Suicide Prevention: Resources for American Indian/Alaska Native Communities

Suicide is an urgent public health issue for American Indian/Alaska Native (AI/AN) communities. The National Congress of American Indians Policy Research Center (NCAI PRC) has prepared this directory of resources to assist AI/AN communities in developing their own suicide prevention programs. The resources are organized by category, including statistics, policy reports and legislation, guides for suicide prevention program development, suicide prevention programs currently being used in AI/AN communities and the general U.S. population, program evaluation approaches, and tele-behavioral health.

Suicide Rates and Statistics

Centers for Disease Control and Prevention (CDC). 2007. Deaths: Leading causes for 2004, National Vital Statistics Reports, 56(5), November 20, 2007.
http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_05.pdf.

CDC's National Violent Death Reporting System (data are collected from individual states):
http://www.cdc.gov/ViolencePrevention/NVDRS.

Tribal Epi Centers collect disease surveillance data, conduct epidemiological studies, and develop disease control and prevention programs. For more information and listing of individual Epi Centers, see: http://www.cdc.gov/omhd/populations/aian/AIANEpiCntrs.htm.

Policy Recommendations, Reports, and Legislation

7th Generation Promise: Indian Youth Suicide Prevention Act of 2009.
http://indian.senate.gov/public/_files/S1635_7th_Generation_Promise.pdf.

Suicide Prevention Action Network USA. 2006. Strategies to Improve Non-fatal Suicide Attempt Surveillance: Recommendations from an Expert Roundtable.
http://www.spanusa.org/files/General_Documents//SPAN_USA_Attempt_Surveillance__2006.pdf.

Goldsmith SK, Pellmar TC, Kleinman AM, Bunney WE, eds. 2002. Reducing Suicide: A National Imperative. Washington, DC: National Academies Press.

US Public Health Service. 2001. National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: US Department of Health and Human Services, US Public Health Service.

Grinnell, Randy, Deputy Director, Indian Health Services. Testimony on "The Preventable Epidemic: Youth and the Urgent Need for Mental Health Care Resources in Indian Country." Before the Senate Committee on Indian Affairs. March 25, 2010.
http://www.hhs.gov/asl/testify/2010/03/t20100325a.html.

Health Canada. 2005. Acting on What We Know: Preventing Youth Suicide in First Nations. The Report of the Advisory Group on Suicide Prevention. http://www.hc-sc.gc.ca/fniah-spnia/alt_formats/fnihb-dgspni/pdf/pubs/suicide/prev_youth-jeunes-eng.pdf.

Project Trust Partnership. 2008. Project Trust: Report and Recommendations for Enhancing the Well-Being of Native American Youth, Families, and Communities. http://hsc.unm.edu/chpdp/Assets/Projects/Assets/TRUST_Report_May08.pdf.

Guides for Community Planning and Program Development

For a comprehensive guide on suicide prevention in AI/AN communities, see: U.S. Department of Health and Human Services. 2010. 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. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. http://www.sprc.org/library/Suicide_Prevention_Guide.pdf.

First Nations Centre, National Aboriginal Health Organization. 2005. Assessment and Planning Tool Kit for Suicide Prevention in First Nations Communities. http://www.naho.ca/firstnations/english/documents/NAHO_Suicide_Eng.pdf.

May P, Serna P, Hurt L, and DeBruyn L. 2005. Outcome Evaluation of a Public Health Approach to Suicide Prevention in an American Indian Tribal Nation. American Journal of Public Health, 95(7):1238-1244.

Suicide Prevention Programs in Native Communities

The Indian Health Service's Methamphetamine and Suicide Prevention Initiative is a nationally-coordinated demonstration pilot program, focusing on providing targeted methamphetamine and suicide prevention and intervention resources to communities in Indian Country with the greatest need for these programs. For an MSPI grant funding announcement, see: http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=HHS-2009-IHS-METHY-0001.

The American Indian Life Skills curriculum was created by Teresa LaFromboise, Professor of Education at Stanford University, in collaboration with the Zuni Pueblo and Cherokee Nation of Oklahoma. The curriculum teaches social and life skills, gives students knowledge about suicide, and teaches them methods for helping a peer turn away from suicidal thinking and seek help. For more information, see: http://uwpress.wisc.edu/books/0129.htm and LaFromboise T and Howard-Pitney B. 1995. The Zuni Life Skills Development Curriculum: Description and Evaluation of a Suicide Prevention Program. Journal of Counseling Psychology, 42(4):479-486.

The White Mountain Apache Tribe and their partners at Johns Hopkins University have developed a unique, centralized suicide surveillance and mandated reporting system. For more information on this project, see: Mullany B, Barlow A, Goklish N, Larzelere-Hinton F, Cwik M, Craig M, and Walkup J. 2009. Towards Understanding Suicide Among Youths: Results From the White Mountain Apache Tribally Mandated Suicide Surveillance System, 2001-2006. American Journal of Public Health, 99(10):1840-1848; and Goklish, Novalene, Senior Program Coordinator, White Mountain Apache Youth Suicide Prevention Program. Testimony before the Senate Committee on Indian Affairs. March 25, 2010. http://indian.senate.gov/public/_files/NovaleneGoklishtestimony.pdf.

First Nations Behavioral Health Association Catalogue of Effective Behavioral Health Practices for Tribal Communities. http://www.fnbha.org/pdf/fnbha_catalogue_best_practices_feb%2009.pdf.

The Gathering of Native Americans (GONA) training is a four day gathering for Native Americans "who want to become change agents, community developers, and leaders," according to the GONA website (http://preventiontraining.samhsa.gov/CTI05/Cti05ttl.htm). This training aims to help communities heal to prevent substance abuse and other behavioral health challenges, and the course description and modules are available on the GONA website.

Native H.O.P.E. (Helping Our People Endure) is a "peer-counseling (youth helping youth) curriculum that focuses on suicide prevention and related risk-factors such as substance abuse, violence, trauma, and depression." This school-based curriculum has been used successfully throughout Indian Country. For more information, see: http://www.nativeprideus.org.

Planting Seeds of Hope is a suicide prevention program at the Montana-Wyoming Tribal Leaders Council. For more information, see: http://www.mtwytlc.com/plantingseedsofhope.htm.

The Sources of Strength Program is a suicide prevention program which was developed with tribal communities in North Dakota. It is included in the Suicide Prevention Resource Center's Best Practices Registry. For more information, see: http://www.sprc.org/featured_resources/bpr/PDF/SourcesofStrength.pdf.

Portland Area Indian Health Service and Northwest Portland Area Indian Health Board. 2009. Northwest Suicide Prevention Tribal Action Plan: A Five-Year Strategic Plan for the Tribes of Idaho, Oregon, and Washington. 2009-2013. http://www.npaihb.org/images/healthissues_docs/suicide/NW%20Tribal%20Suicide%20Action%20Plan%202009.pdf.

Suicide Prevention Training Programs (General U.S. Population)

ASIST (Applied Suicide Intervention Skills Training) is a widely used and well-researched training for caregivers on suicide intervention. It is being used with cultural adaptations in AI/AN communities as well. For more information, see: http://www.livingworks.net/AS.php.
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SafeTALK is a training program complementary to ASIST. While ASIST is designed for caregivers, safeTALK is intended for all community members. It is a three hour training that is "designed to ensure that persons with thoughts of suicide are connected to helpers who are prepared to provide first aid interventions," according to the LivingWorks website on safeTALK: http://www.livingworks.net/ST.php.

QPR stands for "question, persuade, and refer" and is a training program to help individuals recognize the warning signs of suicide and refer at risk individuals to appropriate services. The QPR online training takes one hour to complete and is available for purchase ($29.95 per training) on the QPR Institute's website: http://www.qprinstitute.com.

The Best Practices Registry for Suicide Prevention, which is maintained by the Suicide Prevention Resource Center and American Foundation for Suicide Prevention, is a searchable registry of suicide prevention programs. It includes programs that are "evidence-based" as well as those which are new and promising practices but may not have been scientifically studied. The content of all programs included in the registry has been reviewed for accuracy and safety. A few AI/AN programs are included. For more information, see: http://www.sprc.org/featured_resources/bpr/index.asp.

Evaluation of Suicide Prevention Programs

Funding for health programs is increasingly based on evidence provided for program efficacy. This requirement for scientific "evidence-based practice" has been a challenge for some AI/AN communities. The paradigm of "practice-based evidence," or building evidence from actual healing practices used on the ground, is a useful framework for AI/AN communities in evaluating their own suicide prevention programs.

Program Evaluation

Royse D, Thyer B, and Padgett D. 2010. Program Evaluation: An Introduction, Fifth Edition. Belmont, CA: Wadsworth, Cengage Learning.

Babbie E. 2010. The Practice of Social Research. Belmont, CA: Wadsworth, Cengage Learning.

Defining Evidence-Based Practice

Institute of Medicine (IOM). 2001. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C.: National Academies Press. The IOM definition of "evidence-based practice" was adapted from: Sackett DL, Straus SE, Richardson WS, Rosenberg W, & Haynes RB. 2000. Evidence Based Medicine: How to Practice and Teach EBM (2nd ed.). London: Churchill Livingstone.

APA Presidential Task Force on Evidence-Based Practice. 2006. Evidence-Based Practice in Psychology. American Psychologist, 61(4):273-285.

Practice-Based Evidence

Green L. 2006. Public Health Asks of Systems Science: To Advance Our Evidence-Based Practice, Can You Help Us Get More Practice-Based Evidence? American Journal of Public Health 96(3):406-409.

Evans C, Connell J, Barkham M, Marshall C, and Mellor-Clark J. 2003. Practice-Based Evidence: Benchmarking NHS Primary Care Counseling Services at National and Local Levels. Clinical Psychology and Psychotherapy 10:374-388.

Friesen B, Gowen L, Lo P, Bandurraga A, Cross T, and Matthew C. 2010. Literature Support for Outcomes in Evaluating Culturally- and Community-Based Programs. Indicators of Success for Urban American Indian/Alaska Native Youth: An Agency Example. Practice-Based Evidence Project, Research & Training Center on Family Support & Children's Mental Health, Portland State University: Portland, OR. http://www.rtc.pdx.edu/PDF/pbPBELiteratureOutcomes.pdf.

Kauffman, Jo Ann. President, Kauffman & Associates, Inc. Written Testimony, Oversight Hearing on Indian Youth Suicide. United States Senate Committee on Indian Affairs. May 17, 2006. http://kauffmaninc.com/index.cfm?page=jo%20ann%20senate%20testimony%20on%20youth%20suicide.cfm.

The state of Oregon has developed a separate set of criteria for tribes on what constitutes acceptable "evidence" for program efficacy. These criteria are culturally relevant and a model for other states in how to work with tribes on evaluating culturally-based suicide prevention and other behavioral health programs. For more information on the approach used in Oregon, see:

Cruz C and Spence J. 2005. Oregon Tribal Evidence Based and Cultural Best Practices. http://www.oregon.gov/DHS/mentalhealth/ebp/tribal-ebp-report.pdf.

Oregon Addictions and Mental Health Division. 2007. Position Paper on Native American Treatment Programs and Evidence-Based Practices. http://egov.oregon.gov/DHS/mentalhealth/ebp/native-american-trtmntpro-ebp.pdf.

Oregon Addictions and Mental Health Division. Approved Tribal Practices Application Form. http://egov.oregon.gov/DHS/mentalhealth/ebp/reports/nativeam-appform.doc.

Cruz, Caroline. 2010. Many Pathways to Follow: Oregon Tribal Best Practices. Power point presentation, Addictions and Mental Health Division Integrated Conference: Hope, Resilience, Recovery. May 25, 2010, Salem, OR. http://www.oregon.gov/DHS/addiction/docs/conference/presentations/tribal-best-practices.pdf?ga=t.

Tele-behavioral Health

Tele-behavioral health may be a useful tool for communities in suicide prevention, particularly for rural or small communities that have limited behavioral health services.

Tele-mental health guide: http://www.tmhguide.org.

Tele-health projects with AI/AN communities being conducted at the University of Colorado: http://aianp.uchsc.edu/cnatt/cnatt_index.htm.

For more information about these resources, please contact Dr. Sarah Hicks, Director of the NCAI PRC, at shicks@ncai.org.