Assessing for Suicidal Ideation with Native Youth

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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).
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
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).
Language use

Rather than: Committed Successful/Failed
Try: Died by Attempted
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
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
Suicide Rates for American Indian and Alaska Native (AI/AN) Populations by Age, United States 2011-2020

Source: CDC, 2021

*Non-Hispanic
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 15+

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

- Serious Thoughts
  - No SUD: 49K, 4.9%
  - SUD: 21K, 14.7%

- Made a Plan
  - No SUD: 9K, 0.7%
  - SUD: 7K, 5.1%

- Attempted
  - No SUD: 2K, 0.2%
  - SUD: 4K, 3.1%

(Charts showing data percentages and counts for each category.)
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
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
Please ask

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

Please ask

- People may go years without sharing their suffering and preference for death
It will not be easy

• There is stigma and fear around mental illness and death and suicide
Tips

• Breathe
• Most youth are not wanting to die
• Of the youth who screen positive, most don’t need immediate intervention
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?
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?
## Columbia Suicide Severity Rating Scale (C-SSRS), CSSRS for 11+

<table>
<thead>
<tr>
<th>Question</th>
<th>Past 1 Month</th>
<th>Life-time</th>
<th>Past 2 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2. Have you actually had any thoughts about killing yourself?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If YES to 2, answer questions 3, 4, 5 and 6</td>
<td></td>
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<tr>
<td>If NO to 2, go directly to question 6</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Have you thought about how you might do this?</td>
<td>High Risk</td>
<td></td>
<td></td>
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<tr>
<td>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?</td>
<td>High Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>High Risk</td>
<td></td>
<td></td>
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<tr>
<td>Always Ask Question 6</td>
<td>High Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you done anything, started to do anything, or prepared to do anything to end your life?</td>
<td>High Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>High Risk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.*
ASQ (Ask suicide-screening questions)

youth version is 8-24 year olds
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
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
www.nowmattersnow.org

Connection to culture
- access to healing practices
- belonging to one’s culture
- social support
- spiritual health
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?
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)


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