

**Information Session: Culturally Sensitive Suicide Prevention For Youth  
January 20, 2015. 1:30 p.m. to 3:05 p.m.**

**NOTES**

Moderator: Kelli Donley, ADHS, State Suicide Prevention Coordinator.

Panelists: Mr. Jon T. Perez, USPHS Regional Administrator, HHS Region IX, SAMHSA

Mr. Shawn Nau- Health Choice Integrated Care

Ms. Jacque Gencarelle- Health Choice Integrated Care, Prevention program manager NARBHA

Ms. Novalene Goklish- White Mountain Apache Tribe, Johns Hopkins University

Ms. Rosemarie Suttle- White Mountain Apache Tribe, Johns Hopkins University

Ms. Debbie Manuel- Morning Star Leadership Foundation

Kelli Donley opened with a prayer.

Panelists introduced themselves.

**Question posed: If I have a tribal adult child living off reservation who I think may be having difficulties with possible suicidal thoughts, what can I do?**

Shawn Nau- This is a common question we receive in Northern AZ. We work with 11 tribal nations in Northern AZ. There's no single right place to go. NARBHA tries to be of assistance. We encourage people to contact NARBHA to try to locate services. There are going to be 3 RBHAs. Call the Member Services number to help locate assistance.

Jon Perez- TRBHA system. RBHAs and TRBHAs communicate with one another. Access is much easier now than it used to be.

Debbie Manuel- You can call a crisis number. It's usually a 1-800 number. People ask, what happens when I call that number? In Maricopa County they ask you a series of questions, they will ask you to put the person in crises on the line. Help to prepare them to talk on the phone, so they can tell their story. Crisis response team may come to you. Confidentiality is very important. It's important for you to be there, to listen. You don't have to know all the answers, there is someone who will come along to help

**Question 2: What are some Native American specific programs that work towards suicide prevention?**

Jacque Gencarelle- No one program is one size fits all. There are programs out there through SAMHSA and through national registries for suicide prevention. Some are older, some are new. It depends on the tribal community, the conversations you want to start having. There are trainings available, QPR, other in-depth trainings. These depend on what the tribe/community is ready to talk about.

**Question 3: What are some of the main causes of suicide among the Native Americans in Arizona?**

Jon Perez- If we had this conversation 20 years ago, you would have seen maybe 1 tribal member on the panel. What we have seen over the last 20 years is a gradual but consistent engagement of tribal people, both on and off reservations. We are seeing that change from people outside the community telling you what you should be doing, to people inside the

community offering the answers. Rose and I first met many years ago and I hired her as a receptionist at Apache Behavioral Health Services. I saw her today. Rose started as a receptionist and now she's a nurse in the suicide prevention program. So much of what we've dealt with for so many years is a pervasive sense of helplessness. The underlying issue that I have seen in our Native communities is the helplessness. You have these other causes, but that is really what you are addressing. Unless you engage communities, you will not see any change. It has to do with substance use, abuse, early trauma (kids and adults being subjected to things they should not be subjected to, including violence). Churches, traditional practices, social services, can help. That sense of hope, looking forward to possibilities as opposed to "what's the use." If you can see possibilities forward, you can get there. Our biggest at risk population is between ages 12 and 24. We have kids who start drinking, using drugs, they become a different person. If you don't address it, it is still there and will remain. It's not easy to address, but it is addressable. We had a suicide rate that was the highest in the lower 48 states. Over the course of 3 years, with putting some of these programs together and community involvement, that rate fell to the lowest.

**Question 4: How do RBHAs, IHS, ADHS Prevention, work with the tribes?**

Shawn Nau- Cooperation throughout organizations. ADHS contracts with RBHAs to provide 3 main services in conjunction with TRBHAs, direct services, technical assistance and consultation, assistance in nation-building .IHS is a peer provider and works directly with the others as well. Sometimes it works well, sometimes it is a challenge. Leadership is in a much better place than it was 5 or 10 years ago.

Kelli Donley- When it comes to suicide prevention, ADHS will begin conversations with tribes. If you don't have a suicide prevention person working with your tribe, we can get that in place. We can help locate funding for training, support programs open to anyone, such as Teen Lifeline, which is now the national model. Teens helping teens on the suicide hotline.

**Question 5: How do you incorporate elders into your suicide prevention programming?**

Novalene Goklish- Our tribe has a suicide surveillance system implemented in 2001. All suicidal behaviors reported to a centralized location. Johns Hopkins University houses the data. Our tribal leaders suggested we incorporate tribal elders. We started Tribal Elders Council, working with elders in the community helping guide in this work. Assists with retention of staff. We apply for funding, including Elders Council, take our elders into K-6 schools. They talk to students about respect, not harming themselves, anti-bullying, having respect for peers and teachers. And elders share stories. First elders pray with students. Then they work together. We have put together an elder's curriculum. Curriculum can be taught in the schools, at community meetings. Elders teach the program, a lot of it focuses on the work that we do with suicide prevention. We take the elders on field trips with students. Elders will share stories about the land. They receive over 1000 referrals every year on suicide surveillance system. There's no cold-calling. They make the contact face to face. Have 800 follow ups a year. Received information cards from SAMHSA and made them their own, with lifeline numbers.

**Question 6: What are some signs of suicide ideation? Are these signs any different when talking about tribal members?**

Jacque Gencarelle- I try to demystify acronyms and jargon to a community level. We want you to know it's not me or my agency coming to save you, we want to know where you see us coming in and helping you. We're not the experts, you are. [Rosemarie passed out Fact Sheet]. As a community we have to have these conversations and get mad. 105 people are gone every day. We have to start talking about it.

Kelli Donley- What's really scary about the suicide rates among our Native population is higher than others in Arizona. Loved ones left behind are then more likely to try to take their lives. It's important to try to find these solutions. The Center for Native American Youth recognizes outstanding youth leaders in their communities.

**Question 7: What can our communities do to better prevent suicide?**

Debbie Manuel- Prevention is different from intervention. Our youth are really amazing people. When we take the time, which is not an easy thing and takes time and patience, but once young people get it they can do a lot more work than us adults. As adults we are multi-tasking. Our youth don't have that full agenda like we do. They can focus on things and invest in what's important to them. With Morning Star Foundation we do this, through training that lasts. We focus on ASIST training. Train the trainer, SafeTalk, SuicideTalk. You have to have a team, not just one person. That requires a lot of effort. If you only rely on one person you are going to burn that person out. Your brain is important. Brain development during pregnancy, possible trauma. We've got to teach our young people, engage our young people, train our youth. Trust them. THRIVE does a good "texting" program. They send messages to you on your phone, giving you information. Kids like that stuff. Educating our young people about natural brain chemicals, what dopamine does for us. It releases a feel good chemical for your brain. If you don't have dopamine in your body you're not going to feel happy. Drugs such as Meth impact that dopamine.

Kelli Donley- If we're going to work to reduce the stigma of suicide, we need to be able to use the word "suicide."

**Questions from the audience. You spoke of a lot of things that are clinical. How much of a factor is the loss of language, loss of ceremony, subjugation of spirituality, desecration of sacred sights, those that are being traded off to companies for profit, the tribal or native identity used in person's home or area, especially in non-urban and urban areas.**

Novalene Goklish- For us, we know that our language, we're starting to lose our language. There are not a lot of youth or young kids who speak Apache. The age difference on the reservation, a certain generation that stops teaching the language at home. We are trying to bring that back. We are incorporating that into our program with the Elder Council. Incorporating that into the legend stories. For the sacred sites on our reservation we try to protect those sites and only allow tribal members to travel to those sites. The tradition is not practiced on the nation by all of our tribal members. Some members have become Christian. Some kids feel torn about whether they should also practice or not. When we started working with elders council we had kids who didn't know about our tradition and culture, our sacred sites. Families are gearing them towards another direction. One young man asked about traditional sweats and we gave

him the info he needed, but his mom wasn't happy about that. Sometimes you are working against your own community members, not necessarily that they should practice but they should know. One of our elders was telling us that we can we put together a new year's resolution that we speak our native language at home every day. So our kids will pick up the language as we do that.

**In a lot of Native American communities, suicide is thought of as taboo and something that shouldn't be talked about. How can we change this?**

Novalene Goklish—In our community it was the same. When we first started working on the suicide surveillance system. Speaking about something negative makes it something positive. Our elders guided us. They said you have been identified by the creator as being the lead. You need to be able to stand up and speak about suicide prevention. We put together New Hope DVD. We shared that DVD. Our elders are in that DVD, if elders tell us it is okay to talk about suicide then we want them to be a part of it. ASIST trains you to talk about suicide directly, asking the questions that you need to ask. Our community may say that it is not okay to talk about but our elders have said it is okay and we need to be direct

**What are some strengths and resilience factors that can be built upon to overcome this issue?**

Debbie Manuel- When it comes to using the word "suicide" I have found it to be really helpful to avoid words such as "Are you going to think about hurting yourself," etc. I have heard people refer to "doing that." Using it in a gentle way, but directly. When it comes to strengthening resiliency, protective factors are important. We have a lot of them in Indian country. Stressing tradition. So often we have youth who are asking that question "What is it to be Catholic?" often they are practicing these things and their faith isn't there. But if you take them to sweat, to ceremony, and they see things happen in front of them, you take them to a prayer service, they understand that. It makes sense to them. When I think about protective factors, it's our own culture, it's using language. Maybe kids don't quite understand when we speak to them in our language, but they can feel those loving gentle words in their language. Those words are powerful. Our kids are protected when we use those words. I like the idea that the grandmother asked for a resolution to use our language at home. Some of the risk factors are trying to expect our young people to try to understand something abstract. If we parent from the couch, we choose as adults to be on the couch and not stand next to them, there's going to be a huge difference. Where we put our attention is a protective factor, pay attention to our youth, not our cell phones and Facebook.

**What can tribal nations do to step up and help Natives with suicide prevention on and off the reservation? What are the challenges to get tribal leaders and governments involved on and off the reservation?**

Debbie Manuel- Get involved, educate yourself and become understanding. It's not something that is done lightly. There is a lot of stigma that comes with it, to recognize it and make that first step out is important. What can we do? There are a lot of things out there, the internet. Have small conversation and start working your way up. When we're talking prevention, we're talking communities. You're going to step on some people's toes. This is something that didn't happen overnight, we need to start really addressing the conversation. On and off the reservation you have wonderful cards of numbers to call. Start utilizing and start calling. There's a lot of

information out there. I task you to go home, Google suicide prevention. There's a lot of information out there. Your first step is understanding how it's a people issue, not just a Native issue. My mother is Navajo and my father is Apache. That's always a fun conversation when I go home. We have to look beyond that. It's a conversation, how you are here, take it to leaders and governments because they have such a large list of issues that they want to tackle. They probably aren't aware of the importance that it holds with you. You are their constituent and they have to listen to you. Find your cause and rally some folks in your community. It starts in your home and moves up. Engage. Tribal leaders aren't necessarily the folks in charge. You're a tribal leader. You're a tribal leader in your own right. When we're talking about addressing things outside of the tribal nation, we have a tribal services that we offer. We're starting to ramp up our tribal services to include talking to traditional practitioners. Making culture something that is not a bad thing.

Kelli Donley- I would say if you are living on a reservation, it makes a lot of sense to ask your health service department if there is someone who is responsible for suicide prevention. If that person is not in place, that should be a priority. Your lives matter. Unless we have someone out there actively trying to prevent suicide on and off the reservation, who are you to turn to? It makes sense to have more than one person responsible for that, at least one person trained in ASIST. If you are willing to take on homework, go home and ask in your communities who is taking on suicide prevention and what are we doing?

**Ms. Hopi: I work with a lot of kids who have been bullied and contemplate committing suicide. I am not trained in ASIST or anything, I tell them I am here for you if you need it. What's the best way to reach out to youth in general and let them know that they are not alone. What's the best way to reach out to them?**

Debbie Manuel- There are a lot of national organizations that have anti-bullying campaigns, Facebook links. You can use your FB to engage kids, Instagram. It is important to know that it's not just kids who bully. Grown ups bully too. Kids learn from watching adults. When they see adults benefiting from bullying, then the kids see that and recognize it. They say "if they're getting away with it, and they get this this and this, I'm going to do that too." Behaviors can be unlearned. Bullying can be changed. We as adults must look at what we are doing to promote that.

Kelli Donley- Just asking someone how they are doing. Letting them know that you are there and you're willing to listen to them. The thread is based on loneliness. Kids feel like there's no one there to listen to them. The fancy programs teach you to sit with someone until they feel like they are being heard.

**Comment: I have a recommendation. I know we all have Facebook. I never used to go on Facebook until I was told go on Facebook. I had a pastor that's on Facebook and she puts scripts on there in a daily basis. And I read it and it keeps me going. I would recommend some of the parents go on Facebook. We could have programs that have live asking. Our kids may not want to pick up the phone, something online should be developed. The Navajo Nation is capable of that.**

**Comment: I sit on the Youth council as a representative. I tried to commit suicide but what helped me out was my friend I asked him to come with me, to talk about suicide but what really saved me was joining my nation's youth culture. Learning the language and songs. I try to tell the youth in my**

**community, it's not worth taking your life over something that can easily be fixed. School-wise, I thought I wasn't going to graduate high school but I woke up to see another day today with the help of my friends.**

**Gary and I put together a post-traumatic stress disorder clinical debriefing team. Is there a mechanism in place for the de-briefers to debrief? With the movie of Patch Adams, where the lady went out to help someone and was killed, with the new movie that came out American Sniper, is there a training or awareness that you can share with our responders. I hate to see someone go out there alone, try to help someone and get bitten.**

Kelli Donley- I work for ADHS/DBHS. One program DBHS has is a weeklong course to police departments. There is an expense to police departments. It is addressing what you're talking about. We know one of the methods of suicide is death by cop. We see that in the news. People know if they are going to wave a weapon in front of a police officer they're going to be killed or hurt. What we don't often talk about is the psychological toll of that experience on the officer and those present.

Shawn Nau- There's Mental Health First Aid classes which are available. We are trying to make sure all EMS, Law enforcement are able to go through that. Having police staff go through that they are more comfortable working with individuals with mental illness. Every TRBHA and RBHA have the ability to have individuals see a psychiatrist, or to assist to make sure a debrief is available. Law enforcement, EMS are critical to addressing suicide prevention. It is important to make sure everyone in law enforcement is trained.

**Are non-Native foster parents of Native American children receiving suicide prevention training? Do they recognize cultural factors?**

Needs Follow up.

**Is Arizona specifically working with tribes to collect suicide data? What efforts are being implemented?**

Kelli Donley- ADHS asks all the time for data. And the answer is no. ADHS asks tribal nations for suicide data. Some tribes share, some do not. Novalene is the data hoarder for the Apache tribe and will not share her data. Relationships are all different with ADHS. The way suicide data is gathered is when a person commits suicide, the death certificate is filed by a funeral home director or a coroner/medical examiner. Sometimes it takes longer than a week. The info goes to the County, then to ADHS. Sometimes it is slow to get that information. We are constantly working to improve our surveillance mechanisms. We depend on the integrity of funeral directors and coroners to report suicide. Many families will ask funeral directors not to list suicide as the cause of death due to stigma. We are hoping with time that that lessens. It's a long work in progress.

## INFORMATION

### ABOUT

According to officials at the World Health Organization (WHO), more than 800,000 people die due to suicide annually; many more make an attempt. Suicide was the second leading cause of death among 15-29 year olds globally in 2012. It is a global phenomenon in all regions of the world and accounted for 1.4% of all deaths worldwide, making it the 15th leading cause of death in 2012. In Arizona, the latest data shows some 1100 Arizonans committed suicide in 2012.

From 2009-2013, Arizona had more than 5,500 suicides, 2,000 homicides and another almost 900 undetermined deaths. Many of those undetermined deaths were ruled unintentional poisonings. Some 750 Arizonans died by taking too much of one medication in 2012.

Preventing suicide among Arizona's American Indians remains a top priority for the Arizona Department of Health Services. Panelists will discuss their efforts toward suicide prevention and take questions from the audience concerning culturally appropriate programming and care.

### GUEST SPEAKERS

**Petrice Post** has been with Suicide Prevention Resource Center as a Senior Tribal Prevention Specialist since October 2008. In this role she collaboratively provides customized, tailored technical assistance to state and Tribal communities to build and enhance their capacity to implement effective suicide prevention programs. Petrice has been working in the field of Prevention since 1996. Petrice is a strong advocate of community mobilization/ development. In addition to her roles as organizer, consultant and teacher, she has knowledge and skill in program design and management, training and technical assistance and research and evaluation. She has spent most of her career working with diverse populations in rural and reservation communities on a broad range of issues, including mental health, substance abuse, family violence, suicide, community mobilization/development, family and consumer involvement and prevention. Ms. Post holds a M.A. in Applied Sociology with an emphasis in evaluation.

**Shawn H. Nau, Chief Operating Officer, Northern Arizona Regional Behavioral Health Authority.**

**Novalene A. Goklish** has worked as a behavioral interventionist for Johns Hopkins and the White Mountain Apache Tribe for over 17 years. She has worked on all behavioral intervention projects including teaching parenting skills to young Apache women who are pregnant and coping skills to Apache youth who made a recent suicide attempt. She oversees day-to-day activities of the Celebrating Life Staff, as well as facilitates local community advisory board meetings and Elders Council activities. She has been certified as an ASIST trainer and conducts regular ASIST trainings in her community. She also is the Center's primary liaison to the Tribal Council and Tribal Health Board.

**Rosemarie Suttle** is an enrolled member of the White Mountain Apache Tribe and lives in Whiteriver, AZ. Rosemarie has been employed with The Johns Hopkins University Center for American Indian Health for eight years as a Research Assistant with the Celebrating Life Suicide Prevention program. Rosemarie works closely with various departments on the reservation to educate the community about suicide prevention. She conducts in-services, and community outreach with follow-up for individuals who have had a suicide incident (attempt, self-injurious behavior, binge drinking and ideations). Rosemarie is also trained to provide support for families who have lost a loved one to suicide (Survivors of Suicide).

**Captain Jon T. Perez, Ph.D.**, is a clinical psychologist with over 20 years of federal service ranging from direct care to policy and program management in the United States and abroad. He was commissioned in the U.S. Public Health Service in 1992, and over the last 20 years performed duties as varied as direct clinical work in small, isolated clinics, to directing behavioral health for the Indian Health Service. He now serves as Regional Administrator for the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services Region IX. Dr. Perez is also well known for developing programs for international health diplomacy efforts and creating disaster response networks. He began his disaster relief work during the 1989 Loma Prieta earthquake and has been actively involved in developing and deploying disaster teams internationally since then. His special assignments include behavioral health commander during initial U.S. tsunami relief efforts aboard USNS Mercy in Banda Aceh, serving as the Senior Liaison Officer between coalition forces and the Afghanistan Ministry of Public Health, and leading multiple response teams for events from the Presidential Inauguration to remote crisis situations worldwide.

**Jacque Gencarelle** is currently working with the Northern Arizona Regional Behavioral Health Authority (NARBHA) as the Prevention Program Manager. Her vision for the program is to provide a network of comprehensive substance abuse services and community-based efforts in northern Arizona to address the unique needs of the communities. By working with youth, adults and communities, NARBHA prevention programs can make environmental changes by using current data, proven strategies, and best practices that raise the awareness of the issues of substance abuse from a community level. Jacque is dedicated to bringing comprehensive trainings specific to building awareness of substance abuse prevention, health integration, and increase capacity within communities throughout northern Arizona. She is a certified trainer in the Department of Justice Drug Endangered Children Indian Country training, safeTALK trainer, ADHS/DBHS Cultural Competency, Alcohol 360 and Substance Abuse Prevention Skills Training and other training topics relevant to Indian Country and beyond. Ms. Gencarelle is Navajo (Diné)/Chiricahua Apache, a Flagstaff native and mother of four.

**Debbie Manuel – Executive Director, Morning Star Leadership Foundation**