High Suicide Rates Among American Indian or Alaska Native Persons Surging Even Higher

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Rates of suicide among American Indian or Alaska Native persons increased substantially from 2015 to 2020, compared with only a small increase among the general US population, a new study from the Centers for Disease Control and Prevention (CDC) shows.

Suicide disproportionately affects American Indian or Alaska Native individuals compared with the general US population, with rates that “consistently surpass those among all other racial and ethnic groups,” the CDC researchers note. However, in recent years, that gap has widened even more, their new findings show.

The rate of suicide among non-Hispanic American Indian or Alaska Native persons increased nearly 20% from 2015 to 2020, from 20.0 per 100 000 to 23.9 per 100 000. In contrast, the rate increased by less than 1% among the overall US population.

Suicide rates vary by race and ethnicity, age, and other factors, such as geographic region, according to the CDC. Among racial and ethnic groups in the US, those with the highest suicide rates were non-Hispanic American Indian or Alaska Native and non-Hispanic White populations. Other groups in the US with disproportionately high rates of suicide include veterans, people who reside in rural areas, and people working in certain industries and occupations, such as mining and construction.

Because suicide is preventable, it is important to understand the types of factors that might contribute to suicide risk among different groups, to allow for interventions specifically tailored to those groups. “Suicide is a complex problem with multiple contributing circumstances that affect different communities differently,” said the researchers, noting that previous studies have analyzed suicide characteristics and circumstances in only a limited number of states.

In the new analysis, the CDC researchers used National Violent Death Reporting System (NVDRS) data from 49 states (excluding Florida), Puerto Rico, and the District of Columbia. This state-based surveillance system collects information from death certificates, coroner or medical examiner reports, and law enforcement reports on the characteristics and circumstances of suicide and other violent deaths. The researchers excluded NVDRS data on decedents younger than 10 years because of the difficulty in determining suicide intent in young children.

From 2015 to 2020, NVDRS reported a total of 3397 suicides among American Indian or Alaska Native persons and 179 850 suicides among non–American Indian or Alaska Native persons, finding a number of differences between the 2 groups, including a higher proportion of suicides occurring in younger individuals. Nearly 75% of suicides among American Indian or Alaska Native populations were in those aged 44 years or younger, compared with less than half (about 47%) of suicides in other populations. The highest percentage of suicides in American Indian or Alaska Native populations (47%) occurred in those aged 25 years to 44 years, whereas suicide among non-American Indian or Alaska Native individuals was most common in those aged 45 years to 64 years.

The circumstances of suicide were known for most of the decedents included in the analysis. Although American Indian or Alaska Native decedents were less likely to leave a note, they were more likely than non–American Indian or Alaska Native decedents to disclose suicidal intent before death and to have reported previous suicidal thoughts or plans.
The analysis found that nearly 55% of American Indian or Alaska Native suicide decedents had relationship problems or loss before their death (vs 42% of other decedents). The odds of suicide among American Indian or Alaska Native persons were significantly higher “across a range of relationship problems related to intimate partners, family, other relationships, interpersonal violence victimization and perpetration, and death of friends or family members by suicide,” the authors said.

Compared with non-American Indian or Alaska Native persons, American Indian or Alaska Native individuals also were significantly more likely to have a problem with alcohol use or certain other substances. Toxicology testing for alcohol or other substance use showed higher odds among American Indian or Alaska Native decedents of a positive test for at least 1 substance, for amphetamines, for marijuana, and for a blood alcohol level exceeding the US legal impairment level (0.08 g/dL).

However, American Indian or Alaska Native decedents were significantly less likely to have a positive test result for opioids, benzodiazepines, cocaine, antidepressants, antipsychotics, or barbiturates compared with other decedents. They were also less likely to have a diagnosed mental health condition compared with other decedents (about 42% vs 49%) or a history of mental health or substance use treatment (30% vs 35%).

In addition, American Indian or Alaska Native decedents were significantly less likely than their counterparts to have a problem with their physical health (approximately 13% vs 21%), job difficulties (about 7% vs 10%), or financial struggles (about 6% vs 9%). They were, however, more than twice as likely to be homeless.

The report notes that a comprehensive public health approach to suicide prevention in American Indian or Alaska Native populations is needed, including strategies to reduce health inequities. Such efforts “must consider the context and consequences of current inequities as well as historical trauma, including intergenerational transmission, that continue to affect [American Indian or Alaska Native] persons, families, and communities today,” the researchers wrote.

The authors cite a need to identify new evidence-based programs, tailor other effective programs, and evaluate existing programs for suicide prevention in American Indian or Alaska Native communities. “Programs can benefit from holistic Indigenous evaluation, which takes into consideration [American Indian or Alaska Native] cultural values and practices, such as storytelling,” they noted.

The report recommends strengthening access to telehealth for mental health concerns; increasing training and hiring of American Indian or Alaska Native health care workers, as well as training to recognize and respond to suicide risk; and increasing the availability of “postvention programs” that promote healing after a suicide death for survivors of suicide loss. It also notes that efforts should emphasize culturally relevant care, including promoting community engagement and cultural traditions and increasing coping and problem-solving skills, such as American Indian Life Skills Training, a school-based and culturally grounded program that aims to reduce high rates of American Indian or Alaska Native adolescent suicidal behaviors.

The authors also call for promoting the recently launched 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline), which people across the US can access by calling or texting for round-the-clock mental health crisis support via a network of more than 200 state and local call centers.
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