Focus on Native Americans

San Diego County has more Indian reservations (19) than any other county in the United States. However, the reservations are very small, with total land holdings of about 193 square miles of the 4,205 square miles in San Diego County.[1] Of the approximately 20,000 Native Americans who make up the 4 tribal groups that live in San Diego County (Kumeyaay/Diegueño, the Luiseño, the Cupeño, and the Cahuilla), only a small percentage live on reservation land (roughly 11%).[2]

For American Indian and Alaska Native (AIAN) populations, the age adjusted suicide rate for California was 20 per 100,000, 91 percent higher than for all races in the U.S. (11 per 100,000).[3] For AIANs aged 15-24, suicide is the second leading cause of death with a prevalence rate of suicide at 2.4 times the national rate, or about 60 deaths per 100,000 individuals. Overall, violent deaths, unintentional injuries, homicide and suicide account for 75 percent of all mortality within 15-24 year old age range for AIAN.[4]

Native American Quick Facts:

- Approximately 0.9% of the population identifies as Native American.
- Youth exhibit a suicide rate 2.4 times the national rate.
- Primarily on 19 reservations , concentrated in the East and North Inland Regions.

What does available San Diego data tell us about the Native American community?

Approximately 0.9% of the population in San Diego County identifies as American Indian and Alaska Native.[5] While there is no San Diego data available to address suicide rates and considerations among San Diego's Native American populations, national data indicate that AIAN youth are at disproportionately high risk of suicide compared to non-Native youth. Suicide is the leading cause of death among AIAN between 15 and 24 years of age, and from 1999 to 2004, young men in this population had a higher suicide rate (27.99 per 100,000) than any other racial and ethnic group of the same age.

What do stakeholders know and say about Native American community?

Community service providers who serve the Native American community were asked key questions regarding their knowledge of risk factors, perceptions of suicide, and confidence in their ability to address suicide. On average, these providers exhibited scores slightly higher than the general service provider population for knowledge of risk factors score, perception of suicide score; and confidence in their ability to address suicide for their target population (see Exhibit 3.7).

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[1] University of San Diego. *Indian Reservations in San Diego County*. Web. 11 Nov. 2010. <http://www.sandiego.edu/nativeamerican/reservations.html>.

[2] San Diego State University Library. *The Indians of San Diego County and Baja Calfornia.* Web 4 Jan. 2011. <http://infodome.sdsu.edu/research/guides/calindians/insdcnty.shtml>.

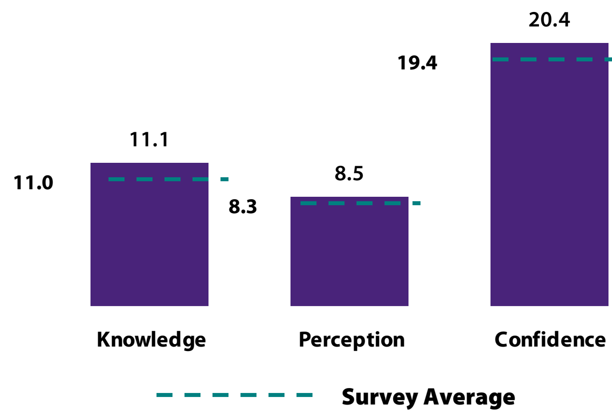
[3] Office of Minority Health. *Suicide and Suicide Prevention 101 (2008).* Web. 11 Dec. 2010. <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=3&lvlid=136>.

[4] Ibid.

[5] U.S. Census Bureau, Census 2010. Web 20 Dec. 2010. <http://factfinder.census.gov/servlet/DatasetMainPageServlet>.

Service provider stakeholders interviewed for this study noted that a major barrier to developing strong preventive services for the Native American community is the history of distrust between Native Americans and public entities such as law enforcement and County services. This distrust is based on centuries of conflictive relationships and policy decisions that have negatively impacted native communities. A mental health stakeholder noted, that "Another [barrier] is stigma regarding mental health; especially when people come from the outside and tell the community what is wrong with them." A stakeholder from law enforcement shared, "[This historic distrust] makes it challenging for law enforcement to work with the Native American population. [We don't receive] many suicide calls but lots of criminal investigations." If the relationship between Native American communities and public entities could be reset, through concerted, authentic attempts to bridge the divide, improved services and help could be provided to native communities and could ultimately improve suicide rates."

Exhibit 3.7:
Native American Service Providers Knowledge, Perception & Confidence Services



What does the target population say about themselves?

Focus group participants noted that each tribe and reservation has unique circumstance, cultural considerations, and histories that should be taken into account when considering a meaningful suicide prevention strategy. Thus, like other targeted communities, they noted that the current assessment does not capture all of the nuances of the Native American population in San Diego County. For example, rural and urban Native American communities have different needs. There is a lack of access to services in the unincorporated rural areas of San Diego, both in the number of facilities as well as their ability to access potentially distant locations. Conversely, those individuals living off the reservation may not have the same cultural connections as those who do. Other issues included:

- Concerns of alcohol and drug use.
- Discomfort in talking about suicide.
- The close knit nature of native communities, in which individuals may not be comfortable at the tribal clinic where the doctor may be from the community.
- Recent concerns with cutting among youth.

> **"The veterans are respected and seen as warriors in the community. They are leaders and suicide prevention efforts should involve them."**
> **-Focus group participant**

The focus group participants also noted that when considering suicide within the Native American population, the number of accidental deaths should be included. This is particularly true due to the high number of veterans in native communities who stage their suicide as an accident to preserve their survivor benefits for their families.

Perhaps the most important finding from the process of setting up the focus group as well as the results is the deep seated suspicion of the Native American community for the overall process of determining their "need."

They noted that for decades, if not centuries, the government and service providers have come to "fix" their issues, but have not shown an authentic commitment to a solution. They noted that successful engagement requires commitment, consistency, trust, and presence. They further identified the following elements to consider in a prevention approach among the native San Diego communities:

- Collaboration with someone from the community is essential for any success
- Engaging local leaders from each tribe as cultural brokers
- Ensuring the process is culturally driven and lead by the community
- Be respectful of cultural protocol (agendas and data collection tools are not well received by community; use a strengths-based approach when addressing the community as opposed to a deficit-approach)

> **"I do not know that the County is aware of what is happening in these communities. I had not heard of this effort until [the needs assessment team] contacted me. So I am not sure what kind of effort the County is doing to get the community involved on this issue… If you do not put in your time to build trust and a presence in the community, you will not be listened to."**
>
> **-Mental Health Outreach Worker**

What barriers were identified by stakeholders and focus group participants?

An analysis of the stakeholder and focus group results specific to the API population listed the following barriers:

- Mistrust of County and local universities
- Mistrust in the way that data is used to reflect their communities
- Western intervention models lack of cultural relevance
- Lack of trained professionals in a holistic, culturally competent model of care
- Transportation to receive care (particularly for rural populations)
- Stigma related to mental health and suicide

What opportunities for improvement were identified by stakeholders and focus group participants?

Opportunities for successfully engaging the community in suicide prevention included:

- Integrate elders as "navigators" and mentors for their communities, especially with youth.
- Train and empower Native American community members to identify high-risk individuals
- Provide culturally appropriate services on the reservation
- Build on the existing County MHS Prevention and Early Intervention (PEI) funded program: the Collaborative Native American Initiative. This program is provided by the Indian Health Council that is currently working to integrate suicide prevention into existing community programs.
- Promote community wellness through the involvement in cultural and social activities known to support individual and community resilience.
- Utilize recommendations from County funded Breaking Down Barriers with Native Americans document (prepared by local MHA affiliate)
- Create a model for people in recovery to integrate back into the native communities.
- Provide money to the communities so that they can provide services locally.
- Support programs that instill pride in the community and among youth
- Provide resources to instill self-worth and pride in the community, especially among youth.
- Provide resources to assess the efficacy of interventions.