Suicide Surveillance: Challenges & Strategies in American Indian and Alaska Native Communities

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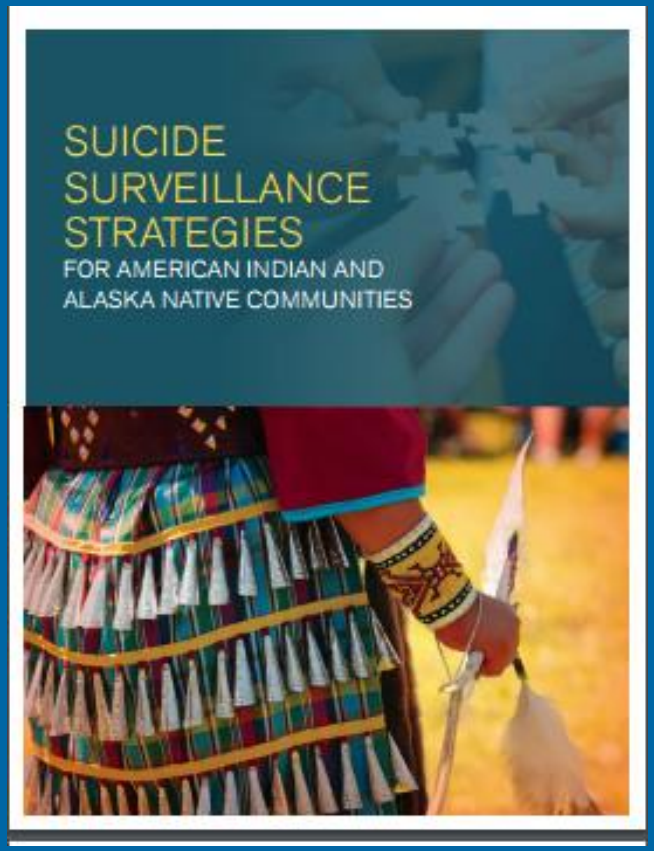

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Funding and Disclaimer

The Suicide Prevention Resource Center at EDC is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 5U79SM062297.

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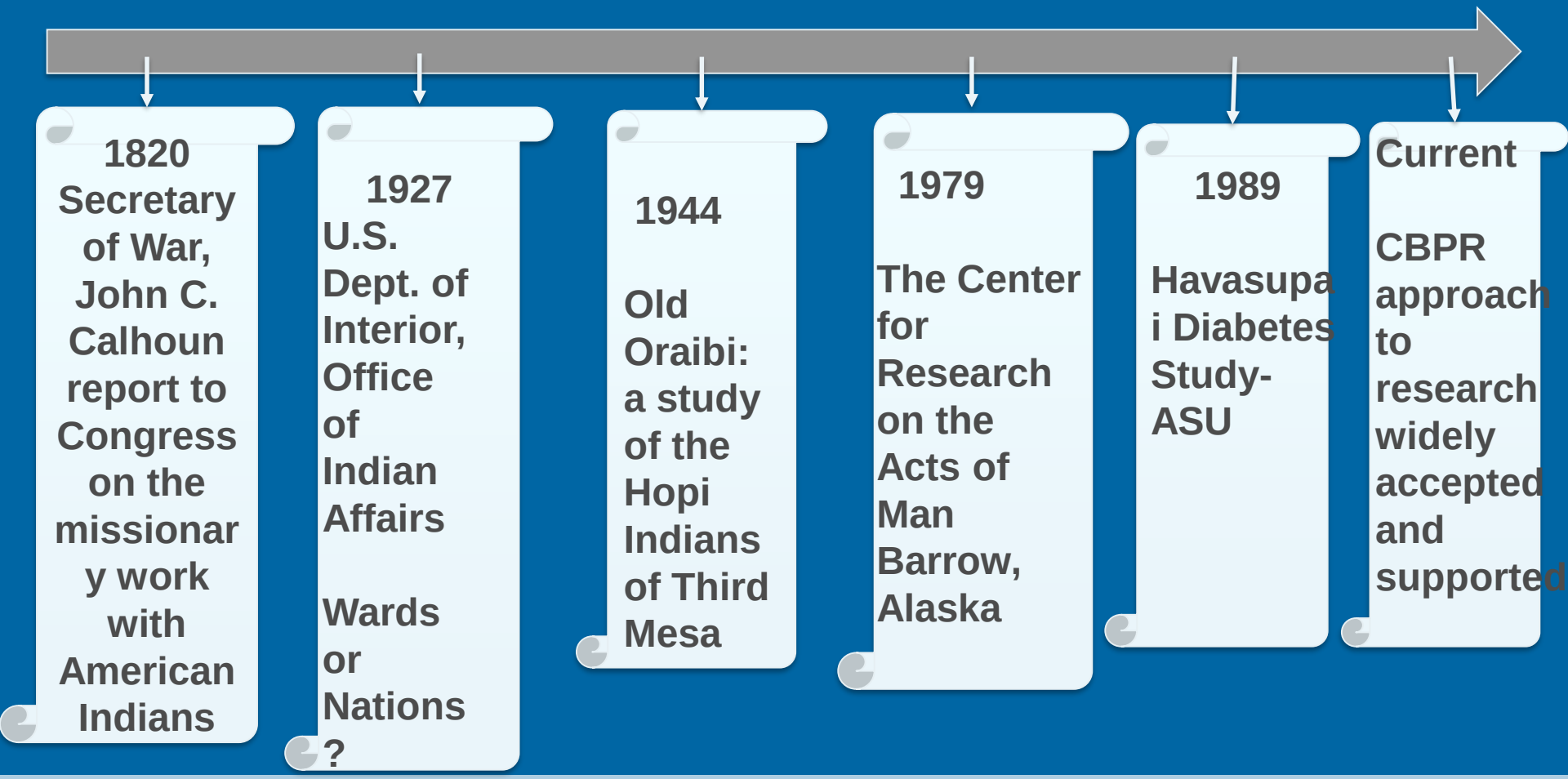
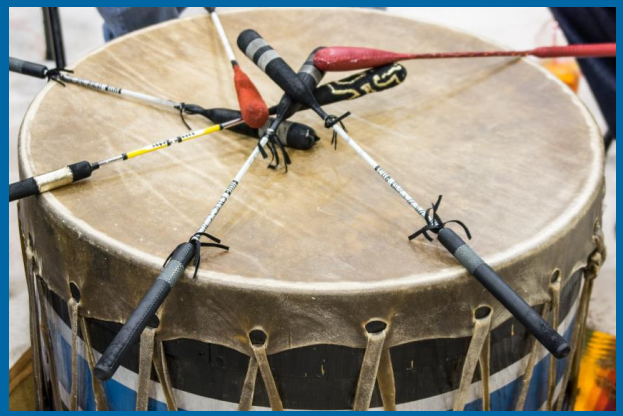
History of research with American Indian/ Alaska Natives in the U.S.



Study Rationale

- Garrett Lee Smith State and Tribal grants require demonstration of impact in reducing suicide deaths and attempts
- Tribal grantees encounter data collection challenges and are in need of effective strategies
- Results support TA provision
- Need for strategies that incorporate cultural sensitivity and awareness



Methods

- Lit Review Environmental scan
- 22 key informant interviews in 2016
- All 17 Tribal GLS grantees were sent a survey related to tribal suicide data and surveillance with a response rate of 100%.
- Results analyzed and will be shared with GLS grantees, Prevention Specialists, SAMHSA, and on sprc.org.

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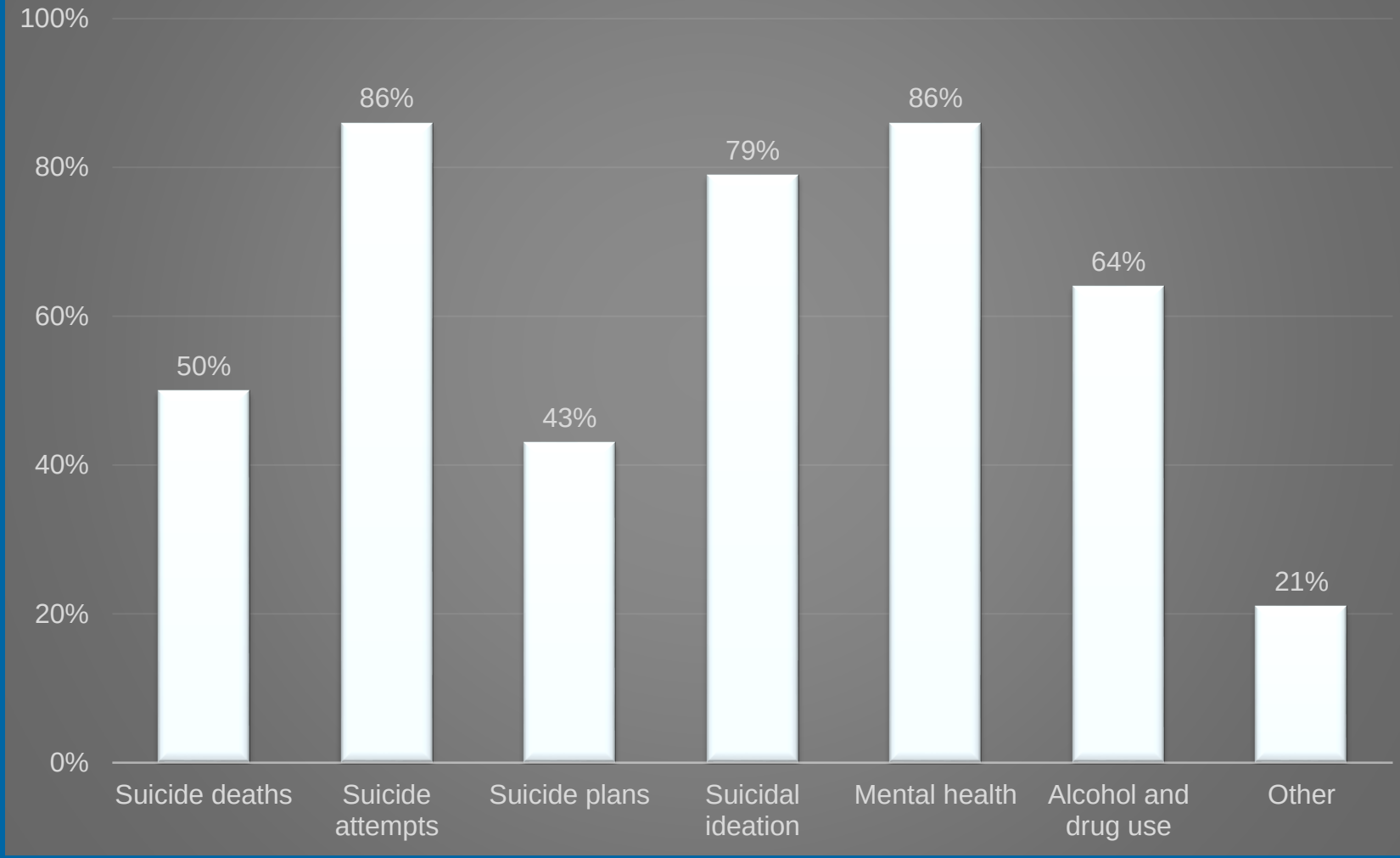
Types of Primary Data Collected by Current Tribal GLS Grantees, 2016



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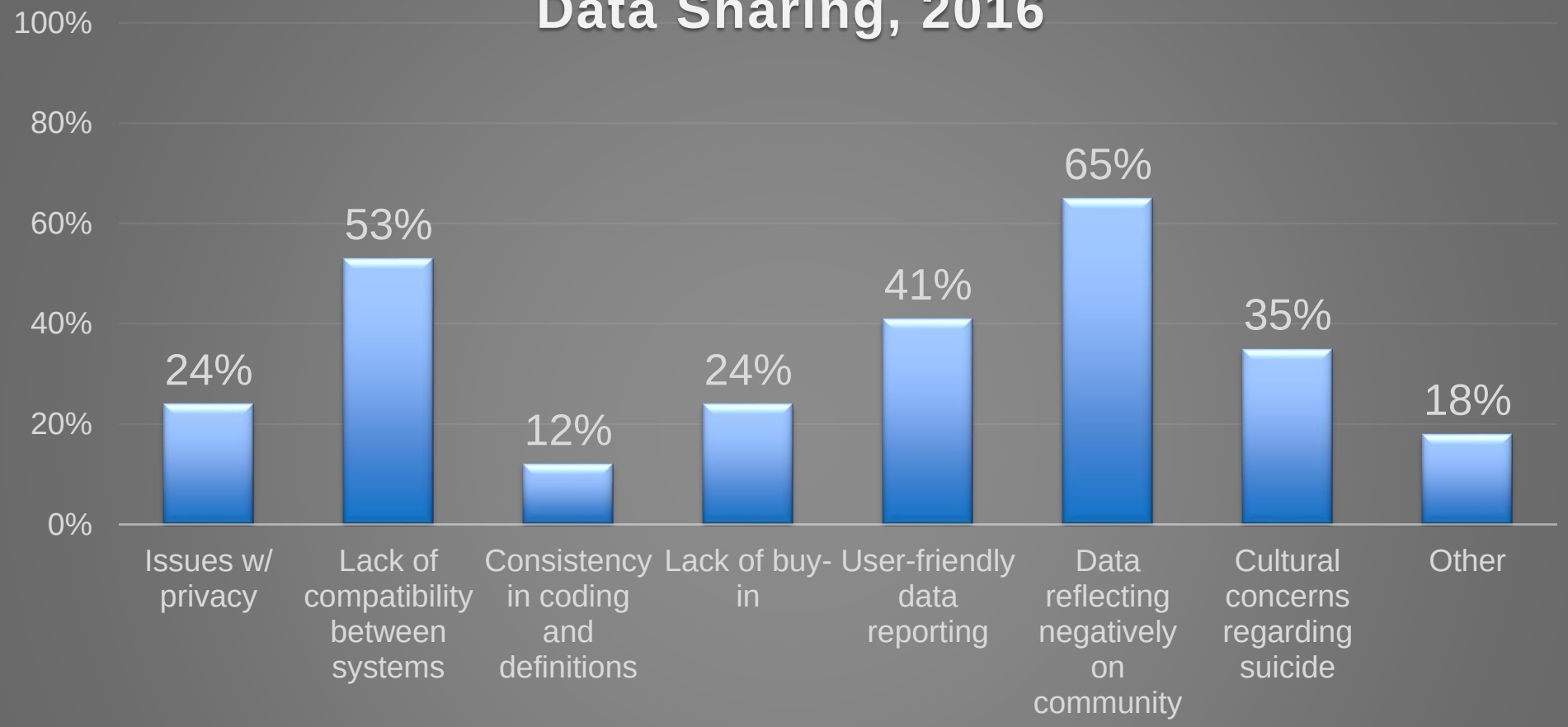
Let’s hear from you?

1. What types of data do you collect on suicide deaths or attempts?

2. What types of data do you collect related to protective factors for suicide in your community?

Tribal GLS Grantee Challenges Related to Data Sharing, 2016



Challenge: Data Keepers

Unwilling to share data due to privacy, confidentiality, or other concerns.

Strategies:

- Meet with data keepers in person initially to build relationships
- Reach out to off-reservation providers/campus/state
- Partner with regional Tribal Epidemiology Centers
- Create MOU's that set up protections for patient data

Challenge: Taboos

Cultural taboos related to talking about and/or measuring death and suicide.

- One Tribal Nation does not believe in counting deaths or how many children they have lost.
- Another does not believe in talking about people who have passed on

Q9. What, if any, are the cultural barriers to counting suicide deaths in your community?

“Stigma in the community, not wanting to talk about suicide, beliefs that talking about suicide will lead to suicide, lack of knowledge about suicide and its prevalence in our population, not willing to see that some deaths labeled as "accidents," like overdoses, are actually suicides.”

- GLS Grantee

Strategies to Address Taboos

- Only collect as much data and information as you need.
- Engage elders and youth
- Incorporate other ways of knowing

Audience Brainstorm

What are your ideas for addressing taboos around suicide data?

Promising Strategies

- Use the platform of cultural preservation to make an opening for discussion

- "Suicide surveillance requires communication and is a form of preservation of our culture & people.“

-Tribal GLS Survey Respondents

“This is good, noble work that we’re doing. It’s easy to get discouraged… And I get there about once a week. But this is good work, and we need to tell our people that are working in the field… that their work matters."

-Key Informant

Limitations

Data presented in this report were from a sample of tribes receiving GLS funding and are not generalizable to the greater AI/AN population.

Questions?

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Thank You!

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SPRC Tribal Suicide Surveillance: Sacred Bundle Project Hope and Wellness Screenings

Lauren Lockhart, LLMSW

Program Manager for the American Indian Health and Family Services of Southeast MI (AIHFS) “Manidookewigashkibjigan” Sacred Bundle: R.E.S.P.E.C.T.” Project

Manidookewigashkibjigan-Sacred Bundle: R.E.S.P.E.C.T. Projects

First GLS SAMHSA Grant:

Awarded to American Indian Health and Family Services of Southeast Michigan, Inc. (AIHFS) and the U of MI School of Social Work: 08/01/11 - 07/31/14.

Second GLS SAMHSA Grant:

Awarded to AIHFS and the U of MI School of Social Work to continue and expand the work to the 12 Tribes of Michigan:

09/30/14 - 09/29/19.

Hope and Wellness Screening Documents

PH-Q 9

CRAFFT (10-17 year olds)

DAST & AUDIT (18-24 year olds)

Demographic Survey

Wrap-Up Questions

Hope and Wellness Screenings Staff

Event Coordinator – plans and oversees activities.

Flow Manager – assigns tents, keeps tracks of who is where.

2 Intake staff – welcome, sign-in, assign screeners.

7-10 Screeners – conduct screenings (trained in safeTALK/ASIST).

1-2 Behavioral Health providers – conduct interventions and check all paperwork.

2 Check-out staff – double-check paperwork, give youth resources (locally based) and incentive, secure materials.

1-2 additional “floating” staff/volunteers.

Hope and Wellness Screenings Set-up

Staff/volunteers arrive 3 hours before screenings to set up.

Large tent and 4-5 tables with chairs for check-in, check-out, and consent process.

4-5 small tents with a small table, chairs, and lighting for conducting private screenings.

Station for Behavioral Health Provider to conduct interventions.

DIY Smokeless Smudge Bundle Table for youth/parents waiting

Screenings: Process

Youth are welcomed, signed in, and introduced to a screener.
Screener explains the process, and youth and parents sign consents/assents.
The youth completes the paperwork,or the screener does an interview-style screening, in the private tents.
Screeners score the PHQ-9, CRAFFT, AUDIT, DAST and discuss any items of concern with the youth (debriefing).

Screenings: Consents/Assents/IRB

Youth completes a consent/assent form.

Youth under 18 get parent/caregiver consent.

Consent forms have standard IRB components:

- Purpose/description.
- Benefits/risks.
- Voluntary nature/compensation.
- Confidentiality.
- Contact information.

NOTE: IRB was required for first grant only.


CONCESSION
STAND

Behavioral Health Provider Role

Youth who are determined to be at risk are immediately referred to an on-site Behavioral Health Provider.

BH Provider may conduct an intervention, develop a safety plan, and/or make referrals for the youth to get mental health or other services (youth program, traditional healing, for example).

Crisis Line

We contract with a local crisis line (Common Ground) that has agreed (through an MOU) to make follow-up calls to at-risk youth within 24-48 hours–if youth and parent/caregiver consent.

Wrap up Questions-Youth Designed

Who is the person that brings you the most joy or happiness in your life?

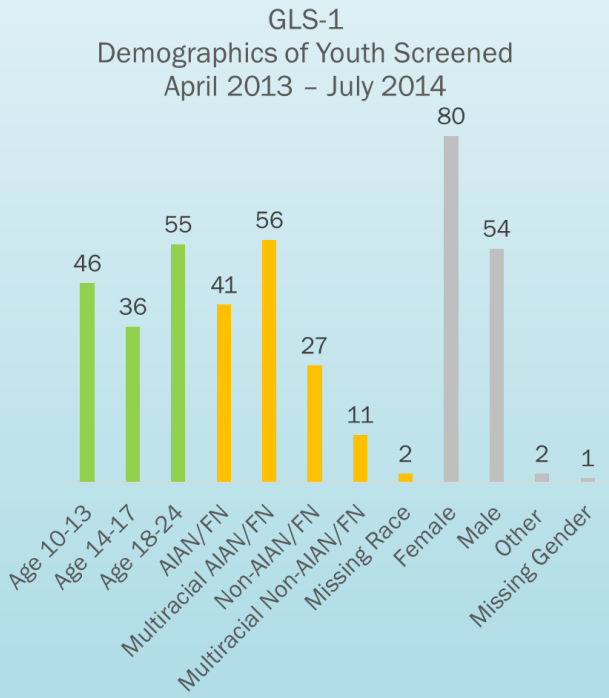
What are the two things you are most grateful for?

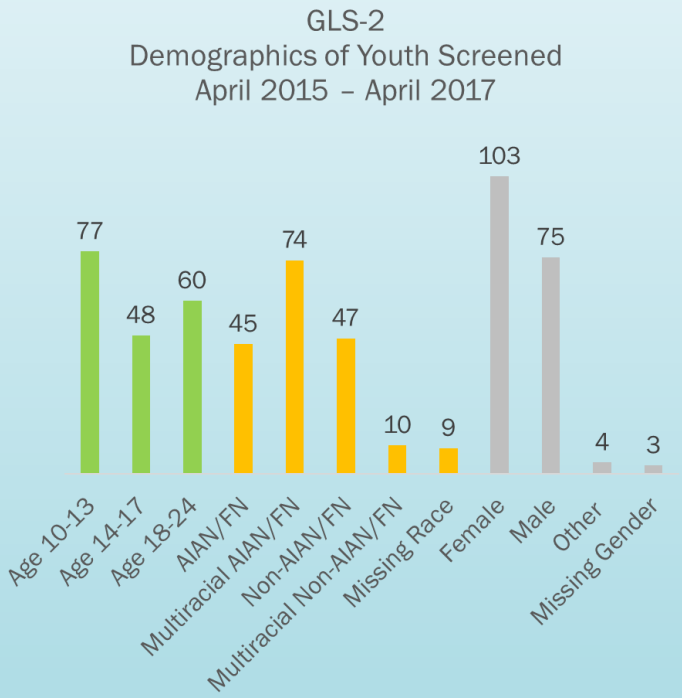
What is your favorite time of year and why?

What was the greatest experience in your life?

Who is the person you can trust or go to talk to when you are feeling down?

Demographics- Youth 10-24





EIRF/Healing Helper

After the screening the screener fills out a Healing Helper survey with Early Identification Referral and Follow-up (EIRF) SAMHSA required information:

- About the individual identified as being at risk,
- About the person who identified them as being at risk
- About circumstances of identification.

In our efforts to ensure that at-risk youth receive the help they need we are documenting dates when follow-up calls are made and number of attempted calls.

Screening Toolkit

For GLS 2, we are developing a Toolkit to help other communities plan and implement screenings—presently piloting with Michigan Tribes.

The toolkit for community screening provides information on:

- Community Readiness Assessment.
- Training gatekeepers.
- Documents (surveys, consents, etc.).
- Planning and staffing community screenings.
- Partnerships and follow-up.
- Data use for grant applications and programming, for example.

Acknowledgements

Miigwetch, thank you, to the AIHFS Sacred Bundle Suicide Prevention Team: PI- Ashley Tuommi, DHSc; Co-PI & Lead Evaluator Sandra Momper, MSW, PhD; Nickole Fox, MA, CPC; Elizabeth Chapleski, MSW, PhD; Lauren Lockhart, LLMSW; Christy Bieber, BS; Karen Marshall; John Marcus, AS; Darius Watkins, BBA; Michael Kral, PhD; all gatekeepers; community members; tribal representatives; advisory councils; and the University of Michigan School of Social Work who participate in and support this research. This evaluation is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Garrett Lee Smith State and Tribal Youth Suicide Prevention Grant #U79 SM061738. The views, opinions, and content does not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, SAMHSA, or the U.S. Department of Health and Human Services.

Questions?

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Thank You!

Nytra!

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