### Fall 2012

#### Indian Health Service Division of Behavioral Health Methamphetamine and Suicide Prevention Initiative

The Methamphetamine and Suicide Prevention Initiative (MSPI) is a national demonstration project focused on addressing two of the most pressing public health concerns in American Indian and Alaska Native communities -- methamphetamine use and suicide.

The MSPI, funded by the Indian Health Service (IHS), supports Federal, Tribal, and Urban programs that are developing innovative and promising approaches to prevent methamphetamine use and suicide in Indian Country.

The National Indian Health Board (NIHB) is proud to be a partner in this important effort, providing technical assistance and outreach to Tribal MSPI programs.

### Upcoming Events

- September 24—27, 2012
  **National Indian Health Board’s 29th Annual Consumer Conference**
  You are invited to attend the National Indian Health Board’s 40th Anniversary Celebration and 29th Annual Consumer Conference in Denver, Colorado at the Sheraton Denver Downtown from September 24 to 27, 2012.

  For more information and to register, please visit: http://www.nihb.org (registration on site as well)

### Seeing Hope and Promising Results in White Earth Reservation’s Native Alive Program

“I didn’t know that anyone cared.” These words are heart wrenching to hear, especially when they are spoken by someone who is particularly vulnerable. Many of us are fortunate enough to know, at all times, that many people – family, friends and coworkers – care about us. But not everyone is so lucky. Native Alive volunteers heard this painful doubt when they were contacted by a young mother on the White Earth Reservation. Feeling hopeless and alone, the young woman called the Native Alive suicide hotline and told volunteers about her situation, including the fact that she and her children were homeless and living out of a car. Two volunteers met the women and provided support in person. They helped her process her feelings of hopelessness and problem solve her challenging situation. Perhaps more importantly, these special people showed this woman that she was wrong – people did care about her. That demonstration of caring likely saved a life that day, and spared others from suffering the devastating loss of a parent.
The White Earth Reservation developed and implemented the Native Alive suicide prevention campaign with this type of situation, and this desired outcome, in mind.

Suicide Prevention and the Native Alive Campaign

The Native Alive campaign is one aspect of the Tribe’s overall strategy to address the issue of suicide. With the incidence of suicide increasing, both on the reservation and across the country, the Tribe recognized the necessity of such a program. Better information about risk factors for suicide added a sense of urgency. For example, the Indian Health Service (IHS), Division of Mental Health, identifies the leading factors behind suicide completions and attempts as drug and alcohol abuse and depression. Poverty, geographic isolation, lack of transportation and lack of parental employment are also contributing factors. These factors, directly or indirectly, impact many Native American families living on the White Earth Reservation and put them at greater risk for suicide.

Using funding from the IHS MSPI, White Earth created the Native Alive program to address suicide through education and increased access to mental health services. This two prong approach uses innovative programming and coordinates efforts with partner agencies. While the first three years of the program have been spent targeting adults in the community and employee of the Tribal Government, the program plans to expand its reach in year four, to include youth, as well as adults.

Native Alive Activities and Events

Native Alive kicked off their programming by offering a Gathering of Native Americans (GONA) event for all community members and White Earth Reservation Tribal government employees. This gathering provided culturally-specific suicide prevention training in the White Earth community, with the goal of providing support to each other through the healing process and helping each person to become a “Healthy Native Being.” GONA reflects on the four levels of life’s teachings: Belonging, Mastery, Interdependence and Generosity.

To provide crisis response, Native Alive developed a Suicide Support Hotline utilizing volunteers from each of the communities on the White Earth Reservation. All of the volunteers received safeTALK and ASIST training before they began working the hotline and continue to get support and training on a monthly basis while they are involved in the program. Although the hotline was initially conceived as an entirely volunteer operated service, the hotline was recently integrated into the 24 hour Mental Health Crisis Line the Reservation operates, which is

### Events

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<th>Date</th>
<th>Details</th>
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<tr>
<td>October 3, 2012</td>
<td>3:00-4:30 Eastern Standard Time A Research to Practice Webinar on the Revised National Strategy for Suicide Prevention (NSSP) This webinar will describe the main themes of the revised NSSP and identify the key differences between the revised and the original NSSP. Webinar participants will gain an understanding of the strategic directions, goals, and objectives of the revised NSSP and how the revised NSSP relates to their work. The webinar is free of charge but space is limited and registration is required. Please register at: <a href="https://www1.gotomeeting.com/register/278794616">https://www1.gotomeeting.com/register/278794616</a></td>
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<td>October 21—26, 2012</td>
<td>NCAI 69th Annual Convention and Marketplace Sacramento, California For more information, please visit: <a href="http://www.ncai.org/conferences-events/ncai-events">http://www.ncai.org/conferences-events/ncai-events</a></td>
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<td>October 31, 2012</td>
<td>Reports due for Tribal MSPI Programs For reporting tools, please visit: <a href="http://ihs-mspi.jbsinternational.com/">http://ihs-mspi.jbsinternational.com/</a></td>
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manned by mental health professionals. This change provides volunteers more support, ensures sustainability, and brings a greater breadth and depth of available resources to those in crisis. Volunteers now respond to calls along with mental health professionals, providing community members with additional support during the crisis and during follow up.

In addition to establishing and marketing the suicide prevention hotline, MSPI staff also spearheaded vital training in the community. White Earth Reservation trained seven individuals to become safeTALK trainers, resulting in over 250 individuals trained in safeTALK. Because the Native Alive campaign aims to provide as many prevention resources as possible, four individuals have also become ASIST trained. Those trainings are being offered on an on-going basis as well. Altogether, this exponential increase in knowledge on suicide prevention holds much promise for a future where every cry for help is recognized and answered.

Lessons Learned

The MSPI team at White Earth found that creating community “buy-in” is not always an easy task. Nevertheless, a community must be committed and invested in this type of initiative for it to work. The White Earth MSPI team coordinated with key people in each community on the reservation, to help introduce the Native Alive campaign. Creating these important partnerships ensures that Native Alive will take root and be sustained over time.

Next Steps for the Program

The White Earth MSPI team looks forward to year four of the initiative! The team plans to expand their target population to include youth on the reservation. Tanya Carter, Mental Health Practitioner for White Earth, said “We are excited for our youth to display their talents and get involved with suicide prevention.” Youth programming will focus on developing and marketing a youth-guided media campaign. Stay tuned for a fall kick-off...

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<th>Opportunities</th>
<th>MSPI Program Spotlight, Continued</th>
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<td><strong>Knowledge 4 Equity Conference</strong></td>
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<td>This conference aims to help community-based organizations in their efforts to better use data and other sources of knowledge to promote health equity and address health disparities. The conference will be designed to support community groups in accessing and analyzing existing national, state, Tribal or local data and will include workshops, breakout sessions, and presentations on how to use these existing data sources. The conference will be most beneficial to members of community-based efforts (coalitions, grassroots organizations, etc.) and nonprofit organizations who would like to utilize data to advance their work and improve their data capacity. Participants are encouraged to share their experiences using data for health equity and health disparities work. The Office of Minority Health has provided funding for 150 participants to have their travel to the conference reimbursed up to $1,000. This travel reimbursement will be available to representatives of grassroots organizations, coalitions, and non-profit organizations with annual budgets under $500,000. For more information, please visit: <a href="http://www.regonline.com/builder/site/Default.aspx?EventID=1136232">http://www.regonline.com/builder/site/Default.aspx?EventID=1136232</a></td>
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<td><strong>Indian Health Service Behavioral Health Conference Materials Now Available!</strong></td>
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<td>Materials from the June 2012 Indian Health Service National Behavioral Health Conference and Annual MSPI Meeting are now available. To view materials, including power points and toolkits, please visit: <a href="http://www.ihs.gov/bhconference/?module=dsp_bhc_education">http://www.ihs.gov/bhconference/?module=dsp_bhc_education</a></td>
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Special Focus Section: American Indian and Alaska Native Veterans

Supporting our Veterans

American Indians and Alaska Natives (AI/AN) have a proud tradition of military service and sacrifice. AI/AN Veterans serve at the highest rate per capita of any ethnic group in the U.S. Armed Forces. Studies demonstrate they also disproportionately suffer the consequences of service, including higher rates of disorders related to combat exposure, including post traumatic stress disorder. AI/AN Veterans also represent the highest proportion of rural Veterans. Rural settings can present significant barriers for access to care and add a risk factor for suicide.

Fortunately, Tribes, Tribal health organizations, the Indian Health Service, the U.S. Department of Veterans Affairs and others have increased their prevention, intervention and treatment efforts to ensure Veterans receive the services they need. The National Indian Health Board, as part of a larger outreach to AI/AN Veterans, is pleased to offer this special section of the Methamphetamine and Suicide Prevention E-Newsletter to highlight some of the behavioral health resources available to Veterans and their families.

Program Spotlight:
A Veterans’ Talking Circle at the Raymond G. Murphy New Mexico VA Health Care Center

How does a person talk about something that is very difficult, possibly even traumatic? How do listeners create a safe space for speakers, where those speakers can share their thoughts and feelings free of interruption or judgment? Many Native people, including the Veterans at the Raymond G. Murphy New Mexico VA Health Care Center in Albuquerque, New Mexico, find this safe space in a Talking Circle.

Talking circles serve a special function for many Tribes both historically and today. A talking circle gives an equal voice to all within the circle. Every person gets a chance to speak from the heart and receive the group’s full attention and reflection. As contrasted with western style communications, verbal attacks and interruptions have no place. A talking circle can provide a forum for a range of topics, but the talking circle at the Raymond G. Murphy Health Care Center focuses on the lives of the Veterans who make up the group.

The primary focus of the group is to address current life issues and develop good coping skills while living with Post-Traumatic Stress Disorder (PTSD). The group meets every other Friday on the VA campus and is open to all American Indian/Native American Vets of all wars and/or conflicts. The group currently consists of Vietnam-era Vets from a number

Raymond G. Murphy New Mexico VA Health Care Center Talking Circle Group Members Michael Kirk, Will Noronho, Gregory Gomez, and John Charles, and Clinician Kathy Girod (Photo by Jim Cocklin)
A Veteran’s Perspective on Service, Civilian Life and the Talking Circle

Can you tell the reader a little bit about yourself?
“My name is Gregory G Gomez. I am Lipan Apache on my mom’s side and Mescalero on my dad’s side. I grew up throughout the south, midwest and west, finishing high school in Redlands, California in 1965. I started college and then joined the Marines on November 10, 1965, not knowing that November 10 marks the U.S. Marine Corps “birth day.” During my three years it got to the point where I thought I’d never get to Nam. Then, late October 1967, my dream, wish and desire was answered. I served with 3rd Force Recon. I came home early December 1968 because my dad died, and got out December 31, 1968.”

How long have you been involved with the Talking Circles group? How did you get involved?
“In 1969, I started at a small private college. About a month and a half into classes, a fellow student said, ‘You look about the right age to have been in Nam.’ My response was ‘What's it to you?’ He laughed and we became friends—and that was how I found out about the VA. He was a highly decorated Medic who had served with 1st Cavalry.
I went to the VA hospital in Dallas then the Regional Office in Waco. I was granted a 10% compensable service connected disability with five other service non-compensable at the time. Once I finished my master’s degree in May 1974, and...
Special Focus Section: American Indian and Alaska Native Veterans

Reflections, Continued

started working, I walked away from the VA and used my Blue Cross Blue Shield. Time passed and eventually, I retired and moved to New Mexico. In 1998, I started going to the local VA for physical help and told the MD there that I needed to talk to someone. I started the PTSD process and asked my two main therapists why there was no Indian group. That was when we started the Talking Circle on a formal basis -- meeting two times a month for three hours. Now it's two times a month for two hours. So I'm one of the original ‘founders’ of the group.”

What keeps you involved with the group? How does it help you?

“As Indian men we have many traditional cultural and spiritual similarities. It's easy to sit, listen, share, and interact with men who have walked the walk and paid the price of personal and generational trauma. I receive spiritual sustenance from a shared brotherhood – those men who have served know how and why I think, feel and live as I do. I know my brothers will always share and listen without criticizing or condemning. I go [to the talking circle group] because it's a safe haven and I want to be a better husband, father, brother, relative and human being.”

Program Spotlight, continued

explained, “We work together to connect the feelings they experience in their bodies with strong memories that are meaningful to them.” For example, a session may explore a Veteran’s past experience learning how to hunt, walking to sacred places, or learning life lessons while planting corn with grandparents. These memories have a physical component connected to the emotion experienced at the time — in this case — a sense of safety, a feeling of confidence. This exercise draws the connection between the body and the psyche, an important step in and of itself for those who have experienced trauma, while also increasing the awareness of the relationship between the body and mind. At other times, the Vets themselves may perform a ceremony to help the healing process.

The talking circle incorporates a rare mixture of scientific evidence and cherished tradition; the group embodies honesty and trust, bravery and humor, and above all — patience. These qualities set the talking circle apart from so many other therapy approaches. Ms Girod gave her perspective, saying, “This process has demanded much from all of us; rising to the challenge has made this a compelling journey.”

For the Vets, the talking circle has provided a place of healing and connection and also imparted a tremendous sense of accomplishment. As members, they have, over the years, served as consultants to the VA, done outreach for the group in the community, and worked hard to make their voices heard. By working together, learning from each other, and acknowledging and respecting each other’s cultural traditions, healing is possible.

Veterans Administration Services for American Indians and Alaska Natives

To find out more about American Indian/Alaska Native specific VA services in your area, consider visiting the VA’s Native Domain webpage. An overall goal of Native Domain is to increase access and quality of health care services available to rural Native veterans. The VA has collected information from VA medical facilities across the country to create an online directory of the various resources and services that are available to Native veterans.

http://www.ruralhealth.va.gov/native/services.asp
### Training Snapshot

**Family of Heroes: Training for Family Members of Veterans**

Developed by Kognito Interactive, Family of Heroes is a one-hour, online, interactive gatekeeper training simulation that teaches family members of Veterans how to (1) identify signs of post-deployment stress, including post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, and thoughts of suicide; (2) approach Veterans to discuss their concern, and (3) make a referral to a mental health support service such as the Veterans Health Administration (VHA). Participants also gain critical skills in managing common challenges facing families adjusting to post-deployment life, including: what to expect from their Veteran’s return, understanding and identifying post-deployment stress, and how to de-escalate arguments and renegotiate family responsibilities. The simulation also provides access to a list of local and national support services.

In the training, users engage in simulated conversations with three interactive Veteran avatars that exhibit signs of post-deployment stress. In these virtual role-plays, they learn conversation strategies for broaching the topic of psychological distress; motivating the Veteran to seek help; and avoiding pitfalls, such as pressuring and criticizing the Veteran.

The program was developed by Kognito Interactive with input from a group of mental health experts and family therapists at the VHA NY/NJ Healthcare Network. Kognito Interactive also conducted several face-to-face and phone-based focus groups with Veterans and family members during the development and as part of the final beta testing. In total, over 60 family members and Veterans were involved in the development process.

For more information on this training visit: http://www.kognito.com/

### Resources and Tools

**Message from the Department of Veterans Affairs**

Suicide is a national public health problem and was the 10th leading cause of death among all Americans, according to data from the preliminary report of deaths for 2010 which were published in the National Vital Statistics Report in January 2012.

Department of Veterans Affairs (VA) is committed to the safety of our Veterans, especially when they are in crisis. Every Veteran suicide is a tragedy and regardless of the numbers or rates — one Veteran suicide is too many. In the VA — *suicide prevention is everyone’s business*. Although we understand why some Veterans may be at increased risk, we continue to investigate and take proactive steps. The ultimate goal is eliminating suicides among Veterans.

**Current VA Initiatives**

**Veterans Crisis Line**

The Veterans Crisis Line connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call 1-800-273-8255 and Press 1, chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. Since its launch in 2007, the Veterans Crisis Line has answered more than 600,000 calls and made more than 21,000 life-saving rescues.

**Suicide Prevention Coordinator**

Each VA Medical Center has a Suicide Prevention Coordinator or team to offer Veterans the services they need. When appropriate, Veterans Crisis Line responders can refer calls to Suicide Prevention Coordinators, who follow up with Veterans and coordinate care for issues ranging from PTSD and depression to readjustment challenges and sleeping problems. Suicide Prevention Coordinators and VA partners continually engage Veterans and communities to raise awareness about VA’s suicide prevention and behavioral health resources.
...the ‘I Strengthen My Nation’ Campaign?

A new media campaign, featuring Hollywood actor Chaske Spencer (who plays Sam Uley in the Twilight Saga), encourages Native communities to address substance abuse by teens and young adults.

The “I Strengthen My Nation” campaign, funded by IHS, empowers Native youth to resist drugs and alcohol and motivates parents to talk openly to their children about drug and alcohol use. The campaign materials, which can be found at the link below, were developed in partnership with the Northwest Portland Area Indian Health Board and Tribes. In addition, an exciting website, weRnative.org, is debuting. The site offers young people information on puberty, sexual violence, suicide, cultural preservation, and other important health topics.

http://www.ihs.gov/MedicalPrograms/Behavioral/

For more information about this newsletter or to submit articles, please contact:
Carolyn Angus-Hornbuckle at 202-507-4084 or email chornbuckle@nihb.org.

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