Indian Health Service

Adolescent Suicide: Addressing Disparities through Research, Programs, Policy, and Partnerships Meeting

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"Welcoming Remarks"

by

Yvette Roubideaux, M.D., M.P.H.
Director, Indian Health Service

Good morning. My name is Dr. Yvette Roubideaux and I am the Director of the Indian Health Service. Thank you for the opportunity to welcome you to this meeting on behalf of the Indian Health Service.

This is a very important meeting with the goal of bringing together some of the best minds to discuss the prevention of suicide among American Indian and Alaska Native and Hispanic/Latino adolescents. I hope this meeting will be the first of many ongoing gatherings to share information.

This meeting complements the IHS National Suicide Prevention Initiative, which is based on the HHS National Strategy for Suicide Prevention and has resulted in a Strategic Plan developed by our National Suicide Prevention Committee. It includes 11 goals and 68 objectives aimed at reducing and preventing suicidal behavior and its consequences, while ensuring we honor and respect American Indian and Alaska Native traditions and practices.

We have recognized that developing resources, data systems, and promising programs, as well as sharing information across the system, requires national coordination and leadership. That is why we have targeted five specific areas of support:

- Assist IHS, tribal, and urban Indian programs and communities in addressing suicide, using community-level cultural approaches.
- Identify and share information on best and promising practices.
- Improve access to behavioral health services.

The text is the basis of Dr. Roubideaux's oral remarks at the Adolescent Suicide: Addressing Disparities through Research, Programs, Policy, and Partnerships Meeting on Sept. 21, 2009. It should be used with the understanding that some material may have been added or omitted during presentation.

- Strengthen and enhance IHS epidemiological capabilities.

The fifth objective, I am pleased to say, is being met here today: to promote collaboration between tribal and urban Indian communities with federal, state, national, and local community agencies. The IHS was eager to partner in this meeting because we are acutely aware of the great need for more collaboration and better data in the area of suicide prevention among American Indians and Alaska Natives. We also need to develop ongoing means and systems of sharing of information on effective monitoring, prevention, and treatment programs that have reduced suicide morbidity and mortality.

Suicide is one of the most tragic events that a family and a community can endure, and the grief caused by suicide cannot be underestimated or ignored. We must continue to ensure that we take the necessary steps to prevent suicide.

In many of our tribal communities, suicide is not just an individual clinical condition, but also a community condition. We know that some of the underlying social, educational, and cultural issues related to 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 the sense of hopelessness among young people.

Research suggests that factors that protect Native youth and young adults against suicidal behavior are their sense of belonging to their culture, strong tribal spiritual orientation, and cultural continuity. We know the many challenges American Indian and Alaska Native youth face. While some may find the resources to cope, many others unfortunately fall through the cracks.

Suicide, in fact, is the second leading cause of death behind unintentional injuries for Indian youth ages 15-24, and is 3.5 times higher than the national average. This is why the IHS supports the development of locally-driven initiatives aimed at reducing the impact of risk factors for suicide while enhancing protective factors. Addressing suicide effectively requires the involvement of the family, community, schools, and all health care components, working in concert.

This meeting is part of our ongoing efforts to strengthen our collaborations in order to use all available resources — IHS, tribal, federal, and private — to address the crisis of suicide in Indian country.

I would like to close by thanking all of you for joining us at this meeting to share your knowledge, your wisdom, and your expertise. We have a great deal to learn from each other. I am committed to working with you to bring services and resources to this important effort. This work complements one of my priorities as IHS Director, which is to improve the quality of and access to care for the patients we serve.

I am grateful for the work you will do today and look forward to strengthening our partnerships to improve the health and well being of American Indians and Alaska Natives.

Thank you.