



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Healing Roots: Prevention Intervention and Postvention After a Suicide

Patricia Cerda-Lizarraga, PhD

Katie Doud, PhD



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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

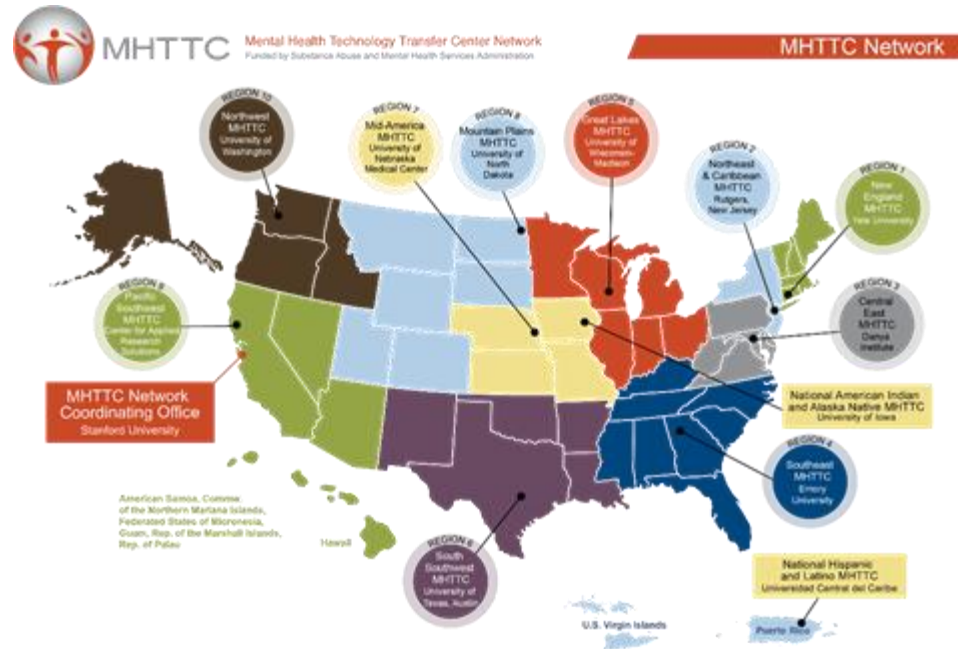
RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Mid-America Mental Health Technology Transfer Center

Established to increase utilization of evidence-based mental health practices.

- Missouri, Iowa, Nebraska, and Kansas.
- Free training and technical assistance.
- SAMHSA grant awarded to the Behavioral Health Education Center of Nebraska at University of Nebraska Medical Center.
(5 years, \$3.7 million, grant number: H79SM081769)





Objectives

- ❑ Discuss suicide prevalence rates in tribal communities.
- ❑ Identify suicide prevention strategies and programs for tribal communities.
- ❑ Identify interventions to use with members of tribal communities when they are experiencing suicidal ideation (community, schools, tribal colleges).
- ❑ Highlight strategies to implement after a suicide occurs.

Statistics

National Rates

- Suicide rate in 2017 is 33% higher than in 1999
- Lesbian, gay, and bisexual youth are more than four times more likely to attempt suicide than their straight peers, and nearly half of all transgender people have attempted suicide

Native Americans

- Highest rate among 15-24 yrs

Figure 1. Age-adjusted suicide rates for females, by race and ethnicity: United States, 1999 and 2017

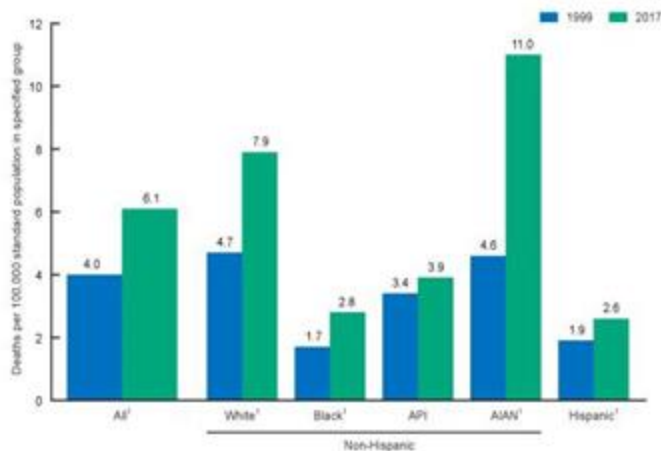
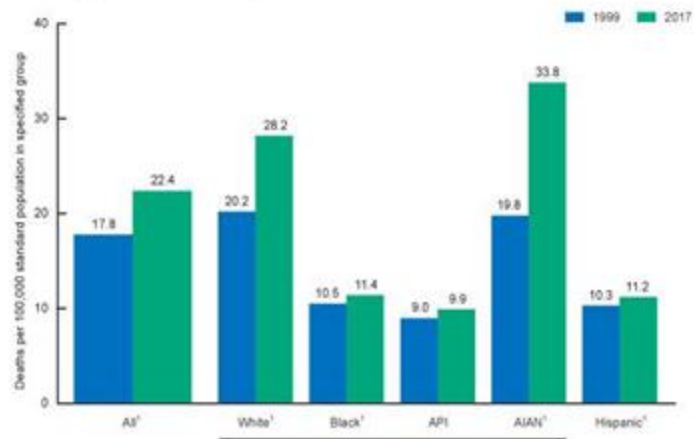


Figure 2. Age-adjusted suicide rates for males, by race and ethnicity: United States, 1999 and 2017



(CDC, 2019)

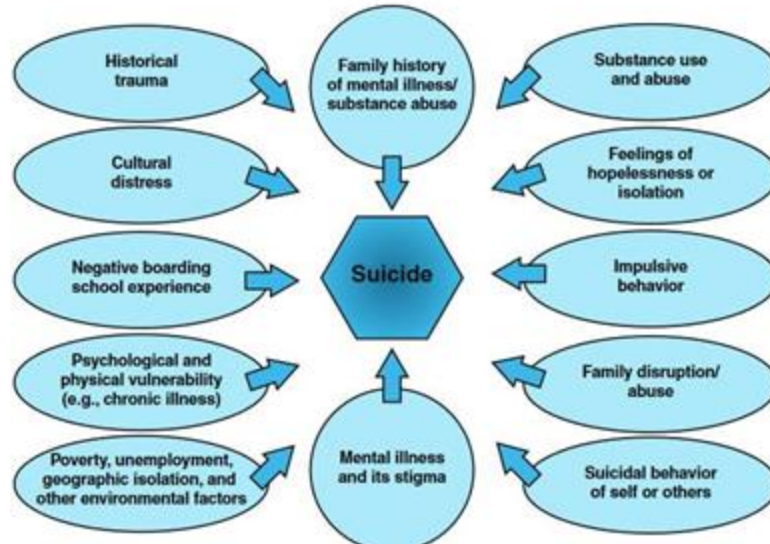
Risk Factors for Suicide

- **Low Belonging/Social Alienation** (I am alone)
 - **Perceived Burdensomeness** (I have no purpose/my existence burdens others)
 - **Acquired Ability to Enact Lethal Self-Injury** (I am not afraid to die)
-
- For Indigenous people, centuries of genocidal attempts and the creation of policies to dismantle our Nations, modern cultural appropriation, and the persistent, ever-present messages in media and society that show us as a dead or dying culture, keep our people locked in the deadly intersection of factors that are claiming the lives of our young men

-*Shelby Rowe, Chickasaw Nation* (Rowe, S. 2019, August 15, Personal interview)

Risk Factors for Suicide

Exhibit 1. Interrelated Risk Factors for Suicide Among American Indians and Alaska Natives*



(Walker & Bigelow,
2006; SAMSHA, 2010)

Warning Signs

- In the Classroom
- In the Individual
- Acute Stressful Episodes
- Chronic Stressful Life Events
- Interpersonal Relations

(Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute USF College of Behavioral & Community Sciences, 2012)



Suicide Prevention

- Suicide prevention efforts seek to:
 - Reduce risk factors for suicidal thoughts and behaviors
 - Increase protective factors

(SAMSHA, 2021)

Zero Suicide

- Foundational Principles
 - Core Values
 - Systems Management
 - Evidence-Based Clinical Care Practices
- Elements
 - Lead
 - Train
 - Identify
 - Engage
 - Treat
 - Transition
 - Improve
- Effectiveness

(Stapelberg et. al., 2020)

Zero Suicide



(Zero Suicide in Indian Country, 2019)

American Indian Life Skills Development Curriculum

- 13 to 56 lesson plans over 30 weeks
- Includes seven main themes:
 - Building self-esteem
 - Identifying emotions and stress
 - Increasing communication and problem-solving skills
 - Recognizing and eliminating self-destructive behavior
 - Information on suicide
 - Suicide intervention training
 - Setting personal and community goals
- 3 Domains specific to tribal groups
 - Helping one another
 - Group belonging
 - Spiritual belief systems and practices
- Effectiveness

(LaFromboise, 2008)

Healing the Canoe

- Developed through a tribal-academic partnership
- 11-sessions
- Evidence-based components incorporating Indigenous knowledge, traditions, and values
- Substance abuse and suicide prevention modules
- Effectiveness



(Donovan, 2018)

Suicide Intervention

Is intended to provide support for individuals that are experiencing suicidal ideation, have a plan and may be able to carry out the plan to end their life (Klonsky & May, 2015)

Suicide interventions help individuals act when someone is in a moment of crisis and are experiencing and reporting suicidal thoughts and plans and are at high risk of taking action on those plans.

Gatekeepers will be crucial to suicide interventions. They help in actively intervening or getting the individual who is in crisis to the appropriate person depending on the setting.

Individual interventions

Using a **safety plan** as an intervention to lower suicide risk.

A mental health provider can work with an adolescent or young adult to develop a safety plan.

It is filled out in session with the mental health provider.

The provider will give instruction on how to use it.

The individual should leave with a copy and have access to it.

Example of a Safety Plan

Most safety plans include the following (list 3 under each category)

1. Understanding your warning signs (thoughts, behaviors, feelings) that you are struggling.

2. What coping skills/strategies do you have that you can do on your own to help during difficult times

3 Identifying people or places that can serve as a distraction

Name, relationship and contact information

Name place location

4 Identify individuals you can go to for help

Name, relationship and contact information

5. Identify Professionals you can reach out to

Therapist/Clinician

Local Emergency Number

Suicide Hotline

School aged Intervention

- Established plan of action
- Do's and Don'ts when responding to student in crisis
- Assessing level of risk

(Doan, LeBlanc, Lazear & Roggenbaum, 2012 & SAMSHA, 2021)

Community Intervention

- Crisis Hotlines
 - National Suicide Prevention LifeLine
 - Crisis Text line
 - Veterans Crisis Line
 - Trevor Project **1-866-488-7386**
 - Trans Lifeline **1-877-565-8860**
 - All Nations Hotline
 - <https://allnationshotline.org>
- Families
- Behavioral Health Providers
- Emergency Departments





Interventions at the community level

Practice Based Evidence

Learn from the community

How ready is the community to address suicide? Meeting them where they are.

Connect with the community through other activities, sharing meals

Invite elders in the community and other leaders in the community

Build off of the strengths in the community.

(Bird, D. 2015)

Intervention at the community level

As a collective people, tribal communities would benefit from interventions that that involves the community.

Gatekeeping, another form of community intervention

Kognito Gatekeeper Simulation(KGS)

Community members are trained on warning signs and symptoms of suicide, and on appropriate mental health referrals in their community (Albright, 2016)

Uses online roleplay gatekeeper training.

*An effective intervention for use in native communities

*Increases in knowledge and self efficacy

*successfully used with individuals in native communities without formal mental health training.



New Hope, Brief intervention for Native American adolescents

Community driven and culturally adapted intervention

Decreased negative thinking

Decrease in depressive symptoms

Reduction in suicide risk

Improved attitudes towards counseling

Increased outpatient treatment utilization

Decrease in emergency department visits for mental health concerns

(Cwik, et. al, 2016)

What are postvention services?

“ those activities developed by, with or for suicide survivors, in order to facilitate recovery after a suicide and to prevent outcomes including suicidal behaviors” (Andriessen, 2009 p.43)

The response after there is a death by suicide. They occur in various settings including, school, colleges, workplace and community settings. The goals of postvention services include the following:

1. Healing from the grief and distress of suicide loss
2. Mitigates negative effects of exposure to suicide
3. Prevents suicide among individuals who are at high risk after exposure to suicide.

Postvention Models

Review of the literature, 2014-2019 (8 studies/12 guidelines)

Findings

- *despite limited evidence of effectiveness there was support for matching support and level of grief.
- * support should be provided according to the level of grief
- *it should involve trained volunteers/peers
- * should be grief focused

(Andriessen, et al., 2019)



Clinical Services postvention at a college Campus

Reaching out to and being vigilant for those **most at risk for suicide**

Those closely connected to the deceased

Individuals dealing with existing mental health needs

Flexibility with making services accessible to students

Having informal groups for peer support with a clinician

Offering individualized support with a clinician

Publicize services and make them voluntary

(Higher Education Mental Health Alliance, 2014)

Postvention on College Campuses

(Higher Education Mental Health Alliance, 2014)

Planning

Timing crucial when responding to a suicide on campus

Forming a **postvention committee** and assigning roles

Coordination & Communication with other departments

Behavioral intervention team

CAPS

Student affairs

Communications department

Legal department

religious/spiritual leaders on campus

Communicating with campus members

Identify who will inform students faculty staff and outside media

Statement typically include

Condolences to family and friends

Support Services that are being offered

Any changes in school/work schedules

Statements regarding a student's death by suicide should only occur if the family approves and the postvention coordinator decides that it would be disingenuous to leave out



Postvention Services and Support Programs

- Group Support (most common form of postvention)
- Grief Counseling
- Outreach by agencies
- Online support

(McIntosh et al., 2017)

Experiences in the field...

Being present and visible in the community

Responding to the community needs (what are they requesting)

What fits best for the community?

After a suicide... quick response, making mental health services available (in-person and through telehealth)

rarely used in the moment

Cultural norms... Prayer and smudging (finding out who is the appropriate person to do this)

Offering food and beverages, a meeting place for the community to congregate



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