Strength-based Approaches to Suicide Prevention With Native American Youth

Jeremiah D. Simmons, PhD
(Yankton Sioux/Navajo)
April 13, 2023
Jeremiah D. Simmons, PhD
(Yankton Sioux/Navajo)

Jeremiah D. Simmons, PhD (Yankton Sioux/Navajo) is a Post-Doctoral Fellow in the Department of Psychiatry & Behavioral Sciences in the School of Medicine at Stanford University. Jeremiah, a native New Mexican, was raised on the Mescalero Apache Indian Reservation in Mescalero, NM. While he associates himself with the Mescalero Apache Indian Reservation, his family originates from the Yankton Sioux and Navajo tribes. Jeremiah graduated with a B.A. from Stanford University, a M.S in Clinical Psychology from the University of New Mexico, and a Ph.D. in Clinical Psychology from the University of New Mexico.

From a clinical practice perspective, Jeremiah currently works Native American populations with co-occurring mental health and substance use problems and ensures that empirically-supported interventions are culturally centered and linguistically appropriate. His research activities are broadly focused on adolescent health disparities with an emphasis on mental and behavioral health, behavioral health policy, and co-occurring substance use and mental health disorders.
Disclosure Statement

- Faculty Disclosure Statement: As a jointly accredited provider of continuing education, the IHS Clinical Support Center must ensure balance, independence, objectivity, and scientific rigor in its educational activities. Course directors/coordinators, planning committee members, faculty, reviewers and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. All those who are in a position to control the content of this educational activity have completed the disclosure process and have indicated that they do not have any relevant financial relationships or affiliations with any manufacturers or commercial products to disclose.

- 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).
Personal Disclosures

• I am a cisgender male of Native American (Yankton Sioux/Navajo) descent
• I have a family history of mental illness and substance abuse
• I have sought out and received my own mental health care
We recognize that Stanford sits on the ancestral land of the Muwekma Ohlone Tribe. This land was and continues to be of great importance to the Ohlone people. Consistent with our values of community and inclusion, we have a responsibility to acknowledge, honor and make visible the university’s relationship to Native peoples.

STANFORD LAND ACKNOWLEDGMENT
Learning Objectives

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

• Describe racial/ethnic differences in AIAN Youth suicide ideation, suicide attempts, and suicide deaths in order to assess co-occurring and risk and protective factors.

• Define strength-based approaches to suicide assessment/prevention.

• Understand how strength-based practices can be applied within individual, family, or community contexts.

• Identify AIAN specific resources for to promote culturally relevant care.
Difficult Conversations

• How does someone who has lost a loved one to suicide speak of it with others?

• How do the members of a community that have lost numerous young people to suicide speak of it openly in public meetings and with people outside of their own community?

• Although extremely difficult, such conversations are necessary in any community.

• Important to acknowledge that some members of AI/AN communities may feel that there are religious or spiritual beliefs governing the appropriateness of the suicide conversation.

• Many belief systems contain rules that guide how and with whom this conversation can take place. These are traditions to respect as part of creating a culturally appropriate suicide prevention approach.

Source: SAMHSA - To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults
Cultural Considerations

• Among AI/AN populations, loss of traditional culture or lack of identification with traditional culture is associated with mental and behavioral health disorders, substance misuse, and suicide.

• Many interventions have been based on explanatory theories and theories of change that do not always resonate with indigenous populations.

• Not just about symptom reduction.

• Also focus on improving emotional, mental and/or physical health with the goal of building resilience.

• Use culturally grounded ways of teaching and reinforcing positive health behaviors such as storytelling, traditional dance, music, and crafts.

• Connect to community resources (elders, programs, traditional activities) that reinforce cultural values/beliefs and prosocial non-using behaviors.
In your culture/community of origin, how is suicide perceived and talked about?

How is resilience perceived and promoted in your culture or community of origin?
Rates of Suicide by Race/Ethnicity, United States 2011-2020

Source: CDC, 2021
Past-Year Suicidal Thoughts and Suicide Attempts for Adults, United States 2020

- **American Indian or Alaska Native**: 5.6% Serious Thoughts of Suicide, 0.3% Suicide Attempt
- **Black or African American**: 3.4% Serious Thoughts of Suicide, 0.6% Suicide Attempt
- **Hispanic**: 4.2% Serious Thoughts of Suicide, 0.1% Suicide Attempt
- **Asian**: 2.8% Serious Thoughts of Suicide, 0.9% Suicide Attempt
- **Native Hawaiian or other Pacific Islander**: 2.3% Serious Thoughts of Suicide, 0.5% Suicide Attempt
- **White**: 5.3% Serious Thoughts of Suicide

*Suicide attempt data not available due to research limitations.
Source: SAMHSA, 2020

www.sprc.org
Past-Year Suicidal Thoughts and Behaviors for High School Youth, United States 2019

- **Overall U.S.**
  - Seriously Considered Attempting Suicide: 19%
  - Made a Suicide Plan: 16%
  - Attempted Suicide: 8%
  - Suicide Attempt Requiring Treatment: 3%

- **American Indian and Alaska Native (AI/AN)**
  - Seriously Considered Attempting Suicide: 35%
  - Made a Suicide Plan: 24%
  - Attempted Suicide: 26%
  - Suicide Attempt Requiring Treatment: 9%

- **Asian**
  - Seriously Considered Attempting Suicide: 16%
  - Made a Suicide Plan: 15%
  - Attempted Suicide: 12%
  - Suicide Attempt Requiring Treatment: 3%

- **Black or African American**
  - Seriously Considered Attempting Suicide: 29%
  - Made a Suicide Plan: 17%
  - Attempted Suicide: 15%
  - Suicide Attempt Requiring Treatment: 3%

- **Hispanic**
  - Seriously Considered Attempting Suicide: 17%
  - Made a Suicide Plan: 15%
  - Attempted Suicide: 9%
  - Suicide Attempt Requiring Treatment: 3%

- **White**
  - Seriously Considered Attempting Suicide: 19%
  - Made a Suicide Plan: 16%
  - Attempted Suicide: 8%
  - Suicide Attempt Requiring Treatment: 2%

- **Multiple Race**
  - Seriously Considered Attempting Suicide: 26%
  - Made a Suicide Plan: 22%
  - Attempted Suicide: 13%
  - Suicide Attempt Requiring Treatment: 4%

*Percentage estimates for AI/AN youth who had a past-year suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse were too small to be reliable and are not included in this chart.

Source: CDC, 2020

[www.sprc.org](http://www.sprc.org)
Limited Academic Involvement

Psychiatric Disorders

Substance Abuse

Stressful Life Events

Limited Academic Involvement

Psychiatric Disorders

Substance Abuse

Stressful Life Events

Limited Academic Involvement

Psychiatric Disorders

Substance Abuse

Stressful Life Events

RESILIENCE

(BigFoot et al., 2008; CDC, 2019; Lechner et al., 2016; Mechanic et al., 2008)
Protective Factors

• Cultural connectedness
• Cultural and spiritual beliefs and teachings that discourage suicide and support self-preservation instincts.
• Effective and appropriate clinical care for mental, physical, and substance use disorders
• Easy access to a variety of clinical interventions and support for seeking help
• Restricted access to highly lethal methods of suicide
• Family and community support
• Support from ongoing medical and mental health care relationships
• Learned skills in problem-solving, conflict resolution, and nonviolent handling of disputes

(SAMHSA, 2010)
Strengths-Based Practice

- The experience and effects of historical trauma, institutional racism, prejudice, and disparities can easily undermine people’s perception of personal strengths.

- In culturally adapting strengths-based practice, American Indians and Alaska Natives may be reluctant to talk about their strengths; this can be seen as boasting.

- Strengths-based practice acknowledges how people fortify themselves and use strengths and resources they have been given or received.

- It draws on strengths passed from previous generations and from tribal or cultural heritage.

- **Q:** “What are strengths that you learned from your family/community/culture that have helped you before or could help you now?”
Strength-Based Approaches with Youth

- Collaborative Safety-Planning
- Assessment questions and observations pertaining to client strengths, hope and coping resources
- Connect to cultural activities
- Create positive peer relationships

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

Assessment: Cultural Identity

Q: “For many native people, cultural identity is important, and people have all different levels of comfort and belonging with one or more cultures. What is important for me to know about your cultural identity as we begin to work together?” (Venner, Feldstein, & Tafoya, 2006; p. 53)
Supporting Families to Prevent Suicide

• Providing education to families who might want to memorialize a death to suicide = prevention contagion
• Supportive employment for family living with mental health challenges
• Indigenous Wellbriety/Sobriety Programming
• Cultural connections
• AIAN Parenting Training
  – Positive Indian Parenting (NICWA)
Exhibit 11. Cultural Practices in American Indian Prevention Programs*

All activities assume the participation of Elders and include the transmission of Tribal history, values, and beliefs. Also, music, drumming, and singing are integral parts of most of these activities.

**Ceremonies and Rituals**
- Participating in sweatlodge ceremonies
- Smudging**
- Attending social dances
- Learning sacred dances
- Attending a Sundance
- Fasting
- Going on a vision quest***
- Paying attention to dreams
- Attending pow wows and other sober community activities
- Storytelling and listening to stories
- Participating in a Talking Circle

**Tribal Crafts**
- Making traditional attire for pow wows and other ceremonies
- Tanning hides
- Making ribbon shirts
- Sewing quilts
- Learning the native language
- Cooking traditional foods
- Picking and drying herbs
- Making jewelry and moccasins
- Making cradle boards

**Traditional Forms of Living**
- Hunting
- Fishing
- Shepherding
- Participating in Tribal sports
- Camping and participating in survival retreats
- Picking berries and harvesting crops

---


** Smudging involves the use of incense made of a local natural plant, such as sage, sweetgrass, or cedar, to cleanse the air and change the mood of everyday life to one of respect and reverence suitable for prayer.

*** A vision quest is an extended meditation or retreat (typically 4 days long) that takes place in an isolated area. The spiritual purposes of the vision quest are to renew faith, sacrifice, and seek guidance.
Community-Based Approaches

- Tribal Focused Readiness Assessments
- Gathering of Native Americans (GONA)
- Zero Suicide Approach
- Mental Health First Aid - Stigma Reduction
- Gatekeeper Trainings
  - QPR (Question, Pursuade, Refer)
- Grants
  - Native Connections
  - Project Aware
  - Garrett Lee Smith Youth Suicide Prevention
  - Circles of Care
  - Systems of Care
Community Readiness Manual on Suicide Prevention in Native Communities

Assessing community readiness for change and increasing community capacity for suicide prevention
Creating a climate that makes healthy community change possible
Gathering of Native Americans Fact Sheet

This fact sheet, developed for American Indian and Alaska Native (AI/AN) audiences and organizations serving Indian Country, provides an overview of the Gathering of Native Americans (GONA) curriculum. For Alaska Native villages, this curriculum is called a Gathering of Alaska Natives (GOAN).

What is a GONA?

A GONA is a culture-based planning process where community members gather to address community-identified issues. It uses an interactive approach that empowers and supports AI/AN tribes. The GONA approach reflects AI/AN cultural values, traditions, and spiritual practices.

The GONA focuses on the following four themes:

- **Belonging**—the GONA ensures that everyone feels welcomed in an inclusive, open, safe, and trusting environment.
- **Mastery**—the GONA allows participants to take stock of how historical trauma impacts their communities and what fosters their resilience and holds them together.
- **Interdependence**—the GONA initiates the planning process to assess resources and relationships, and to experience and strengthen interconnectedness.
- **Generosity**—the GONA exercise of creating gifts to share with other participants symbolizes each participant’s larger gift to their families and communities in helping to address and prevent mental and substance use disorders, prevent suicide, and promote mental health.

Since it was developed in 1992, the GONA has been recognized as an effective culture-based intervention. The GONA starts the discussion on important issues identified by the community. In the time following the GONA, the real work begins—to develop, implement, and sustain strategic prevention activities and interventions that address the issues identified during the GONA.
ZERO Suicide in Indian Country

CALIFORNIA AREA INDIAN HEALTH SERVICE

Project ECHO®

**LEAD**
- Engage individuals and their support people in a collaborative safety plan that celebrates Traditional healing practices, medicines, and Healers.

**TRAIN**
- Train staff to understand the unique physical, emotional, and spiritual needs of Indigenous people and feel comfortable and confident working with them, their families, and their Tribes.

**IDENTIFY**
- Identify individuals at risk using evidence-based screening vetted by members of local Tribes and ensure those at risk are assessed by culturally- and suicide prevention-savvy clinicians.

**TREAT**
- Treat suicide thoughts and behaviors using evidence-based treatments that respect the norms of local Tribes and their Traditional Healers.

**TRANSITION**
- Transition individuals through culturally appropriate levels of care that include Traditional Healers and multilingual and symbolically relevant caring contacts.

**Physical**
- Individual, Family, & Tribe

**Emotional**
- Peer

**Mental**
- Power

**Spiritual**
- Passion

**IMPROVE**
- Improve policies and procedures by gathering data in ways that are culturally responsive to individuals, families, and Tribes, who may then contribute suggestions that are incorporated.
YOUTH MENTAL HEALTH FIRST AID FOR TRIBAL COMMUNITIES AND INDIGENOUS PEOPLES

WHY MENTAL HEALTH FIRST AID?
Confidently recognize and respond to an Indigenous adolescent ages 12-18 who may be experiencing a mental health or substance use challenge or crisis.

Adolescence is a time of critical change and development, and a time when mental health challenges often emerge. Provide a strong cultural connection and early intervention with a culturally appropriate course designed to acknowledge and honor Tribal Communities’ and Indigenous Peoples’ practices.

Offering YMHFA for Tribal Communities and Indigenous Peoples is vital in that it recognizes and honors the past, present and future. The course opens the door to the conversation of healing and intervention beyond the parameters of a mainstream perspective.”

— Onawa M. Miller
Citizen of the Quechan Indian Tribe
YMHFA Instructor and National Trainer

WHAT IT COVERS
• Unique impacts of mental health and mental health challenges on Tribal Communities and Indigenous youth.
• Risk factors and protective factors specific to Indigenous youth.
• How mental health topics apply to their community, family and selves.

The course will teach you how to apply the MHFA Action Plan (ALGEE):
• Assess for risk of suicide or harm.
• Learn about the signs of a mental health challenge.
• Give support to the person experiencing the challenge.
• Early intervention.
• Enabling self-help and other support.
Question. Persuade. Refer.

Three steps anyone can learn to help prevent suicide.

QPR Gatekeeper training is a free suicide prevention workshop that teaches participants how to:
- Recognize friends or family at-risk
- Intervene
- Offer referrals and resources

We will also consider cultural elements when discussing suicide prevention in Native communities.

Join us and learn how to reach out to our relatives

To register or find out more information, contact Eryon Greenburg at egreenburg@iwic.org
Grants for Prevention and Infrastructure

• Native Connections
  — Reducing suicidal behavior and substance use among Native youth up to age 24
  — Easing the impacts of substance use, mental illness, and trauma in tribal communities
  — Supporting youth as they transition into adulthood

• Project Aware
  — Increase awareness of youth mental health; provide mental health training to school personnel and other adults who interact with youth; and connect youth and their families to mental health services.

• Garrett Lee Smith Youth Suicide Prevention
  — Support suicide prevention work in campus, state, and tribal communities.

• Circles of Care
  — Focuses on providing tribal and urban Indian communities with tools and resources to plan and design a holistic, evidence and community-based, coordinated system of care to support mental health for children, youth, and families.

• Systems of Care
  — Focus of systems of care is building the infrastructure needed to result in positive outcomes for children, youth, and families.
References

• U.S. Department of Health and Human Services. To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults. DHHS Publication SMA (10)-4480, CMHS-NSPL-0196, Printed 2010. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2010.
Resources

• **Webinar: Transforming Tribal Communities: Indigenous Perspectives on Suicide Prevention**

• **To Live to See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults**

• **Video: Walking Softly to Heal: The Importance of Community Readiness**

• **Healthy Indian Country Initiative Promising Prevention Practices Resource Guide**

• **Adolescent Suicide Prevention Program Manual: A Public Health Model for Native American Communities**
Presenter Contact Information

- Jeremiah D. Simmons, PhD
- Post-Doctoral Fellow
- Dept. of Psychiatry & Behavioral Sciences
- Stanford University School of Medicine
- Email: sioux52@stanford.edu
- Phone: 650-721-5416