

Culturally Adapted Approaches to Suicide Prevention & Enhancing Resilience for Indigenous Youth

Jeremiah Simmons, PhD

May 9, 2024

Stanford University

Land Acknowledgement

“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.”

This acknowledgment has been developed in collaboration with the Muwekma Ohlone Tribe.

Jeremiah Simmons, PhD (Navajo/Yankton Sioux)

Jeremiah D. Simmons, PhD (Yankton Sioux/Navajo), is a Post-Doctoral Fellow in the Department of Psychiatry & Behavioral Sciences at the Stanford University School of Medicine. A native New Mexican, he was raised on the Mescalero Apache Indian Reservation in Mescalero, NM. Although he identifies with the Mescalero Apache community, his family originates from the Yankton Sioux and Navajo tribes.

Jeremiah earned a B.A. from Stanford University, an M.S. in Clinical Psychology from the University of New Mexico, and a Ph.D. in Clinical Psychology from the same institution. He is dedicated to working with Native American populations experiencing co-occurring mental health and substance use issues, ensuring that evidence-based interventions are culturally centered and linguistically appropriate. Jeremiah's research focuses broadly on adolescent health disparities with a special focus on Indigenous youth mental health.

Through the Center for Youth Mental Health & Wellbeing, Jeremiah collaborates on various Indigenous Youth Wellbeing initiatives with state, local, and tribal partners. He also provides direct clinical services to the Native American student population at Stanford University.



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Learning Objectives

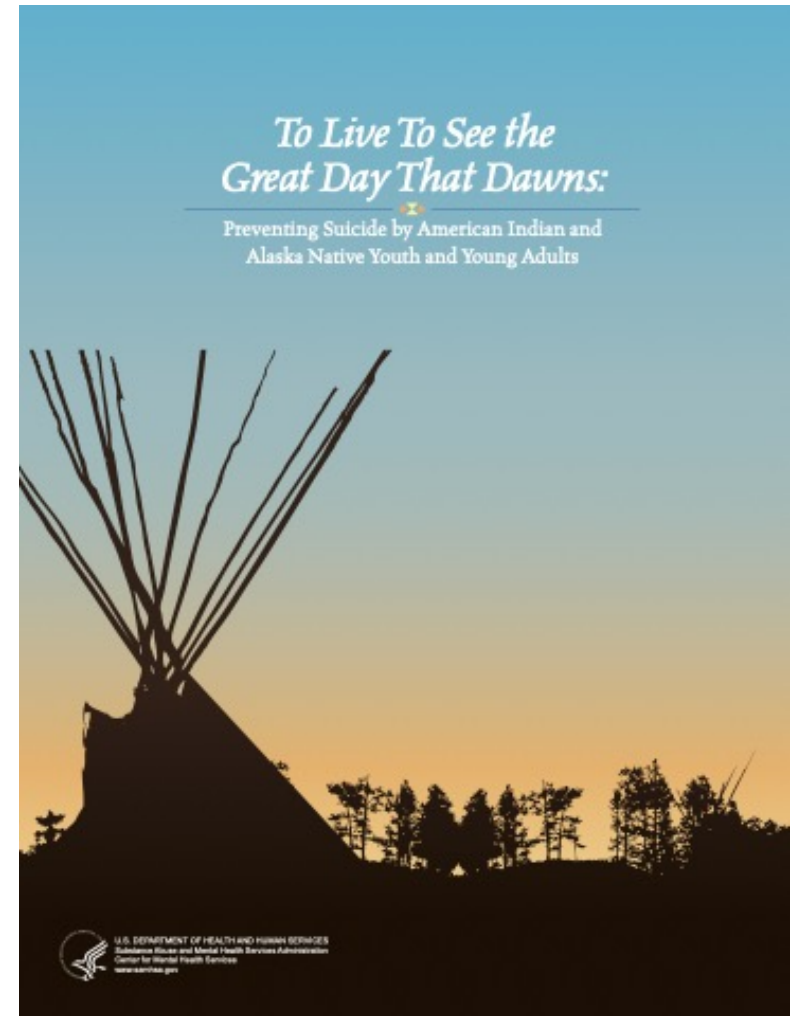
At the end of this presentation, participants will be able to:

- Participants will be able to define at least 3 strength-based and culturally-adapted approaches to suicide prevention.
- Participants will be able to identify at least 3 strength-based or culturally-adapted practices that can be applied within individual, family, and/or community contexts.
- Participants will be able to Identify at least 3 AI/AN specific resources 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*



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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.



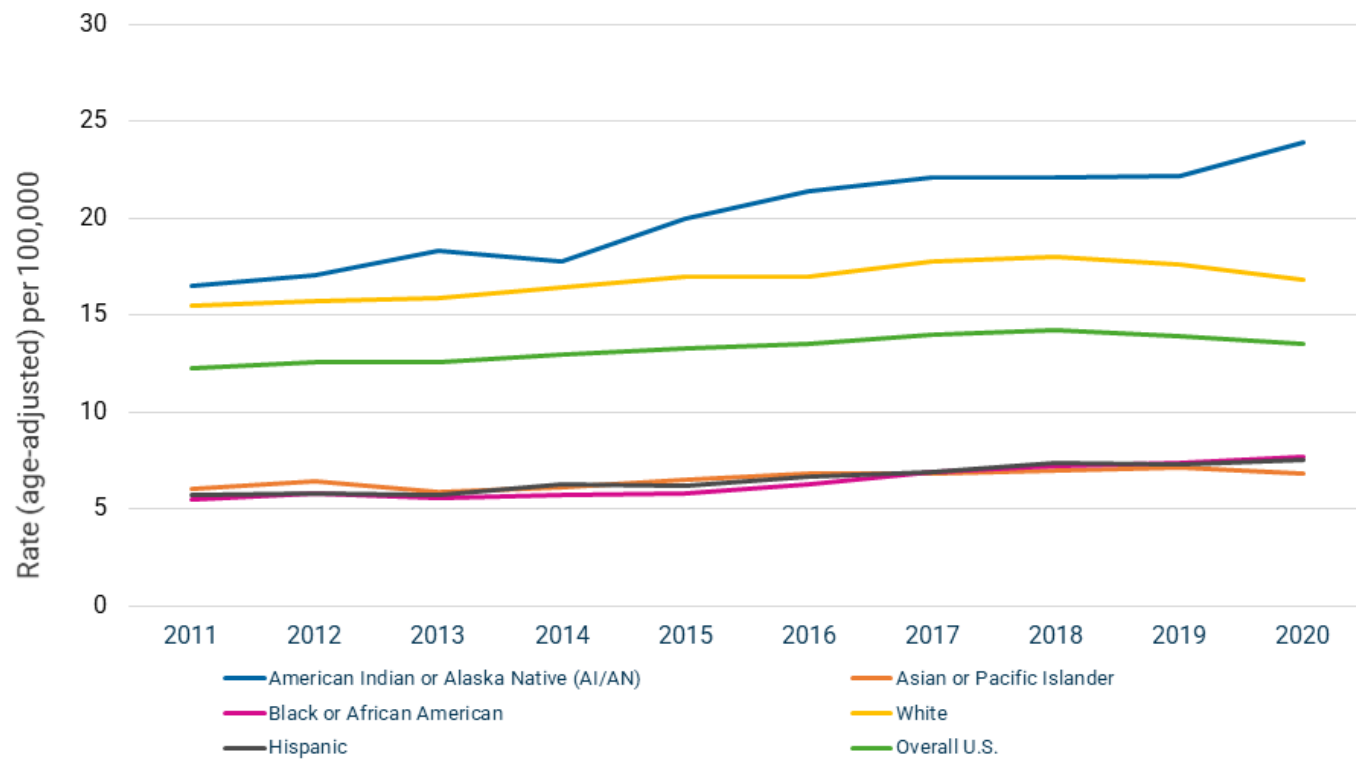
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Contextual Considerations

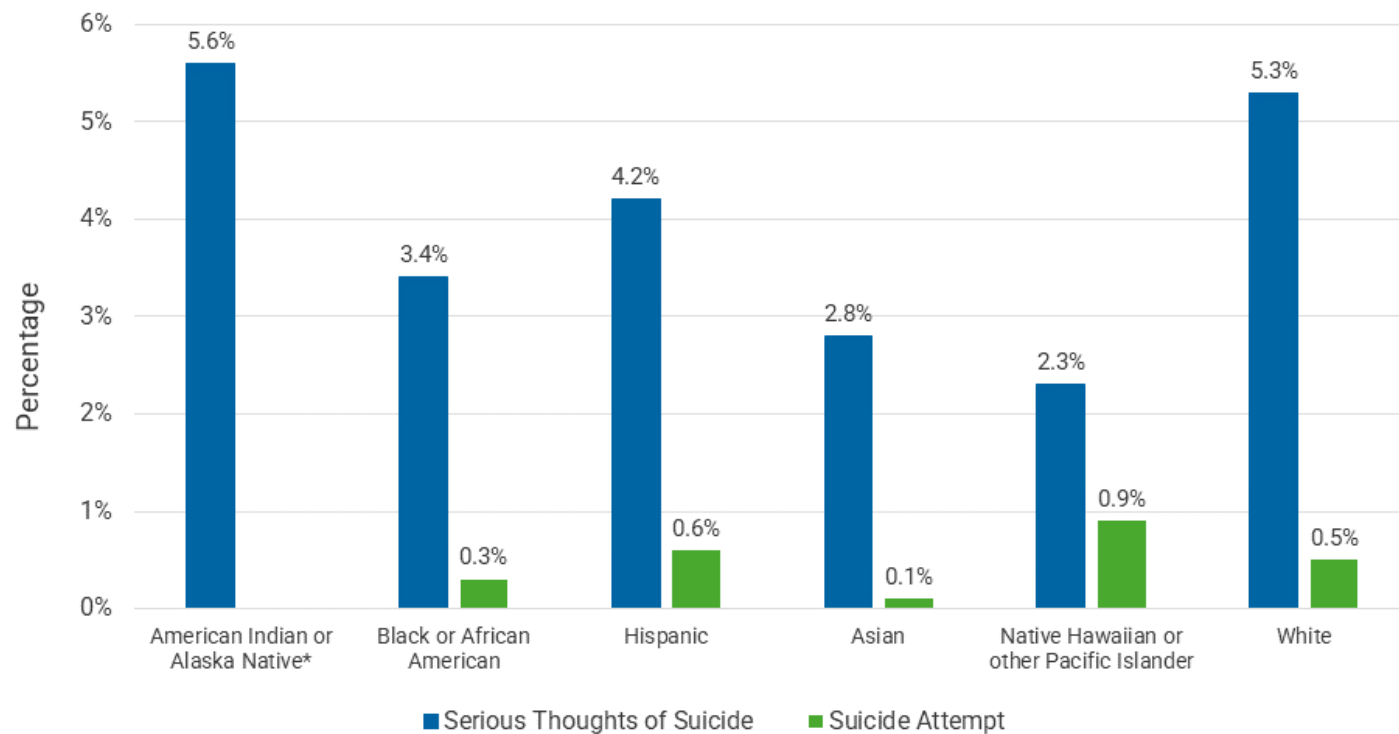
- Native youth suffer the highest burden of childhood trauma and suicide of any racial group in the U.S.
- Depression, childhood trauma, substance use, impulsivity, loss of cultural identity, low self-esteem, and hopelessness are key risk factors prevalent for Native youth.
- Barriers, including scarcity of mental health services and providers, particularly Indigenous providers, and lack of tribal-specific data also negatively impact Native trauma and suicide rates.
- Unique Native American cultural understandings of mental health, culturally informed protective factors, and a preference for culturally based healing modalities are underdeveloped assets, often obstructed by Western care systems.

Source: (Brockie et al., 2021; Brockie et al., 2022)

Rates of Suicide by Race/Ethnicity, United States 2011-2020



Past-Year Suicidal Thoughts and Suicide Attempts for Adults, United States 2020

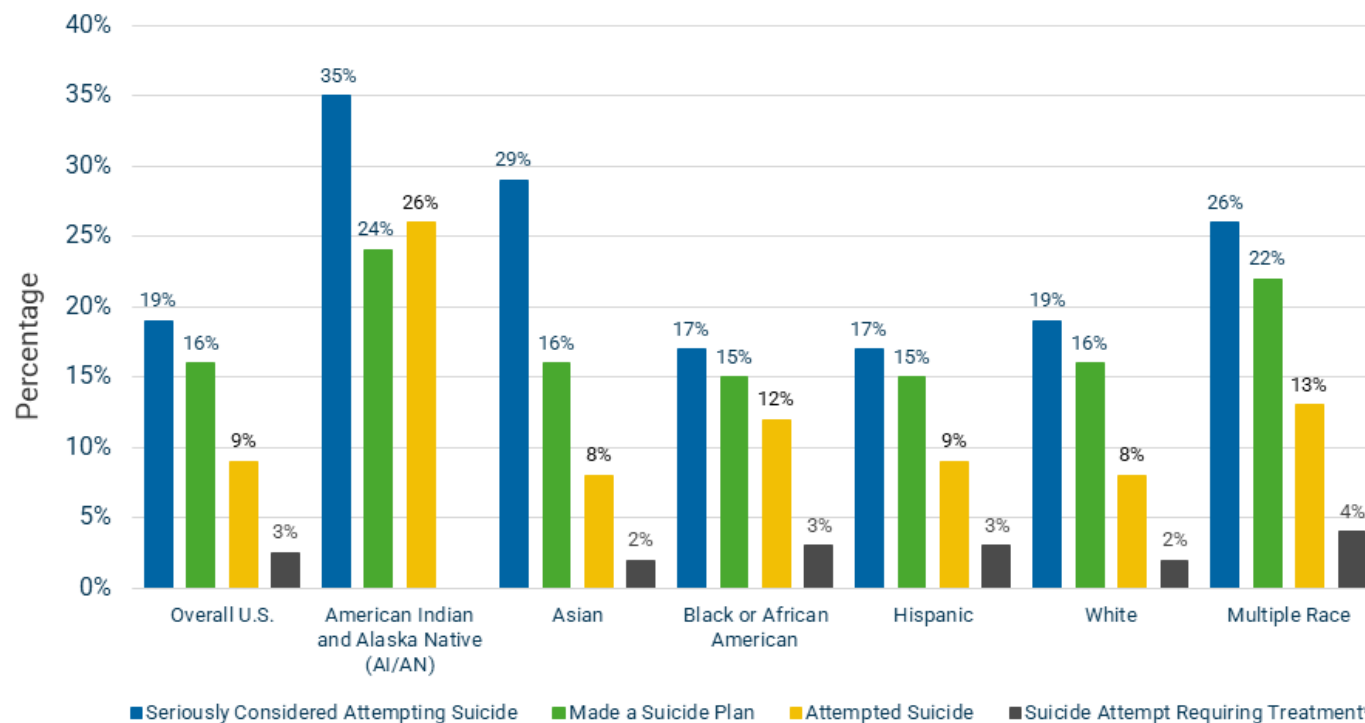


www.sprc.org

*Suicide attempt data not available due to research limitations.

Source: SAMHSA, 2020

Past-Year Suicidal Thoughts and Behaviors for High School Youth, United States 2019



www.sprc.org

*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

10 Leading Causes of Death, United States

2022, All Deaths with drilldown to ICD codes, Both Sexes, American Indian / Alaska Native, All Ethnicities, 2018 – 2021 by Single Race,

	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 30.0%	Unintentional Injury 37.5%	Unintentional Injury —	Unintentional Injury 37.5%	Unintentional Injury 52.5%	Unintentional Injury 49.6%	Unintentional Injury 39.6%	Unintentional Injury 25.3%	Heart Disease 21.8%	Heart Disease 28.5%	Heart Disease 21.7%
2	SIDS 16.7%	Congenital Anomalies —	Homicide —	Suicide —	Suicide 24.0%	Liver Disease 14.5%	Liver Disease 19.8%	Liver Disease 17.4%	Malignant Neoplasms 21.7%	Malignant Neoplasms 23.8%	Unintentional Injury 18.6%
3	Unintentional Injury —	Homicide —	Chronic Low. Respiratory Disease	Heart Disease —	Homicide 12.5%	Suicide 13.9%	Suicide 8.2%	Heart Disease 16.4%	Unintentional Injury 13.9%	Covid-19 12.0%	Malignant Neoplasms 18.4%
4	Short Gestation —	Benign Neoplasms Heart Disease	Congenital Anomalies Septicemia	Malignant Neoplasms —	Malignant Neoplasms —	Homicide 7.9%	Heart Disease 8.1%	Malignant Neoplasms 12.0%	Liver Disease 11.4%	Diabetes Mellitus 8.0%	Covid-19 10.0%
5	Maternal Pregnancy Comp. —	—	—	Homicide —	Heart Disease —	Heart Disease 4.8%	Homicide 6.3%	Diabetes Mellitus 8.8%	Covid-19 10.9%	Chronic Low. Respiratory Disease 6.7%	Liver Disease 9.1%
6	Placenta Cord Membranes —	Malignant Neoplasms Septicemia	—	Influenza & Pneumonia —	Covid-19 —	Covid-19 3.0%	Malignant Neoplasms 5.6%	Covid-19 8.4%	Diabetes Mellitus 7.8%	Cerebrovascular 6.1%	Diabetes Mellitus 7.1%
7	Atelectasis —	—	Anemias	Covid-19	Diabetes Mellitus —	Malignant Neoplasms 2.7%	Covid-19 5.2%	Suicide 3.7%	Chronic Low. Respiratory Disease 4.1%	Unintentional Injury 4.6%	Cerebrovascular 4.4%
8	Necrotizing Enterocolitis —	Influenza & Pneumonia Perinatal Period	Covid-19 Heart Disease	Chronic Low. Respiratory Disease Congenital Anomalies	Liver Disease —	Diabetes Mellitus 1.4%	Diabetes Mellitus 3.8%	Cerebrovascular 3.3%	Cerebrovascular 3.6%	Alzheimer's Disease 4.0%	Chronic Low. Respiratory Disease 4.4%
9	Bacterial Sepsis Circulatory System Disease Influenza &	—	Malignant Neoplasms Nutritional Deficiencies Suicide	—	Complicated Pregnancy —	Influenza & Pneumonia —	Cerebrovascular 1.8%	Homicide 2.5%	Nephritis 2.8%	Liver Disease 3.0%	Suicide 3.8%

Leading Causes of Death

- AI/AN
- All age groups
- Both sexes

- Unintentional Injury
- Homicide
- Suicide

Source: (CDC, 2024)

10 Leading Causes of Death, United States

2022, All Deaths with drilldown to ICD codes, Males, American Indian / Alaska Native, All Ethnicities, 2018 - 2021 by Single Race,

	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 24.5%	Unintentional Injury --	Unintentional Injury --	Suicide --	Unintentional Injury 53.7%	Unintentional Injury 49.7%	Unintentional Injury 41.3%	Unintentional Injury 28.0%	Heart Disease 25.0%	Heart Disease 30.9%	Heart Disease 22.3%
2	Sids --	Homicide --	Congenital Anomalies Septicemia Homicide	Unintentional Injury --	Suicide 23.5%	Suicide 15.6%	Liver Disease 17.7%	Heart Disease 18.2%	Malignant Neoplasms 18.5%	Malignant Neoplasms 23.5%	Unintentional Injury 21.9%
3	Unintentional Injury --	Congenital Anomalies Heart Disease		Malignant Neoplasms --	Homicide 13.4%	Liver Disease 12.3%	Suicide 9.3%	Liver Disease 14.9%	Unintentional Injury 16.1%	Covid-19 12.4%	Malignant Neoplasms 15.7%
4	Short Gestation --	--	--	Heart Disease Homicide	Malignant Neoplasms --	Homicide 10.0%	Heart Disease 8.6%	Diabetes Mellitus 9.2%	Liver Disease 10.4%	Diabetes Mellitus 7.7%	Covid-19 9.2%
5	Maternal Pregnancy Comp. --	Septicemia --	Chronic Low. Respiratory Disease Malignant Neoplasms Nutritional Deficiencies	--	Covid-19 --	Heart Disease 4.7%	Homicide 7.7%	Malignant Neoplasms 9.1%	Covid-19 10.0%	Chronic Low. Respiratory Disease 6.5%	Liver Disease 8.8%
6	Influenza & Pneumonia Placenta Cord Membranes	--		Chronic Low. Respiratory Disease Influenza & Pneumonia	Heart Disease --	Covid-19 2.8%	Covid-19 4.1%	Covid-19 7.6%	Diabetes Mellitus 7.9%	Unintentional Injury 5.4%	Diabetes Mellitus 6.8%
7	--	Acute Bronchitis	Suicide	--	Diabetes Mellitus	Malignant Neoplasms --	Diabetes Mellitus 4.0%	Suicide 4.5%	Chronic Low. Respiratory Disease	Cerebrovascular 4.9%	Suicide 4.9%

Leading Causes of Death

- AI/AN
- All age groups
- Males

- Unintentional Injury
- Homicide
- Suicide

Source: (CDC, 2024)



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10 Leading Causes of Death, United States

2022, All Deaths with drilldown to ICD codes, Females, American Indian / Alaska Native, All Ethnicities, 2018 – 2021 by Single Race,

	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 34.1%	Unintentional Injury --	Unintentional Injury --	Unintentional Injury --	Unintentional Injury 49.8%	Unintentional Injury 48.5%	Unintentional Injury 34.9%	Liver Disease 20.8%	Malignant Neoplasms 25.8%	Heart Disease 26.3%	Malignant Neoplasms 21.3%
2	Sids --	Benign Neoplasms --	Homicide --	Suicide --	Suicide 25.1%	Liver Disease 18.1%	Liver Disease 22.9%	Unintentional Injury 20.5%	Heart Disease 17.1%	Malignant Neoplasms 24.1%	Heart Disease 20.5%
3	Short Gestation Unintentional Injury	Congenital Anomalies --	Anemias Covid-19 Chronic Low. Respiratory Disease	Heart Disease --	Homicide 10.4%	Suicide 10.5%	Malignant Neoplasms 9.0%	Malignant Neoplasms 16.3%	Liver Disease 12.6%	Covid-19 11.7%	Unintentional Injury 14.1%
4	--	Influenza & Pneumonia Malignant Neoplasms		Covid-19 Congenital Anomalies Influenza & Pneumonia Malignant Neoplasms	Heart Disease --	Heart Disease 5.0%	Covid-19 7.0%	Heart Disease 13.4%	Covid-19 12.0%	Diabetes Mellitus 8.3%	Covid-19 10.7%
5	Placenta Cord Membranes --	--	Heart Disease --		Malignant Neoplasms --	Malignant Neoplasms 4.6%	Heart Disease 6.8%	Covid-19 9.4%	Unintentional Injury 10.8%	Cerebrovascular 7.4%	Liver Disease 9.3%
6	Atelectasis Maternal Pregnancy Comp. Necrotizing Enterocolitis	Covid-19 Perinatal Period Pneumonitis	Complicated Pregnancy --	Homicide --	Diabetes Mellitus --	Homicide --	Suicide 5.6%	Diabetes Mellitus 8.1%	Diabetes Mellitus 7.6%	Chronic Low. Respiratory Disease 7.0%	Diabetes Mellitus 7.4%
7	--				Covid-19 --	Homicide 3.6%	Cerebrovascular 3.8%	Chronic Low. Respiratory Disease 5.3%	Alzheimer's Disease 5.4%	Cerebrovascular 5.8%	--
8	--	--	Liver Disease --	--	Complicated Pregnancy --	Cerebrovascular 3.3%	Nephritis 2.9%	Cerebrovascular 4.2%	Unintentional Injury 3.9%	Chronic Low. Respiratory Disease 5.3%	--

Leading Causes of Death

- AIAN
- All age groups
- Females

Unintentional Injury

Homicide

Suicide

Source: (CDC, 2024)



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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

Source: (SAMHSA, 2010)

Culture as Intervention/Prevention

- Chandler & LaLonde (1998)
 - Canadian 5-year study – First Nations
 - Evaluated the relationships between cultural continuity, self-continuity, and local communities' initiatives at 'cultural rehabilitation'
 - Finding: Communities that initiated changes to rehabilitate their cultures had dramatically lower suicide rates
- Brockie & Colleagues (2022)
 - Programs focused on promoting education engagement, communal mastery, and tribal identity may mitigate substance use for Native American adolescents (risk factor for suicide).



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Culture as Intervention/Prevention

- Massotti & Colleagues (2023)
 - Cultural Connectedness Scale-California (CCS-CA) relationship to:
 - Mental/Physical Health
 - Substance Use
 - 361 urban Native Americans in California (2018–2021)
 - Increased connection to Indigenous Culture predicted:
 - Decreased risk for depression
 - Decreased risk for substance use
 - **Key Point: Native culture is an important social determinant of health.**

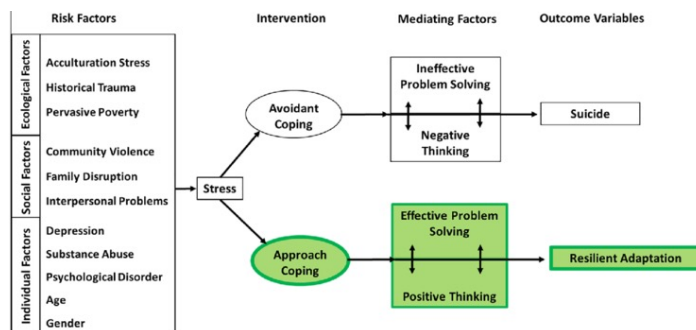


Culturally-Adapted & Strengths-Based Suicide Prevention Interventions

- **American Indian Life Skills Curriculum:**
 - School-based, culturally grounded, life-skills training program that aims to reduce high rates of American Indian/Alaska Native (AI/AN) adolescent suicidal behaviors by reducing suicide risk and improving protective factors (LaFromboise & Fatemi, 2011)
- **The Teen Health Resiliency for Violence Exposure (THRIVE) study** has two major components, both providing mental health interventions for youth:
 - **Cognitive Behavioral Intervention for Trauma in Schools (CBITS).** CBITS is designed to target symptoms of posttraumatic stress disorder, depression, and general anxiety (Goodkind, LaNoue, & Milford, 2010), which influence suicidality. CBITS combines cognitive behavioral approaches within a school-based setting that is accessible and sustainable for Native youth.
 - CBITS among Native American groups (Morsette et al., 2009; Goodkind et al., 2010; Morsette et al. 2012)
- The second component of the THRIVE study is the **Our Life** intervention designed to address mental health of Native youth, as described by Goodkind, LaNoue, Lee, Freeland, and Freund
 - Addresses root causes of violence, trauma, and substance abuse
 - 6-month intervention had four components: 1) recognizing/healing historical trauma; 2) reconnecting to traditional culture; 3) parenting/social skill-building; and 4) strengthening family relationships through equine-assisted activities
- **New Hope** intervention, the Apache version of the Rotheram-Borus intervention – Cwik et al. (2016).
 - Utilizing a community driven participatory approach, the intervention was adapted to ensure that it was culturally appropriate and would facilitate community level dissemination and sustainability.
 - Intervention to reduce immediate suicide risk through safety planning, emotion regulation skills, and facilitated care connections.
 - New Hope is designed to be delivered in 1–2 visits in a family preferred setting upon discharge from the emergency room following a suicide attempt.

Source: Blackdeer & Silver Wolf, 2020 evidence mapping article

American Indian Life Skills Curriculum



School-based, culturally grounded, life skills training program that aims to reduce high rates of American Indian/Alaska Native (AI/AN) adolescent suicidal behaviors by reducing suicide risk and improving protective factors (LaFromboise & Fatemi, 2011)

A Conversation with Sioux Tribal Elders: Toward a Culturally-Tailored Curriculum to Address the Needs of American Indian Youth

• Barry A. Garst, PhD, Ryan J. Gagnon, PhD, and Lori Dicks, PhD; *Clemson University*
 • Andrew Corley, Ahanni Knight, and Jason Buschbascher; *Sioux YMCA*

INTRODUCTION

- Research with AI/AN communities constrained by cultural exploitation, intrusive research practices, and an incongruence between “western” paradigms and AI/AN cultural contexts.
- Culturally situated models partner researchers with communities to develop, deliver, and assess interventions.
- Research suggests the efficacy of an existing AI/AN life skills curriculum (Lefromboise, 1996).

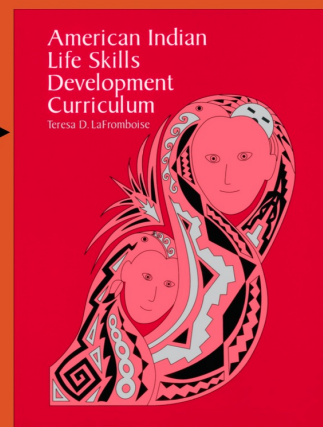
PURPOSE

- To dialogue with tribal elders to co-construct a culturally tailored life skills curriculum to address Lakota youth needs
- Research Questions: (1) “What are the strengths and needs of Lakota Sioux youth?” and (2) “How well does an existing AI life skills curriculum complement Lakota Sioux youths’ strengths and needs?”

PARTICIPANTS AND METHOD

- Study context was the Sioux YMCA (after-school program, summer camp)
- In-depth Zoom interviews w/purposeful sample of 5 Lakota Sioux tribal elders
- Deductive-inductive coding to construct themes; Coder triangulation for data validation.

Lakota Sioux tribal leaders stressed that a curriculum targeting AI/AN youth needs to be culturally grounded, with a focus on self-esteem, identifying emotions and stress, life-planning skills, and suicide prevention.



Take a picture to download the abstract

FINDINGS

- Tribal elders affirmed that Sioux youth face high risk of suicide, depression, low self-esteem, and substance abuse, and notably have few educational and enrichment opportunities.
- Tribal elders acknowledged underlying issues of extreme poverty.
- Strengths of the curriculum identified by tribal leaders include:
 - ✓ Focus on self-esteem and identifying emotions and stress,
 - ✓ Life-skill building opportunities,
 - ✓ Communication and problem-solving skills,
 - ✓ Emphasis on culture and sense of self, and
 - ✓ Suicide prevention and awareness activities.
- Curriculum gaps identified by tribal elders included the need for life planning and social-emotional development activities associated with limited opportunities for Sioux youth.

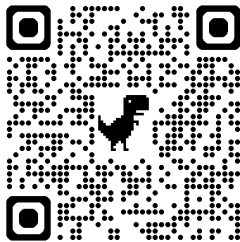
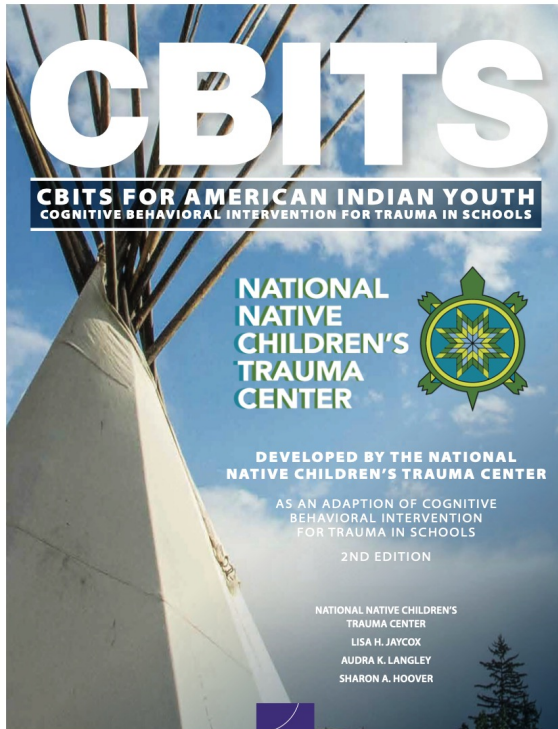
DISCUSSION

- This study advanced the trust-based relationship between the research team and Lakota Sioux tribal elders
- Critical information was provided on the strengths, weaknesses, and relevance of a culturally tailored curriculum to address the needs of AI/AN youth.
- Engaging Sioux YMCA stakeholders highlighted the needs and strengths of AI/AN youth contextualized within the Lakota River Sioux tribal community.

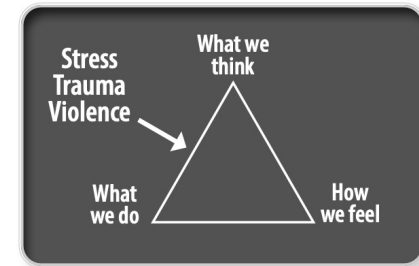
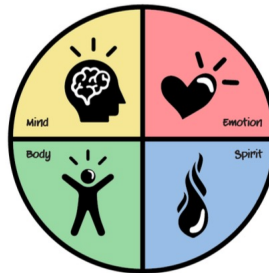


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Cognitive Behavioral Intervention for Trauma in Schools (CBITS)



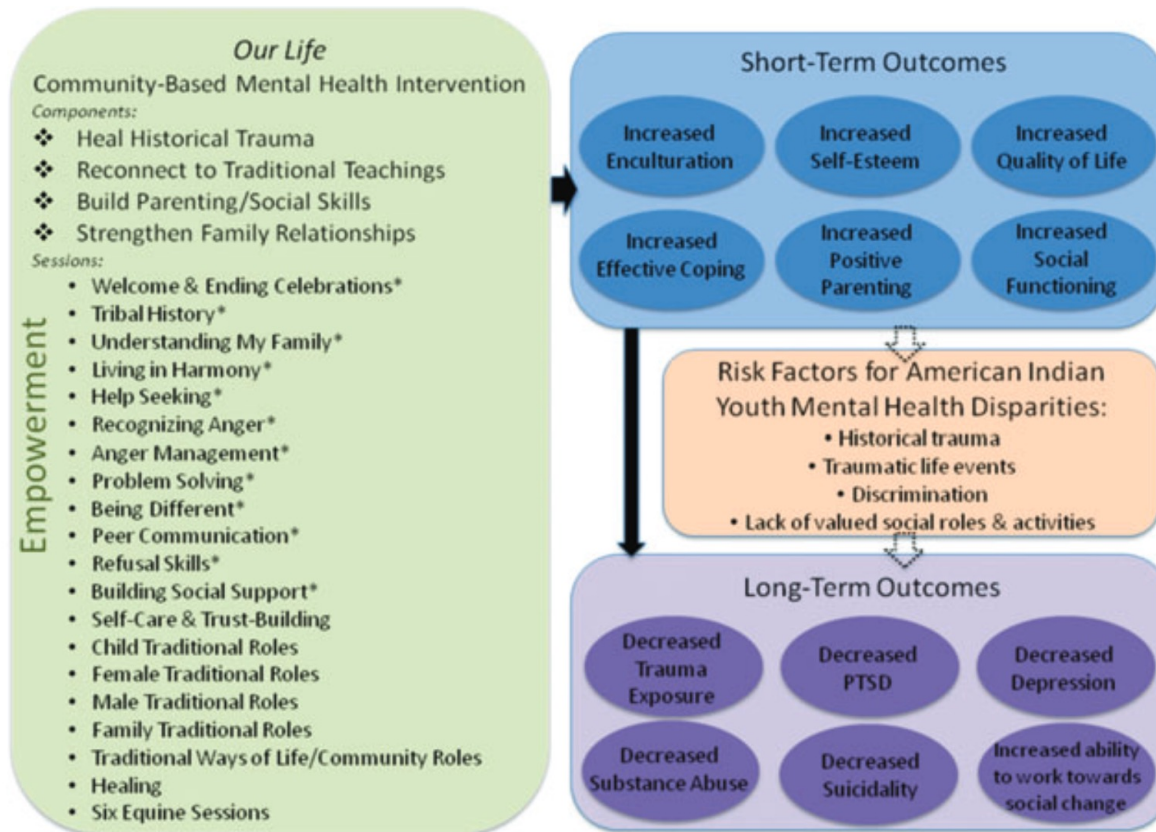
- CBITS is composed of ten student group sessions, one to three individual student sessions, two caregiver meetings, and an optional school staff information session.
- CBITS uses psychoeducation about trauma and its consequences, relaxation training, learning to monitor stress or anxiety levels, recognizing maladaptive thinking, challenging unhelpful thoughts, social problem-solving, creating a trauma narrative and processing the traumatic event, and facing trauma-related anxieties rather than avoiding them.
- <https://cbitsprogram.org/>



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Our Life Intervention

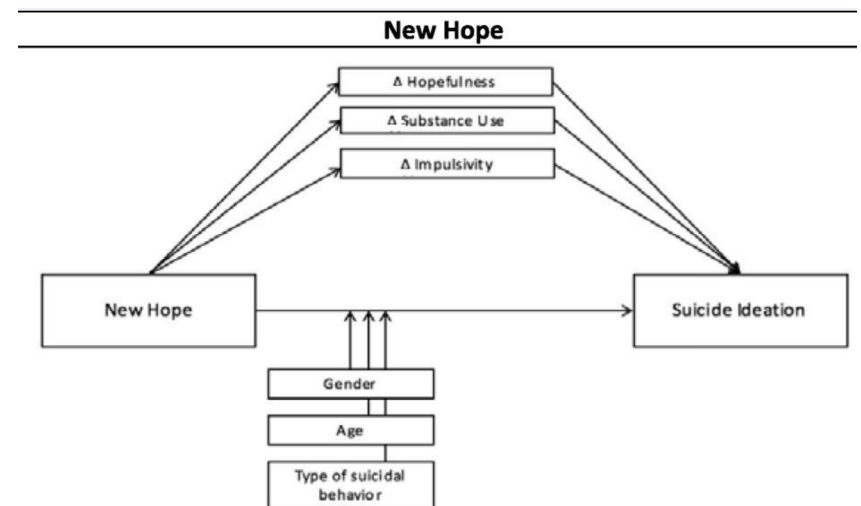


- Recognizing and healing historical trauma through discussion, experiential methods, and traditional cultural practices
- Reconnection to traditional culture and language through learning from traditional practitioners and elders
- Parenting/social skill-building
- Further healing and building relationships between parents and youth through equine-assisted activities

Source: (Goodkind, LaNoue, Lee, Freeland, & Freund, 2012)

New Hope Intervention - Apache Version

- New Hope is delivered in this study by a trained Apache CMHS in one visit over 2 to 4 h in a private setting.
- Youth are invited to include a family member to participate in the intervention to provide support and reinforce the skills learned.
- New Hope emphasizes the seriousness of suicide ideation, attempt and/or binge substance use with recent ideation, teaches coping skills (e.g., emotion regulation, cognitive restructuring, increasing social support) and suicide safety planning, and aims to reduce barriers to treatment motivation, initiation, and adherence.
- The intervention includes a 20-min video produced by the White Mountain Apache Tribe - Johns Hopkins - Center for American Indian Health (WMAT-JH CAIH) featuring AI actors portraying scenes specific to the characteristics of suicide attempts, ideation and related binge substance use among youth ages 10–24 in this community.
- Video features WMAT Elders speaking in Apache (with subtitles) about how life is sacred, how suicide is not the Apache way, how self-harm impacts the entire community, their concern for the youth, and the importance of each youth's life.



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Community-Based Approaches

- Tribal Focused Readiness Assessments
- Gathering of Native Americans (GONA)
- Zero Suicide Approach
- Mental Health First Aid For Tribal Communities - Stigma Reduction
- Native H.O.P.E. (Helping Our People Endure)
- Gatekeeper Trainings
 - QPR (Question, Persuade, Refer)



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



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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.

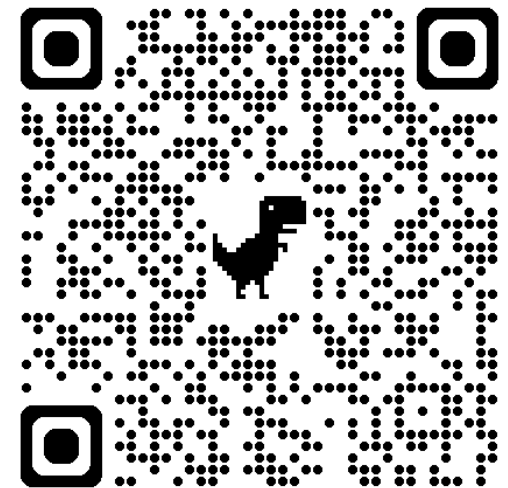
The GONA focuses on the following four themes:

- **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



Community members participate in a GONA team-building activity.

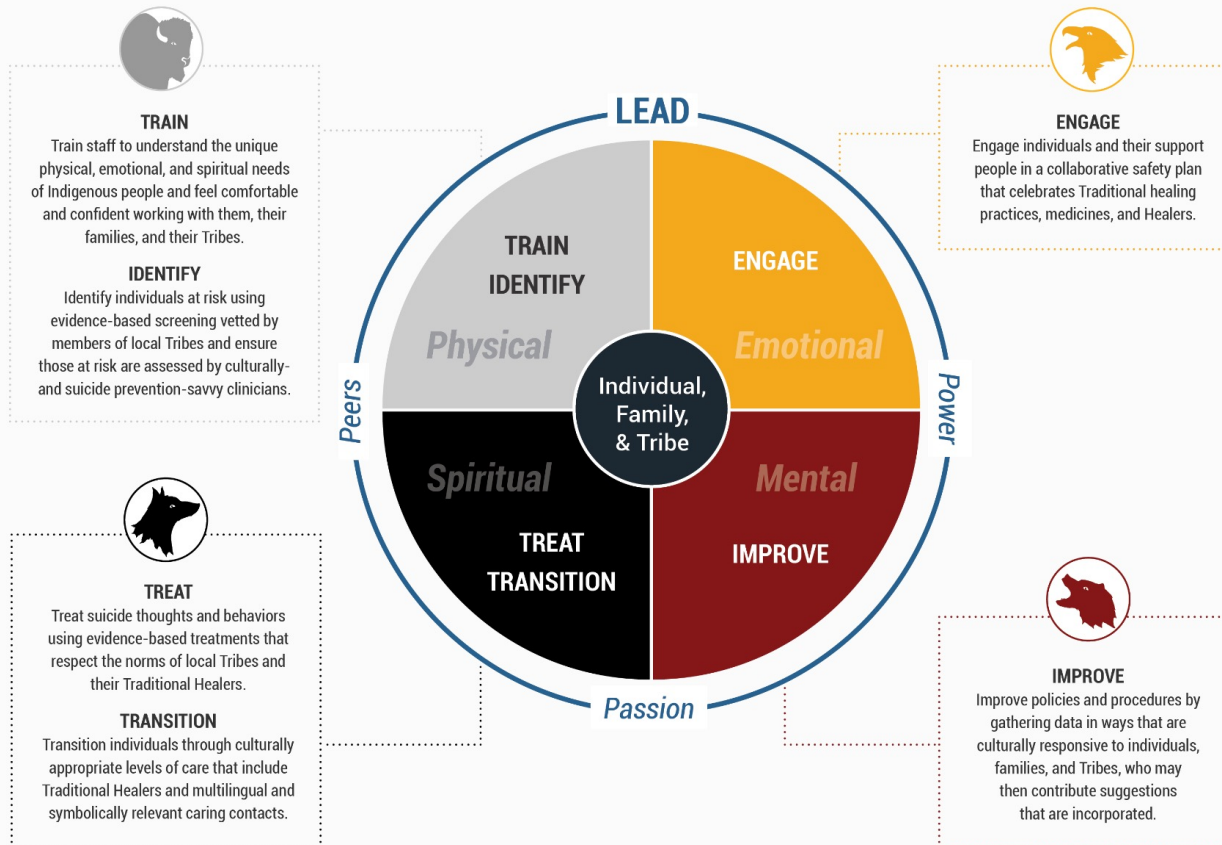
Since it was developed in 1992, the GONA has been recognized as an effective culture-based intervention. The GONA starts the discussion on important issues identified by the community. In the time following the GONA, the real work begins—to develop, implement, and sustain strategic prevention activities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



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Zero Suicide in Indian Country



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Mental Health FIRST AID®
from NATIONAL COUNCIL FOR MENTAL WELLBEING®

YOUTH MENTAL HEALTH FIRST AID FOR TRIBAL COMMUNITIES AND INDIGENOUS PEOPLES



Offering YMHA 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
YMHA Instructor and National Trainer

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.

60%*

of Indigenous youth have experienced or are experiencing severe mental distress.

Research suggests that
YOUTH WITH STRONG CULTURAL CONNECTEDNESS*

was connected to positive mental health.

23%*

of Native Americans reported experiencing discrimination in a health care setting, and 15% avoided seeking health care because of anticipated discrimination.

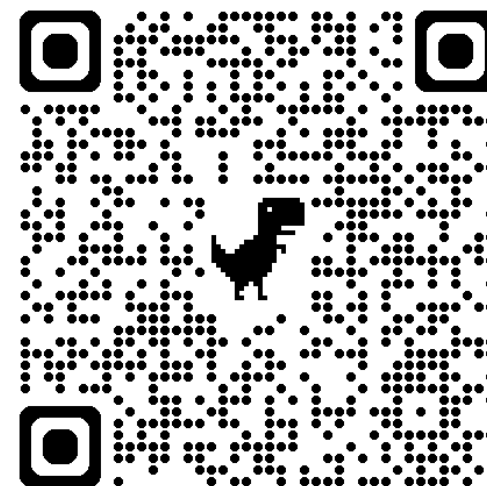
*the original research for the displayed statistic is linked

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.

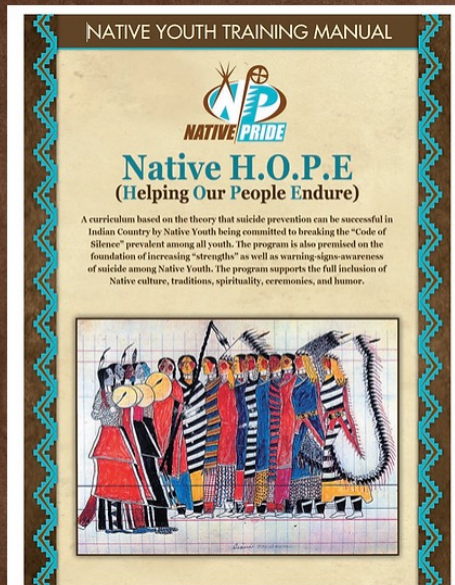
The course will teach you how to apply the MHFA Action Plan (ALGEE):

- **Assess** for risk of suicide or harm.



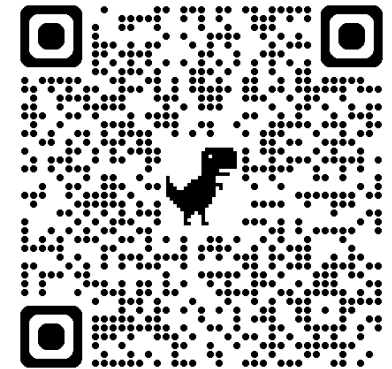
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Native H.O.P.E. (Helping Our People Endure) Curriculum

Native HOPE curriculum addresses suicide prevention, violence and bullying, depression, and substance abuse. The process in the Native H.O.P.E. program intentionally creates a safe and sacred place through culture, spirituality, and humor for participants to address suicide, depression, trauma, violence, and substance abuse.



Native H.O.P.E. curriculum is based on the theory that suicide prevention can be successful in Indian Country by Native Youth being committed to breaking the “Code of Silence” prevalent among all youth. The theory is also premised on the foundation of increasing “strengths” as well as warning signs-awareness of suicide among Native Youth.

Developer: Clayton Small, PhD
Company: Native Pride



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ONLINE TRAINING

IN-PERSON TRAINING

BECOME AN INSTRUCTOR

ABOUT QPR

Question. Persuade. Refer.

Three steps anyone can learn
to help prevent suicide.



QPR Training

MARCH 17TH, 2023
5:00 PM - 7:00 PM
URBAN INDIAN CENTER OF SALT LAKE
Virtual option available

Join us and learn how to
reach out to our relatives



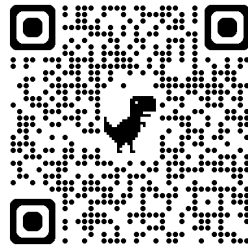
QPR Gatekeeper training is a **free**
suicide prevention workshop that
teaches participants how to:

- Recognize friends or family at-risk
- Intervene
- Offer referrals and resources

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

To register or find out more information,
Contact Eryon Greenburg at egreenburg@iwic.org

Cultural Considerations in QPR Training PDF:



Pathways to Healing: Statewide Conference



EMBRACING CULTURE IN CRISIS RESPONSE IN CALIFORNIA INDIAN COUNTRY

with Deborah
Kawkeka (Kickapoo
Tribe of Kansas)

hosted by UCLA
Integrated
Substance Abuse
Programs

Space is limited
to 100 people.
Register today!
See [flyer](#) or more
details.

Thursday, June 13, 2024

**The California Endowment-
Sacramento**
9 am to 3:30 pm PDT

Training includes:

- QPR Training
 - Suicide Prevention
 - Safe connections to community
 - Intervention skills
- Evaluate content to apply to your Native community
- Postvention & Healing the Healers

Register [HERE](#)

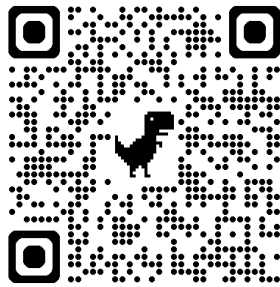


Culturally-Informed Resources

- Northwest Portland Area Indian Health Board Suicide Prevention Media Campaign Materials
- To Live to See the Great Day That Dawns Toolkit
- Culture Forward Toolkit
- Native American Youth Mental Health ECHO

NPAIHB Suicide Prevention Campaign Materials

Northwest Portland Area Indian Health Board Suicide Prevention campaign materials



WE ARE CONNECTED.
We Need You Here.

To GIVE help or GET help:

Dial 988 if you are having a mental health emergency to reach the Suicide & Crisis Lifeline.

Text **NATIVE** to 741741 to receive free, 24/7 counseling support.

Talk to trusted elders, healers, friends, family, clergy or health professionals.

Visit www.wenative.org

MY LIFE MATTERS.
I AM HERE FOR A REASON. MY STORY HAS JUST BEGUN.

www.npaihb.org

This document was developed in partnership with NPAIHB. The views, opinions and content of this publication are those of the authors and contributors, and do not necessarily reflect the views, opinions, or policies of NPAIHB, or any of its member organizations or staff.

LGBTQ LOVED & ACCEPTED
#WENEEDYOUHERE

PREVENT SUICIDE.

TO GIVE HELP OR GET HELP:

- CALL THE CRISIS LIFELINE FOR LGBTQ YOUTH AT 1.800.488.7386
- **DIAL 988** TO REACH THE SUICIDE & CRISIS LIFELINE
- **TEXT NATIVE** TO 741741 FOR FREE, 24/7 SUPPORT
- VISIT WWW.WENATIVE.ORG TO LEARN ABOUT SUICIDE SIGNS AND PREVENTION RESOURCES
- TALK TO TRUSTED ELDER, HEALERS, FRIENDS, FAMILY MEMBERS OR HEALTH PROFESSIONALS

www.npaihb.org

COMMUNITY IS THE HEALER
— THAT —
BREAKS THE SILENCE

SUICIDE IS THE **2ND LEADING CAUSE OF DEATH** FOR AI/AN YOUTH 15-24 YRS OLD

3X'S MORE WOMEN ATTEMPT SUICIDE THAN MEN

AI/AN MALES 15-24 YRS OLD HAVE THE **HIGHEST SUICIDE RATE** THEIR WHITE COUNTERPARTS' RATE IS 17.54

IF SOMEONE YOU KNOW... Threatens suicide, talks about wanting to die, shows changes in behavior, appearance or mood, abuses drugs or alcohol, deliberately injures themselves, appears depressed, sad or withdrawn...

YOU CAN HELP! Stay calm and listen, let them talk about their feelings, be accepting and do not judge, ask if they have suicidal thoughts, take threats seriously, and don't swear secrecy—tell someone!

PROTECT YOURSELF AND LOVED ONES

- BUILD SPIRITUAL & CULTURAL ROOTS IN NATIVE TRADITIONS
- INCLUDE TEENS IN FAMILY DECISION-MAKING
- EAT BREAKFAST 5-7 TIMES A WEEK
- REACH OUT, AND MENTOR SOMEONE YOUNGER
- MAINTAIN GOOD PHYSICAL AND EMOTIONAL HEALTH
- LET OTHERS KNOW YOU CARE ABOUT THEM
- AVOID DRUGS AND ALCOHOL
- TALK ABOUT YOUR HOPES AND DREAMS

To learn more visit:
www.suicidepreventionlifeline.org • us.reachout.com
Or call 1.800.273.TALK (8255)

THRIVE

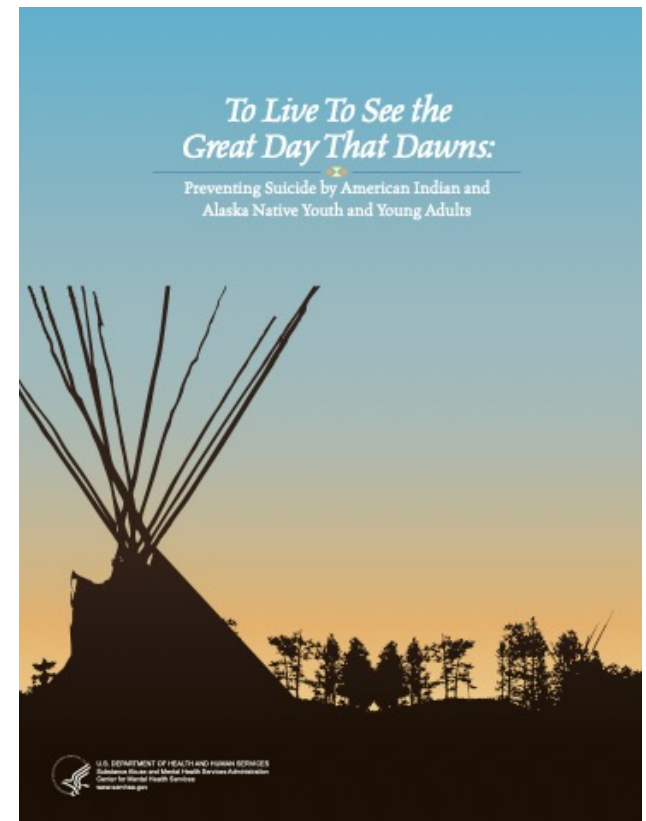
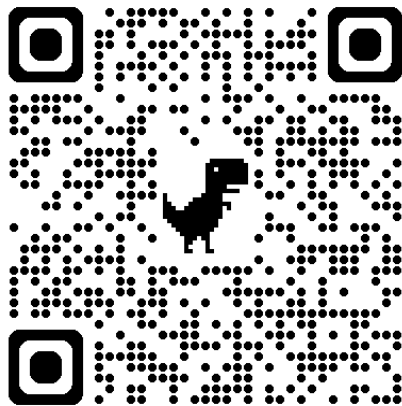


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To Live to See the Great Day That Dawns

SAMHSA “To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults”

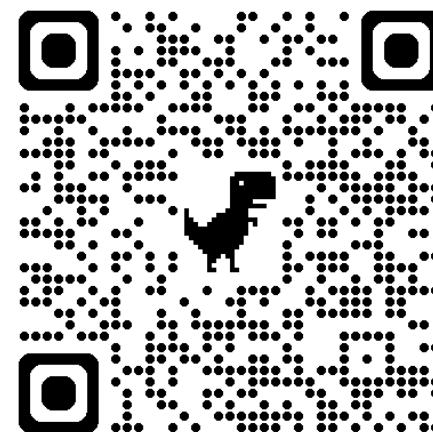


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Culture Forward

A Strengths and Culture Based Tool to
Protect Our Native Youth From Suicide

https://caih.jhu.edu/assets/documents/CULTURE_FORWARD_FULL_GUIDE_Web.pdf



CULTURE FORWARD >>>>

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Resources

- Webinar: Transforming Tribal Communities: Indigenous Perspectives on Suicide Prevention
 - <https://sprc.org/online-library/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
 - <https://store.samhsa.gov/product/To-Live-To-See-the-Great-Day-That-Dawns-Preventing-Suicide-by-American-Indian-and-Alaska-Native-Youth-and-Young-Adults/SMA10-4480>
- Video: Walking Softly to Heal: The Importance of Community Readiness
 - <https://sprc.org/online-library/walking-softly-to-heal-the-importance-of-community-readiness/>
- Healthy Indian Country Initiative Promising Prevention Practices Resource Guide
 - <https://sprc.org/online-library/healthy-indian-country-initiative-promising-prevention-practices-resource-guide/>
- Adolescent Suicide Prevention Program Manual: A Public Health Model for Native American Communities
 - <https://sprc.org/online-library/adolescent-suicide-prevention-program-manual-a-public-health-model-for-native-american-communities/>
- Native American Youth Mental Health ECHO
 - <https://med.stanford.edu/cme/echos/echomentalhealth.html>
- Indigenous Youth Wellbeing Listserv
 - https://stanforduniversity.qualtrics.com/jfe/form/SV_dmaFFZSTfmwyfeS



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