

New book offers help for troubled villages

This review was provided by the Association of Village Council Presidents in Bethel.

The following information was taken from *FINDING OUR WAY — Ideas and Programs for the Prevention of Suicide*.

This book was written by Susan Soule under the auspices of the Yukon Kuskokwim Health Corp. in Bethel. *FINDING OUR WAY* has recently been sent to all the villages of the AVCP region. Schools, village libraries, village administrators and councils have received copies.

The rates of suicide and of alcohol-related accidental death are higher in the Yukon-Kuskokwim Delta than in the United States and Alaska.

Over three quarters of the suicide victims are single men in their twenties who are intoxicated at the time they take their lives.

Such suicides are the end result of a process of wearing away of a person's ability to cope with what seems to be more and more problems, failures and loneliness.

Most people who commit suicide do not want to die. They want a way out of the pain and loneliness, but nothing they have tried has brought relief. They feel helpless and hopeless.

Almost half the people who commit suicide had previously attempted suicide.

Most people who attempt suicide do not die, and many do not want to die. But because we cannot know for certain whether an attempter wishes to die, all attempts gestures, and verbal threats must be taken seriously.

Almost half the people who committed suicide when they were intoxicated talked about their intent to do so before they acted. All suicide threats made when a person is drinking must be taken seriously.

Large amounts of publicity about a suicide and anything that romanticizes a suicide death appear to contribute to the possible development of a suicide

"epidemic."

Drinking and engaging in potentially dangerous activities can be seen as a form of suicidal behavior, a message that says, "I don't care about my life."

High rates of suicide and alcohol-related death are found in many Native communities in the United States and Canada. Such high rates appear to be related to the changes created in a traditional subsistence-based culture when it comes into contact with an aggressive, industrialized culture.

In order for a person to live a rewarding, satisfying life, a person needs to feel:

- Good about who he or she is.
- Liked by others, that he or she belongs.
- Able to "fix" things that go wrong in life.
- That life is meaningful.

These needs are met in the course of a child's growing up through his or her interactions and relationships with others: parents, relatives, friends and teachers.

All cultures have rules, values and institutions designed to order human relationships so that basic needs can be met. Each culture does this in its own way.

When an industrialized culture comes into contact with a traditional subsistence-based culture, it tends to rapidly introduce its own values, institutions and ways of doing things.

This rapid influx of new ideas and new things into a stable, traditional culture often causes widespread disruption in the culture's own values, rules and institutions.

The disruption and confusion created by the existence of two, often contradictory, value systems which seem to compete for the minds and hearts of the young people, make it very hard for the older people to feel confident about their ability to raise and guide their children.

As parents and elders become less

As parents and elders become less confident, young people find it harder to meet their basic needs.

confident, young people find it harder to meet their basic needs. They feel less good about themselves, uncertain about where they belong, confused as to what to do with their lives. They may feel anger at the adults for letting them down.

Young people who don't feel good about themselves or about the world in which they find themselves, often engage in angry, destructive behavior. This causes additional tension and anger between youth and adults.

If there is alcohol abuse, either on the part of the parents and elders, or on the part of the young people, it makes all the problems worse.

Prevention of suicide and of alcohol-related accidental death involves helping communities find ways to resolve these problems so that their children will find it easier to build rewarding, meaningful lives.

A comprehensive suicide prevention program addresses two areas:

- The underlying problems and feelings that, if left unresolved, may lead to deep depression and thoughts of suicide (primary prevention).
- The more immediate and more individual problems and feelings that may lead to an actual suicide attempt (secondary prevention).

Primary prevention includes many programs that are designed to reduce the contradictions and mixed messages that have come about as a result of the mixing of the values and lifestyles of two different cultures. Primary prevention also includes programs designed to build strengths into individuals, families and communities, strengths that enable people to manage their lives effectively.

Part 4 describes a number of primary prevention programs.

Secondary prevention includes programs which educate people about suicide, and which train people, usually designated helpers, to intervene to prevent suicide. Secondary prevention efforts also include improvements to the present system of handling and helping persons who attempt or threaten to commit suicide.

Several different education and training programs are described. Training programs for teachers, health aides, VPSOs and natural helpers are suggested.

The way suicide attempters are currently handled by the system is examined and criticized, primarily for sending too many far from home for treatment. It is argued that people can be more effectively treated if they stay in their home villages. It's suggested that trained, village-based Crisis Response Teams, consisting of local people working under the supervision of a Bethel-based professional, could effectively help people without removing them from their communities.

For those who, chiefly for reasons of safety, require a residential facility, a small facility in the delta is suggested. Such a facility could also serve people who have not attempted suicide, but who need "time-out" from their communities. It is noted that the current system too often seems to all but force people to attempt or threaten suicide in order to get the help they need.

Because each village is different and may see different things as desirable, each village needs to find its own way.