



Case Study: Caring for Urban, American Indian, Gay, or Lesbian Youth at Risk for Suicide

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Larry, a newly graduated baccalaureate-prepared nurse, has just moved to the Midwest from the upper northern United States (US). Being part Lakota Indian, he is interested in working with tribes different from his own and knows Oklahoma has the largest American Indian (AI) population of any state in the United States. His career plan is to get as much experience as possible working for tribal clinics, learning about, and caring for AI suicide victims in urban settings. He is aware of several suicides on his reservation as he was growing up, but no one talked much about them, so neither did he. Larry then plans to go to graduate school to become a psych-mental health nurse practitioner (PMHNP) and return to the Dakotas to work with his people to help reduce psych-mental health disparities. For this reason, he has just accepted a new position with the Indian Health Service (IHS) at the Oklahoma City Tribal Clinic in Oklahoma City, Oklahoma. This will be a new experience for Larry, not living on a reservation and working in an urban setting.

As a new graduate nurse in a new work environment, Larry has had a lot to learn in a short amount of time. As an AI growing up on a reservation, he was prepared for high rates of diabetes, cancer, cardiovascular disease, and strokes; however, as he had requested to work in the small men-

tal health clinic, he quickly realized he had a poor understanding of the mental health issues facing urban Indians. Larry's first family to work with on his own had traveled 30 miles to the tribal clinic. They were there because they had lost their eldest son to alcohol and suicide at 19 years of age, and they were afraid their youngest son, 15-year-old Andy, was going to follow the same path.

Larry first interviewed Andy's parents while he waited in the reception area. His mother reported he had no appetite, was doing poorly in school, and had periods of negative, sad talk when he talked at all. He spent most of his time in his room on the computer. His dad said he noticed he has only one person he likes to talk with, an older adult called Henry, who lives several miles from their house. There are also two younger sisters in the family that his mother says, "Are taking up more and more of my time after school with their activities and with his father at work until 7pm and I am worried about leaving Andy at home in the afternoon for up to 3 hours at a time." Larry then excused the parents and spoke with Andy. Once they became comfortable with one another, Andy began to open up about his lack of friends, his disinterest in school, and how he missed talking to his grandfather who died 2 years ago. When asked what he missed most about his grandfather he said, "You know just someone to talk to that understands. My friend Henry is good to talk to also, but my parents won't let me go to his house. I have to sneak over to see him. But he under-

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stands me and can talk to me like my grandfather did.” He sighed and said, “I am really tired of worrying about everything and being afraid. Sometimes I think, wouldn’t it be nice if I could just go to sleep and not wake up.”

When asked of what he was afraid, Andy looked at the floor and said, “That I am different.” More probing resulted in Andy quietly saying, “I don’t want to go on dates with girls; you know I am a ‘Two-Spirit,’ but I haven’t told anyone because I am afraid of what will happen.” Larry knows that for American Indians, Two-Spirit is the contemporary word used that means gay (Lang 1998). Larry encouraged him to talk to his parents, but he said, “No I can’t do it; they are not strong enough.” Larry could see Andy’s case was going to require intensive outpatient therapy, so he quickly got to his computer to look up mental health providers in the family’s community, but there was only one who was IHS affiliated. However, Andy said he did not want to go there because his brother had been a patient there and said, “And look how it turned out for him. No, I won’t go there.”

Larry then spoke with Andy’s parents, confirming their fears that Andy had recently thought about suicide and his concern regarding Andy’s resistance to go to the only IHS mental health facility in their area. Andy’s father had panic in his eyes and whispered, “If dad were alive, he would be able to help. You know, he always knew how to explain things in a way the kids understood.” Larry has many concerns on how to handle his new young patient’s situation and has not yet been able to do anything beyond talking with him briefly confirming that indeed, Andy was experiencing suicide ideations. He felt rushed as he tried to find a clinic that was good for both him and his family.

5.1 Cultural Issues

American Indian Youth suicide has become a national health concern. The Centers for Disease Control and Prevention (2014) reports that AI youth suicide rates are the highest in the country, 62% above the national average for youth ages

10–25 years and is complicated by the fact that more AI youth are now living in urban areas, far from reservation or tribal communities (Burrage et al. 2016). Almost 70% of AIs live in urban areas; however, the US Census Bureau (2010) indicates there is still conflicting information regarding urban youth suicide rates. This is evident when comparing reports between reservation suicide rates, documented via the IHS system, and urban suicide rates reported by hospitals, many times using inaccurate identification of race or ethnicity on death certificates, which only further confounds the information (Middlebrook et al. 2001).

Common suicide predictors have been reported for both white and AI youth, including drug and alcohol misuse, family history of suicide or attempts, physical or sexual abuse, emotional issues, and weapon carrying (Ayyash-Abdo 2002; King and Merchant 2008; Mackin et al. 2012). However, many AIs believe suicide is a community problem related to loss of cultural beliefs and early colonial oppression rather than an individual problem (Wexler and Gone 2012), indicating suicide factors for this population may have deeper roots in the social, community, and societal realms than from the reported predictive factors. AI youth factors believed to promote suicide behavior include gender (Manzo et al. 2015), living in urban versus reservation areas (Freedenthal and Stiffman 2004), and the strength of the tribal culture (Novins et al. 1999). Losing one’s culture can decrease cultural identity which eventually can impact health.

Historically, alternative gender roles and sexualities have been accepted by many tribes. However, today’s AI people who are lesbian, gay, bisexual, and transgender (LGBT) or identify as Two-Spirit often still see their communities as non-accepting, encouraging isolation, discrimination, fear, and invisibility which may increase suicide risk factors. The term “Two-Spirits” was accepted in the 1990s at a Chicago conference as an acceptable term to describe LGBT AI individuals. Lang (1998) noted in his interviews with “Two-Spirit” AIs that culturally it is believed that the term means a male in a feminine role and a female in a masculine role. It is considered to be an all-encompassing term for the LGBT AI population (Medicine et al. 1997).

Newer program development in the area of suicide prevention focuses on a holistic approach, combining Western medicine with traditional Indian medicine to encourage individuals and families to improve their mental, physical, spiritual, and emotional well-being. Thus, establishing trust and respect is critical when working with LGBT and Two Spirit AI youth populations (Burrage et al. 2016).

5.2 Social Structure

With the majority of American Indians living in urban settings, healthcare providers must become sensitive to how people respond when living outside the comfort of their own culture. Support must be provided for cultural values and beliefs, respect for differences, and culturally congruent strategies when working with LGBT “Two Spirit” AI youth who are at risk for suicide.

Eighty-nine percent LGBT teens report verbal harassment; 55% report physical harassment. LGBT high school students are two times less likely to finish high school or pursue a college education. LGBT youth rejected by parents are more likely to attempt suicide, report depression, use illegal drugs, and have unprotected sex. Twenty to forty percent of homeless youth are LGBT.

5.3 Culturally Competent Strategies Recommended

5.3.1 Individual/Family Level Interventions

- Know the populations you serve. There are 566+ federally recognized tribes. Be aware of your population’s commonalities and their individual nuances.
- Be aware of the most important factors leading to LGBT AI youth suicide attempts that include loneliness, isolation, and hopelessness which lead to lack of social support, social withdrawal, and victimization, causing social isolation, cognitive isolation, emotional isolation, and concealment of identity.

- Understand the LGBT or Two Spirit health concerns for pediatric or adolescents include mental health, unprotected health, drug and alcohol misuse, protective factors, illegal hormone injections (transgender), and self-isolation with loneliness and hopelessness that are the most important factors in suicide attempts in LGBT youth.
- Ensure protective factors that include family support.
- Understand AI perspectives of health and illness.
- Encourage informal support and use the teaching of the Seven Grandfathers as appropriate, as a way to exemplify living one’s life according to the values of wisdom, love, respect, bravery, honesty, humility, and truth.
- Ensure your interventions are tailored for the youth and their family, with their tribal community in mind.
- Always take the history in person—not just via the intake form.
- Do not assume the adult who brings him/her to the clinic is the biological father. AIs have extended families, aunts, uncles, and grandparents that may be the caregiver.
- Do not make assumptions about sexual activity or practices. Specifically ask the following: Who are you dating? What are the genders of your sexual partners? What do you do with them? When you use condoms for anal or vaginal sex, how often do you use them?
- Screen for depression, alcohol, smoking, and drug use.
- Discuss protective factors and specifically ask the following: To whom do you turn when you feel sad or need someone to talk to? What is school like for you? How did your family react to your coming out?

5.3.2 Organizational Level Interventions

- Consider intervention approach that focus on getting support to people rather than people to services.
- Realize access to traditional healers may be as important as access to Western medicine.

- Recognize the importance of traditional AI culture to promote the well-being of youth.
- Realize the importance for informal support family, mentors, friends, youth leaders in the community, strong value of “Natives Helping Natives” vs. formal support (professional services).
- Make sure your referrals take into account travel time and that referrals are made to providers knowledgeable in the ways of AI populations.
- American Civil Liberties Union (ACLU) for legal support. Available at <https://www.aclu.org/>
- The Trevor Project for LGBT-focused suicide hotline. Available at <http://www.thetrevorproject.org/>
- APA Lesbian, Gay, Bisexual and Transgender Concerns Office: www.apa.org/pi/lgbt/
- Association of Gay and Lesbian Psychiatrists: www.aglp.org/
- Fenway Institute: <http://thefenwayinstitute.org/>
- Gay and Lesbian Medical Association: www.glma.org
- The National Alliance on Mental Illness LGBT Resources & Fact Sheets: <https://www.nami.org/Find-Support/LGBTQ>

5.3.3 Societal Level Interventions

- Identify community mentors for youth and provide suicide training.
- Mutual support is important and preferred to help AI youth struggling with suicide and is seen as part of AI identity and culture.
- Understand that peer support benefits emotional youth well-being.
- Involve as many community members as possible to help with education on youth suicide in AI communities. This will reduce the stigma of suicide and build a supportive community.
- Don't be surprised if the community, family, or youth does not want to talk about suicide openly as there is a belief that doing so invites negativity and may bring on harmful states.

5.4 Resources for LGBT Youth

- Gay and Lesbian Medical Association (GLMA) for finding a provider. Available at <http://glma.org/>
- Parents and Friends of Lesbians and Gays (PFLAG) for support for friends and family. Available at <https://www.pflag.org/>
- Gay, Lesbian, and Straight Education Network (GLSEN) for support in schools. Available at <https://www.glsen.org/>
- Children of Lesbian and Gays Everywhere (COLAGE) for children in LGBT families. Available at <https://www.colage.org/>
- Lambda Legal for legal support. Available at <https://www.lambdalegal.org/>

Conclusion

New AI graduates working for the first time in a suicide situation can become overwhelmed. The important point is to always gain trust, give respect, maintain a calm demeanor, and be a reassuring presence when working with Two Spirit, AI adolescents. Suicide or even thoughts of suicide can make families feel panicked and helpless. Always be culturally congruent in your approach and with interventions used. Understand that if prevention is viewed only as increasing access to clinical services and educating community members about suicide, little room is left for culturally congruent strategies (Burrage et al. 2016).

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