suicide Attempt***	0.04	0.20	0.04	0.19	0.05	0.21	01*

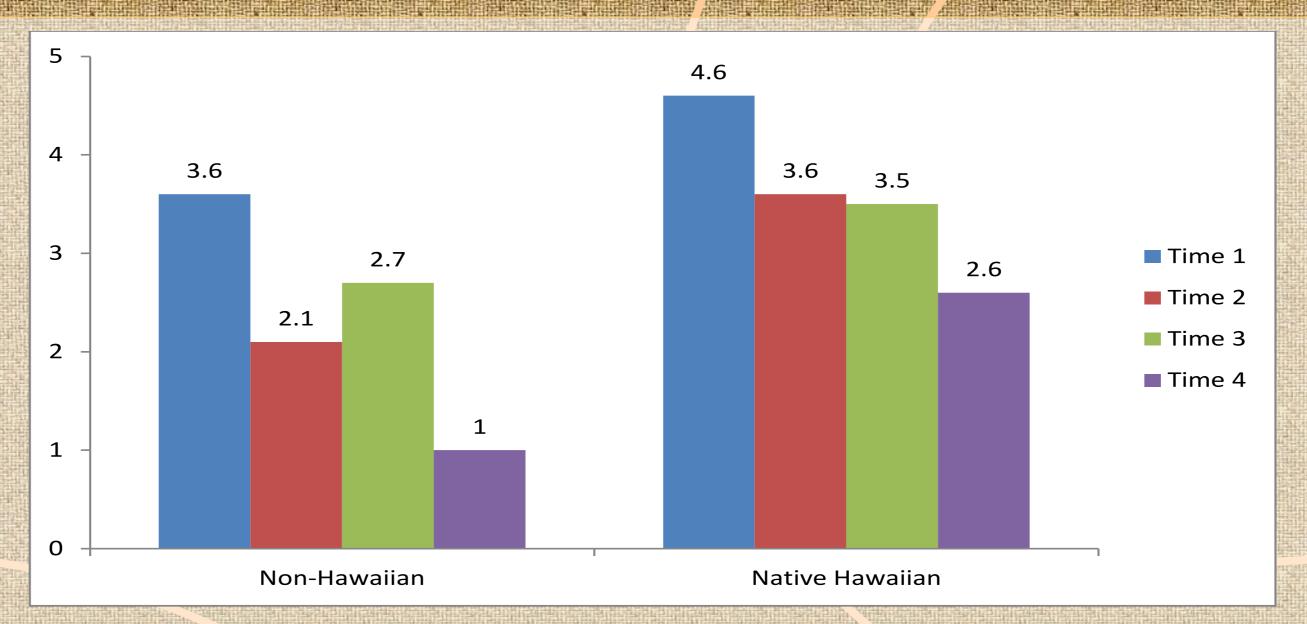


Figure 1. Repeated measures of suicide attempts by ethnicity

We found mainly similarities in dynamical systems between Native Hawaiian and non-Hawaiian youth regarding how change scores were influenced by the past behavioral patterns for the four domains. The greatest differences were in help, followed by suicide, and hope.

Change in	Non-	Native	Difference	Z
Suicide	Hawaiian	Hawaiian	in	
			coefficient	
Suicide →	-1.008	-1.040	0.0320	0.9995
D _{suicide}				
F _{Hope} →	-0.726	-0.690	-0.0360	-0.4455
D _{suicide}				
$F_{help} \rightarrow$	-0.192	-0.115	-0.0770	-1.5986
D _{suicide}				
F _{symptom} →	1.028	1.058	-0.0300	-0.2164
D _{suicide}				

Conclusions

- •The vast majority of youth in our study not report suicidality, even when they experienced symptoms of anxiety and/or depression. Yet Native Hawaiian youth remain at higher risk. They seek help and restore hope less often.
- •There has been a strong calling for more culturally relevant tools and trainings related to youth suicide prevention.
- •Culture frames what all people bring to the setting including: help-seeking patterns, coping styles, support systems, role of stigma, and engagement in prevention.
- •By building cultural strengths, such as kinship ties, community assets, spirituality, and creating positive meaning, we can prevent suicide among our youth.
- •We need more thoughtful and purposive inclusion of mental health infrastructure in suicide prevention and intervention strategies to decrease disparities. More collaborative and youth-centered approaches to suicide prevention in the cultural context of the community are essential in enhancing well-being in indigenous communities.

Acknowledgements

This poster was supported by the Research Centers in Minority Institutions Supplement, National Institutes of Health Grant RR0361-06S1, National Institute of Mental Health Grants R24 MH5015-01 and R24 MH57079-A1; the Substance Abuse and Mental Health Services Administration Cooperative Agreement 1U79SM060394, and The Queen's Medical Center. The contents of this article are solely the responsibility of the authors and do not necessarily represent the official views of the funding agencies. Gratitude must be expressed to our mentor, Dr. Naleen Andrade, for her ongoing support in project development and implementation as well interpretation and implication of findings. The authors would also like to express their appreciation to the researchers and administrators of the Hawaii's Caring Communities Initiative for Youth Suicide Prevention and the National Center on Indigenous Hawaiian Behavioral Health as well as their community partners in youth suicide prevention and mental health promotion.