

# Comprehensive Approach to Suicide Prevention in Indian Communities

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# Outline

- ▶ Concept of a comprehensive approach to suicide prevention
- ▶ Community needs and opportunity - The role of community needs assessment and strategic planning
- ▶ Elements of a comprehensive approach (prevention/postvention) with focus on response and postvention

# Primary arguments for need of comprehensive approach

- ▶ Complex and pervasive societal problem with causes that are biological, individual psychological, family, community/cultural and societal
- ▶ Similarly has far reaching negative effects at all levels of society
- ▶ “Critical mass/threshold” phenomena



Source: Suicide Prevention Resource Center (SPRC) comprehensive approach to suicide prevention with components

# General Risk Factors

## Health Factors

- ▶ Mental health conditions
  - ▶ Depression
  - ▶ Bipolar (manic-depressive) disorder
  - ▶ Schizophrenia
  - ▶ Borderline or antisocial personality disorder
  - ▶ Conduct disorder
  - ▶ Psychotic disorders, or psychotic symptoms in the context of any disorder
  - ▶ Anxiety disorders
- ▶ Substance abuse disorders
- ▶ Serious or chronic health condition and/or pain

## Environmental Factors

- ▶ Stressful life events which may include a death, divorce, or job loss
- ▶ Prolonged stress factors which may include harassment, bullying, relationship problems, and unemployment
- ▶ Access to lethal means including firearms and drugs
- ▶ Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

## Historical Factors

- ▶ Previous suicide attempts
- ▶ Family history of suicide attempts

# Native Suicide: A Multi-factorial Event



# So, how do we create a comprehensive plan?

- ▶ Most comprehensive suicide plans based upon the one of the most effective, i.e. the US Air Force, implemented in 1997
- ▶ Suicides were decreased by 33%. Other positive outcomes included decrease in homicides by 51%, accidental death by 18% and severe family violence by 54%

# Elements of USAF comprehensive community suicide plan (with civilian translation)

- 1) **Leadership involvement** ---> Self explanatory
- 2) **Continuous professional military training** ---> Education of people in their natural learning environments, e.g. schools, work
- 3) **Development of guidelines for commanders** ---> Strategies for identification and referral for folks at risk for suicide by front line leaders, such as department heads, supervisors
- 4) **Ongoing community education** ---> Broad based community education, such as PSA's, newsletters
- 5) **Development of integrated delivery system and community action information boards** ---> This is an interagency workgroup that meets regularly to coordinate efforts on the individual and programmatic basis
- 6) **Enhancement of community mental health services** ---> Self-explanatory
- 7) **Instituting policies** ---> Involves planning and commitment to point of putting procedures in writing



# Community needs and strategic planning

Suicide research has found that it is helpful to approach community prevention using a systemized approach

This assures that the relevant problems are being adequately defined and addressed

# SPRC 7 steps to planning

- 1) Describe the problem
- 2) Set goals
- 3) Identify key risk and protective factors
- 4) Select interventions
- 5) Develop evaluation plan
- 6) Create action plan
- 7) Implement, evaluate and improve

# Describe the problem

- ▶ Though the reason for creating a suicide prevention is usually obvious, it is helpful to gather data to further define the problem
- ▶ Through the data gathering process, one can better define the scope of the problem
- ▶ Can find and sometimes clarify risks
  - E.g. A tribal community has recently suffered two suicide deaths of young adults in the past 18 months. Further investigation of non-fatal ER visits show an increase in the use of a powerful new substance

## Set goals (long-term and intermediate)

E.g. Decrease the suicide rate in tribal youth 13-17years old

E.g. Community-wide referral of all individuals who verbalize suicidal ideation

# Identify key risk and protective strategies

- ▶ Of the list of vulnerabilities, to the right, which are the most impactful and changeable
- ▶ Similarly, which of the following protective factors are the most impactful and easiest to enhance:
  - ▶ Cultural practices
  - ▶ Families in proximity
  - ▶ Defined community
  - ▶ Tribes with nimble administrative structure
  - ▶ Integrated healthcare system
  - ▶ Natural understanding of mind-body interaction

## Native Suicide: A Multi-factorial Event



# Select interventions

- ▶ Based on identification of key risks and protective factors, choose strategies that would address these (e.g. have interdepartmental meetings)
- ▶ Review evidence-based programs that most closely address the identified strategies and best fit the community (review SAMHSA's National Registry of Evidence-based Programs and Practices, or SPRC)
- ▶ Can choose to adopt one program in total, if a good fit, otherwise can pick portions of programs to develop "best fit"

# Develop an evaluation plan

- ▶ Need to identify the what, who, when and how of outcome evaluation:
  - ▶ What - Identify outcomes, near, intermediate and long term
  - ▶ Who- Need to include those who have the data, into the planning, i.e. including emergency department or hospital staff
  - ▶ When- Develop a schedule that is commensurate with need and resources
  - ▶ How- Decide on metrics, information management system

# Create action plan

- ▶ Need to communicate and confirm responsibilities of all parties
- ▶ Need to communicate time frame for start date, and planned duration of plan, i.e. will it be a multi-phase, is it dependent on grant funding

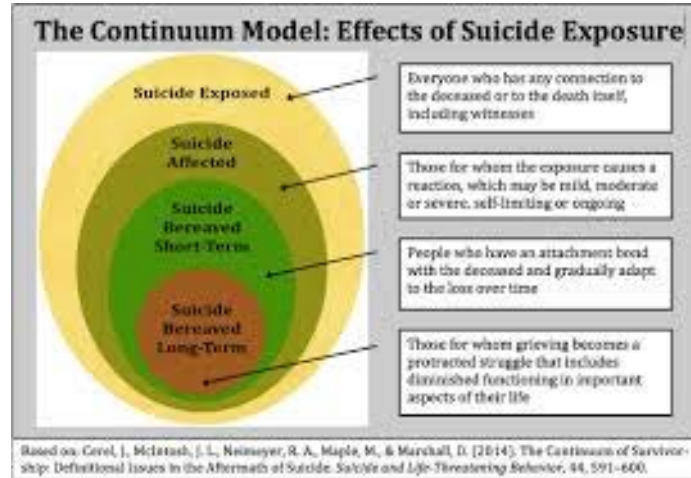


# Implement, evaluate and improve

- ▶ It is important to have frequent meetings in the beginning to troubleshoot any problems and make necessary changes
- ▶ Important to develop reports and provide them to stakeholders

# Effects of suicide on others

## Suicide exposure model



# Contagion effect

Risk of suicide in women losing husband → x3 higher with non-suicide death, x16 higher with suicide death

Risk of suicide in men losing wife → x10 higher with non-suicide death, x46 higher with suicide death (Agerbo, 2005)

Men exposed to suicide at work → 3.5x higher risk

In adolescents → 3x higher if peer died by suicide

## Other negative effects

- ▶ Greater rates of bipolar disorder of children of suicide victim
- ▶ Greater rates of depression in all relatives of suicide victims
- ▶ Greater rates of depression in adolescents who lose friends
- ▶ Psychiatric symptoms sustained over at least 10 years
- ▶ Depression with high levels of disability

# Elements of effective postvention response

- ▶ Having protocol for response either at the scene, or immediately after that focuses on *immediate practical needs* and assesses likely *future emotional needs* of those affected (crisis response protocol)
- ▶ Ensure people exposed to suicide receive appropriate information including practical affairs that will need to be addressed, resources that can address those practical affairs and for professional bereavement assistance
- ▶ Help survivors with messaging about event in manner that helps avoid contagion, e.g. asking for people not to speculate about “reasons”, communicate that loved one was in pain to point of clouding judgment

# Steps for tribal leaders (preparation)

- ▶ Encourage training of first responders, mental health, educational staff, etc. in suicide response to survivors
- ▶ Coordinate with other governmental agencies, such as local, non-tribal first responders regarding suicide response
- ▶ Dedicate a suicide response coordinator for near term and longer term postvention
- ▶ Educate entire community about suicide
- ▶ Develop plan for communication after event

# Steps for tribal leaders (after suicide event)

- ▶ Provide immediate, practical support to survivors
- ▶ Identify suicide bereaved and suicide affected and offer debriefing and ongoing counseling
- ▶ Identify suicide exposed and let them know about counseling resources
- ▶ Consider healing ceremony, if those closer to event cannot provide
- ▶ Bring in outside help if necessary
- ▶ Be mindful about messaging about event, avoiding romanticizing

# Resources


- ▶ **Suicide Prevention Resource Center** , a SAMHSA-funded agency has dozens of manuals, implementation plans, kits and reports online, including an extensive AI/AN section: [www.sprc.org](http://www.sprc.org)
- ▶ **American Foundation for Suicide Prevention**, a nationwide, nonprofit whose activities include research funding, education of public, public policy advocacy and survivor support: <https://afsp.org>




# Find Support

Bringing hope to those affected by suicide


I'm having thoughts of suicide




I've lost someone



I'm worried someone might be at risk



I've made an attempt



My loved one has made an attempt

If you are in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or contact the Crisis

Addresses may be approximate. Always contact the location directly before traveling.

[1. Aftershock Suicide Loss Support Group](#)

📍 San Diego, CA, 92106, US

[Get Directions](#)

[2. Barstow HALOS](#)

📍 Barstow, CA, 92311, US

[Get Directions](#)

[3. Central Coast Survivors of Suicide Loss Support Group](#)

📍 Salinas, CA, 93901, US

[Get Directions](#)

[4. CESP Grief Services](#)

📍 San Francisco, CA, US

[Get Directions](#)

[5. Community Hospice Survivors of Suicide](#)

