



National American Indian & Alaska Native

MHTTC

Mental Health Technology Transfer Center Network
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Mental Health

IN OUR NATIVE AMERICAN COMMUNITIES · VOL 4 ISSUE 1 FALL 2022

**Addressing
Suicide in
Native
Communities**

DIRECTOR'S CORNER



Welcome to the latest issue of the newsletter published by the National American Indian and Alaska Native Mental Health TTC. This issue is focused on suicide prevention, a topic that is taken very seriously in Native communities, as suicide is costing too many young Natives their lives. The main article in the newsletter shows how Native communities have the highest suicide rates compared to other racial and ethnic groups. Historic and generational traumas and Adverse Childhood Experiences (ACE) can lead to young people having a hard time finding meaning and purpose in life. We do want to focus on the positives in this situation and many Native communities have ways to take care of their vulnerable tribal members and have initiated plans to reduce this epidemic. The federal government, through SAMHSA's Suicide Prevention Resource Center and Indian Health Service National Suicide Prevention Strategic Plan, provides suggestions at a national level. Furthermore, tribal communities and urban Indian communities have developed their own suicide prevention initiatives grounded in culture and targeting the needs of different age groups. The main article by Ken C. Winters, PhD, features a plethora of resources available to everyone, such as Adolescent Suicide Prevention Program Manual: A Public Health Model for Native American Communities, including community mobilization; First Nations' Youth Suicide Prevention Curriculum; Gathering of Native Americans (GONA) and Gathering of Native Alaskans (GOAN), to mention only a few.

Teresa Brewington, MBA, MEdL, (Coharie enrolled, Lumbee descendent) manager of the National AI/AN MHTTC K-12 School Mental Health Supplement program, introduces the Sowing the Seeds Initiative taking place this year across the country, including information about the presenters involved in this initiative.

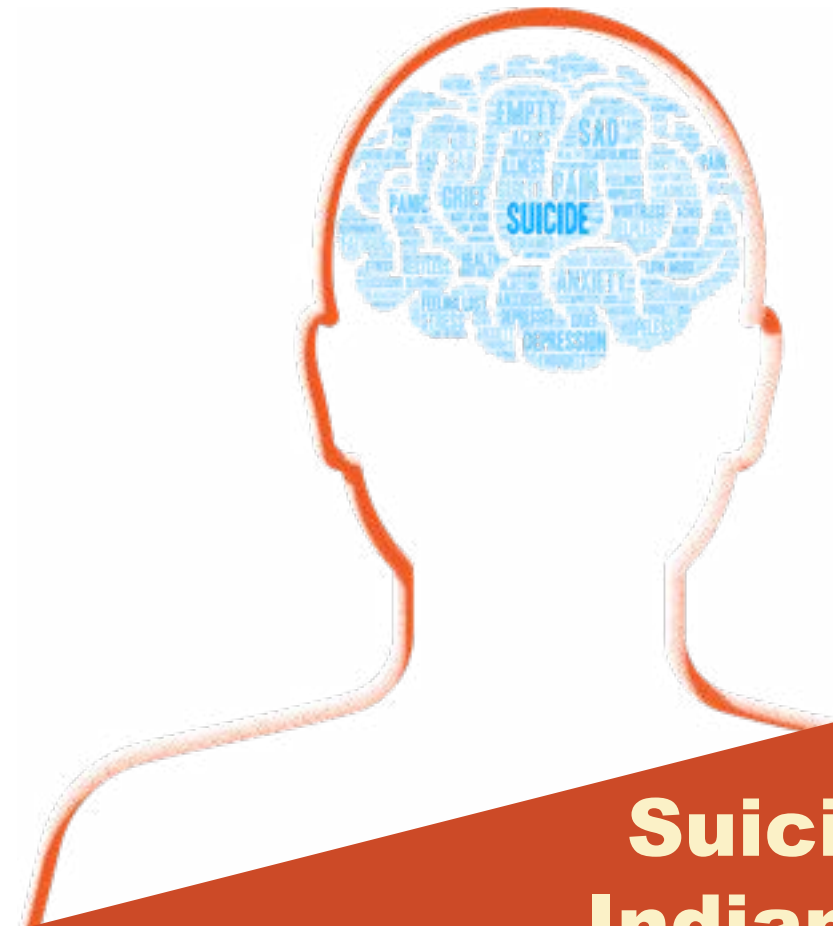
At the end of October, we are looking forward to celebrating the graduation of 9 Native mentees, who have completed the National AI/AN Leadership Academy. They have all finished fabulous individual capstone projects in their communities and will share their accomplishments with us. We are hoping to share their projects with our readers in the future.

November is Native American Heritage month, and we will celebrate the month by offering two webinars facilitated by Jason Butler, MA, Certified Recovery Coach, an enrolled member of the Ute Tribe of Fort Duchesne, who works in Shoshone-Bannock tribal health. He will talk about Using Peer Support to Integrate Culture into Clinical Settings, as part of the Indigenous Culture Series November 10 and 15. We will also feature our Healing the Returning Warrior curriculum in connection with Veteran's Day on November 11.

We are heading into the winter months with two important holidays. Native communities do celebrate the harvest, but not necessarily though the Western Thanksgiving celebration. Thanksgiving Day is observed as a Day of Mourning and protest for many Natives, because it commemorates the beginning of the settlers' arrival in Plymouth, MA, and the start of many centuries of oppression and genocide. The 53rd National Day of Mourning will be observed in Plymouth MA, <http://www.uaine.org/default.htm> on November 22. Thanksgiving is a complex holiday, and it is important for non-Natives to remember that a greeting of Happy Thanksgiving is culturally insensitive and inappropriate.

The winter months also can be challenging for Natives with few family members close to them, so let us reach out to our Native relatives and include them in our celebrations and participate in their Native ceremonies. With the looming increase in COVID-19 infections over the winter months, let us also do whatever we can to reduce the spread of the virus that unfortunately has taken the lives of too many of our Native relatives.

Anne Helene Skinstad, PsyD, PhD
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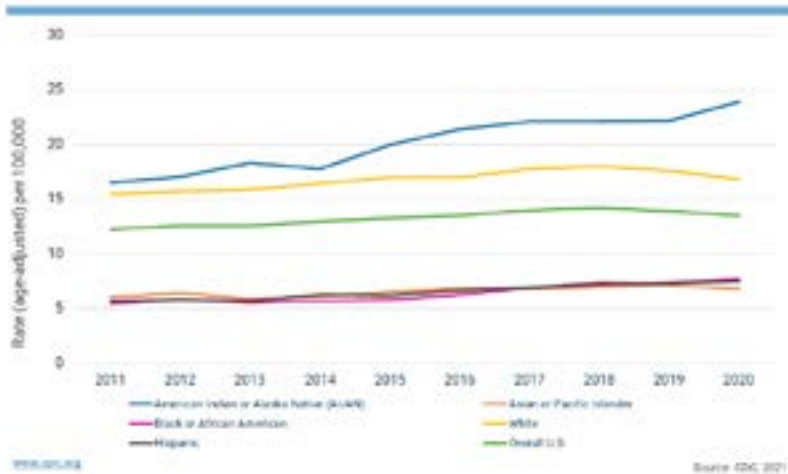
Suicide and American Indians/Alaska Natives

Ken C. Winters, PhD
Contributions from Mary K. Winters, MEd

Suicide was among the 10 leading causes of death in the United States in 2020 among persons aged 10–64 years, and the second leading cause of death among children and adolescents aged 10–14 and adults aged 25–34 years (National Center for Health Statistics, 2021). During the period 1999–2020, nearly 840,000 lives were lost to suicide in the United States. The overall suicide rate peaked in 2018 and declined from 2019 through 2021. (<https://www.cdc.gov/suicide/suicide-data-statistics.html>).

American Indians and Alaska Natives (AI/ANs) suffer from the highest suicide rates compared to other racial/ethnic groups. The age-adjusted suicide death rate for AI/ANs increased from 16.5 per 100,000 in 2011 to 23.9 per 100,000 in 2020 (Centers for Disease Control and Prevention, National Center for Health Statistics, 2021) – nearly a 50% increase.

Rates of Suicide by Race/Ethnicity, United States 2011-2020



As is the case with other racial/ethnic groups, primary risk factors for suicide among AI/ANs are depression, substance use disorders, and exposure to trauma and Adverse Childhood Experiences (ACE) (Ivanich & Teasdale, 2017; Kelley, Restad, & Killsback, 2018).

Addressing Suicide with Culturally Informed Treatment

Accessing suitable treatment for any mental health issues, including suicidal ideation, is a challenge for many AI/ANs. Lack of available professional services, long waiting periods, and transportation and geography are among the barriers facing many Native peoples. (O'Keefe et al., 2021; Pullmann et al., 2010). When treatment is available for clients with suicidal thinking and the underlying depression, it is optimal that such care be culturally adaptive. Keys to culturally informed treatment to address suicide risk in a client include incorporating traditional healing practices within the counseling experience and ensuring that staff build cultural awareness within their clinical practice (e.g., include all family members and community elders in any suicide prevention plans for a given client).

One resource aimed at supporting Native-informed suicide prevention is Suicide Prevention Through Culture (<https://www.youtube.com/watch?v=GXXkthKab780>), a webinar presented by officials at the Substance Abuse and Mental Health Services Administration (SAMHSA). The presenters provided a summary of a resource that integrates AI/AN culture in a suicide prevention program aimed at AI/AN youth. The presenters major theme was the importance of families and communities to support the resiliency among youth within a Native context.

Experiencing horrific traumatic events has been part of most cultures and populations throughout history. For AI/ANs, historical trauma has most significantly impacted their psychological wellbeing. Indigenous Historical Trauma (IHT) is the cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma (Brave Heart et al, 2011). IHT is a risk factor for many health problems, including depression and suicide (Brave Heart et al, 2011).

In a recently published study, AI/ANs (N = 447; mean age = 33) from several reservations were assessed for trauma, PTSD and suicide (Ehlers et al, 2022). Twenty percent reported lifetime experiences of suicidal thoughts (ideation and/or plans) and 14% reported suicidal acts, (including either a suicide attempt history or verified death by suicide (n = 4). Suicidal thoughts were significantly associated with a diagnosis of PTSD and experience of assaultive trauma.

Resources

There are numerous resources tailored for AI/ANs that support suicide prevention. A summary of them begins with the resources provided by the Indian Health Services, followed by other resources, which are presented in alphabetical order.



Indian Health Services (IHS) Strategic Plan

(<https://www.ihs.gov/suicideprevention/about/>)

IHS' national initiative regarding suicide prevention is described in the American Indian and Alaska Native (AI/AN) National Suicide Prevention Strategic Plan. This plan is designed to provide resources for any AI/AN person who is experiencing suicidal ideation or who has made a suicide gesture, or to any family member of a suicide victim to support suicide prevention efforts. The major components of the plan that provide intervention-related tips and strategies for community members and health professionals are summarized below.

How to Talk About Suicide

Guidelines and practice tips are offered to start the conversation with someone who may be suicidal (e.g., "Are you thinking about ending your life?"), the importance of validating the person's feelings (e.g., "I can see why you are feeling down"), and specific steps to assist the person in obtaining help (e.g., taking initiative to support a referral for professional help).

Indications of suicidality are described, which may include social withdrawal, substance abuse, a feeling of hopelessness about one's future, rage or anger, and expressing there is no reason to live anymore. When such warning signs are noticed, this is a starting point for the conversation with the person.

Other IHS Resources

The IHS Plan provides resources for health care professionals and the community. These prevention-related materials include community education efforts, clinical services related to screening, intervention and post-intervention, location of training centers and tribal centers specializing in suicide prevention resources, and finding help by texting or calling 988, the National Suicide Prevention Lifeline (988lifeline.org), a confidential, 24/7 service that connects callers with mental health professionals.

In addition to IHT, another major risk factor for suicide among AI/ANs is depression. The rate of depression among AI/ANs is estimated to be about 2 times higher compared to other ethnic/racial groups (McKinley et al., 2021). To meet a formal diagnosis of a Major Depressive Disorder (MDD), as defined by the Diagnostic and Statistical Manual, 5th Edition (DSM-5; American Psychiatric Association, 2013), several symptoms are present. Descriptors of the DSM-5 criteria for MDD are:

1. Depressed mood most of the day, nearly every day.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3. Significant weight loss when not dieting, or weight gain, or decrease or increase in appetite nearly every day.
4. A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
5. Fatigue or loss of energy nearly every day.
6. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
7. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
8. Recurrent thoughts of suicide or recurrent thoughts of death.



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Adolescent Suicide Prevention Program Manual: A Public Health Model for Native American Communities

(<https://sprc.org/resources-programs/adolescent-suicide-prevention-program-manual>)

This manual from the Suicide Prevention Resource Center (SPRC) describes the Adolescent Suicide Prevention Program, a 16-year program that was developed with community input and ownership. Organized around a culturally informed and public health model, the program “emphasized community, school, outreach, and surveillance, as well as innovative behavioral health programs, ongoing program evaluation, and sustainability.”

The SPRC has an extensive online library; a few more of their resources are listed on the next page.

Community Readiness Manual on Suicide Prevention in Native Communities

(Plested et al, 2014; [samhsa.gov/sites/default/files/tribal-tta_center_2.3.b_commreadinessmanual_final_3.6.14.pdf](https://www.samhsa.gov/sites/default/files/tribal-tta_center_2.3.b_commreadinessmanual_final_3.6.14.pdf))

This SAMHSA resource focuses on community mobilization and planning related to suicide prevention. As noted by the authors, “This handbook will facilitate those efforts in working toward healthier communities and eventually, a reduction in suicide in Native communities” (p. 3). The user-friendly manual describes key concepts of the suicide prevention model and practical steps for developing effective, culturally appropriate, and community-specific strategies for suicide prevention and intervention.

Adolescent suicide remains a national problem across all ethnic/racial groups. A recent challenge to prevent adolescent suicidality has resulted from mental health issues associated with school disruptions after almost two years of pandemic-related policies (<https://www.nichd.nih.gov/newsroom/news/042722-COVID-adolescent-suicide>). It is this author’s view that longer-term contributing factors include fewer school-based mental health services (<https://www.sbh4all.org/>) and risks associated with social media-related bullying (<https://www.stopbullying.gov/>).

First Nations Youth: Suicide Prevention Curriculum (<https://firstnationssuicideprevention.com/>)

This resource, funded by Indigenous Services Canada, includes numerous cultural activities and exercises for participating youth that support the power of positive thinking, coping skills, celebrating one’s strengths, and making healthy decisions. Also addressed is the importance of understanding any taboos pertaining to talking about suicide. Some AI/AN communities may feel it inappropriate to talk about death and thus be reluctant to support a suicide prevention program.



Gathering of Native Americans (GONA) and Gathering of Alaska Natives (GOAN) (<https://www.samhsa.gov/sites/default/files/gona-goan-curriculum-facilitator-guide.pdf>)

A GONA/GOAN program provides the roadmap for the whole AI/AN community to join together and build the capacity necessary to sustain a community-wide effort to support mental health and prevent suicide. The program provides a mental health curriculum and facilitator’s guide with these components:

- An introduction and brief history of the development of the GONA/GOAN;
- A planning guide for the community to successfully organize and hold a GONA/GOAN in their community; and
- A comprehensive breakdown of each of the four major themes of a GONA/GOAN (Belonging, Mastery, Interdependence, and Generosity).



Inuit Elders’ Message on Suicide Prevention (Korhonen, 2006) (https://ruor.uottawa.ca/bitstream/10393/30459/1/2006_Suicide_Prevention-Elders.pdf)

The author offers insights for how the wisdom of Elders can be supportive to someone who is suicidal. Examples include:

- “Talk to someone you trust: Keeping problems inside will just make them seem worse.”
- “Change your thoughts: Remind yourself that although life is sometimes difficult, things will change, days are never the same; tell yourself that you can make changes; tell yourself that you can feel better.”

“Get outside into nature, be active: This will help take your mind off problems and make you feel better.”

- “Focus on helping others: You will feel good about yourself and take your mind off your problems.”
- “Learn traditional skills: You will feel proud to be an Inuk.”



Suicide Prevention Resource Center

The Suicide Prevention Resource Center (SPRC, sprc.org) provides a virtual learning lab with several resources aimed at supporting communities to build and improve effective suicide prevention strategies. Some of them are summarized below.

Healthy Indian Country Initiative Promising Prevention Practices Resource Guide

(<https://www.sprc.org/resources-programs/healthy-indian-country-initiative-promising-prevention-practices-resource-guide>)

The efforts and accomplishments of the 14 tribes that received grants from the Healthy Indian Country Initiative Tribal program are described in this guide. Suicide prevention is included within the guide’s comprehensive review of community-based prevention practices.

How AI/AN Communities Can Take Action

(<https://www.sprc.org/keys-success/culturally-competent>)

The principle of this resource is that suicide prevention needs to be culturally relevant. Elements of culturally relevant prevention programs include the use of culturally competent practices that increase protective factors and reduce risk, creating a shared vision of health and wellness by connecting the community’s resources, and gathering insights from Elders and community members about the issue of suicide and incorporating their knowledge into the community’s prevention response.

Tailoring Prevention

(<http://www.sprc.org/effective-suicide-prevention>)

Steps and strategies for tailoring prevention are described in this resource. The emphasis is on strategies that use a systematic, data-driven process to develop and shape the suicide prevention program and assuring that the program addresses the specific risk and protective factors pertinent to the AI/AN community.

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Suicide Prevention: Resources for American Indian/Alaska Native Communities

(<https://www.sprc.org/resources-programs/suicide-prevention-resources-american-indianalaska-native-communities>)

In 2010, The Suicide Prevention Network published a directory of prevention resources to assist AI/AN communities in developing their own suicide prevention programs. Among the numerous resources are suicide prevention programs currently being used in AI/AN communities, guides for program development, and program evaluation approaches.

Working with Native Communities

(<https://www.sprc.org/news/working-native-communities>)

This commentary by Doreen Bird, MPH, a SPRC Senior Tribal Prevention Specialist, offers insights for how to involve the community when developing suicide prevention programs for AI/ANs. With an emphasis on the community-based participatory prevention approach, Ms. Bird describes three essential elements:

- understanding a community’s taboos about talking about death and suicide;
- overcoming potential barriers of some AI/AN communities that are reluctant to collect and share data on death and suicide; and
- the importance of including community strengths and resilience in all aspects of the program.



Native H.O.P.E. (Helping Our People Endure)

(http://www.oneskycenter.org/wp-content/uploads/2014/03/NativeHopeYouthTrainingManual_000.pdf)

This curriculum is based on the principles that AI/AN youth suicide prevention is optimized in tribal communities by breaking the “Code of Silence” all too prevalent among all youth and increasing awareness of warning signs of youth suicide. A training manual developed by Clayton Small, PhD, and the One Sky Center includes school and community screening tools, identifying warning signs, supporting youth assets and strengths, and incorporating culture and ceremony.



Suicide Safe Mobile App

(<https://store.samhsa.gov/product/suicide-safe>)

This free mobile app assists patients who are suicidal. The app can be downloaded on Apple and Android mobile devices.

Suicide Prevention for Native American Youth

(Le & Gobert, 2013)

Based on the principle that a mindfulness-based prevention intervention can be translated and implemented in a Native American youth population, the authors developed and tested this suicide prevention intervention in an AI/AN school (ages 15–20). Given that youth who are at risk for or suffer from suicidal tendencies often have difficulties regulating their emotions and negative thoughts, mindfulness is a potentially effective prevention intervention strategy because it provides skills to recognize and manage self-destructive thoughts and emotions. The results of this small-scale study were promising (e.g., better self-regulation, less mind wandering, and decreased suicidal thoughts). Download a pdf of the article here: https://www.researchgate.net/publication/260088106_Translating_and_Implementing_a_Mindfulness-Based_Youth_Suicide_Prevention_Intervention_in_a_Native_American_Community



To Live to See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults

(<https://store.samhsa.gov/product/To-Live-To-See-the-Great-Day-That-Dawns-Preventing-Suicide-by-American-Indian-and-Alaska-Native-Youth-and-Young-Adults/SMA10-4480>)

This resource provides a plan for AI/AN communities aimed at promoting mental health and how to respond to a suicide “to help the community heal and thereby prevent related suicidal behaviors.” Available for download, or you can order hard copies.



Yup'ik Alaska Native Youth Program

(Mohatt et al., 2014)

(<https://canhr.uaf.edu/research/past-canhr-projects/gungasvik-toolbox-indigenous-intervention-science-model-alaska-native-communities/>)

This is a community-based intervention to prevent suicide and alcohol abuse among rural Yup'ik Alaska Native youth in two remote Alaska communities. The resource, built around traditional and subsistence activities, is presented in a toolbox containing 36 activities.

Video Presentations

Four Recommendations for Tribal Suicide Prevention

(<https://www.youtube.com/watch?v=Rf3WX9hKi1U>)

Four keys to effective suicide prevention programs for AI/AN communities are discussed in this YouTube presentation by Dr. Melissa Walls of the Bois Forte and Couchiching First Nations Ojibwe:

1. Assess structural influences on suicide;
2. Target early life course risk factors;
3. Identify cultural influences on prevention; and
4. Listen to Indigenous voices.

Native Strength

(<https://www.youtube.com/watch?v=fnTYk-48lvk>)

Native Strength, an AI/AN century-old traditional path to health, is described. Features that support happiness, harmony, health, hope, and humor are detailed by the presenters.

Conversation about AI/AN Mental Health

(<https://www.youtube.com/watch?v=hrbbA22Z-KE>)

National Institutes of Health Tribal Health Research Office Director David R. Wilson, PhD, and National Institute of Mental Health Director Joshua Gordon, MD, PhD, discuss current issues related to mental health in AI/AN communities. Their conversation touches on the large-scale mental health impacts of COVID-19, the importance of suicide prevention, and relevant NIMH research and resources.

Summary

The challenge can be great for many to avoid depression, and suicidal thinking/ ideation, and suicidal attempts. Adversity, the stress of everyday life, and biological vulnerability can conspire to drive a person to suicidal-level despair. A constant theme from mental health experts is the importance for individuals and communities to provide support and avenues of communication to those at risk for suicide. The efforts of many health officials and prevention specialists have created a vast array of suicide prevention resources for AI/ANs and tribal communities, which now enable families, schools, and communities to strengthen their ability to bring hope and optimism to those who question continuing on in life.

References

- American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders, 5th ed. Arlington, MD: American Psychiatric Association.
- Brave Heart, M. Y. H., Chase, J., Elkins, J., & Altschul, D. B. (2011). Historical trauma among indigenous peoples of the Americas: Concepts, research, and clinical considerations. *Journal of Psychoactive Drugs*, 43, 282-290.
- Centers for Disease Control and Prevention, National Center for Health Statistics. (2021). 1999-2020 Wide Ranging Online Data for Epidemiological Research (WONDER), Multiple Cause of Death files [Data file]. Retrieved from <http://wonder.cdc.gov/ucd-icd10.html>, August 29, 2022.
- Ehlers, C. L., Yehuda, R., Gilder, D. A., Bernert, R., & Karriker-Jaffe, K. J. (2022). Trauma, historical trauma, PTSD and suicide in an American Indian community sample. *Journal of Psychiatric Research*, 156, 214-220.
- Ivanich, J., & Teasdale, B. (2018). Suicide ideation among adolescent American Indians: An application of the General Strain Theory. *Deviant Behavior*, 39, 702-715.
- Kelley, A., Restad, D., & KILLSBACK, J. (2018). A public health approach: Documenting the risk and protective factors of suicide ideation in one American Indian community. *Psychological Services*, 15, 325-331.
- Korhonen, M. (2006). Suicide Prevention: Inuit Traditional Practices that Encouraged Resilience and Coping (pp. iv-v). Ottawa, Ontario: Ajunnginiq Centre, National Aboriginal Health Organization.

Le, T. N., & Gobert, J. M. (2013). Translating and implementing a mindfulness-based youth suicide prevention intervention in a Native American community. *Journal of Child and Family Studies*, 24, 12-23.

McKinley, C. E., Boel-Studt, S., Renner, L. M., & Figley, C. R. (2021). Risk and protective factors for symptoms of depression and anxiety among American Indians: Understanding the roles of resilience and trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 13, 16-25.

Mohatt, G. V., Fok, C. C. T., Henry, D., & Allen, J. (2014). Feasibility of a community intervention for the prevention of suicide and alcohol abuse with Yup'ik Alaska Native Youth: The Elluam Tungiiun and YUPIUCIMTA ASVAIRTUUMALLERKAA STUDIES. *American Journal of Community Psychology*, 54, 153-169.

National Center for Health Statistics. (2021). About multiple cause of death, 1999–2020. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics. Accessed August 29, 2022. <https://wonder.cdc.gov/mcd.html>

O'Keefe, V. M., Cwik, M. F., Haroz, E. E., & Barlow, A. (2021). Increasing culturally responsive care and mental health equity with indigenous community mental health workers. *Psychological Services*, 18, 84-92.

Plested, B. A., Jumper-Thurman, P., & Edwards, R. W. (2014). Community readiness manual on suicide prevention in Native communities (Community Readiness Model handbook) (Rev. ed.). Retrieved September 5, 2022, from www.samhsa.gov/sites/default/files/tribal_tta_center_3.b_commreadinessmanual_final_3.6.14.pdf

Pullmann, M. D., VanHooser, S., Hoffman, C., & Heflinger, C. A. (2010). Barriers to and supports of family participation in a rural system of care for children with serious emotional problems. *Community Mental Health Journal*, 46, 211-220.



Sacred Seeds IEP Certification: First Cohort was a Success

In public schools, Bureau of Indian Education schools, and Tribal Controlled Schools, American Indian and Alaska Native Students are often overrepresented or misclassified in the Individual Education Plan (IEP) process, resulting in a lack of needed supportive services to make them successful. It also can be very intimidating for parents and caregivers who may not understand the IEP process. Because of COVID and the lack of educational opportunities offered during the pandemic, these numbers have risen.

After a year-long collaboration, establishing long-lasting relationships, and developing a first-of-its-kind curriculum and training, the National American Indian and Alaska Native Mental Health and Technology Transfer Center K-12 Program, in partnership with COPAA (Coalition of Parents, Advocates, and Attorneys), launched *Sacred Seeds*, an introductory course to Special Education Advocacy and the first IEP Certification Advocacy program for those wanting to serve AI/AN students with disabilities, furthering the movement that EVERY CHILD DOES MATTER.

We had considerable interest and an application process. Those who completed the 11 training sessions received a Sacred Seeds IEP Advocate Certificate. The first cohort

started on July 19, 2022, and ended on September 27, 2022. Throughout each of the classes, the participants were taught how to advocate, use their voices, and approach the IEP process with the necessary attitude and knowledge to support their child's education successfully.

Special thanks to our developers and trainers:

- Teresa Brewington**
- Ilana Lopez**
- Ronalda Tome-Warito**
- Shatta Mejia**
- Susan Bruce**
- Dwight Lomayesva**
- Elizabeth Saathoff**

[Read about the trainers on the next page.](#)



Ronalda Tome-Warito (Diné (Navajo))

Ronalda Tome-Warito, Diné (Navajo), is an advocate for Native American children with disabilities, with 20 years of experience working alongside parents, Native communities, and school districts. Ronalda specializes in special education law, the process, and parents' rights. Ronalda is a powerful force in the arena of special education, networking, and mentoring parents in the process. Ronalda was inspired by her three children and the voice for parents in education.

Susan Bruce

Susan is the mother of three children with disabilities and has more than a decade of experience as a parent advocate and trainer on special education and civil rights law.



Shatta Mejia

Shatta García Mejía, MEd, has worked toward a vision of leveling the playing field in K-12 education. As a consultant and content developer with HMH for more than 5 years, Shatta experienced many aspects of the publishing world and saw so much left to do to reach learners.



Ilana Lopez

Ilana Lopez, MEd, is the education manager at COPAA, has worked in nonprofits dedicated to transforming education for over a decade, and is passionate about educational equity.



Teresa Brewington, MBA, MEdL (Coharie enrolled, Lumbee descendent)

Teresa works for the Native Center for Behavioral Health at The University of Iowa. She is co-director for the National American Indian and Alaska Native Mental Health TTC – School Mental Health Program and the National American Indian and Alaska Native Child Traumatic Stress Initiative – Category II. She is an enrolled member of the Coharie Tribe and a descendent of the Lumbee Tribe of North Carolina. Teresa's personal vision is to influence and inspire others to shower Native children with all they need to become a success story—the person they are supposed to become.



ACTIVITIES & EVENTS

For all of our upcoming events, publications, and announcements, [please visit our website.](#)

Date	Event
Recent events	<p>October 5-7 and 11-13: Motivational Interviewing with Cultural Considerations, Klamath Falls and Canyonville, Oregon.</p> <p>October 24-26: Leadership Academy graduation, Cohort IV, Chandler, Arizona</p> <p>October 18-19: Veteran Suicide Prevention Workshop, co-hosted by the American Foundation for Suicide Prevention and Deloitte Consulting LLP.</p>
November	Native American Heritage Month
Wednesday, Nov. 9 Noon-1 pm CT	<p><i>Person Centered Care with Native Americans</i></p> <p>Join us for our monthly webinar series featuring Avis Garcia, PhD, NCC, LPC, LAT. Avis Garcia is an enrolled member of the Northern Arapaho Tribe and is affiliated with the Eastern Shoshone Tribes of the Wind River Reservation in Wyoming. She is a Licensed Professional Counselor and Addictions Therapist and holds a doctorate in Counselor Education and Supervision. Avis works with individuals of all ages and does individual, group, couples, and family therapy. She specializes in the treatment of substance use disorders and trauma, particularly among Native populations. Her therapeutic approach is to privilege Indigenous knowledge and draw on the strengths of individuals and families and to promote intergenerational healing through research and clinical work.</p> <p><u>Register</u></p>
Thursday, Nov. 10, and Tuesday, Nov. 15	<p>Jason Butler (Ute enrolled, Mojave and Cherokee descent) presents a two-part series on Indigenous Culture, a collaboration between the National AI/AN MHTTC and CCSME (Co-Occurring Collaborative Serving Maine).</p> <p><u>Register</u></p>



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