



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Assessing for Suicidal Ideation with Native Youth

Alexis Hamill, PhD
July 14, 2022



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Assessing for Suicidal Ideation with Native Youth

Alexis Hamill, PhD
July 14, 2022



Alexis Hamill, PhD

alexish@nativehealth.org



Alexis Hamill, PhD

alexish@nativehealth.org



Disclosure Statement

- I don't have any disclosures to make.
- There is no commercial interest support for this educational activity.

Disclaimer

The views expressed in this presentation are those of the speaker and do not necessarily represent the views, policies, and positions of the Indian Health Service (IHS), or the U.S. Department of Health and Human Services (HHS).



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Disclosure Statement

- I don't have any disclosures to make.
- There is no commercial interest support for this educational activity.

Disclaimer

The views expressed in this presentation are those of the speaker and do not necessarily represent the views, policies, and positions of the Indian Health Service (IHS), or the U.S. Department of Health and Human Services (HHS).



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Combined Learning Objectives

At the end of this dual presentation, participants will be able to:

- Assess for risk of suicidality
- Identify at least one resource to provide an individual contemplating suicide
- Understand the function of non-suicidal self-injury and strategies to respond to self-injurious behavior
- Identify at least 2 tools for assessing and treating non-suicidal self-injury behavior



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®



Combined Learning Objectives

At the end of this dual presentation, participants will be able to:

- Assess for risk of suicidality
- Identify at least one resource to provide an individual contemplating suicide
- Understand the function of non-suicidal self-injury and strategies to respond to self-injurious behavior
- Identify at least 2 tools for assessing and treating non-suicidal self-injury behavior



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®



Questions for the Audience

- What are risk factors specific to indigenous youth, given systemic racism, social determinants of health, economic insecurity, substance use/family substance use, adverse childhood experiences, and historical trauma?
- How might cultural interpretations of suicide and self-harm impact Native youth?
- What are protective factors specific to Native youth (for example with Black youth strong racial identity can be protective).



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®



Questions for the Audience

- What are risk factors specific to indigenous youth, given systemic racism, social determinants of health, economic insecurity, substance use/family substance use, adverse childhood experiences, and historical trauma?
- How might cultural interpretations of suicide and self-harm impact Native youth?
- What are protective factors specific to Native youth (for example with Black youth strong racial identity can be protective).



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®



Language use

Rather than: _____ Try:

Committed

Died by

Successful/Failed

Attempted



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Language use

Rather than: _____ Try:

Committed

Died by

Successful/Failed

Attempted



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Context

- Genocide
- Colonization
- Deadly pandemics (smallpox, measles, yellow fever)
- War
- Bounties
- Broken treaties
- Forcible removal from lands
- Forcible removal of children – Boarding School Era
- Banning of Native languages
- Criminalizing Native religious practice
- Insufficient health care with fraught history (US Dept of War → BIA → IHS)
- Police brutality
- Missing and Murdered Indigenous Women
- Ineffective legal systems



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Context

- Genocide
- Colonization
- Deadly pandemics (smallpox, measles, yellow fever)
- War
- Bounties
- Broken treaties
- Forcible removal from lands
- Forcible removal of children – Boarding School Era
- Banning of Native languages
- Criminalizing Native religious practice
- Insufficient health care with fraught history (US Dept of War → BIA → IHS)
- Police brutality
- Missing and Murdered Indigenous Women
- Ineffective legal systems



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®



Awareness of our lenses

- Do assumptions of suicide prevention apply for Native youth?
 - Psychological problems vs historical, cultural, community, and family disruptions
 - Individual intervention vs community level decolonization projects
 - Mental illness vs disruptions in belonging, mastery, interdependence, and generosity
 - Crisis intervention vs prevention



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®



Awareness of our lenses

- Do assumptions of suicide prevention apply for Native youth?
 - Psychological problems vs historical, cultural, community, and family disruptions
 - Individual intervention vs community level decolonization projects
 - Mental illness vs disruptions in belonging, mastery, interdependence, and generosity
 - Crisis intervention vs prevention

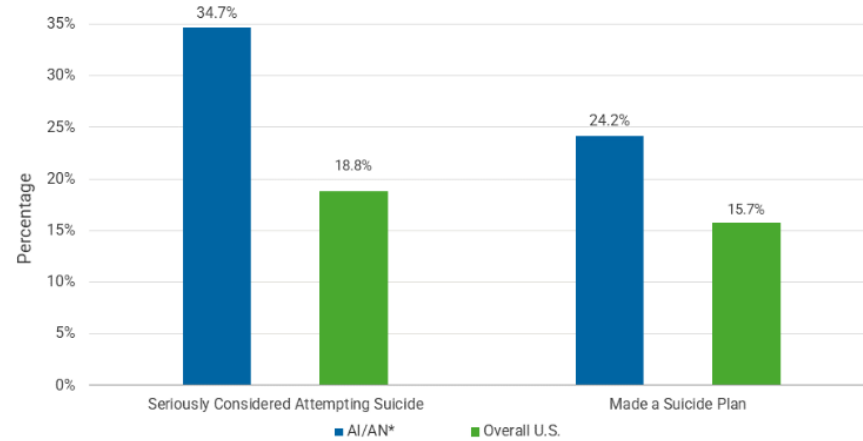


CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®





Past-Year Suicidal Thoughts and Behaviors for High School Youth in American Indian and Alaska Native (AI/AN) Populations, United States 2019

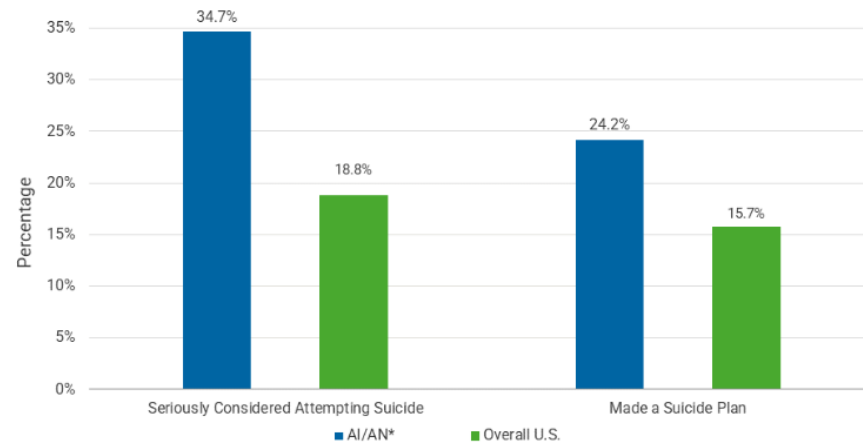


www.sprc.org

*Non-Hispanic
Source: CDC, 2019



Past-Year Suicidal Thoughts and Behaviors for High School Youth in American Indian and Alaska Native (AI/AN) Populations, United States 2019

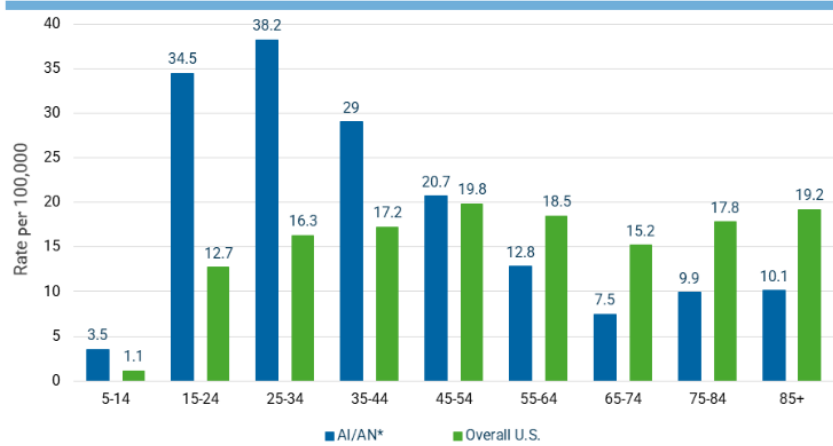


www.sprc.org

*Non-Hispanic
Source: CDC, 2019



Suicide Rates for American Indian and Alaska Native (AI/AN) Populations by Age, United States 2011-2020

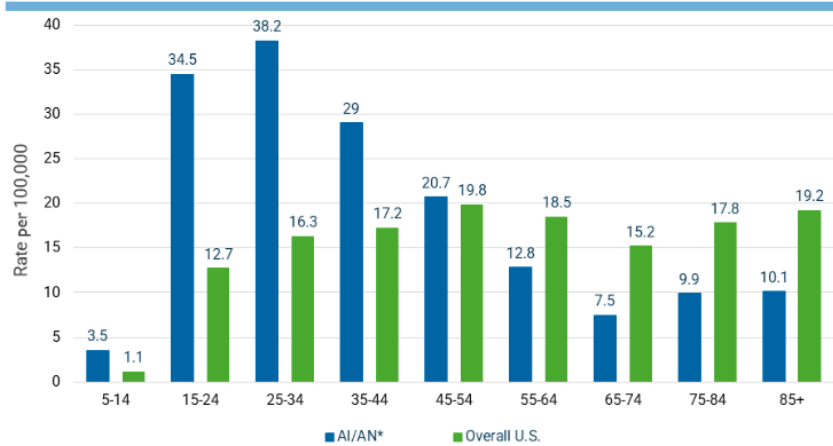


www.sprc.org

*Non-Hispanic
Source: CDC, 2021



Suicide Rates for American Indian and Alaska Native (AI/AN) Populations by Age, United States 2011-2020

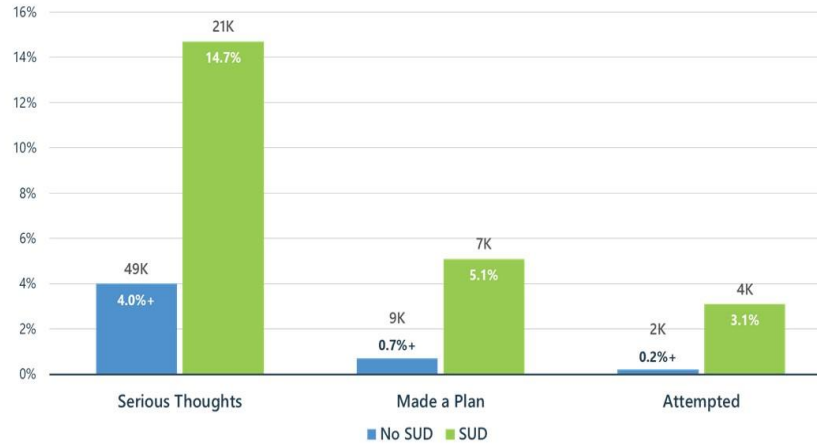


www.sprc.org

*Non-Hispanic
Source: CDC, 2021

Substance Use Disorder (SUD) is Associated with Suicidal Thoughts, Plans, and Attempts among AI/AN Adults ≥18 y.o.

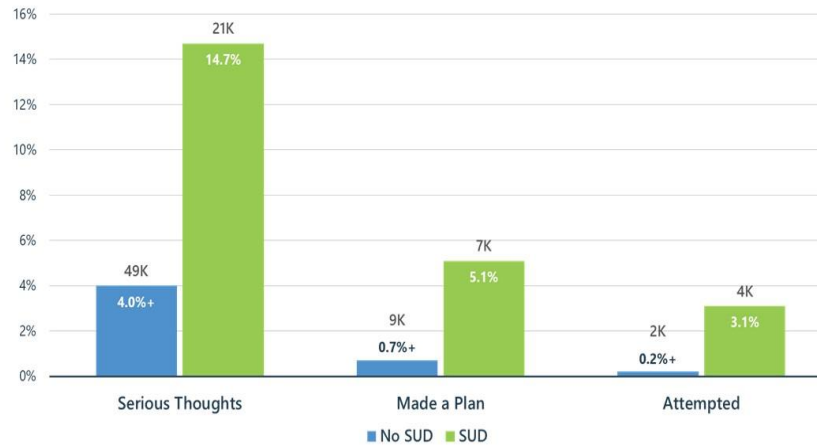
PAST YEAR, 2019 NSDUH, AI/AN 18+



+ Difference between this estimate and the estimate for adults with SUD is statistically significant at the .05 level.

Substance Use Disorder (SUD) is Associated with Suicidal Thoughts, Plans, and Attempts among AI/AN Adults ≥18 y.o.

PAST YEAR, 2019 NSDUH, AI/AN 18+



+ Difference between this estimate and the estimate for adults with SUD is statistically significant at the .05 level.

Signs someone may be suicidal

- Feeling like a burden
- Lack of belonging
- Intolerable mental pain
- Shame
- Hopelessness
- Lack of remorse following an attempt
- Giving away possessions
- Saying goodbye



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Signs someone may be suicidal

- Feeling like a burden
- Lack of belonging
- Intolerable mental pain
- Shame
- Hopelessness
- Lack of remorse following an attempt
- Giving away possessions
- Saying goodbye



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Risk factors

- Sensitivity to collective suffering
- Alcohol or other substance use
- Access to means
- Broken relationships
- Loss of loved ones to suicide
- Being called by dead relatives, or command hallucinations
- Insomnia
- Chronic pain
- Recent medical diagnosis
- Recent rejection
- Being in first year following an attempt or psychiatric hospitalization



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®



Risk factors

- Sensitivity to collective suffering
- Alcohol or other substance use
- Access to means
- Broken relationships
- Loss of loved ones to suicide
- Being called by dead relatives, or command hallucinations
- Insomnia
- Chronic pain
- Recent medical diagnosis
- Recent rejection
- Being in first year following an attempt or psychiatric hospitalization



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®



Please ask

- People may go years without sharing their suffering and preference for death



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Please ask

- People may go years without sharing their suffering and preference for death



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

It will not be easy

- There is stigma and fear around mental illness and death and suicide



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

It will not be easy

- There is stigma and fear around mental illness and death and suicide



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Tips

- Breathe
- Most youth are not wanting to die
- Of the youth who screen positive, most don't need immediate intervention



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Tips

- Breathe
- Most youth are not wanting to die
- Of the youth who screen positive, most don't need immediate intervention



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Ways to ask

- Have you ever felt life wasn't worth living?
- Have you wanted to be not alive anymore?
- Have things been so difficult you've been thinking about ending your life?
- Do you sometimes wish you would fall asleep and never wake up?
- Do you feel like it would be easier to not be here anymore?
- Have you wished you were dead?
- Are you thinking about killing yourself?



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®



Ways to ask

- Have you ever felt life wasn't worth living?
- Have you wanted to be not alive anymore?
- Have things been so difficult you've been thinking about ending your life?
- Do you sometimes wish you would fall asleep and never wake up?
- Do you feel like it would be easier to not be here anymore?
- Have you wished you were dead?
- Are you thinking about killing yourself?



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®



Following up

- Have you thought of how you might end your life?
- Have you taken any steps in that plan?
- Has there ever been a time in the past when you've taken steps to end your life?



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Following up

- Have you thought of how you might end your life?
- Have you taken any steps in that plan?
- Has there ever been a time in the past when you've taken steps to end your life?



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

	Past 1 Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk
Always Ask Question 6	Life-time Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>	High Risk

Columbia Suicide Severity Rating Scale (C-SSRS), CSSRS for 11+



Any **YES** indicates that someone should seek behavioral healthcare. However, if the answer to 4, 5 or 6 is **YES**, seek **immediate help**: go to the emergency room, call 1-800-273-8255, text 741741 or call 911. **STAY WITH THEM** until they can be evaluated.



Download Columbia Protocol app

ERVICE

	Past 1 Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk
Always Ask Question 6	Life-time Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>	High Risk

Columbia Suicide Severity Rating Scale (C-SSRS), CSSRS for 11+



Any **YES** indicates that someone should seek behavioral healthcare. However, if the answer to 4, 5 or 6 is **YES**, seek **immediate help**: go to the emergency room, call 1-800-273-8255, text 741741 or call 911. **STAY WITH THEM** until they can be evaluated.



Download Columbia Protocol app

ERVICE

ASQ (Ask suicide-screening questions)

youth version is 8-24 year olds



ASQ (Ask suicide-screening questions)

youth version is 8-24 year olds



NIMH TOOLKIT

asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

- In the past few weeks, have you wished you were dead? Yes No
- In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
- In the past week, have you been having thoughts about killing yourself? Yes No
- Have you ever tried to kill yourself? Yes No
If yes, how? _____

When? _____

If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? Yes No
If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary. (*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:
 - "Yes" to question #5 = **acute positive screen** (imminent risk identified)
 - Patient requires a **STAT safety/full mental health evaluation**.
 - Patient cannot leave until evaluated for safety.
 - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
 - "No" to question #5 = **non-acute positive screen** (potential risk identified)
 - Patient requires a **brief suicide safety assessment to determine if a full mental health evaluation is needed**. Patient cannot leave until evaluated for safety.
 - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 747-741

asQ Suicide Risk Screening Toolkit NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

NIMH TOOLKIT

asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

- In the past few weeks, have you wished you were dead? Yes No
- In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
- In the past week, have you been having thoughts about killing yourself? Yes No
- Have you ever tried to kill yourself? Yes No
If yes, how? _____

When? _____

If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? Yes No
If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary. (*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:
 - "Yes" to question #5 = **acute positive screen** (imminent risk identified)
 - Patient requires a **STAT safety/full mental health evaluation**.
 - Patient cannot leave until evaluated for safety.
 - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
 - "No" to question #5 = **non-acute positive screen** (potential risk identified)
 - Patient requires a **brief suicide safety assessment to determine if a full mental health evaluation is needed**. Patient cannot leave until evaluated for safety.
 - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 747-741

asQ Suicide Risk Screening Toolkit NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

When to connect to same day BH

- If the youth has a plan and any intention of acting on the plan
 - If they've taken steps toward a plan in the past
 - If they have access to means
 - If you are concerned they may be an imminent danger to themselves or others
-
- Involve and support caregivers, don't be the only person who knows the youth wants to die



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®



When to connect to same day BH

- If the youth has a plan and any intention of acting on the plan
 - If they've taken steps toward a plan in the past
 - If they have access to means
 - If you are concerned they may be an imminent danger to themselves or others
-
- Involve and support caregivers, don't be the only person who knows the youth wants to die



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®



Resources

Hotlines:

988 Suicide and Crisis Lifeline (starting 7/16/22)

National Suicide Prevention Lifeline: 1 800 273-8255 or Text Safe to 741741

Disaster Distress Helpline: 1 800 985-5990

Websites: www.wernative.org for Native youth, by Native youth [Suicide - We R Native](http://www.wernative.org)

www.nowmattersnow.org

Connection to culture

- access to healing practices
- belonging to one's culture
- social support
- spiritual health



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Resources

Hotlines:

988 Suicide and Crisis Lifeline (starting 7/16/22)

National Suicide Prevention Lifeline: 1 800 273-8255 or Text Safe to 741741

Disaster Distress Helpline: 1 800 985-5990

Websites: www.wernative.org for Native youth, by Native youth [Suicide - We R Native](http://www.wernative.org)

www.nowmattersnow.org

Connection to culture

- access to healing practices
- belonging to one's culture
- social support
- spiritual health



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Create a resource

Make a Safety Plan:

- What are their warning signs?
- What helps them cope?
- Who can be a support?
- How can they make their environment safer?
- What is one thing important enough to them that it is worth living for?



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Create a resource

Make a Safety Plan:

- What are their warning signs?
- What helps them cope?
- Who can be a support?
- How can they make their environment safer?
- What is one thing important enough to them that it is worth living for?



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

References

Suicide Rates for AI/AN by age, US 2011-2020 Obtained 6/20/22 from [American Indian and Alaska Native Populations | Suicide Prevention Resource Center \(sprc.org\)](#)

Cwik MF, O'Keefe VM, Haroz EE. Suicide in the pediatric population: screening, risk assessment and treatment. *Int Rev Psychiatry*. 2020 May;32(3):254-264. doi: 10.1080/09540261.2019.1693351. Epub 2020 Jan 10. PMID: 31922455; PMCID: PMC7190447. [Suicide in the pediatric population: screening, risk assessment and treatment - PMC \(nih.gov\)](#)

Leavitt RA, Ertl A, Sheats K, Petrosky E, Ivey-Stephenson A, Fowler KA. Suicides Among American Indian/Alaska Natives — National Violent Death Reporting System, 18 States, 2003–2014. *MMWR Morb Mortal Wkly Rep* 2018;67:237–242. DOI: <http://dx.doi.org/10.15585/mmwr.mm6708a1>

Wexler LM, Gone JP. Culturally responsive suicide prevention in indigenous communities: unexamined assumptions and new possibilities. *Am J Public Health*. 2012 May;102(5):800-6. doi: 10.2105/AJPH.2011.300432. Epub 2012 Mar 15. PMID: 22420786; PMCID: PMC3483901. [Culturally Responsive Suicide Prevention in Indigenous Communities: Unexamined Assumptions and New Possibilities - PMC \(nih.gov\)](#)



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®



References

Suicide Rates for AI/AN by age, US 2011-2020 Obtained 6/20/22 from [American Indian and Alaska Native Populations | Suicide Prevention Resource Center \(sprc.org\)](#)

Cwik MF, O'Keefe VM, Haroz EE. Suicide in the pediatric population: screening, risk assessment and treatment. *Int Rev Psychiatry*. 2020 May;32(3):254-264. doi: 10.1080/09540261.2019.1693351. Epub 2020 Jan 10. PMID: 31922455; PMCID: PMC7190447. [Suicide in the pediatric population: screening, risk assessment and treatment - PMC \(nih.gov\)](#)

Leavitt RA, Ertl A, Sheats K, Petrosky E, Ivey-Stephenson A, Fowler KA. Suicides Among American Indian/Alaska Natives — National Violent Death Reporting System, 18 States, 2003–2014. *MMWR Morb Mortal Wkly Rep* 2018;67:237–242. DOI: <http://dx.doi.org/10.15585/mmwr.mm6708a1>

Wexler LM, Gone JP. Culturally responsive suicide prevention in indigenous communities: unexamined assumptions and new possibilities. *Am J Public Health*. 2012 May;102(5):800-6. doi: 10.2105/AJPH.2011.300432. Epub 2012 Mar 15. PMID: 22420786; PMCID: PMC3483901. [Culturally Responsive Suicide Prevention in Indigenous Communities: Unexamined Assumptions and New Possibilities - PMC \(nih.gov\)](#)



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®



Presenter Contact Information

- Alexis Hamill, PhD
- Clinical Site Lead & Training Program Manager
- Native American Health Center
- alexish@nativehealth.org



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®

Presenter Contact Information

- Alexis Hamill, PhD
- Clinical Site Lead & Training Program Manager
- Native American Health Center
- alexish@nativehealth.org



CALIFORNIA AREA INDIAN HEALTH SERVICE
Project ECHO®