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YOUTH AND ADULT COMMUNITY MEMBER BELIEFS ABOUT INUPIAT YOUTH SUICIDE AND ITS PREVENTION

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ABSTRACT

Objectives. To better understand youth and adult community members' perceived causes and possible preventative steps to address the high Inupiat youth suicide rates in Northwest Alaska.

Study Design. A five-item, open-ended survey focusing on community members' perceptions of suicide causes, warning signs, and protective factors was administered in the twelve Native villages served by the Maniilaq Association, a native non-profit organization.

Methods. A total of 382 surveys were completed. Qualitative answers were assigned to categories by two reviewers. Main categories are described reflecting the percentages of all response categories and those of youth and adult respondents. To discern whether the difference in proportion between adult and youth respondents was significant, a two-tailed z test was used to compare the two category proportions with their respective sample sizes.

Results. The results showed that villagers believe that a community-based approach is most beneficial. Many risk factors for suicide were associated with alienation, and prevention strategies were linked to increased communication and connection with others, their culture and spirituality. The results also show that different perspectives are held by adults and youth. Adult respondents identified boredom as the primary reason for suicide. This—according to adult survey responses—can be addressed through programs offering young people activities, education, and a sense of culture. In contrast, the majority of young people attribute suicide to stress. The young respondents answers highlight the need for adults to talk to them about their everyday lives and their futures so that they receive the guidance and support they need to navigate difficulties that arise.

Conclusions. These differing adult and youth conceptions of youth suicide prevention need to be aligned in order to create effective youth suicide prevention strategies for Inupiat and other Native populations. (*Int J Circumpolar Health* 2006;65(5):448-458.)

Keywords: suicide prevention, Alaskan Native, youth, community-based research, open-ended survey, health disparity

INTRODUCTION

Suicide is the leading cause of death for 15- to 18-year-old Inupiat Eskimo youths in Northwest Alaska. Inupiat are Native Alaskans who live in the North and Northwestern parts of the state. Young Inupiat in this age group who live in Alaska's northwestern region have a suicide rate of 190.33 per 100 000 (10 yr average for 1990-2000) (1). This was calculated using the arithmetic average of the annual incidence rate for a 10-year period. The resulting rate is over 15 times that experienced by the U.S. as a whole (11.6) (2). Other circumpolar peoples from Greenland (3-5), Norway (6) and Canada (7-9) share this disturbing distinction. The similarity of patterns associated with suicide in these regions is worth noting. There is a preponderance of self-inflicted young male deaths due to gunshot or hanging, and many of these are associated with alcohol abuse.

This patterned health disparity has spurred research that investigates the psychological aspects of suicide (depression, problem solving, coping skills) (8,10,11), social factors of suicide (socio-economic class, family stress, social role, unemployment, and education) (8,12,13), and the comorbidity of alcohol and suicide (12,14). The research has also cited acculturation stress as a cause of Inuit youth suicide (3,4,6,10,15,16).

Despite this extensive research base, few studies have articulated how members of these high-risk communities understand this constellation of factors in relation to suicide. These attitudes and beliefs about suicide provide the parameters for action and response within a community. Under-

standing these can illuminate "...how the idea of suicide becomes internalized and later selected as a course of action by some people" (17). Without this insight, suicide prevention strategies aimed at this specific subgroup are not likely to be effective, and have not been (6,14). "In order for meaningful and locally acceptable change to occur in Alaskan native villages, the problems must not be defined by professionals, but rather by the community and within the cognitive framework of the community." (18). This understanding is crucial to developing effective prevention and intervention strategies in this and other Native communities (19).

In Northwest Alaska, young people are five times more likely than any other age group to commit suicide (1). Past research in this community has indicated that young people and adults hold different beliefs about suicide and suicide prevention (20,21). Because of this, this article will describe how village members—young people and adults—living in the twelve small villages of Northwest Alaska conceptualize the problem of suicide and define its solutions. More specifically, it will describe the results of a five-item, open-ended survey focused on community members' perceptions of suicide causes, warning signs, and protective factors. It also identified local people's ideas for suicide prevention and health promotion. These findings can be incorporated into youth suicide prevention strategies that are meaningful to Inupiat young people and supported by adult community members. The findings might also be relevant to other peoples and communities living in the circumpolar north.

MATERIAL AND METHODS

The surveys were done as part of a larger participatory action project designed to illuminate the meanings and practices that surround youth suicide. The author was employed as the Suicide Prevention Project Coordinator, an initiative funded by the Substance Abuse and Mental Health Administration and undertaken by the Maniilaq Association, a Native non-profit health and social service organization for Northwest Alaska. The survey consisted of five open-ended questions developed by a Regional Suicide Prevention Taskforce. The questions were listed as follows: 1) *Why do young people in the region commit suicide?* 2) *What suicide warning signs have you noticed?* 3) *What should you do if a friend or relative was thinking about suicide?* 4) *What can adults in your village do to prevent suicide?* 5) *What will help kids get excited about their future?* The taskforce was made up of community members (predominately Inupiat) from all of the twelve regional villages who agreed to participate in a two-year suicide prevention project. There were approximately thirty active members on the taskforce throughout this period. Taskforce members met approximately every 4 months from March 2001 to October 2002, and at least one representative from each village attended each meeting.

Close to the beginning of this project, taskforce members suggested that a survey be conducted so that they could learn from local people how best to prevent suicide. The survey questions emphasize the role of adults in suicide prevention, because taskforce members believed that adult community members were an untapped resource who could best provide support and guidance for young people, a

group with the highest risk of suicide. The author, along with Brenda Goodwin, the project's Community Coordinator, administered the surveys in all of the twelve villages in Northwest Alaska during 2001 and 2002.

The survey was given to over 5% of the region's 7232 residents (22). Because of the high suicide rates in the region, it is assumed that almost all of the respondents knew someone who had attempted or committed suicide. It is therefore believed that the responses are at least somewhat based on personal experience.

Surveys were given out at health fairs and community meetings. Health fairs were held in all of the region's villages during this time period. Most of these events were held in the village schools, since these buildings were big enough to accommodate large groups of people. All village students were required to attend the fair, but only middle and high school students (aged 12 to 18 years) were asked to fill out the surveys. All respondents were told about the purpose of the survey before filling them out. No identifying data was collected in association with individual surveys, in order to protect confidentiality. The entire community-based project was overseen by the Institutional Review Board of the University of Minnesota.

Community members were invited to participate in health fairs through posted flyers and announcements over the village citizen's band (CB). Anywhere from 5 to 35% of the village residents attended each of the health fairs, presumably because they could receive basic health screenings along with small prizes and health pamphlets. In addition, surveys were given to people attending community meetings focused on suicide prevention, substance abuse prevention and community wellness. Anyone agreeing to fill out an anonymous survey

was put into a raffle to win a prize, such as a disposable camera, basketball, or bike helmet. One prize was given out at each of these events to provide incentives for people to complete surveys.

A total of 382 surveys were completed. Of those, 161 were filled out by adults, 173 were filled out by self-identified youths, and 48 were filled out by people who did not identify their age category. Although the surveys did not ask respondents to identify their ethnicity, it is believed that the vast majority were Inupiat (Eskimo). The region's population is over 80% Inupiat, 16% Caucasian, and the rest is made up of Asian, Latino, African-American, and Native Hawaiian/Asian Pacific (23). Furthermore, 90% of all secondary students in the region are Alaska Native (23), presumably Inupiat.

Data analyses

Qualitative answers were assigned to categories separately by the author and Brenda Goodwin. The category labels were intended to sum up the general sentiment of the responses. These were modified throughout the coding process to arrive at categories that accommodated the most responses without losing specificity. The analyses done by the author and Ms. Goodwin were compared and the vast majority of responses were categorized similarly. The discrepancies in categorization were modified through consensus. Answers that fit within multiple categories were recorded in each applicable category with a maximum of three. Once the analysis was complete, members of the Regional Suicide Prevention Taskforce were asked to review the database containing all the survey responses and their assigned categories, in order to determine if the interpretations of the qualitative data were

accurate. The three taskforce members who reviewed the database indicated that the categorization of the survey data seemed to reflect the intent of the respondents.

The most common answers from each survey question will be described. This includes all answers from adults, youths and unknown respondents. Each question will also be described according to youth and adult answers, with the unknown surveys dropped. In some cases, the youth answers were noticeably different from the adult answers. To discern whether this difference in proportion was significant, a two-tailed z test was used to compare the two category proportions with their respective sample sizes. Only findings at the $p < 0.05$ level are reported, so as to minimize the risk of Type I errors.

RESULTS

Why do young people in the region commit suicide?

There were seven main categories describing respondents' beliefs about the causes of youth suicide out of 472 different responses. These were substance abuse (18 %), family problems (16 %), relationships (15 %), stress (15 %), sadness/depression (13 %), no love (12 %), and boredom (11 %). Substance abuse by the suicidal person and by those around them—especially parents—were included in this most often cited category. Family problems were categorized as such if the answers somehow implicated parents or family members. The category—relationships—was given to responses implicating romantic interpersonal difficulties. Responses were ascribed to the categories—stress and sadness/depression—if

those words were specifically identified as a cause for suicide. The category—no love—was used to reflect a variety of responses focusing on a lack of acceptance, loneliness and ostracism. Lastly, boredom categorized answers that specifically used that word and pointed to the dearth of youth activities in the region.

When these results are separated according to adult and youth responses, two of these categories—stress and boredom—illustrate the different perceptions of the two age groups. Young people identified stress (21 %) more often than any other cause for suicide, whereas stress was the least common adult response (8 %). Similarly, adults most often cited boredom (19 %) as the cause for youth suicide, while very few young people identified it (5 %), making it the least cited youth category (see Table I).

What suicide warning signs have you noticed?

The next item asked respondents to identify some signs that might warn them that someone is thinking about suicide. Of the 531 responses, many respondents (24 %) gave symptoms of depression, such as “crying, quiet, angry.” 22 % of respondents noted withdrawal/isolation as a sign of suicide. Talking about suicide or lethal means was cited 19% of the time. These answers included veiled threats, such as “Talk about gun, he won’t live long.” Anger accounted for 13 % of the responses. Change in attitude (12 %) included mood swings, as well as “giving up on everything and how they start to change their attitude.” Increased substance abuse was cited in 10 % of the responses. The only statistically significant difference in youth and adult responses was found in the withdrawal/isola-

tion category, with 25 % of adults versus 17 % of youth citing this warning sign (see Table I).

What should you do if a friend or relative was thinking about suicide?

Item three asked respondents what they could do if they suspected a friend or relative was thinking about suicide. Most (63 %) of the 544 responses indicated that the best way to intervene was to talk to the person about their problems and show them care and concern. These answers all involved reaching out. 26 % of the responses focused on getting other community members involved. Only 9 % wrote about getting professional counselors involved. Youth and adult responses were very similar for this item, except that nine adults suggested praying for the person while only one youth reflected this sentiment (see Table I).

What can adults in your village do to prevent suicide?

Next, respondents were asked to consider how adults in the community could help suicidal young people. 32 % of the 564 responses indicated that adults should talk to young people and 13 % thought adults needed to “show they care”. These sentiments are very similar to those given for the previous question. However, 29 % of the responses focused on programmatic solutions, whereas none of the previous ones did. Programmatic ideas ranged from structured youth activities (11 %) and community organizing (8 %), to programs that teach culture (3 %).

Youth and adult answers emphasized different approaches. Youth respondents emphasized the need for on-going communication and interaction between young people and adults more often than adult respon-

Table I. Proportion difference between adult and youth responses.

	Adult (n)	Youth (n)	z	p
Question One: Reasons for Youth Suicide Categories				
Total responses	205	217	-	-
Substance abuse	30	43	-1.28	0.2013
Family problems	36	32	0.65	0.5134
Relationships	34	33	0.25	0.7996
Stress	17	45	-3.47	0.0005*
Sadness/depression	22	33	-1.22	0.2224
No love	28	21	1.12	0.2611
Boredom	38	10	4.35	0.0000*
Question Two: Warning Signs for Suicide Categories				
Total responses	252	229	-	-
Depression/sadness	57	62	-1.03	0.3053
Withdrawal/isolation	63	38	2.15	0.0317*
Talk about suicide	47	45	0.64	0.5232
Anger	27	37	-1.62	0.1050
Change of attitude	29	25	0.06	0.9518
Substance abuse	29	22	0.53	0.5975
Question Three: What To Do To Prevent Suicide				
Total responses	260	235	-	-
Reach out and show care/concern	166	141	0.79	0.4309
Get community members involved/be with them	63	69	-1.19	0.2351
Get professional help	22	24	-.52	0.6065
Pray for the person	9	1	2.08	0.0377*
Question Four: What Adults Can Do To Prevent Suicide?				
Total responses	260	246	-	-
Talk with them	69	109	-4.09	0.0000*
Show care/concern	34	27	0.59	0.5559
Activities for youths	40	18	2.71	0.0068*
Community activities	32	10	3.20	0.0014*
Programs	22	18	0.31	0.7550
Encouragement/support	14	21	-1.22	0.2220
Get community members involved	7	15	-1.66	0.0971
Be role models/set a good example	12	9	0.32	0.7517
Teach young people about their culture	12	2	2.34	0.0195*
Question Five: Factors to Foster Hope for the Future				
Total responses	168	156	-	-
Talk to youths about the future	50	80	-3.84	0.0001*
Encourage/support them	26	17	1.05	0.2937
Education	32	14	2.44	0.0148*
Activities for youths	19	23	-0.75	0.4509
Positive role models	13	4	1.84	0.0661
Cultural identity	14	2	2.67	0.0076*

dents did. Seventy-eight percent of the youth responses identified the need for adults to talk, support, and encourage young people while being good role models, whereas just over half of adult surveys called for this. In contrast, 40 % of the adult responses called for specific youth programming, such as youth activities, community gatherings, and teaching culture, whereas only 19 % of the young respondents called for these programs (see Table I).

What will help kids get excited about their future?

The last question on the survey asked respondents to identify ways to “help kids get excited about their future”. Forty percent of the 359 responses recommended talking to young people about their future and helping them achieve their dreams. Fifteen percent of the responses emphasized the role of encouragement and 15 % mentioned education as a means of developing young people’s hope for the future. Thirteen percent of all responses indicated a need for more youth activities that help generate ideas about future possibilities. Each of the following categories represented 5 % of the responses: having role models, developing cultural identities, and offering job opportunities to young people.

When the youth and adults responses were compared, a greater proportion of youths — 51 % versus 30 % of adults — recommended that adults talk to them about the future. 19% of the adult respondents thought that education would make young people excited about their future, whereas only 9 % of youths thought so. Similarly, 8% of adult respondents believed that cultural identity would create hope for the future, compared to only 1% of youth respondents (see Table I).

DISCUSSION

Perceptions of suicide and suicide prevention

Survey respondents almost exclusively linked suicide to social and situational issues, rather than psychological ones. The exception is the category “depression/sadness”, but each time this was listed, it was done in conjunction with other, social factors, such as “no love”, “embarrassment” or “no one to talk to”. This finding underscores the social *not* psychological understanding of the suicide in this Northern community. This indicates that prevention strategies should focus on the social network of the suicidal person to help them build interpersonal support within their communities.

In looking at the causes of suicide, young people are much more likely to identify stress, while adults are more likely to identify boredom. The difference in youth and adult answers seems to point to a different understanding of young people’s lives. Youth respondents identified many perceived life stressors, such as financial and family problems, “people making fun of them”, or “something bad happening to them”, as primary reasons for suicide. In contrast, adults seemed to associate youth suicide with “lack of youth activities” and “nothing better to do”. Young people perceived their lives to be cluttered with too many problems, while adults believe youth self-destruction comes from having too much empty time. Perhaps; young people’s problems seem inconsequential to adults, yet feel insurmountable to young people. Instead of ignoring this real youth perception, programs aimed at suicide prevention should increase young people’s ability to cope with stress, solve problems and find resources and relationships they can count on to alleviate it.

Respondents in Northwest Alaska identified suicide warning signs similar to those identified in other populations: depression, withdrawal, talking about suicide, exhibiting anger, change in attitude and substance abuse (24,25). The one difference seems to be the way that depression is described. In almost all of the respondents' answers, depression or sadness was coupled with the word "quiet". This finding indicates a need to include questions about whether a person has been "more quiet lately" when trying to screen for suicide risk in Northwest Alaska.

More adults than youths identified withdrawal as a warning sign for suicide. The difference in perception could reflect the practice of suicidal youths who tend to more readily talk to their peers than to adults (20). Using this finding, suicide prevention programming should target young people as the first line of defense. Young people should be encouraged to talk to a responsible adult if they, or a peer, is experiencing suicidality. This would be consistent with the community's desire to improve communication between generations.

Item three asked respondents to identify what they could do if they suspected that a friend or relative was suicidal. The vast majority of these answers focused on giving them interpersonal and social support. These ideas focused on informal approaches, such as visiting, listening and talking to them, staying with them, and showing them care. Only 9 % of responses mentioned telling a professional counselor, although this strategy is widely advocated in suicide prevention training and materials (26-29). The survey finding indicates that suicide prevention in this remote, predominantly Native region needs to be conceived as a community activity centered on everyday

relationships, instead of professional intervention. This could be because masters-level clinicians are infrequently available in the villages (1-2 days per month); they are non-natives who remain in the region typically less than two years; or, because there are cross-cultural differences in the perceived causes and appropriate responses to suicidality among Inupiat and mental health professionals (20).

Instead of training community members to identify high-risk individuals and refer them to mental health professionals, perhaps community members should be encouraged to build community support networks that use these masters-level clinicians as suicide prevention coaches. The clinician could work with the people who are closest to the suicidal individual so they are better prepared to support them and observe future difficulties. This approach incorporates peers, family and community members - especially the para-professional village counselors who reside in the villages — in the prevention effort. This could result in expanded social support and situational changes for high-risk youths in their home village. This community-based approach is more likely to be culturally relevant and effective in the long run.

Adults were more likely to favor organized efforts, while young people called for more meaningful interactions with adults on an everyday basis. The last two items underscore this difference in perspective. Question four specifically asked respondents to identify ways adults could intervene with suicidal youths, while item five asked respondents to identify factors that would help young people get excited about their future. In responding to both questions, young people were more likely to think that adults could prevent youth suicide

and promote hope for the future just by talking and spending time with them. In contrast, the majority of adults responded to both items by identifying youth programs or education. This variance may stem from the different orientations of the two age groups: youths seem to value *voluntary* and informal interactions with adults, while adult respondents place greater significance on organized efforts. However, these kinds of formal programs have had very little impact on suicide rates in rural Alaskan villages (6,14).

Instead of continuing these ineffective strategies, adults in Northwest Alaska could be made aware of the importance of spending unregulated time with young people. Universal media campaigns in the region could highlight the value of adults interacting with young people on an everyday basis. These messages could stress the role that adults can play in helping young people to overcome difficulties and explore future possibilities. This on-going, organic exchange can provide young people with stronger safety nets, identifiable role models, and guidance to make healthy decisions in their lives. Emphasizing the importance of adult-youth interactions could motivate adults to reach out to young people they might ordinarily pass by. This small change in behavior can build on itself as relationships between young people and adults deepen and grow. Although often taken for granted, sending this simple message could spark personal and community changes capable of preventing Inupiat youth suicide. Building relationships between healthy adults and young people has been found to be a deterrent to youth suicide in other Native populations (30,31), and has been touted as an essential element for positive youth development (32).

Study limitations

The sample may not be representative of either young people or adults in Northwest Alaska. First, all of the young people who filled out the survey were attending school. This fact alone makes them higher functioning than their counterparts who may be truant, or school-leavers. The adult sample may have similar biases. Those who filled out the surveys attended either a health fair, or a community meeting focused on prevention (substance abuse and/or suicide) or wellness. These individuals are believed to be higher functioning and more motivated toward village betterment than their counterparts. In addition, the prizes offered to respondents encouraged younger and middle-aged people rather than elders. Because of this, their views may not be representative of the older adults in their communities.

The subjective coding and categorization process is another limitation of the study. Although two coders were involved to lessen the variation in analysis, the process of meaning-making is inherently interpretive. To make these coding decisions consistent, categories were made as specific as the data would allow. For example, all of the responses within the “family problems” category specifically identified “family” or “parents”, and all the responses within “relationships” mentioned romantic relations.

Lastly, the survey design presents some limitations. Without gender identifiers, it is impossible to ascertain whether the youth-adult differences could be better explained by differences in the perceptions of men and women. In addition, the surveys relied on self-assessment to determine whether respondents were youths or adults. This may have resulted in much variability in the concept, meaning

young adults could have identified themselves as either a youth, or an adult.

Despite these shortcomings, the study can describe how some people living in small, rural Inupiat communities understand the causes and possible solutions to youth suicide. The article also points to possible differences in perceptions held by adults and youths about suicide and suicide prevention. These areas of divergence are perhaps indicative of deeper intergenerational schisms that are in need of further study.

Conclusions

The survey results point to the disparate views held by Inupiat adults and young people concerning suicide prevention and health promotion. To summarize these discrepancies, adult respondents identified boredom as the primary reason for suicide. This—according to adult survey responses — can be addressed through programs offering young people activities, education, and a sense of culture. Taken together, this might mean teaching skin sewing, carving, or other traditional skills, regularly in village communities. In contrast, the majority of young people attribute suicide to stress. These young respondents highlight the need for adults to talk to them about their everyday lives and their futures, so that they can receive the guidance and support they need to navigate difficulties that arise. These differing adult and youth conceptions need to be aligned. Instead of using formal youth programming as the means to reach young people, adults need to be encouraged to reach out to them on an everyday basis. Instead of cultural revitalization being primarily about learning traditional

skills during a scheduled time, young people need assistance to apply the Inupiat values, skills and practices to their everyday lives. Through these on-going exchanges, young people would be encouraged to construct a positive sense of themselves as Inupiat, which can help them create promising futures. In these ways, the priorities and conceptions of youth and adults can be integrated to develop innovative and effective suicide prevention and health promotion strategies for Inupiat young people.

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