

HONORING NATIVE LIFE

CREATING CONVERSATIONS AROUND SUICIDE PREVENTION & RESPONSE

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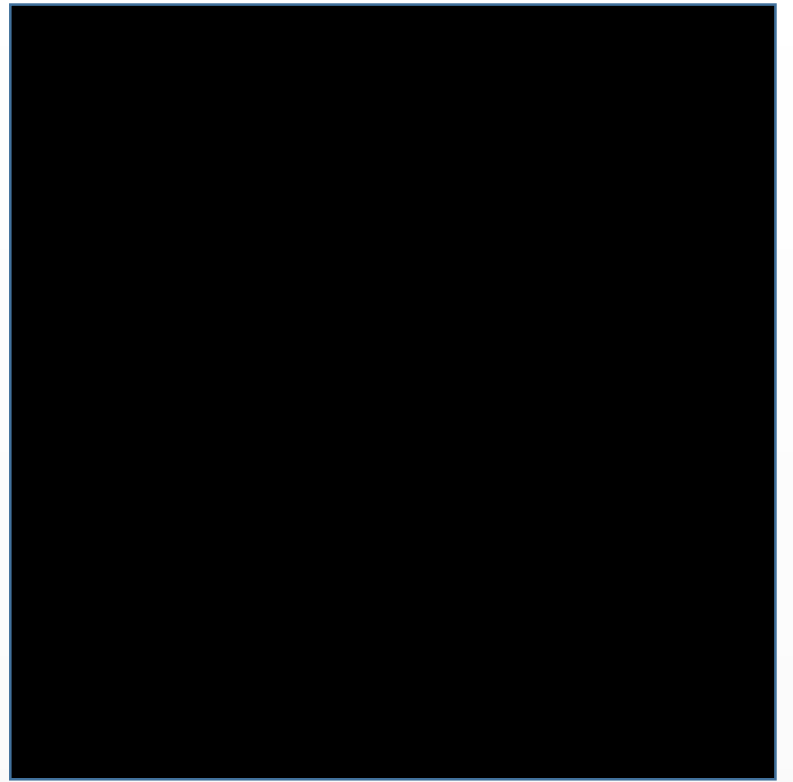
SCHOOL
OF MEDICINE
DEPARTMENT OF PSYCHIATRY
& BEHAVIORAL SCIENCES



Objectives

- 1) Identify methods to apply the Community Readiness Model to suicide prevention activities.
- 2) Identify methods to apply the Gathering of Native Americans (GONA) model when working with Youth.
- 3) List strategies for large institutions to effectively respond to community priorities.





INTRODUCTION

DATA ON AI SUICIDE IN US AND NM

United States

- In 2014, suicide was the second leading cause of death for American Indian/Alaska Natives between the ages of 10 and 34 CDC. National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS).
- In 2014, suicide was the leading cause of death for American Indian/Alaska Native girls between the ages of 10 and 14 CDC. National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS)
- While the overall death rate from suicide for American Indian/Alaska Natives is comparable to the White population, adolescent American Indian/Alaska Native females have death rates at almost four times the rate for White females in the same age group.

<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=39>



New Mexico

The New Mexico Youth Risk and Resiliency Survey (NM-YRRS) is a classroom-based survey used to assess health risks and protective factors among NM high school and middle school students.

Source: Albuquerque Area Southwest Tribal Epidemiology Center American Indian High School and Middle School NM YRSS Summary 2015.

Persistent sadness and hopelessness for at least 2 weeks:

→ Overall AI/AN: High School Students 35% compared to NM Statewide: 32.9%

Seriously considered suicide:

→ Overall AI/AN High School Students 17.8% compared to NM Statewide: 16.3%

→ Overall AI/AN Middle School Students 21.9% compared to NM Statewide: 20.8%

Made a suicide plan:

→ Overall AI/AN High School Students 13.4% compared to NM Statewide: 10.9%

→ Overall AI/AN Middle School Students 12.9% compared to NM Statewide: 11.7%

Attempted suicide:

→ Overall AI/AN High School Students 13% compared to NM Statewide: 9.6%

→ Overall AI/AN Middle School Students 11.2% compared to NM Statewide: 9



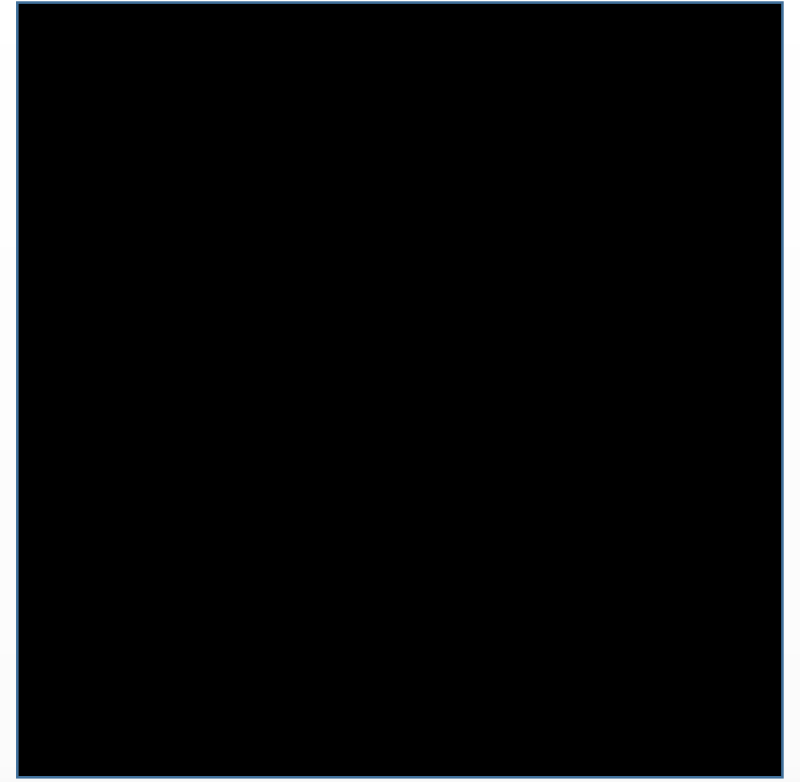
Background on Creation of Clearinghouse

- Clearinghouse was legislatively created after several youth suicide clusters occurred in Tribal communities in NM.
- Recognition that while NM's 22 tribes are unique in their cultures and communities, there might be some benefit to having a central site to provide them with suicide prevention and post-vention information, data, training and other support.
- At the time of the second cluster, a statewide workgroup was initiated between the Tribes, the UNM Center for Rural and Community Behavioral Health (CRCBH), The State of New Mexico's Indian Affairs Department (IAD) and The NM Behavioral Health Purchasing Collaborative (BHPC), and the Indian Health Service (IHS) to begin coordination of information and support statewide.



Creation of Clearinghouse

- In March 2011, New Mexico's State Legislature passed legislation establishing a Clearinghouse for Native American Suicide Prevention (Senate Bill 417).
- In consultation with New Mexico's Indian Affairs Department and New Mexico's interagency Behavioral Health Purchasing Collaborative, the "Clearinghouse" was created to provide culturally appropriate suicide prevention, intervention, and post-event assistance statewide to Native American individuals, families and tribes, nations and pueblos living with suicide, attempted suicide or the risk of suicide.
- Senate Bill 417 passed both NM legislative houses unanimously, however, all funding was stripped from the bill including funds budgeted for "start-up"
- The agreed upon initial home for the Clearinghouse was the Native American Behavioral Health Program at CRCBH in UNM's Psychiatry Department because of CRCBH's clinical, research, and systems experience with tribes across the entire state.



LARGE INSTITUTIONS & EFFECTIVE RESPONSE

UNM HOUSES CLEARINGHOUSE (INITIAL YEAR WITHOUT APPROPRIATION)

Recurring Appropriation and Special Appropriations

- University of New Mexico, Community Behavioral Health Division housed the Clearinghouse although the initial year did not have a legislative appropriation.
- By Fiscal Year 2013 (July 2012 through June 2013), the NM Legislature appropriated \$100,000 in recurring funds for the Clearinghouse.
- In FY 16, the NM Legislature appropriated an additional (one-time) \$200,000 for community based projects.
- For FY 19, the NM Legislature appropriated an additional (one-time) \$100,000 for special projects to include training for Mental Health First Aid, assist Tribes with building Crisis Response Teams, and to work with youth councils on culturally adapted suicide prevention curricula.



Creation of Honoring Native Life Program

The “Clearinghouse” Initiative evolved into the Honoring Native Life Program (HNL). Staff and stakeholder believed “Honoring Native Life” was a more appropriate and culturally relevant name for the program given this a subject is often difficult or taboo to talk about with Tribal communities

Staffing: 1.5-2 FTEs dedicated to HNL

Website, Newsletter, and Social Media:

- Redesigned and updated the Honoring Native Life website
- Redesigned the HNL Facebook page. These social and media strategies will increase awareness of HNL’s services and activities with suicide prevention in tribal communities.
- HNL released a community Newsletter at the beginning of November.

Summits: Annual Youth Summits, Building Crisis Response Teams Summit, and Tribal Opioid Summits



Youth Council Activities

Support youth and student leadership and mentorship activities

- Support infrastructure and activities for statewide Honoring Native Life Youth Council
- Engage University leadership and programs to develop workforce pipelines for Tribal community members engaged in health science and behavioral health fields
- Advance recruitment of Native American students into the behavioral health fields
- Provide opportunities for internship and placement in community based program



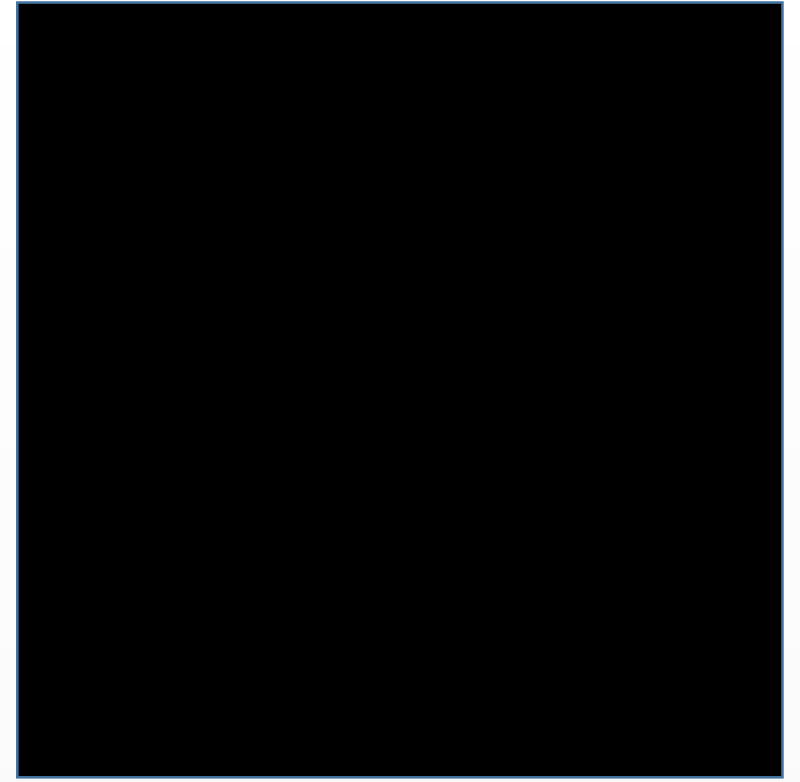
Breaking the Silence Curriculum Adaptation Project:

- HNL worked with Compassionate Touch Network, to produce cultural adaptations of the Breaking the Silence (BTS) curriculum. The BTS curriculum was developed by three teachers who are also mothers of children with a serious mental illness as part of NAMI's "Campaign to End Discrimination," with the hope of creating greater tolerance for all children with mental illness and to encourage them to seek help and early treatment.
- HNL initially identified 3 communities to work with on the cultural adaptations for Native American youth and communities. HNL utilized the "Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence" (Judith Samuels, PhD, Wendy Schudrich, MSW and Deborah Altschul, PhD) with an ultimate goal of having a cadre of youth trained in the BTS curriculum (cultural adaptations), who can provide the curriculum in a school and/or community setting.

Native American Suicide Prevention Advisory Council (NASPAC)

- The New Mexico State Legislature created NASPAC (SB 447) in 2013
- The NASPAC, “...shall assist in developing policies, rules and priorities for the New Mexico clearinghouse for Native American suicide prevention.” (New Mexico Statutes Chapter 9)
- The Clearinghouse for Native American Suicide Prevention will develop and implement culturally based suicide prevention initiatives specifically for the Tribes and Native American communities in New Mexico.
- NASPAC, in partnership with UNM CBH will establish local, state, and national resources that best fit the needs of Native Americans of New Mexico





COMMUNITY READINESS MODEL

OVERVIEW OF CRM

The Community Readiness Model

CRM was developed at the Tri-Ethnic Center to assess how ready a community is to address an issue. The basic premise is that matching an intervention to a community's level of readiness is absolutely essential for success. Efforts that are too ambitious are likely to fail because community members will not be ready or able to respond. To maximize chances for success, the Community Readiness Model offers tools to measure readiness and to develop stage-appropriate strategies. The Community Readiness Model has been used to assess readiness for a variety of issues, including drug and alcohol use, domestic and sexual violence, head injury, HIV/AIDS, suicide, animal control issues, and environmental issues. Communities have found it helpful because:

- It is an inexpensive and easy-to-use tool.
- It encourages the use of local experts and resources.
- It provides both a vocabulary for communicating about readiness and a metric for gauging progress
- It helps create community-specific and culturally-specific interventions.
- It can identify types of prevention/intervention efforts that are appropriate.

Community Readiness for Community Change. Tri-Ethnic Center for Prevention Research. Colorado State University. E.R. Oetting, BA, Plested, R.W. Edwards, P.J. Thurman, K.J. Kelly, and F. Beauvais

Nine Stages of Community Readiness

1. No Awareness: The community or the leaders do not generally recognize the issue as a problem.

2. Denial/Resistance: If there is some idea that it is a local problem, there is a feeling that nothing needs to be done about it locally.

*“It’s not our problem.” “We can’t do anything about it.”

*“It’s just the way things are.”

3. Vague Awareness: There is a general feeling among some in the community that there is a local problem and that something ought to be done about it, but there is no immediate motivation to do anything.

*No identifiable leadership exists or leadership lacks energy or motivation for dealing with this problem. Community climate does not serve to motivate leaders.

4. Pre-Planning: There is clear recognition on the part of at least some that there is a local problem and that something should be done about it.

*Efforts are not focused or detailed. There is discussion but no real planning of actions to address the problem.

5. Preparation: Planning is going on and focuses on practical details.

*Decisions are being made about what will be done and who will do it. Resources (people, money, time, space, etc.) are being actively sought or have been committed



Nine Stages of Community Readiness

6. Initiation: Enough information is available to justify efforts (activities, actions, or policies).

*An activity or action has been started and is underway, but it is still viewed as a new effort.

7. Stabilization: One or two programs or activities are running, supported by administrators or community decision-makers.

*Programs, activities, or policies are viewed as stable. *Staff are usually trained and experienced.*
Community climate generally supports what is occurring.

8. Confirmation/Expansion: There are standard efforts (activities and policies) in place and authorities or community decision-makers support expanding or improving efforts.

*Original efforts have been evaluated and modified and new efforts are being planned or tried in order to reach more people; those more at risk or different demographic groups.

*Data are regularly obtained on extent of local problems and efforts are made to assess risk factors and causes of the problem.

9. High Level of Community Ownership: Highly trained staff are running programs or activities, leaders are supportive, and community involvement is high.

*Effective evaluation is used to test and modify programs, policies, and/or activities.

*Efforts wrap back around to overall Prevention and outreach.



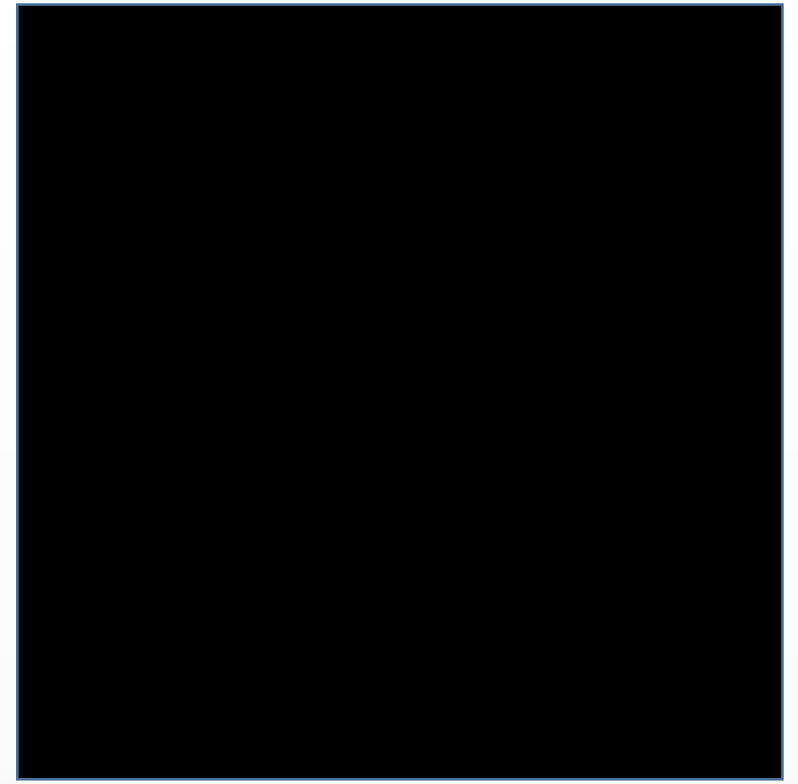
Key Questions Addressed

1. Where are each of you within your community in stages readiness and what have been your successes? How did you overcome barriers if any?
2. What types of ways have you begun looking at or developing strategic planning efforts surrounding suicide prevention in your community.
3. What models or curricula that are designed to address suicide prevention or intervention have you explored for use in your communities and what has been your target population?
4. What are the current policies or protocols that are in place regarding suicide crisis response or postvention in community?
 - i.e. in the event of a crisis or a completion, who in your community or program lead the efforts to intervene— police? Ems? Behavioral Health?
5. What issues and challenges do you face in creating suicide crisis response team protocols or postvention protocols?
6. What linkages to resources both internally or externally are needed?
7. How are, or how have you, worked to incorporate your cultural resources and core values incorporated into:
 - Creation of your efforts for suicide prevention?
 - Integrated into your strategic planning efforts?
 - Evidence Based or Practice Based models or curricula?
 - Intervention at the time of a crisis or postvention response?
8. In what ways can tribal, state, federal, or other resources support your efforts?

Overarching Issues Emerged throughout the 2016 Summit

- Importance of incorporating tribal or traditional culture when addressing suicide
- Need to build and strengthen capacity within communities to respond to suicide
- Importance of sustainability within programs and tribal communities
- Suicide prevention, intervention, and postvention should be youth focused and driven
- Need to understand how to respond to suicide at all levels: youth, families, clinical programs, law enforcement, tribal government, schools





GATHERING OF NATIVE AMERICANS (GONA) – A TOOL

OVERVIEW OF GONA & SUICIDE PREVENTION USING GONA AS A TOOL FOR EFFECTIVE COMMUNICATION

Overview of GONA

- The GONA curriculum was first developed through a special initiative of the United States Center for Substance Abuse Prevention, in consultation with a team of Native American trainers and curriculum developers from across the United States. The GONA curriculum is intended to provide culturally specific substance abuse prevention training in Native American communities. Community healing from historical and cultural trauma is a central theme of the GONA approach.
- The curriculum focuses not only on alcohol and substance abuse, but the many underlying issues that may lead to individuals, families, and communities becoming at risk for addictions and self-destructive behaviors. The curriculum recognizes the importance Native American values, traditions, and spirituality play in healing from the effects of historical trauma and substance abuse.



Suicide Prevention using GONA as a Tool for Effective Communication

- The four themes of the curriculum reflect the four levels of life's teachings. They are:
 - (1) Belonging: a time when infants and children learn who they are, where they belong, and a sense of protection;
 - (2) Mastery: a time when adolescents and young adults learn to understand their gifts, their vision, where they come from, and how to master their talents;
 - (3) Interdependence: a time for adulthood, responsibility to others and an understanding of interconnectedness with all things; and
 - (4) Generosity: a time when, as elders, families and communities can give back through sharing of wisdom, teachings, culture, rituals, stories, and song.
- By following the life's stages of personal development, the GONA curriculum provides a structure for Native American communities to begin to address what it means to heal from the effects of historical trauma and alcohol and substance abuse in communities, and how to develop community response plans and strategies

Q&A

Questions & Answers

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