



# Suicide Prevention Strategies in Tribal Communities

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# Goals

- ▶ Understand strategies to raise awareness about suicide in American Indian/Alaska Native (AI/AN) communities
- ▶ Identify evidence-based and traditional healing methods for suicide prevention and early intervention



# Before We Start...

- ▶ Group Agreements
- ▶ Safety and “self-care”
- ▶ What do you hope to get out of this session?



# HOO P

HEALING OUR OWN PEOPLE



# Healing Our Own People (HOOP) Program Overview



- ▶ Funded by SAMHSA Garrett Lee Smith Foundation
- ▶ Timeframe: 8/01/2015 – 7/31/2016
- ▶ Goal: Suicide early identification, intervention, and prevention program for AI/AN youth ages 10–24
- ▶ Partners: CRIHB Tribal Health Programs (THPs), Tribal communities, and AI/AN youth serving organizations



# Scope of Work

- ▶ Train staff to screen for early identification, referral and follow-up (EIRF) with youth at risk of suicide
- ▶ Provide EIRF and services to 1,500 AI/AN youth
- ▶ Conduct community and staff workshops related to suicide awareness, prevention, intervention, and sustainability



# Highlights: Trainings

- ▶ 1,018 youth were screened, of those:
  - 87.3% (n=889) received non-mental health services at THPs or community-based organization (CBO)
  - 284 youth were referred to mental health services
- ▶ 914 individuals attended suicide awareness, prevention, and intervention trainings



# Trainings Conducted

- ▶ safeTALK – 420 participants
- ▶ ASIST – 107 participants
- ▶ SOS – 379 participants
- ▶ Post survey results:
  - Significant difference in preparing community to deliver youth suicide prevention services
  - THPs reported that they will continue to maintain process for screening and referring at-risk youth to services



# Baseline Findings – Year 1



## Community Site Assessment

- Aggregate of data from ten (10) Indian Health Programs
- 94% of the respondents felt teen suicide was a serious problem in their communities
- 59% stated that they conduct teen suicide screenings as part of their regular youth service intakes or assessments of youth



# Baseline Findings – Early Year 2

## Sectors

- ▶ THP staff and community partners
- ▶ THP staff, youth, adults and community partners
- ▶ All sectors
- ▶ THP staff, youth, adults, and community partners

## Types of Trainings

- ▶ Gatekeeper
- ▶ Assessment and referral
- ▶ Culturally-based
- ▶ Follow up



# Baseline Findings – Early Year 2

Trainings needed based on survey:

- ▶ EIRF
- ▶ Outreach and awareness
- ▶ Historical trauma/helplessness
- ▶ Healthy relationships
- ▶ Youth leadership, mentoring, and peer-to-peer

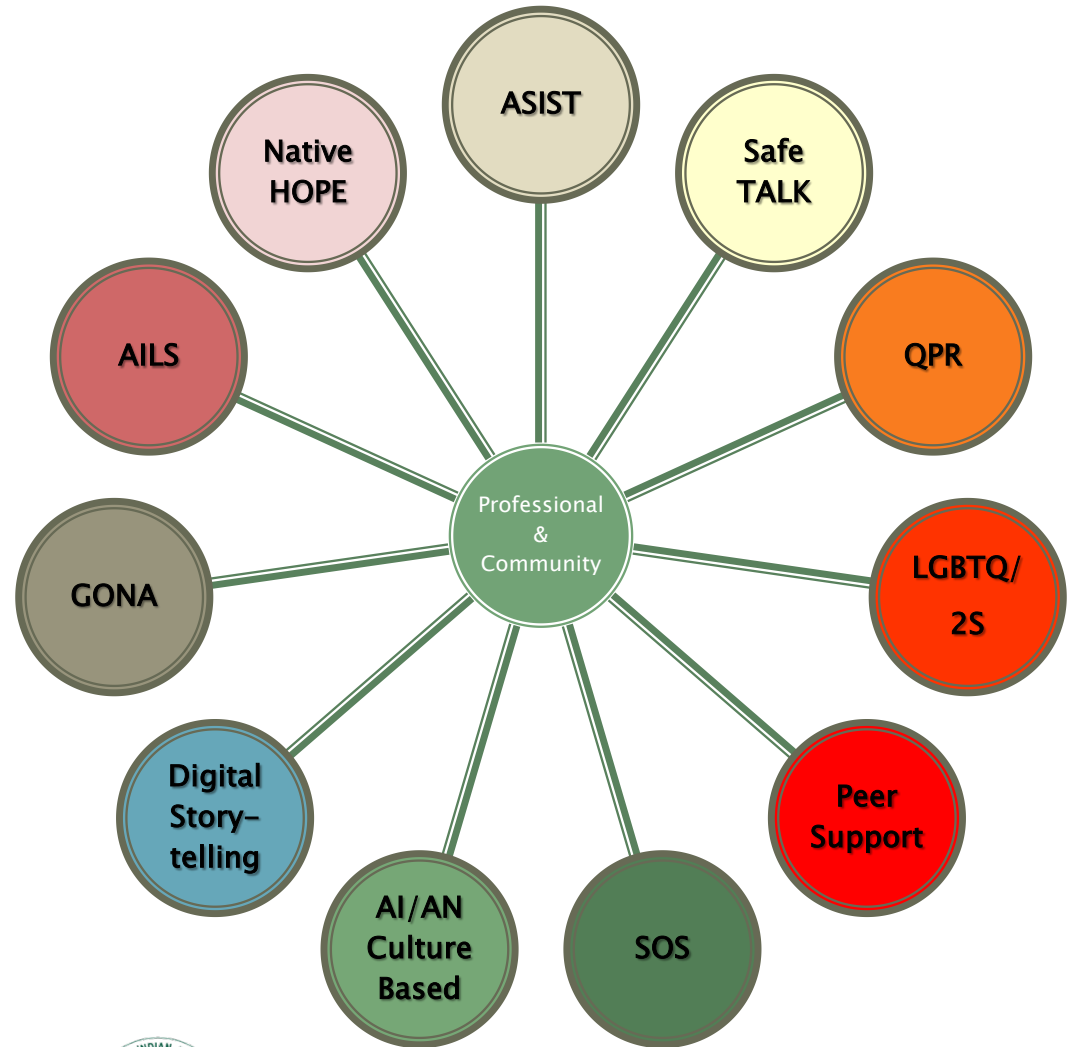


Have you surveyed your area?  
What were the findings?



# HOOP Training Library

- ▶ Evidence based or best practice
- ▶ Culturally based or relevant
- ▶ Based on need, capacity & community readiness
- ▶ Subject to available funds



# Interventions Used

- ▶ Screenings conducted at
  - THPs
  - Indian Education Programs
  - Tribal TANF Programs
  - Outreach events
- ▶ Youth specific prevention activities
  - Native Youth Leadership
  - Gathering of Native Americans (GONA)
  - Signs of Suicide (SOS)



## Healing Our Own People (HOOP) Program Participant Screening Tool



### A – Participant Information - HOOP Participant must be ages 10-24 years old

Name (First, Middle, Last) \_\_\_\_\_ Phone Number \_\_\_\_\_ Age \_\_\_\_\_

Youth Gender: ☐ Male ☐ Female ☐ Transgender ☐ Other: \_\_\_\_\_

**Cultural/Ethnic Background:**  
Select the cultural/ethnic background that best describes you (select all that apply):

☐ American Indian or Alaska Native ☐ Asian  
☐ Black or African American ☐ Hispanic/Latino (Please indicate): \_\_\_\_\_  
☐ Native Hawaiian or other Pacific Islander ☐ Other: \_\_\_\_\_

### B – Patient Health Questionnaire

How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an "X" in the box beneath the answer that best describes how you felt the past two weeks.	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, irritable, or hopeless				
2. Little interest or pleasure in doing things				
3. Trouble falling asleep, staying asleep, or sleeping too much				
4. Poor appetite, weight loss, or overeating				
5. Feeling tired, or having little energy				
6. Feeling bad about yourself- or feeling that you are a failure, or that you have let yourself or your family down				
7. Trouble concentrating on things like school work, reading, or watching TV				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite- being so fidgety or restless that you were moving around a lot more than usual				
9. Thoughts that you would be better off dead, or of hurting yourself in some way				

10. In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes? ☐ Yes ☐ No

11. How difficult has it been for you to do your schoolwork, go to work, take care of things at home, or get along with people?  
☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

12. Has there been a time in the past month when you have had serious thoughts about ending your life? ☐ Yes ☐ No

13. Have you **ever**, in your **whole life**, tried to kill yourself or made a suicide attempt? ☐ Yes ☐ No

14. Have you ever tried or used alcohol or drugs? ☐ Yes ☐ No

15. Are you currently using alcohol or drugs? ☐ Yes ☐ No



# What Worked/Didn't Work: Awareness Approaches

- ▶ Awareness campaign
  - Generic materials did not resonate
  - Developed Native-specific posters, rack cards, and postcards
- ▶ Positive messaging
  - Life is Sacred
  - Healing Our Own People
  - No outright/specific message of suicide
- ▶ Awareness trainings
  - suicideTALK



**Describe awareness efforts in your area.**



# What Worked/Didn't Work: Evidence Based Programs

- ▶ Signs of Suicide
  - Youth-specific but not Native-specific
  - AI/AN presenters introduce curriculum to clarify “hear the prevention message as it applies to AI/AN experience”
- ▶ LivingWorks
  - safeTALK and Applied Suicide Intervention Skills Training (ASIST)
  - Provide Native-based presentation
  - AI/AN presenters with personal stories



# What Worked/Didn't Work: Traditional Approaches



- ▶ Native Wellness Institute: Native Youth Leadership
  - Good for unifying youth
  - Not suicide prevention specific
- ▶ Native Pride: HOPE
  - Suicide specific
  - Expensive to train facilitators

**What types of trainings have been conducted in your area?**



# Traditional Approaches–Continued

- ▶ Prayers before and after each training and workshop
- ▶ Local traditional practices honored
- ▶ Discussions of cultural views about suicide and life stories
- ▶ Set up altar at trainings and workshops




# Lessons Learned

- ▶ Tribal areas are in different states of readiness
- ▶ Communities want approach to include all ages
- ▶ Successful engagement of families
  - Family events to start program
  - Adult workshops to introduce suicide awareness/prevention strategies
- ▶ Awareness efforts followed closely by awareness trainings
  - Most successful when training sessions are offered on regular basis



# Success Stories



**HOOP**  
HEALING OUR OWN PEOPLE

**DRAFT**

**DRAFT**


**LIVE LIFE**

NO ONE SHOULD END THEIR JOURNEY BEFORE IT BEGINS...ANEW

Red Road Faith  
Live Courage  
Friends and Family  
Speak up  
Dance  
Open your Mind and Heart  
Awareness  
Sing your Song  
Hand games  
Believe  
Stories  
Gatherings  
Traditional Knowledge  
Sweatlonge  
Ceremony  
Pray  
Love

Customers from food on health drink... www.HOOP.org... (800) 273-4235

The Healing Our Own People (HOOP) Program is made possible through the Service Unit of the National Health Services Administration.



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# Please share your success stories!



# New Approaches for CRIHB Suicide Prevention

- ▶ Indian Health Service: Methamphetamine and Suicide Prevention Initiative (MSPI)
  - Build and continue efforts in each Tribal area
  - Train community gatekeepers
  - Include AI/AN of all ages for prevention and intervention
- ▶ SAMHSA: Native Connections
  - Prevent and reduce suicidal behavior and substance abuse, reduce impact of trauma, promote mental health among AI/AN youth, up to age 24
- ▶ Suicide Prevention Advisory Committee (SPAC) for both programs and any future CRIHB suicide prevention endeavors



# Questions / Discussion



# Thank You!

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