

American Indian/Alaska Native
**NATIONAL SUICIDE PREVENTION
STRATEGIC PLAN**
2011 - 2015



American Indian/Alaska Native National Suicide Prevention Strategic Plan 2011-2015

Prepared by
IHS National Tribal Advisory Committee on Behavioral Health,
IHS Behavioral Health Work Group,
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U.S. Department of Health and Human Services Indian Health Service

Mission

The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Goal

To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Foundation

To uphold the Federal government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures, and to honor and protect the inherent sovereign rights of Tribes.

Foreword

I am pleased to present the American Indian/Alaska Native National Suicide Prevention Strategic Plan (2011-2015). This strategic plan is a national initiative to address suicide prevention based on fostering collaborations across the entire Indian Health System, including Tribes, Tribal organizations, Urban Indian organizations, and other key community resources. These assets, along with academic disciplines with expertise on this problem, will provide us with the tools we need to adapt the shared wisdom of these perspectives, consolidate our experience, and target our efforts toward meeting the changing needs of our population. I want to express my appreciation to the National Tribal Advisory Committee on Behavioral Health, the Behavioral Health Work Group, and the Suicide Prevention Committee for developing the framework for this important document that will serve to pave the way over the next 5 years to address suicide in Indian Country in a planned, collaborative approach. I want to thank all of the providers, and clinical and administrative staff for the daily care and comfort they provide to the people we serve throughout our communities. This staff deserves our strongest praise because their actions save lives, and each serves a vital role in this important national initiative.

Suicide is one of the most tragic events a family can endure, and the grief caused by suicide cannot be underestimated or ignored. Statistics for all age groups show that suicide is a significant concern across the life cycle for American Indian and Alaska Native (AI/AN) communities and that AI/AN youth, and especially young males, are at high risk. Consequently, strategies to effectively address suicide must be made available across the life cycle, as well as solutions that address the unique situation of AI/AN adolescents and young men. In many of our Tribal communities, suicide is not just an individual clinical condition, but a community condition. We know that some of the social, educational, and cultural issues which underlie suicide include poverty, lack of economic opportunity, limited educational alternatives, community breakdown, familial disruption, and stigma. Geographically isolated reservations may amplify these risks and contribute to a sense of hopelessness, particularly among young people. These clinical and community conditions are important to acknowledge and must be addressed in order for us to promote long-term health for individuals and communities.

This strategic plan is a comprehensive and integrated approach to reducing the loss and suffering from suicide and suicidal behaviors. It brings together multiple disciplines, perspectives, and resources to create an integrated system where services can be accessed across multiple settings. In this way, an individual, a family, a school, and a community can be connected by a continuum of needed services, up to and including the healthcare system. This focus on collaboration marks only the beginning of a much larger long-term process. We are currently bringing the full weight of Tribal leadership, programs, and resources to this problem.

Working to assure the health and productive lives of AI/ANs is a high priority. I am committed to working in partnership with the Indian Health System to bring services and resources to address mental health needs and reduce the rate of suicide within AI/AN communities.

Yvette Roubideaux, M.D., M.P.H.
Director
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Introduction

Welcome to the AI/AN National Suicide Prevention Strategic Plan. It has been prepared collaboratively between the Indian Health Service (IHS), Division of Behavioral Health (DBH); the National Tribal Advisory Committee on Behavioral Health (NTAC); the Behavioral Health Work Group (BHWG); and the Suicide Prevention Committee (SPC).

The IHS National Tribal Advisory Committee on Behavioral Health (NTAC) was established by the IHS Director in the summer of 2008 as a policy and advocacy body of Tribal leaders providing advice and recommendations in support of the Indian Health Service's efforts to address behavioral health in AI/AN communities. NTAC is composed exclusively of elected Tribal leaders who are designated by the IHS Area Director from each IHS Area.

The IHS Behavioral Health Work Group (BHWG) was established as a technical group of subject matter experts charged with providing guidance to the IHS in the development of programs and services for behavioral health for AI/AN communities. The BHWG currently functions as a technical advisory group providing advice through the NTAC. The BHWG is composed of Tribal and Urban representatives who are providers and experts in the field of behavioral health and/or substance abuse.

The IHS Suicide Prevention Committee (SPC) was established and tasked with identifying and defining the steps needed to significantly reduce and prevent suicide and suicide-related behaviors in AI/AN communities. It is the responsibility of the SPC to provide recommendations and guidance to the Indian Health System regarding suicide prevention, intervention, and postvention¹ in Indian Country.

The IHS has four priority areas that, as an Agency, we are fully committed to working toward. The first priority is to renew and strengthen our partnership with Tribes. The second priority is to reform the IHS. The third is to improve the quality of and access to care. The fourth priority is to make all our work accountable, transparent, fair, and inclusive. This strategic plan, from formulation to execution, demonstrates our commitment to leverage these priorities in suicide prevention.

The AI/AN National Suicide Prevention Strategic Plan is a first step in describing and promoting the accumulated practice-based wisdom in AI/AN communities. The strategic plan also mirrors, in many aspects, the National Strategy for Suicide Prevention,² a national initiative to reduce the impact of suicide and suicide-related behaviors.

The strategic plan is a living document and will be revised over time as tasks are accomplished and new tasks identified. The contents will require refinement through an inclusive process that invites critical examination by Tribes and other key stakeholders across the Indian Health System. The Indian Health System's work must recognize the historical impact of colonization on AI/AN people and must incorporate this understanding into its efforts for this work to succeed for future generations. Promoting communication between families, community members, and organizations is critical to reducing suicide. With these principles in mind, the IHS hopes to support a holistic, cultural foundation to suicide prevention, intervention, and postvention, building on the strong resilience of AI/AN communities.

¹ A postvention is an intervention conducted after a suicide, largely taking the form of support for the bereaved (family, friends, professionals, and peers).

² National Strategy for Suicide Prevention: Goals and Objectives for Action, Department of Health & Human Services, Public Health Service, 2001.

Goals and Objectives

GOAL 1: Support a holistic approach to suicide prevention, building on the strong resilience of AI/AN communities (e.g., culture, spirituality, language, and identity).

Objective 1.1.

Promote the importance of involving AI/AN communities, youth leadership, spiritual leaders, cultural leaders, parents/guardians, and elders in all levels of research, planning, and service delivery to create community and youth-driven prevention programs.

Tasks		Responsibility	Timeline
1	The IHS will identify and actively recruit youth, spiritual, and cultural leaders to become members of the IHS Suicide Prevention Committee.	IHS	Short-term (12 Months or Less)

GOAL 2: Promote awareness that suicide is a public health problem that is preventable.

Objective 2.1.

Maintain and update the IHS Community Suicide Prevention website to provide AI/AN communities with culturally appropriate information and training about practice-based approaches and best practices in suicide prevention, intervention, and postvention.

Tasks		Responsibility	Timeline
1	The IHS Division of Behavioral Health (DBH) will maintain and update the IHS Community Suicide Prevention website.	IHS DBH	Short-term (12 Months or Less)
2	The IHS SPC will maintain and update the IHS Community Suicide Prevention website.	IHS SPC	Short-term (12 Months or Less)

Objective 2.2.

Develop a national AI/AN suicide prevention public awareness strategy.

Tasks		Responsibility	Timeline
1	Develop and implement an annual national AI/AN suicide awareness day in September.	Indian Health System ³ and Federal Partners	Intermediate-term (12 to 36 Months)
2	Develop and implement a suicide awareness day toolkit.	Indian Health System	Intermediate-term (12 to 36 Months)

³“Indian Health System” refers to the combination of the Indian Health Service (IHS), Tribal, and Urban Indian health programs, which more accurately describes the healthcare delivery system in Indian Country today.

Tasks		Responsibility	Timeline
3	Develop informational brochures, posters, and public service announcements for television and radio, which will describe available mental health, substance abuse, and suicide prevention services.	Indian Health System	Intermediate-term (12 to 36 Months)
4	Develop public awareness campaign with intent to decrease stigma and to normalize behavioral health services as being primary and basic care. This would include engaging other national behavioral health organizations (e.g. American Psychiatric Association, American Psychological Association) and national AI/AN organizations.	Indian Health System	Intermediate-term (12 to 36 Months)
5	Initiate an interagency effort with the Bureau of Indian Affairs (BIA), Department of Justice (DOJ), and Substance Abuse and Mental Health Services Administration (SAMHSA) to engage the Indian Child Welfare systems through prevention efforts to promote healthy coping and help-seeking behaviors with children at risk for child abuse or sexual assault.	Indian Health System	Intermediate-term (12 to 36 Months)

GOAL 3: Develop broad-based support for suicide prevention.

Objectives 3.1.

Support the IHS in its efforts to coordinate and implement the strategic plan.

Tasks		Responsibility	Timeline
1	The IHS will provide resources to support the implementation of the strategic plan.	IHS	Short-term (12 Months or Less)

Objective 3.2.

Develop and strengthen collaborative relationships within the IHS and with Tribal, Federal, non-Federal, State, and local partners to promote necessary policy changes and expand funding and other resources for suicide prevention.

Tasks		Responsibility	Timeline
1	Participate in conference calls, meetings, and conferences locally, regionally, and nationally.	Indian Health System	Short-term (12 Months or Less)
2	Collaborate with injury prevention programs to develop suicide prevention initiatives.	Indian Health System	Short-term (12 Months or Less)

Tasks		Responsibility	Timeline
3	Collaborate with first responders to develop suicide prevention initiatives.	Indian Health System	Short-term (12 Months or Less)
4	Collaborate with educational partners to develop suicide prevention initiatives.	Indian Health System	Short-term (12 Months or Less)
5	Collaborate with the Veterans Health Administration to develop suicide prevention initiatives.	Indian Health System	Short-term (12 Months or Less)

GOAL 4: Develop and implement suicide prevention strategies.

Objective 4.1.

Promote and increase AI/AN community involvement in the development of suicide prevention plans.

Tasks		Responsibility	Timeline
1	Encourage and support IHS Areas to develop an area-wide suicide prevention plan.	Indian Health System	Intermediate-term (12 to 36 Months)
2	Encourage and support Tribes and local communities to develop local suicide prevention plans.	Indian Health System	Intermediate-term (12 to 36 Months)
3	Collaborate with existing hotline resources to ensure Indian Country access to a 24-hour hotline for suicide prevention.	IHS and SAMHSA	Short-term (12 Months or Less)

Objective 4.2.

Promote and increase AI/AN community involvement in the development of interdisciplinary crisis response plans and teams to address behavioral health crises.

Tasks		Responsibility	Timeline
1	Collaboratively develop and implement interdisciplinary crisis response plans and teams at the Area, Tribal, and local level, including parents/guardians, elders, and traditional practitioners.	Indian Health System	Intermediate-term (12 to 36 Months)
2	Provide training and technical assistance for the development and implementation of crisis response plans and teams, including parents/guardians, elders, and traditional practitioners.	Indian Health System	Intermediate-term (12 to 36 Months)

GOAL 5: Implement training for recognition of at-risk behavior and delivery of effective treatment.

Objective 5.1.

Identify, involve, and train program staff and community members who are vital to suicide prevention efforts.

Tasks		Responsibility	Timeline
1	Provide training and technical assistance to program staff and community members.	Indian Health System	Intermediate-term (12 to 36 Months)

Objective 5.2.

Provide comprehensive, multidisciplinary training on suicide prevention, intervention, and postvention to enhance clinical, professional, and culturally competent practices.

Tasks		Responsibility	Timeline
1	Provide training and technical assistance to program staff.	Indian Health System	Intermediate-term (12 to 36 Months)
2	Compile an inventory of effective and promising interventions and prevention approaches, and make these models accessible to Tribal and Urban Indian communities.	IHS	Intermediate-term (12 to 36 months)

Objective 5.3.

Identify effective school-based, age-appropriate, culturally appropriate, or adaptable curriculum to promote pro-social, help-seeking behaviors among AI/AN youth at risk for bullying, violence, and suicide.

Tasks		Responsibility	Timeline
1	Research, identify, and compile an inventory of school-based curriculum for suicide prevention and intervention.	IHS	Short-term (12 Months or Less)
2	Publish and disseminate the inventory of school-based curricula, including examples of Tribal or AI/AN adaptation of the models.	IHS	Intermediate-term (12 to 36 months)

GOAL 6: Develop and promote effective behavioral health clinical and professional practices.

Objective 6.1.

Support the development of aftercare services, support groups, and access to culturally and Tribally sensitive resources for survivors.

Tasks		Responsibility	Timeline
1	Develop survivor and survivor of an attempt support services in Indian Country.	Indian Health System	Long-term (36 Months or More)

Tasks		Responsibility	Timeline
2	Research available resources for survivors and survivors of an attempt, and add these resources to the IHS Community Suicide Prevention website.	Indian Health System	Long-term (36 Months or More)
Objective 6.2. Increase the proportion of healthcare providers who conduct screenings for depression, substance abuse, suicide risk, and presence of lethal means during routine primary care in efforts to reduce suicide risk.			
Tasks		Responsibility	Timeline
1	Provide behavioral health training to healthcare providers.	Indian Health System	Short-term (12 Months or Less)
2	Partner with the AI/AN professional associations to provide suicide prevention training at their annual conferences.	Indian Health System	Short-term (12 Months or Less)
3	Promote awareness of existing screening and suicide risk assessment tools for primary care providers.	Indian Health System	Short-term (12 Months or Less)
Objective 6.3. Provide culturally competent training to first responders so that they have an increased understanding of suicide and those at risk for suicide and suicide survivors.			
Tasks		Responsibility	Timeline
1	Provide training and technical assistance to first responders.	Indian Health System	Intermediate-term (12 to 36 Months)
2	Encourage interaction of local mental health staff with local first responders.	Indian Health System	Intermediate-term (12 to 36 Months)
Objective 6.4. Recognize the burnout from compassion fatigue and internalizing trauma, and ensure ongoing support of workforce.			
Tasks		Responsibility	Timeline
1	Provide a forum for the workforce to deal with compassion fatigue at the annual behavioral health conference.	IHS, SAMHSA, BIA, and Bureau of Indian Education (BIE)	Short-term (12 Months or Less)
2	Encourage local, mutual support of peers through meetings, wellness days, and other strategies.	IHS in consultation with Tribal and Urban Indian health programs	Short-term (12 Months or Less)

GOAL 7: Improve access to and community linkages with mental health and substance abuse services.

Objective 7.1.

Develop initiative to improve access to behavioral health services.

Tasks		Responsibility	Timeline
1	Provide support for tele-behavioral health services, and increase number of delivery sites.	Indian Health System	Long-term (36 Months or More)

Objective 7.2.

Develop strategies to increase recruitment and retention to address the shortage of behavioral health providers in Indian Country.

Tasks		Responsibility	Timeline
1	Conduct an assessment of the challenges surrounding recruitment and retention.	Indian Health System	Intermediate-term (12 to 36 Months)
2	Develop and implement recommendations to improve recruitment and retention.	Indian Health System	Long-term (36 Months or More)

GOAL 8: Promote and support research, evaluation, and surveillance on suicide and suicide prevention in Indian Country.

Objective 8.1.

Collaborate with behavioral health researchers and research institutions to facilitate communication regarding AI/AN suicide prevention research.

Tasks		Responsibility	Timeline
1	Support culturally competent research.	Indian Health System	Short-term (12 Months or Less)
2	Encourage the utilization and implementation of a suicide surveillance tool (e.g., IHS Suicide Report Form in the Resource and Patient Management System [RPMS]).	Indian Health System	Short-term (12 Months or Less)
3	Publish and disseminate a behavioral health report, which will include available suicide data.	IHS	Intermediate-term (12 to 36 Months)

Objective 8.2.

Collect available data on suicide and suicidality from available data sources and conduct an annual analysis of these data to create an annual report on suicide and suicidality in Indian Country.

Tasks		Responsibility	Timeline
1	Identify and compile RPMS and other data regarding suicide in Indian Country, and make these data available annually.	IHS and Regional Epi Centers	Intermediate-term (12 to 36 Months)
2	The NTAC, with support from the BHWG, will provide input and monitor the development of the report.	IHS, NTAC, BHWG, and SPC	Short-term (12 Months or Less)



For more information

Learn more about suicide prevention efforts in Indian Country, resources, potential partnerships, and ongoing activities. Please visit the IHS Community Suicide Prevention website at the following address: <http://www.ihs.gov/NonMedicalPrograms/nspn/>.

The Honouring Life Network is a project of the National Aboriginal Health Organization. Their website offers culturally relevant information and resources on suicide prevention to help Aboriginal people deal with a problem that has reached crisis proportions in some First Nations, Inuit, and Métis communities in Canada. Please visit the website at the following address: <http://www.honouringlife.ca/>.

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