

**Tribal  
Health**



CONFEDERATED  
SALISH AND  
KOOTENAI  
TRIBES

**BEING IN A GOOD WAY**

# Confederated Salish and Kootenai Tribes

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# Goals

- Participants will be able to describe key components of CSKT Health Department Suicide Response



# Background

- CSKT received grant to prevent suicide
  - Previously the grant was with the Social Services department
  - Later it was transferred to Tribal Health to improve coordination between the prevention, intervention, treatment and post-vention.
- From November 2016 through September 2017, we experienced a suicide cluster. While we reached far and wide for assistance, in the end lessons we already knew were affirmed.

With GLS support several different components were implemented

- How to gather the response team.
- Plan response

# Response Team

- CISM trained individuals and others within Tribal Health (TH)
  - Behavior Health Division staff
  - Nursing Division Staff
  - Health and Wellness Division Staff
- Leadership
  - CSKT Tribal Council Member
  - Tribal Health Department Head
  - TH Director of Operations
- Community members
- Reason to Live Native (GLS Grantee)
- Cultural advisors

# Immediate Response Plan

- Behavior Health Division Director's responsibilities:
  - Identify the cause of death
  - Time of death
  - Location
  - Risk history
  - Lethal means
  - Critical Incident Support Intervention with schools and tribal programs
  - Walk-in therapy for Behavioral health and medical providers
- Reason to Live Native (GLS) responsibilities:
  - Psychological mapping
  - Schools support
  - Provide community conversations
  - Searching social media
  - Check-in with staff

# Immediate Response Plan

- Community Member
  - Lead community conversation
- Cultural advisors
  - Ensure that we are honoring CSKT cultural and family rituals and services
  - Check-in with staff
- Environmental Preparedness
  - Public safety
- Leadership
  - Human Resource Dept. contact Employee Assistant Program (EAP)
  - Reach out to Tribal Council
  - Approves staff training
  - Identify central point of contact for public information
  - IHS deployment to support our staff

# After planning

- Trainings
  - QPR
  - ASIST
  - Mending Broken Hearts (Grief counseling)
  - Mental Health First Aid
  - Compassion Fatigue
- Reduction of lethal means
  - Distribute Gunlocks with education
  - Distribute DETERRA medication disposal
  - Clinical assessment
- Cultural component:
  - Community members: based on cultural and family rituals
  - Response team: Healing the Healer lead by cultural advisor

# After planning cont.

- Encourage an official response from the CSKT Tribal Council
- Reviewed walk-in mental health clinic for accessibility
- Critical Incident Support Intervention with schools and tribal programs.
- Promoted 1-800 number as well as text line using multi media
- Check-in with survivors of suicide
- Review of literature in relation to suicide response and suicide clusters
- Community conversations to get input on response

# Community Conversation

- Safe place for kids
- Afterschool programming
- Sexual abuse/sexual assault healing training
- Community intervention
- Community dinners
- Life skills training
- Bullying policy
- Leadership statement
- Summer Youth Leadership Program



# Suicide Prevention Groups

- Groups formed throughout the reservation in response to the suicides
  - Return to the Homeland walk
  - Community lead candlelight vigils
  - Wrapped in Hope: Survivors of Suicide
  - Arlee Warriors Basketball team: Warrior Movement
  - Community based suicide awareness group



# Pearls of Wisdom

- Trust your instincts
- Be kind to each other.
- Serve a lot of food.
- Honor your tribal traditions and ways.
- Be flexible.
- Be ready for your team to fall a part as the work is hard, so don't blame each other. There will be lots of anger and shame but stay true to your feelings