Suicidal Behavior in American Indian and Alaska Native Communities: A Health Equity Issue

March 19, 2019

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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Today's Speakers and Contributors
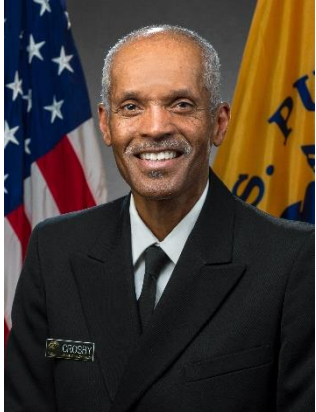
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Thank you to the many American Indian and Alaska Native patients, providers, scientists, and programs who struggle every day to improve the lives of our people

Understanding Suicide in American Indian and Alaska Native Youths

CDR Alex E. Crosby, MD, MPH, USPHS

Division of Violence Prevention
National Center for Injury Prevention and Control, CDC

Suicide Among Leading Causes of Death in the United States

Leading Causes of Death – United States, 2017

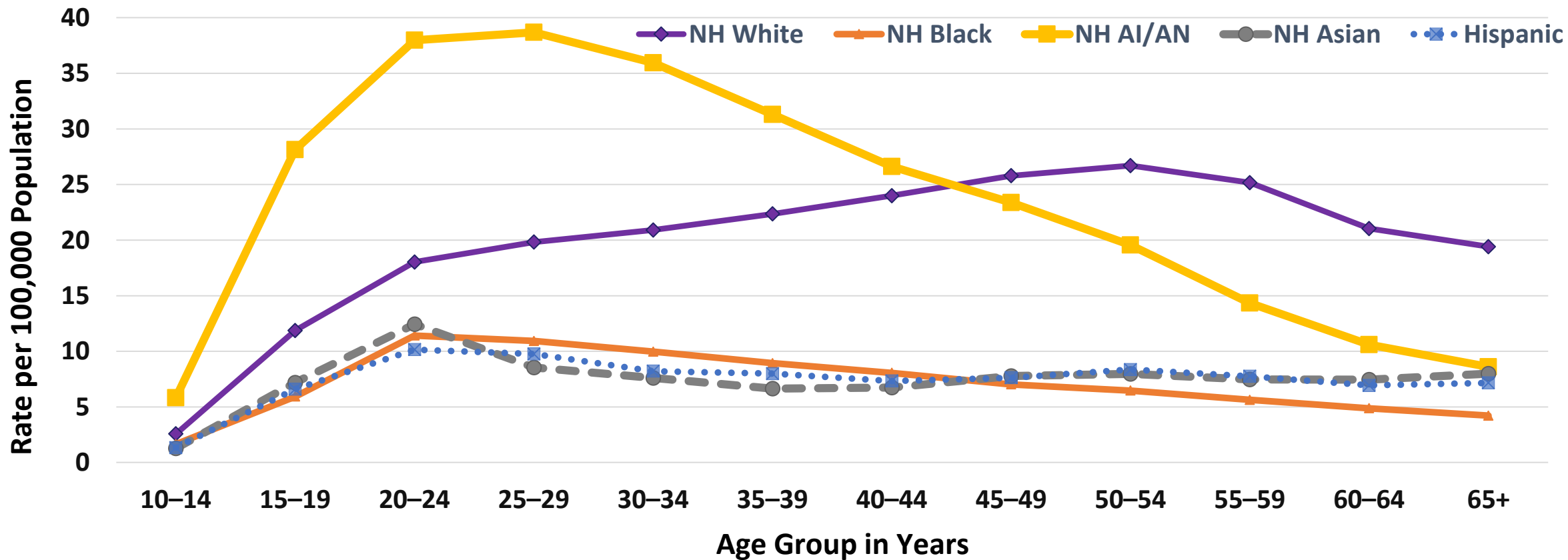| Rank	Cause	Number of deaths
1	Heart Disease	647,457
2	Malignant Neoplasms	599,108
3	Unintentional Injuries	169,936
4	Chronic Lower Respiratory Diseases	160,201
5	Cerebrovascular Diseases	146,383
6	Alzheimer's Disease	121,404
7	Diabetes mellitus	83,564
8	Influenza and pneumonia	55,672
9	Nephritis	50,633
10	**Suicide**	**47,173**

Suicide Disproportionately Affects
American Indians and Alaska Natives (AI/AN)

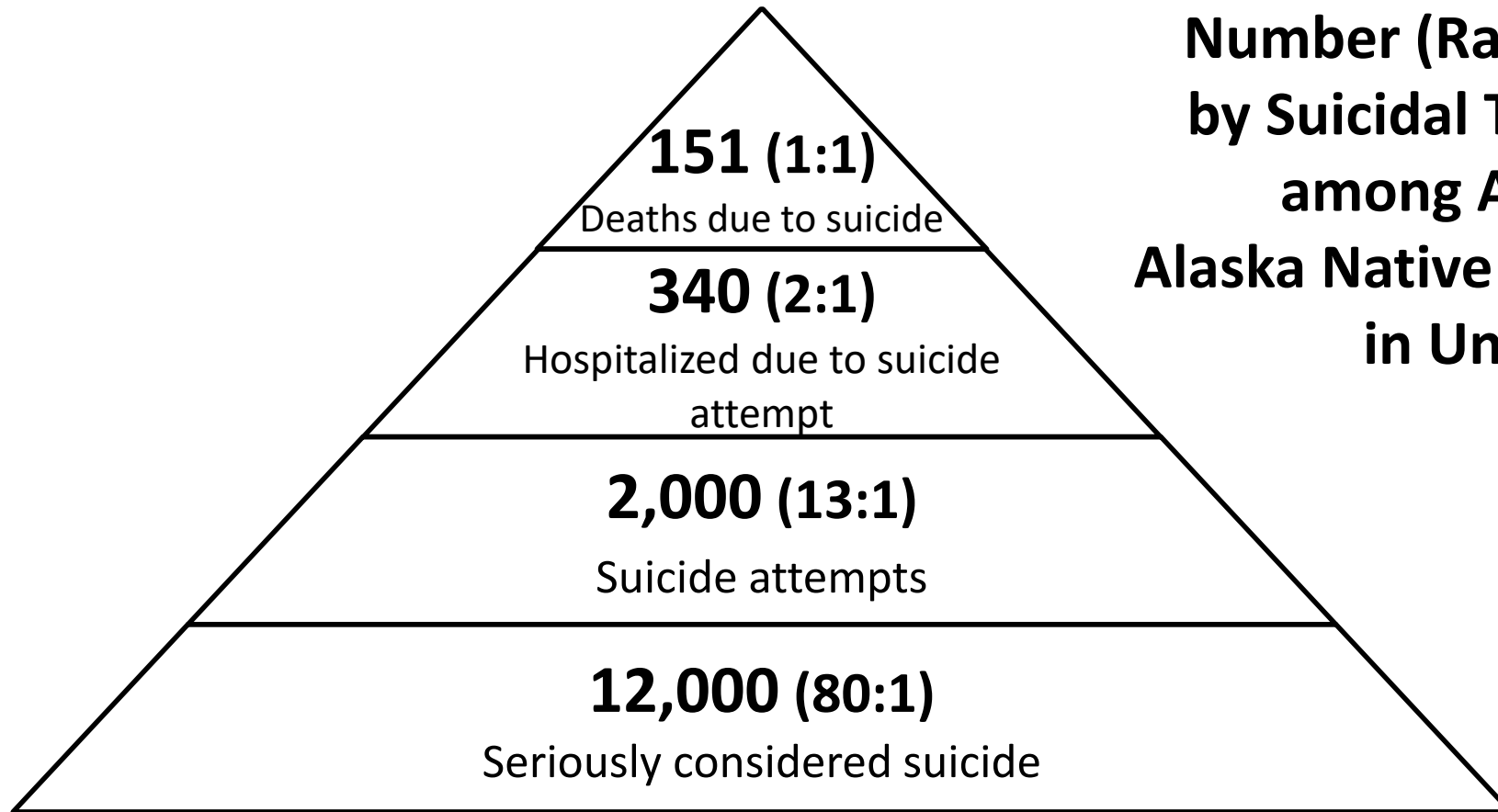## Leading Causes of Death by Race/Ethnicity – United States, 2017

Rank	NH White	NH Black	NH AI/AN	NH Asian/ Pacific Islander	Hispanic
1	Heart Disease	Heart Disease	Heart Disease	Malignant Neoplasms	Malignant Neoplasms
2	Malignant Neoplasms	Malignant Neoplasms	Malignant Neoplasms	Heart Disease	Heart Disease
3	Chronic Low Respiratory	Unintentional Injuries	Unintentional Injuries	Cerebrovascular	Unintentional Injuries
4	Unintentional Injuries	Cerebrovascular	Diabetes Mellitus	Unintentional Injuries	Cerebrovascular
5	Cerebrovascular	Diabetes Mellitus	Liver Disease	Diabetes Mellitus	Diabetes Mellitus
6	Alzheimer's Disease	Chronic Low Respiratory	Chronic Low Respiratory	Alzheimer's Disease	Alzheimer's Disease
7	Diabetes Mellitus	Homicide	Cerebrovascular	Influenza and pneumonia	Liver Disease
8	Influenza and pneumonia	Kidney Disease	**Suicide**	Chronic Low Respiratory	Chronic Low Respiratory
9	**Suicide**	Alzheimer's Disease	Influenza and pneumonia	Kidney Disease	**Suicide**

NH: Non Hispanic   CDC Vital Statistics

Suicide Rates Higher at Younger Ages in American Indians and Alaska Natives (AI/AN)

Suicide Rates by Race/Ethnicity and Age Group in United States, 2013–2017

NH: Non Hispanic

CDC Vital Statistics

Suicides Are Only a Portion of the Burden of Suicidal Behavior

151 (1:1)
Deaths due to suicide

340 (2:1)
Hospitalized due to suicide attempt

2,000 (13:1)
Suicide attempts

12,000 (80:1)
Seriously considered suicide

Number (Ratio) of Persons Affected by Suicidal Thoughts and Behaviors among American Indian and Alaska Native Adults, Aged 18–25 Years in United States, 2016

Ratio: The incidence of each behavior relative to the incidence of deaths due to suicide

CDC's National Vital Statistics System, Health Care Utilization Project – National Inpatient Sample 1st discharge code, and estimates from National Survey on Drug Use and Health

Suicide Rates Have Increased in American Indians and Alaska Natives

Suicide Rates among All Persons Aged ≥10 Years by Race and Ethnicity, United States, 1999–2017
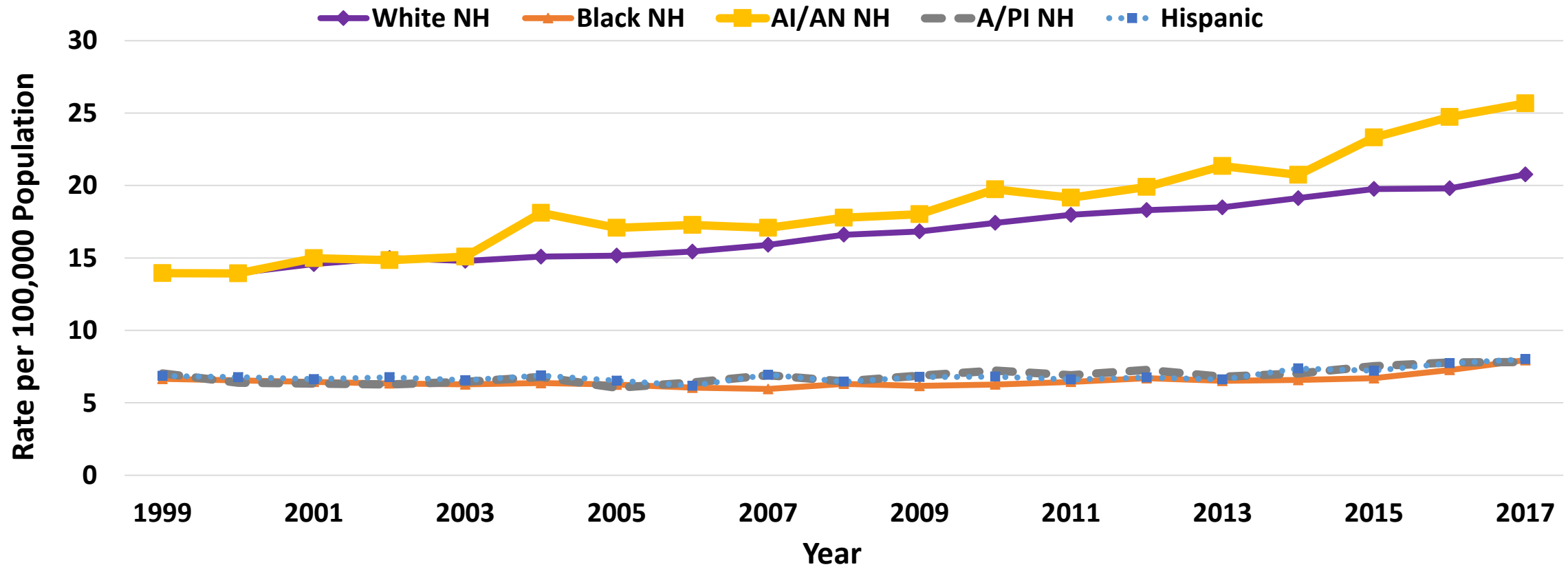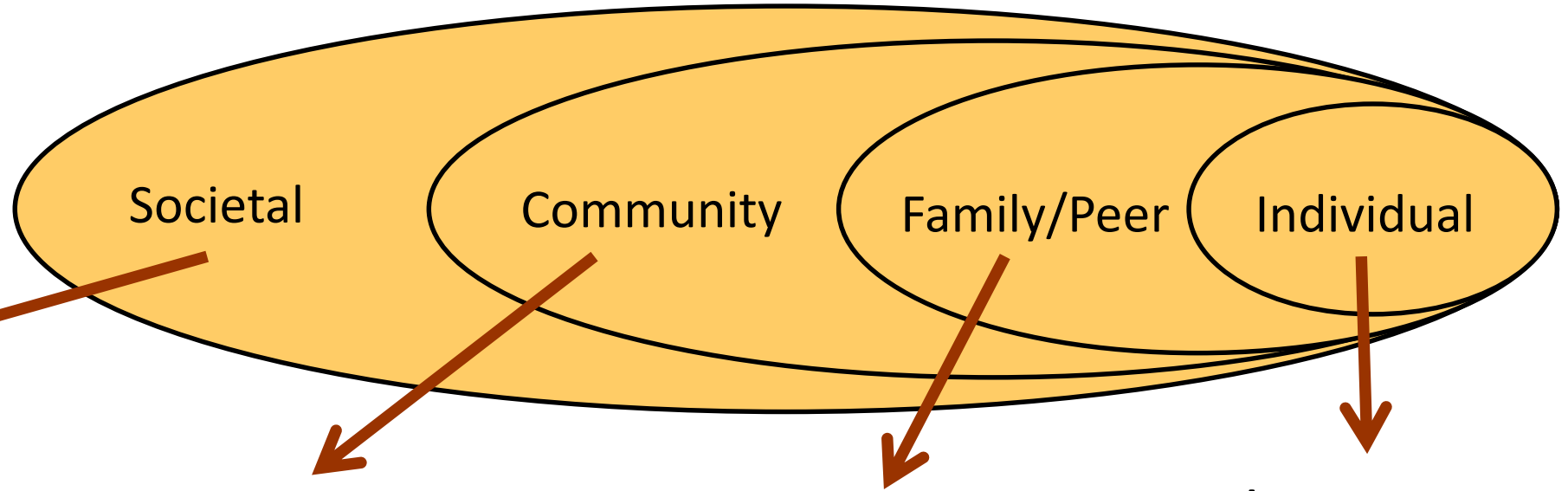
We Need A Comprehensive Approach to Suicide Prevention

Social-ecological Model for Addressing Suicidal Behavior

Societal

Community

Family/Peer

Individual

Examples – Societal
- Reduce access to lethal means
- Intergenerational trauma
- Geography
- Economy
- Cultural values/conflict

Examples – Community
- Spirituality
- Reduce social isolation
- Reduce barriers to care
- Incarceration

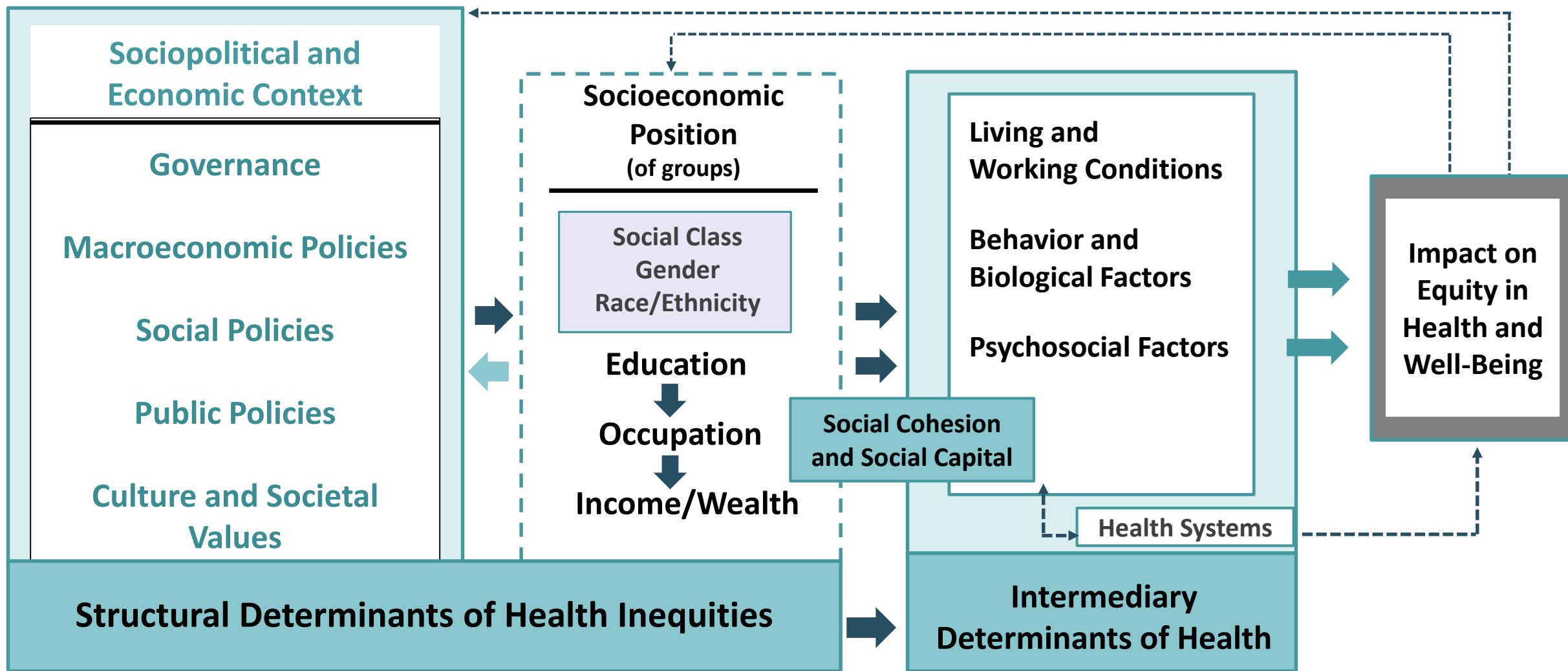**Examples – Family/Peer/Neighbor**
- Identify and assist persons at risk
- Family history of interpersonal or self-directed violence
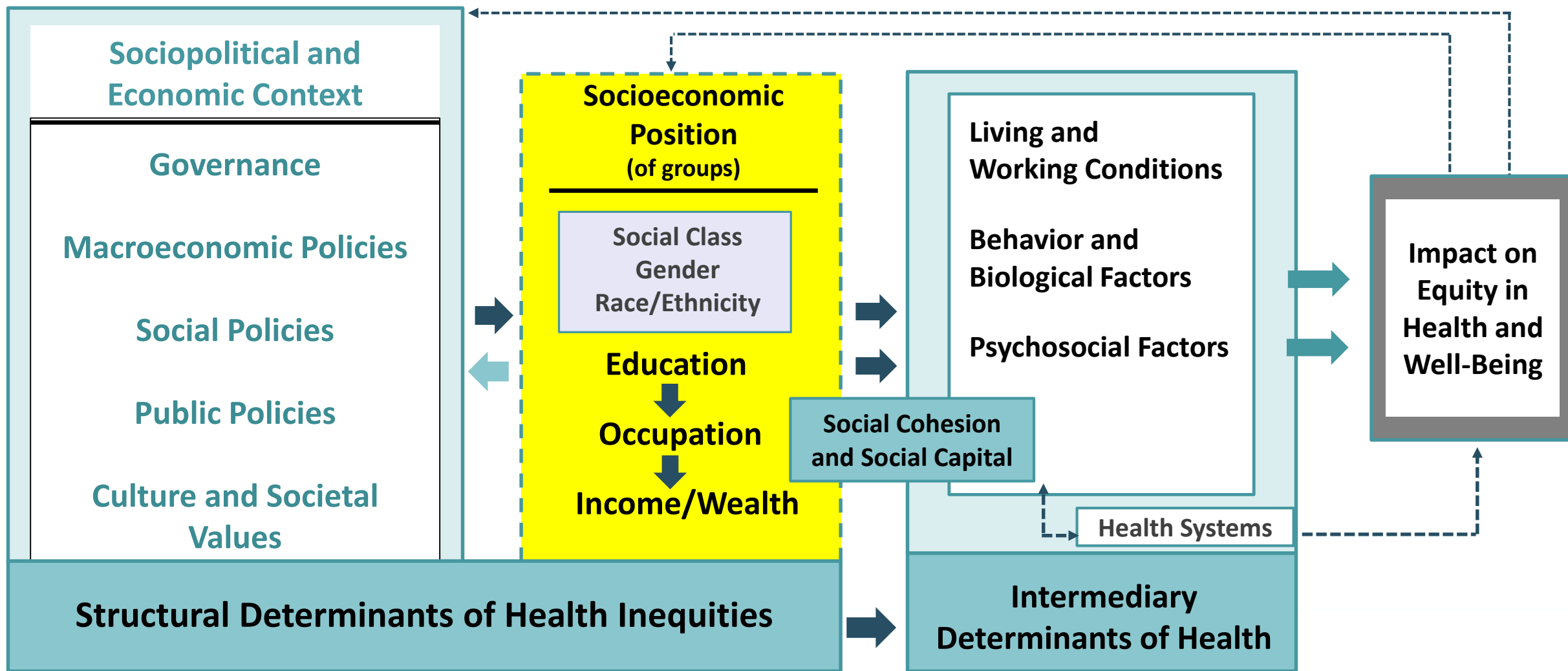- Exposure to violence

Examples – Individual
- Age and Sex
- Mental illness
- Substance misuse
- Increase Help-seeking
- Build Life Skills and Resilience

Conceptual Framework on the Social Determinants of Health World Health Organization (WHO)

Adapted from Commission on Social Determinants of Health. (2010). A conceptual framework for action on the social determinants of health. WHO

Conceptual Framework on the Social Determinants of Health World Health Organization (WHO)

Sociopolitical and Economic Context

Governance

Macroeconomic Policies

Social Policies

Public Policies

Culture and Societal Values

Socioeconomic Position
(of groups)

Social Class
Gender
Race/Ethnicity

Education

Occupation

Income/Wealth

Living and Working Conditions

Behavior and Biological Factors

Psychosocial Factors

Social Cohesion and Social Capital

Health Systems

Impact on Equity in Health and Well-Being

Structural Determinants of Health Inequities

Intermediary Determinants of Health

CDC's Technical Packages Available

❖ **Suicide Prevention**

❖ **Child Abuse and Neglect**

❖ **Sexual Violence**

❖ **Youth Violence**

❖ **Intimate Partner Violence**

Suicidal Behavior Prevention

Strategy	Approach
1. Strengthen economic supports	• Strengthen household financial security • Housing stabilization policies
2. Strengthen access and delivery of suicide care	• Coverage of mental health conditions in health insurance policies • Reduce provider shortages in underserved areas • Safer suicide care through systems change
3. Create protective environments	• Reduce access to lethal means among persons at-risk of suicide • Organizational policies and culture • Community-based policies to reduce excessive alcohol use

Suicidal Behavior Prevention

Strategy	Approach
4. Promote connectedness	• Peer norm programs • Community engagement activities
5. Teach coping and problem-solving skills	• Social-emotional learning programs • Parenting skill and family relationship approaches
6. Identify and support people at risk	• Gatekeeper training • Crisis intervention • Treatment for people at-risk of suicide • Treatment to prevent re-attempts
7. Lessen harms and prevent future risk	• Postvention (i.e., activities which reduce risk and promote healing after a suicide death) • Safe reporting and messaging about suicide

Let's Reduce Suicidal Behavior in American Indian and Alaska Native Youths

❖ **Suicidal behavior disproportionately affects American Indian and Alaska Native populations, especially youth ages 15 to 34**

❖ **A comprehensive approach is needed to reduce this serious public health problem**

❖ **Suicide prevention strategies should include culturally appropriate services and programs**

❖ **Together we can reduce this health inequity**

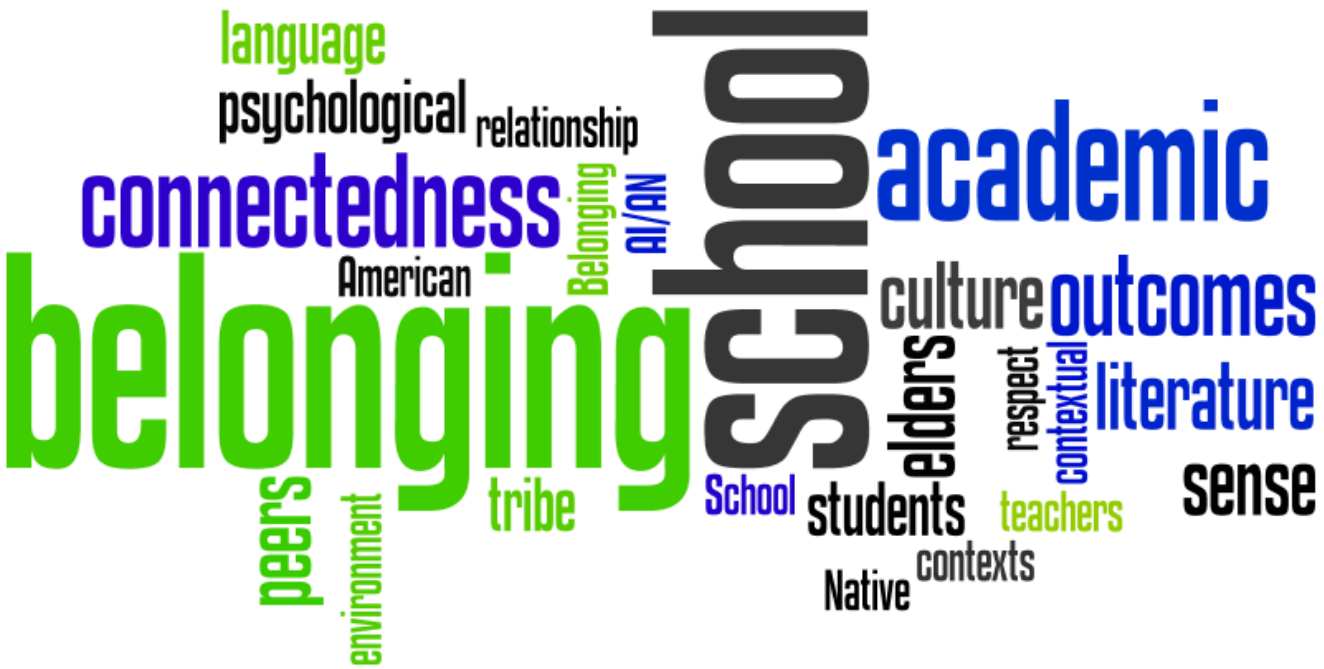# Suicide Prevention with American Indian and Alaska Native Youth

Teresa LaFromboise, PhD
Professor, Developmental and Psychological Sciences, Graduate School of Education
Chair, Native American Studies, School of Humanities and Sciences
Stanford University

Evidenced-based Interventions by Developmental Phase

Prior to Conception	Prenatal	Infancy	Early Childhood	Childhood	Early Adolescence	Adolescence	Young Adulthood

Pregnancy prevention

Prenatal care

Home visiting

Early childhood interventions

Parenting skills training

Social and behavioral skills training

Classroom-based curriculum to prevent substance abuse, aggressive behavior, or risky sex

Prevention of depression

Prevention of schizophrenia

Prevention focused on specific family adversities
(Bereavement, divorce, parental psychopathology, parental substance use, parental incarceration)

Community interventions

Policy

Zuni/American Indian Life Skills Stress-Coping Model

Zuni/American Indian Life Skills Stress-Coping Model

American Indian Life Skills Development Curriculum — Terese D. LaFromboise
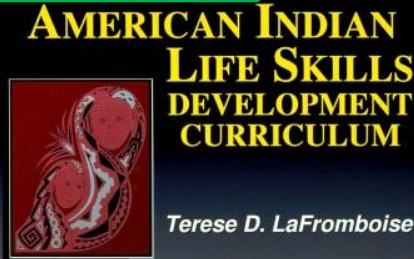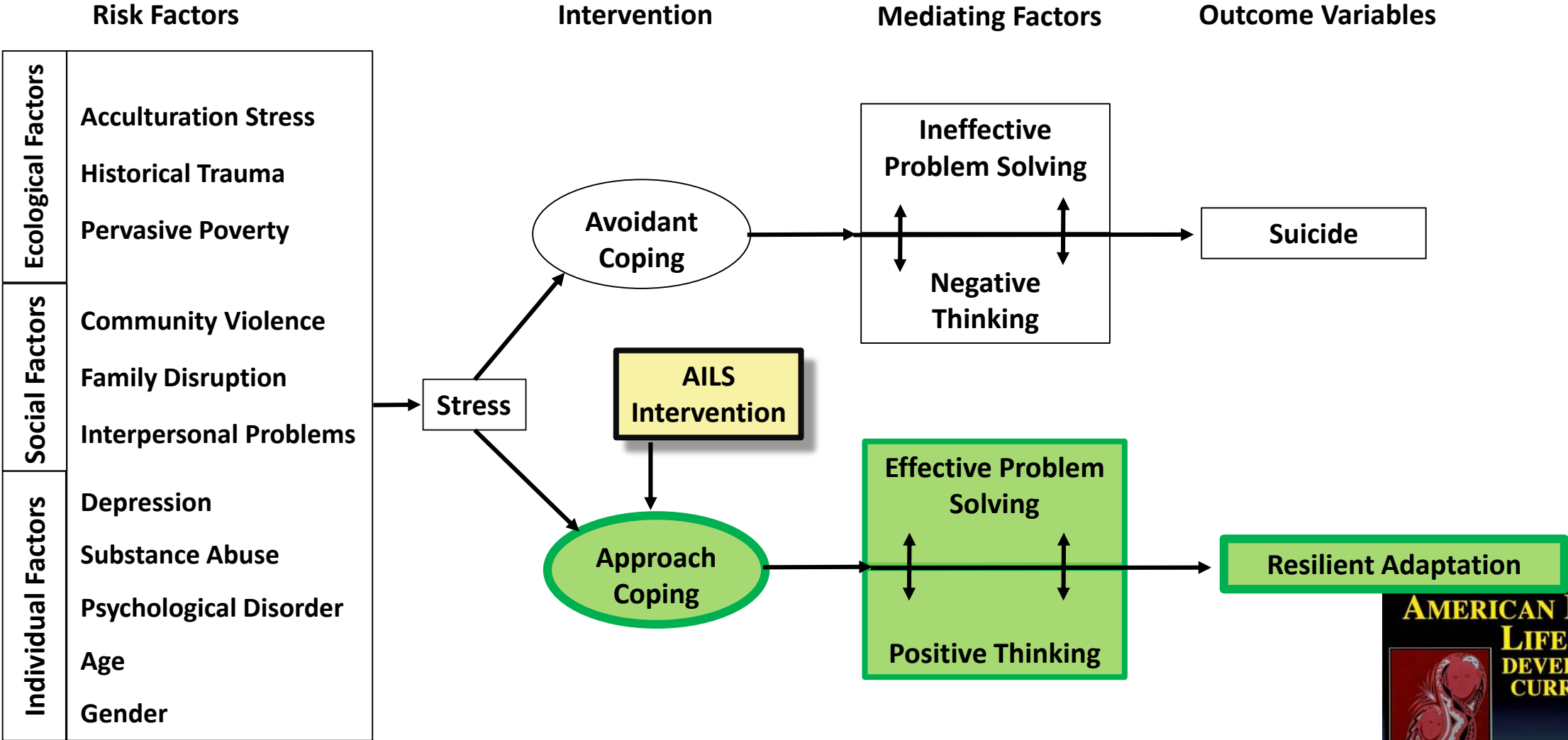
7 Sections of the Zuni/American Indian Life Skills Intervention

1. **Who am I? Building self-esteem**
2. **What am I feeling? Emotions and stress**
3. **How can I communicate with others and solve problems effectively?**
4. **How can I recognize self-destructive behavior and find ways to eliminate it?**
5. **Why do people attempt suicide?**
6. **How can I help my friends who are thinking about suicide?**
7. **How can I plan ahead for a great future?**

AMERICAN INDIAN LIFE SKILLS DEVELOPMENT CURRICULUM

Terese D. LaFromboise
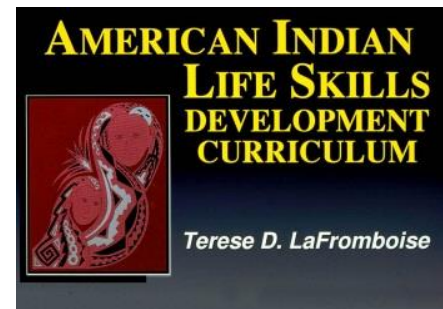
Interventionists can select from 44 lessons based upon the needs of students.

www.youtube.com/watch?v=IBfyJG5jwW0&feature=youtu.be&list=PLBXgZMI_zqfQEgcN674q4nVvdPqdrWdQP

Mediating Factors: Positive Thinking/Effective Problem Solving

<u>Lessons Build Core Skills to Address:</u>

❖ **Depression recognition/management**

❖ **Stress management**

❖ **Anger regulation**

❖ **Suicide prevention**

❖ **Individual/community goal setting**

AMERICAN INDIAN
LIFE SKILLS
DEVELOPMENT
CURRICULUM

Terese D. LaFromboise
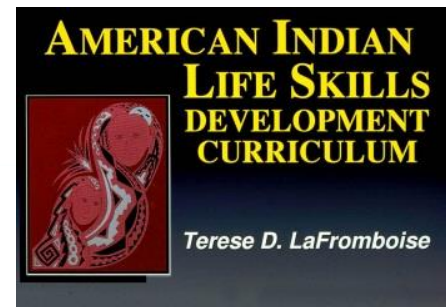
Effectiveness of Zuni Life Skills from Zuni High School Evaluation

Intervention vs. Comparison Group

Self-Report Survey
- ❖ **Less hopelessness**
- ❖ **More confidence in ability to manage anger**

Behavioral Role Play Study
- ❖ **Better peer suicide intervention skills**
- ❖ **Better peer problem solving skills**

LaFromboise & Howard-Pitney, 1995; Posttest Immediately Following Intervention

Suicide Gestures, Attempts, and Completions Among Members of the Western Athabaskan Tribal Nation, 1988–2002
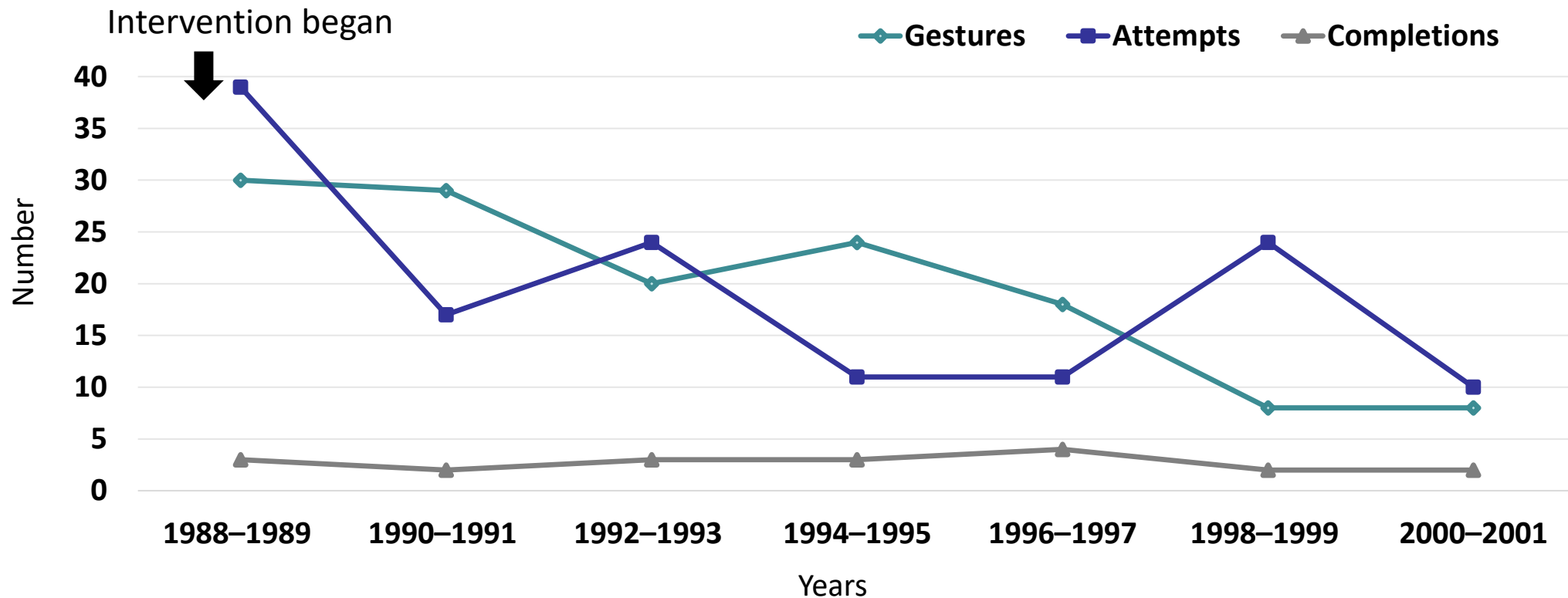
Intervention began

Legend: Gestures — Attempts — Completions

Y-axis: Number (0 to 40)
X-axis: Years — 1988–1989, 1990–1991, 1992–1993, 1994–1995, 1996–1997, 1998–1999, 2000–2001

27

Effectiveness of AILS in Schools in a Northern New Mexico Reservation Comparing Before and After Groups

Pretest vs. Posttest Intervention Group Only Design

Decreased:

Hopelessness

Suicide Risk

Increased:

Public Collective Esteem

Self-Efficacy

Self-Awareness

AILS = American Indian Life Skills; Independent Evaluation Conducted in the Southwest; No follow up

Adapting Curriculum for Middle School Level with Different Developmental Issues

Early Adolescence. . . .

Middle/Late Adolescence

Problems with family/friends

Trouble at school

Problems with peers

Cigarette smoking

Problems with the law

Binge drinking

Unsafe sex

Illicit drug use

Violence

Disturbed eating

Self-injury

Pretest vs. Posttest Intervention Group Only Design

Increases in self-efficacy to

Manage depression

Cope with stress

Enlist community support

Enlist social resources

Takeaways

1. **Schools are often overlooked as sites for suicide prevention**
2. **School-based suicide prevention interventions have shown positive outcomes**
   - Across an array of settings
3. **Many AI/AN youth have benefitted from school-based suicide prevention interventions**
4. **Approaches to family-involvement and community-wide change in suicide prevention with AI/ANs are increasing, but understudied**

Thank You

AI/AN: American Indian and Alaska Native

Detection and Management of Suicide in Primary Care: Translating an Evidence-based Practice in Native Health Settings

Spero M. Manson, PhD

Distinguished Professor of Public Health and Psychiatry
Director, Centers for American Indian and Alaska Native Health
Colorado School of Public Health
University of Colorado Anschutz Medical Campus

A Conspiracy of Silence Surrounds Suicide

❖ **Suicide and related mental health problems are highly stigmatized in AI/AN communities**
- Second only to HIV-AIDS

❖ **Clinical encounter in primary care is one of the few settings where Native patients feel sufficiently assured of confidentiality to disclose suicidal ideation and intent**

Survey of Suicide and Related Mental Health Problems in American Indian and Alaska Native (AI/AN) Communities, 2002

Condition* (n=3,043)	Mean	Rank Order
HIV/AIDS	4.9	1
Attempted suicide	4.6	2
Mental Illness	4.3	3
Sexually assaulted	3.9	4
Homeless	3.6	5
Alcoholic	3.0	6
Obese	2.5	7
Divorced	2.2	8
Unemployed	2.0	9

*"How ashamed or embarrassed would you feel if it became known to others that you had or were …. ?" Scale: 1= little or not at all; to 5=most possible

Unpublished data

Screening, Brief Intervention and Referral for Treatment (SBIRT)

❖ **SBIRT is a two-step process**

- Identifies at-risk individuals, and through counseling, encourages behavior change to reduce risk
- Well-established, evidence-based practice to detect and manage behavioral health problems in primary care

❖ **The National Strategy for Suicide Prevention: Goals and Objectives for Action (2012)**

- Recommended SBIRT for the early detection, triage, and management of young people at high risk of suicide

SBIRT Works Well in Primary Care Settings

❖ **Stigmatizing conditions such as suicidality are more readily discussed with patients in primary care than in other settings**
  - Especially when addressed in a non-judgmental fashion that equates them with less stigmatized health problems

❖ **Co-locating a behavioral health clinician in the primary care team**
  - Offers an immediate response to expressed risk
  - Ensures timely intervention by a trained professional

❖ **Relieves the primary care provider of the burden of addressing suicidality, which would otherwise compete with the need to address other reasons for seeking care**

SBIRT Is Adaptable to Many Settings

❖ **Subsequent follow-up by the SBIRT clinician provides more time to understand the patient and her risk**

- Can raise patients' awareness of suicide as a plausible concern
- Enhance their readiness to change through motivational interviewing
- Enable a "patient contract" to pursue next steps in addressing risk
- Provide structure for specific actions through continued follow-up or referral to additional care

❖ **These elements are readily adapted to patient and organizational culture, making SBIRT especially suitable for the early identification and treatment of American Indians and Alaska Natives at risk of suicide**

SBIRT: Screening, Brief Intervention and Referral for Treatment

Patient contract is a contract for safety used in the management of suicidal patients
www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf

❖ **Medical home for 65,000 Alaska Native/American Indians living in southcentral Alaska**

- 36 primary care teams treat empaneled patients
- 1 masters-level clinician, known as Behavioral Health Consultant, co-located with each team
- Initial screening for behavioral health problems—alcohol, substance abuse, depression, trauma, and suicide—upon presentation for appointment

❖ **Since 2001, screened nearly 58,000 unique patients**

- 27% deemed high risk and followed up, screening expanded over time to embrace wide range of conditions and ages
- Referred to a continuum of behavioral health care, including traditional healing resources

Chief Andrew Isaac Health Center, Tanana Chiefs Conference, Fairbanks, AK

❖ **Medical home for 14,500 Alaska Natives/American Indians at confluence of Yukon and Tanana Rivers**

- 12 primary care teams treat empaneled patients
- 2 masters-level clinicians co-located in primary care center
- Initial screening for behavioral health problems—alcohol, substance abuse, depression, trauma, and suicide—upon presentation for appointment

❖ **Since 2012, screened over 11,000 unique patients**

- 26% deemed high risk and followed up
- Referral to Tanana Chiefs Conference Behavioral Health Program, which provides outpatient, intensive outpatient, and residential treatment options
- Sustained by State of Alaska Medicaid funding

First Nations Community Healthsource, Albuquerque, NM

❖ **Country's largest urban Indian health program**
- Wide range of clinical services to American Indian (n=56,560), Hispanic, and other disadvantaged residents
- Two distinct clinic locations
- Family physician-led primary care teams integrated within a continuum of care
- Initial screening for behavioral health problems—alcohol, substance abuse, depression, trauma, and suicide—upon presentation for appointment

❖ **Since 2011, screened over 4,000 unique patients**
- 29% deemed high risk and followed up, screening expanded over time to embrace wide range of conditions and ages
- Graduated to State of New Mexico SBIRT Program, certified and funded by Medicaid expansion

Challenges and Opportunities to Help Patients

❖ **Engaging eligible patients, minimizing stigma, and ensuring confidentiality**

❖ **Maintaining implementation fidelity within clinical workflow and in the face of multiple demands**

❖ **Ensuring patient transition through process of care and maximizing retention**

Photo: www.fnch.org

Challenges and Opportunities to Improve Systems

❖ **Documenting services and linking to external resources beyond program**

❖ **Marrying SBIRT with other intervention approaches to maximize prevention gains**

❖ **Acquiring rigorous evaluation data to support program and policy advocacy**

Poster from: save.org

Thank You

Centers for American Indian and Alaska Native Health
colorado school of **public health**

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An Occupational Health Perspective on Suicide among American Indian and Alaska Native Youth

Michael A. Flynn, MA

Coordinator, Occupational Health Equity Program

National Institute for Occupational Safety and Health

U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Unemployment, Underemployment, and Suicide

❖ **Poverty is associated with higher suicide among AI/AN**

- Economic development led to decrease in some psychiatric symptoms among American Indian children (age 9–13)

❖ **Limited employment opportunities, especially in rural areas**
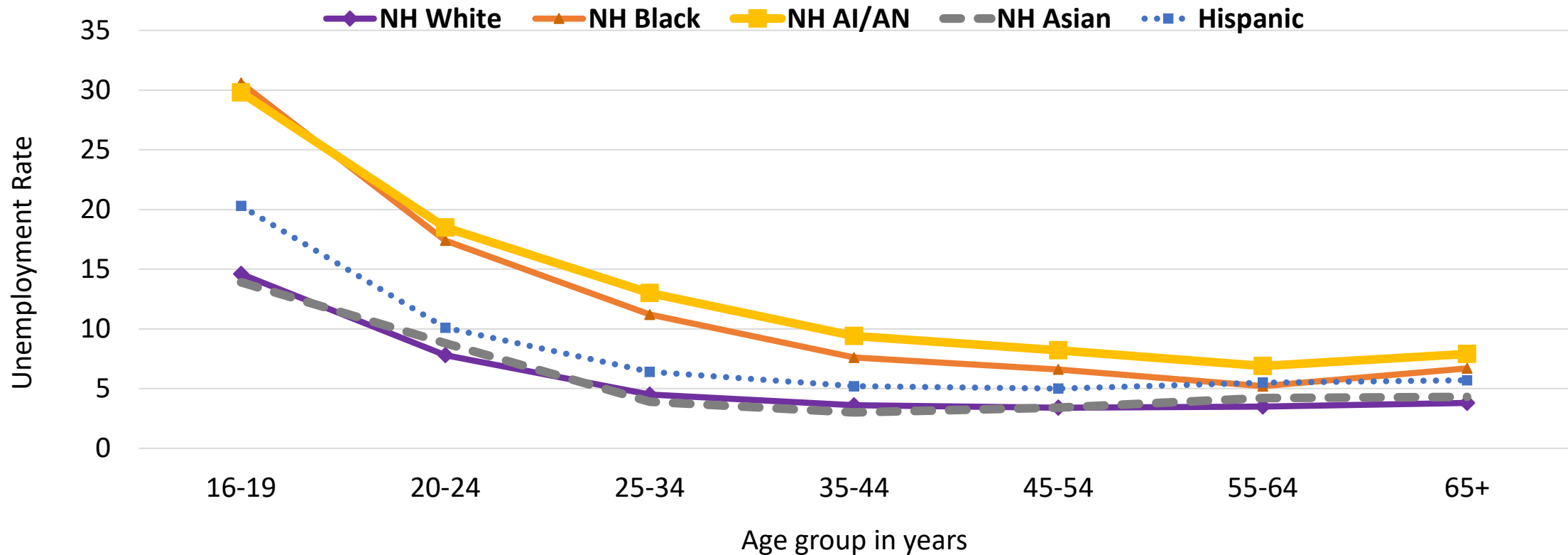
❖ **Unemployment**

- Unemployed emerging adults (age 18–25) have three times greater odds of reporting depression

❖ **Underemployment**

- Low hours, low wages, occupational mismatch
- Definition of a "good job" is relative

American Indian and Alaska Native Suicide
An Occupational Health Perspective

Unemployment By Race/Ethnicity and Age, 2013–17

Work as a Social Determinant of Health (SDOH)

❖ **Work has long been acknowledged as a SDOH and included in socioecological models of health**

- Impact of working conditions on health
- Provides income, housing, access to health insurance and other factors that advance health equity

❖ **Work is a principal mechanism for securing the needs that underpin action on health inequities**

- Material requisites for decent life
- Control over factors that influence their lives
- Participation in society
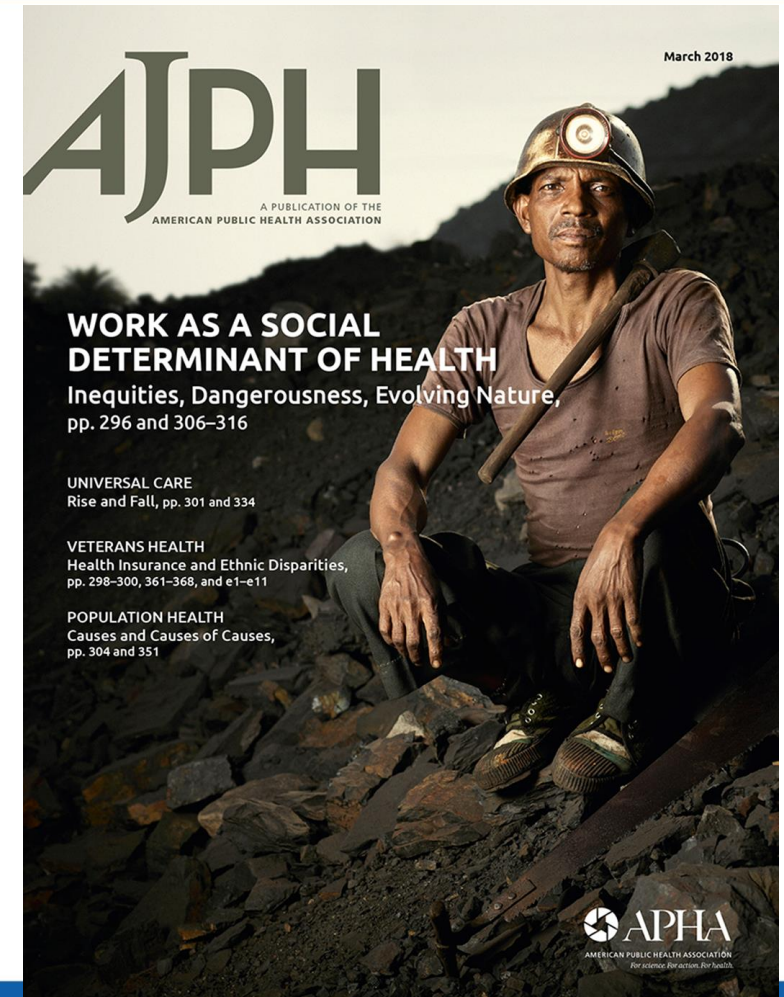
World Health Organization [WHO]. 2008. "Final Report of the Commission on Social Determinants of Health." Geneva, Switzerland: WHO

World Health Organization [WHO]. 2007. "Employment Conditions and Health Inequalities; Employment Conditions Knowledge Network of the Commission on Social Determinants of Health." Geneva, Switzerland: WHO

Largely Unrecognized Disconnect Between Occupational Health and Public Health

❖ **Despite common historical roots, occupational and public health developed on parallel tracks**

❖ **Classifying exposures and outcomes into work and non-work-related has limited our understanding of the relationship between work and health**

- e.g., limits our understanding of how chronic stress related to long-term underemployment might contribute to heart disease

❖ **As a result, work-related variables are largely absent from health equity research and the effect of work is underutilized in public health practice**

Flynn, M. A. (2018). *Anthropology of Work Review*, 39(2), 116-123.

Peckham TK, Baker MG, Camp JE, et al. 2017. *Ann Work Expo Health* 61:3–15.

Ahonen EQ, Fujishiro K, Cunningham TR, Flynn MA. (2018). *American Journal of Public Health* 108(3): 306-311.

Limited Understanding of Work as a Contributing Factor to Suicide

❖ **Research on the relationship between work and suicide is limited**

❖ **Areas that have been explored include:**

1. Suicides occurring at work
   - ❑ Access to lethal means at work

2. Rates of suicide by occupation
   - ❑ Occupational characteristics that contribute to suicide

3. Unemployment and suicide

Tiesman HM, Konda S, Hartley D, et al. (2015). *American journal of preventive medicine*, 48(6), 674-682.

Peterson C et al. *MMWR* 67(45), 16 Nov. 2018.

Luo F, Florence CS, Quispe-Agnoli M, et al. *American journal of public health*. 2011 Jun;101(6):1139-46.

Growing Understanding of Variables That Affect Relationship between Work and Suicide

❖ **Not all jobs are created equal**

❖ **Growing reliance on non-standard work arrangements**
- Nearly 20% of U.S. workers are in nonstandard job arrangement
  - ❑ Rates higher among racial and ethnic minorities
- Racial and ethnic minorities are concentrated in most exploitative contingent jobs

❖ **Good jobs—Fulfilling, stable, safe, and fairly paid**
- Job quality, not just job quantity
- Supervisor support, job insecurity, and suicidality

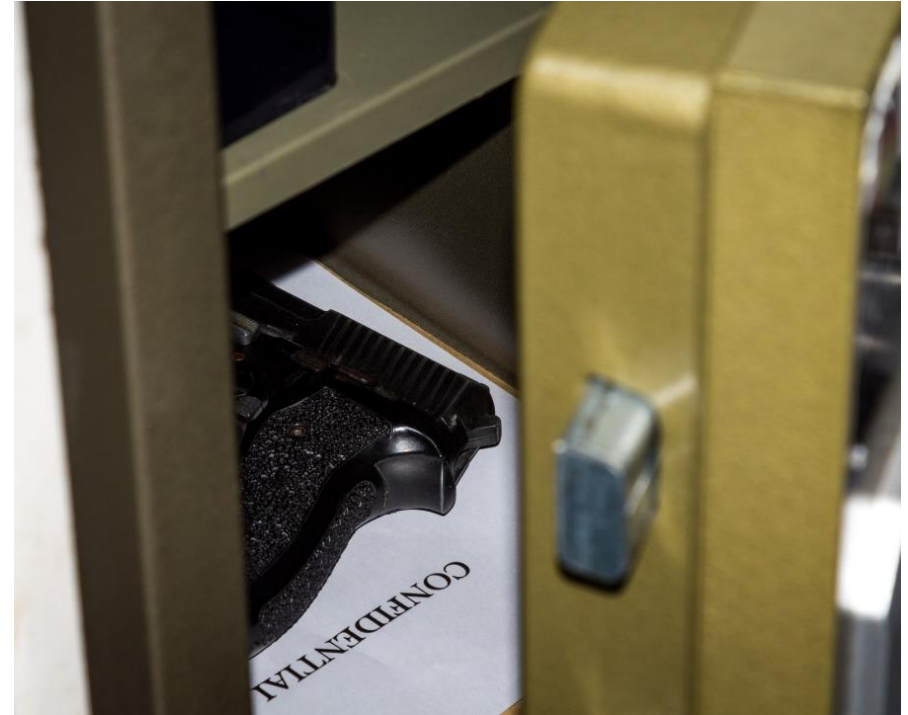Howard J. American journal of industrial medicine. 2017 Jan;60(1):1-0.

Quinlan M, Bohle P. The psychology of workplace safety. 2004;7:81-105.

Milner A, Witt K, LaMontagne AD, Niedhammer I. Occup Environ Med. 2018 Apr 1;75(4):245-53.

Suicide Prevention at Work

❖**Mental health model includes workplace as a location for suicide prevention activities**

- Training on warning signs, risks
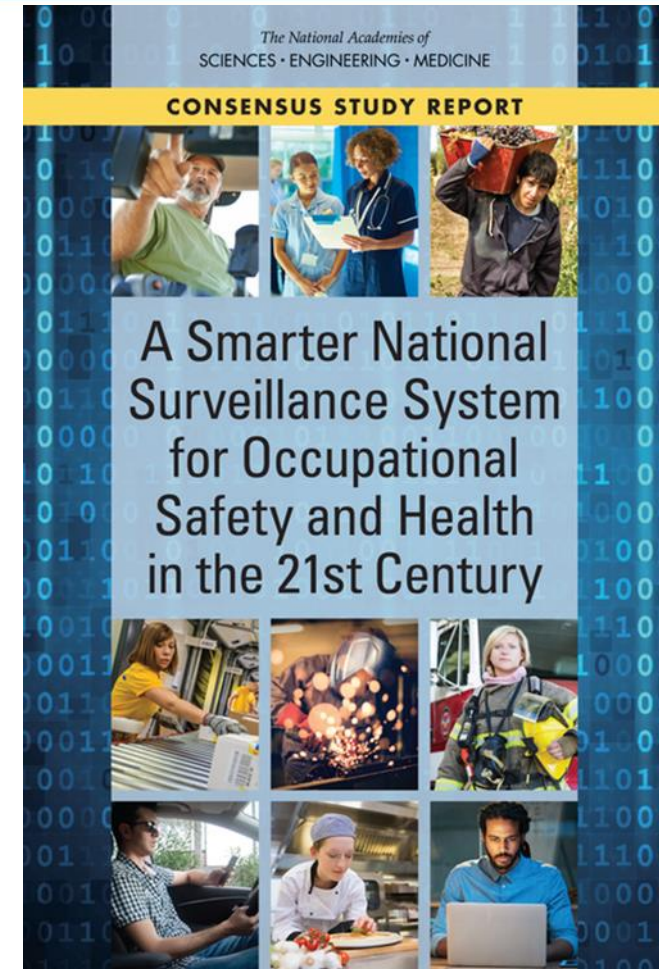- Resources made available through work
- Reduce access to lethal means

World Health Organization (WHO). Public health action for the prevention of suicide: a framework. Geneva, Switzerland; 2012.

Suicide Prevention through Access to Good Jobs

❖**Public health model includes employment as suicide prevention strategy**

❖**Job creation**

- Increased number and quality of jobs
- Increases economic security, social connectedness

❖**Economic development projects**

- Structuring work to better the health of the community

Davis-Ferdon C et al. CDC Grand Rounds: Preventing Suicide through a Comprehensive Public Health Approach. *MMWR* 65(34), 2 Sept. 2016.

❖ **Improve data collection to better understand the relationship between work and suicide prevention, especially for race and ethnicity**

❖ **Access to good jobs to advance health equity and improve SDOH**

❖ **Work as a vehicle to connect public health interventions with development initiatives**

- Discussion of *job quality,* not just *job quantity*

The National Academies of
SCIENCES · ENGINEERING · MEDICINE

CONSENSUS STUDY REPORT

A Smarter National
Surveillance System
for Occupational
Safety and Health
in the 21st Century

www.nap.edu/catalog/24835/a-smarter-national-surveillance-system-for-occupational-safety-and-health-in-the-21st-century

Flynn MA, and Wickramage K. 2017. *Int J Environ Res Public Health* 14(10):1248.

www.ilo.org/global/topics/sdg-2030/lang--en/index.htm

Conclusion

❖ **Work's potential as an intervention site to provide access to resources and improve the social determinants of health is a powerful, yet underutilized tool, in addressing health inequities, like the elevated rates of suicide among American Indian and Alaska Native youth**

General Resources for Preventing Suicides and Suicidal Behavior

❖**Suicide Prevention Resource Center**

www.sprc.org

❖**National Action Alliance for Suicide Prevention**

theactionalliance.org

❖**SAMHSA**

www.samhsa.gov

❖**National Institute of Mental Health**

www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Resources for Native Americans and Alaska Natives

❖**To live to see the great day that dawns**

www.sprc.org/resources-programs/live-see-great-day-dawns-preventing-suicide-american-indian-and-alaska-native
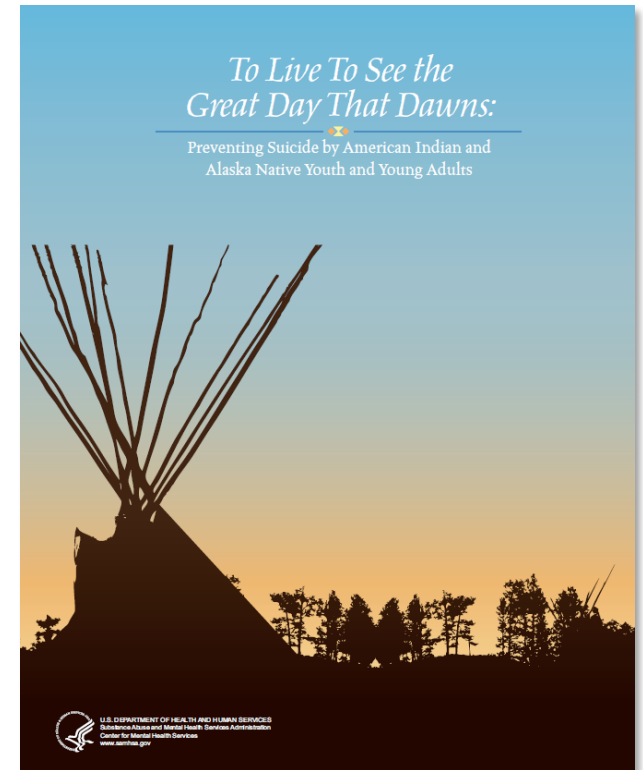
❖**National Action Alliance for Suicide Prevention**

theactionalliance.org/communities/
american-indian-alaska-native

❖**Indian Health Service**
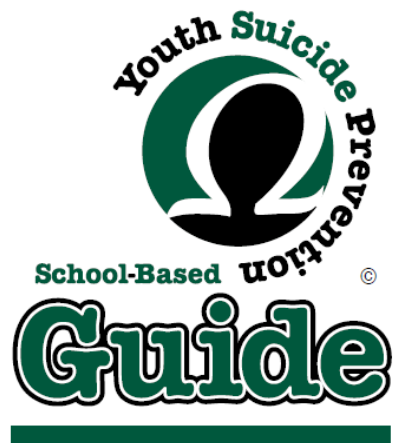
www.ihs.gov/suicideprevention

❖**Tribal Training and Technical Assistance Center**

www.samhsa.gov/tribal-ttac

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

SAMHSA
Tribal Training and Technical Assistance Center

Tribal Training and Technical Assistance Center

The Tribal TTA Center offers training and technical assistance (TTA) on mental and substance use disorders, suicide prevention, and mental health promotion using the Strategic Cultural Framework.

Resources for Schools

❖ **Preventing Suicide : A High School Toolkit**

store.samhsa.gov/system/files/sma12-4669.pdf

❖ **Youth Suicide Prevention School-based Guide**

theguide.fmhi.usf.edu/
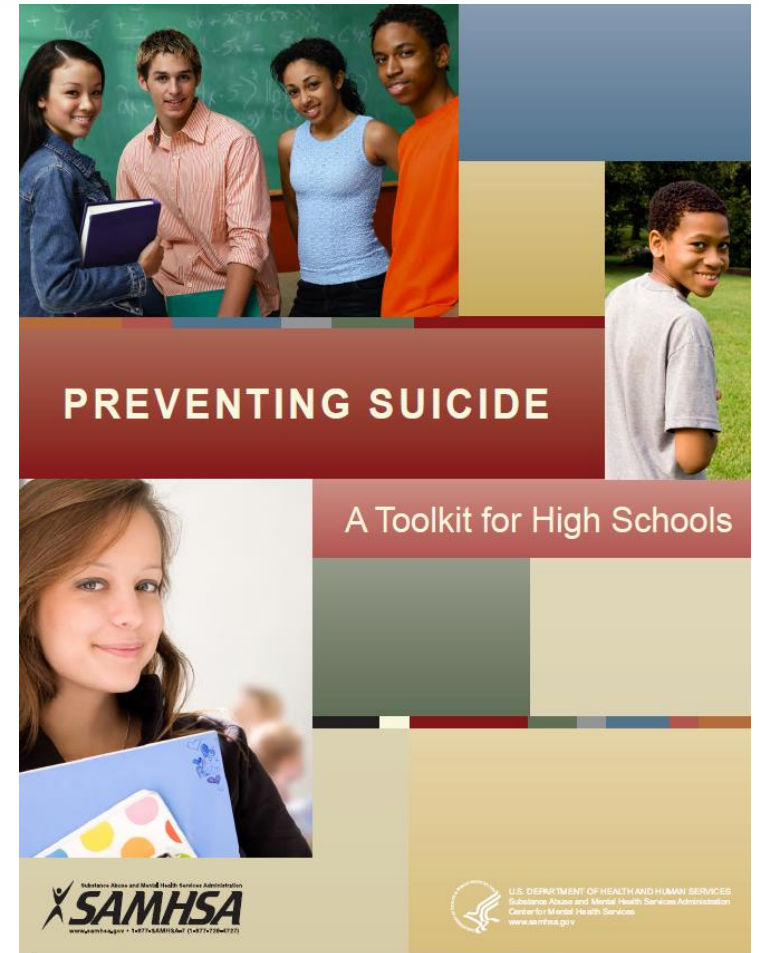
Resources for Teachers

❖**High School Teachers**

www.sprc.org/resources-programs/role-high-school-teachers-preventing-suicide-sprc-customized-information-page
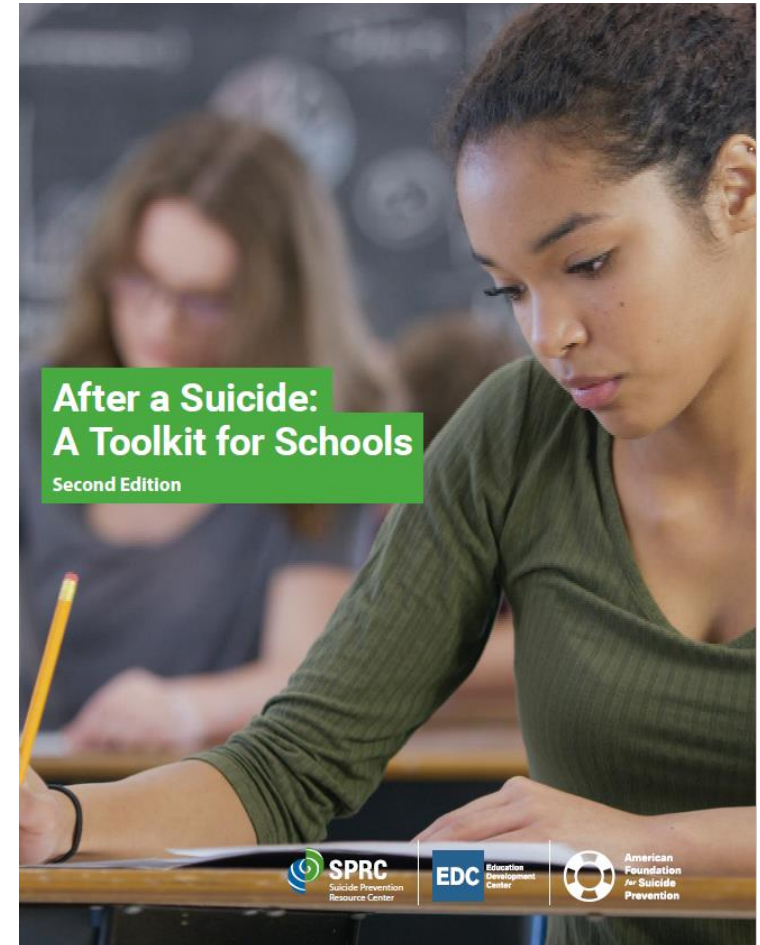
❖**School Psychologists**

www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/preventing-youth-suicide

Postvention – What to Do After A Suicide

❖ **After a Suicide: A Toolkit for Schools**

www.sprc.org/resources-programs/after-suicide-toolkit-schools

❖ **A Manager's Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing with the Aftermath of Suicide**

theactionalliance.org/resource/managers-guide-suicide-postvention-workplace-10-action-steps-dealing-aftermath-suicide

After a Suicide:
A Toolkit for Schools
Second Edition

SPRC Suicide Prevention Resource Center | EDC Education Development Center | American Foundation for Suicide Prevention

Promoting Suicide Prevention and Safe Messaging

National Action Alliance for Suicide Prevention

suicidepreventionmessaging.org
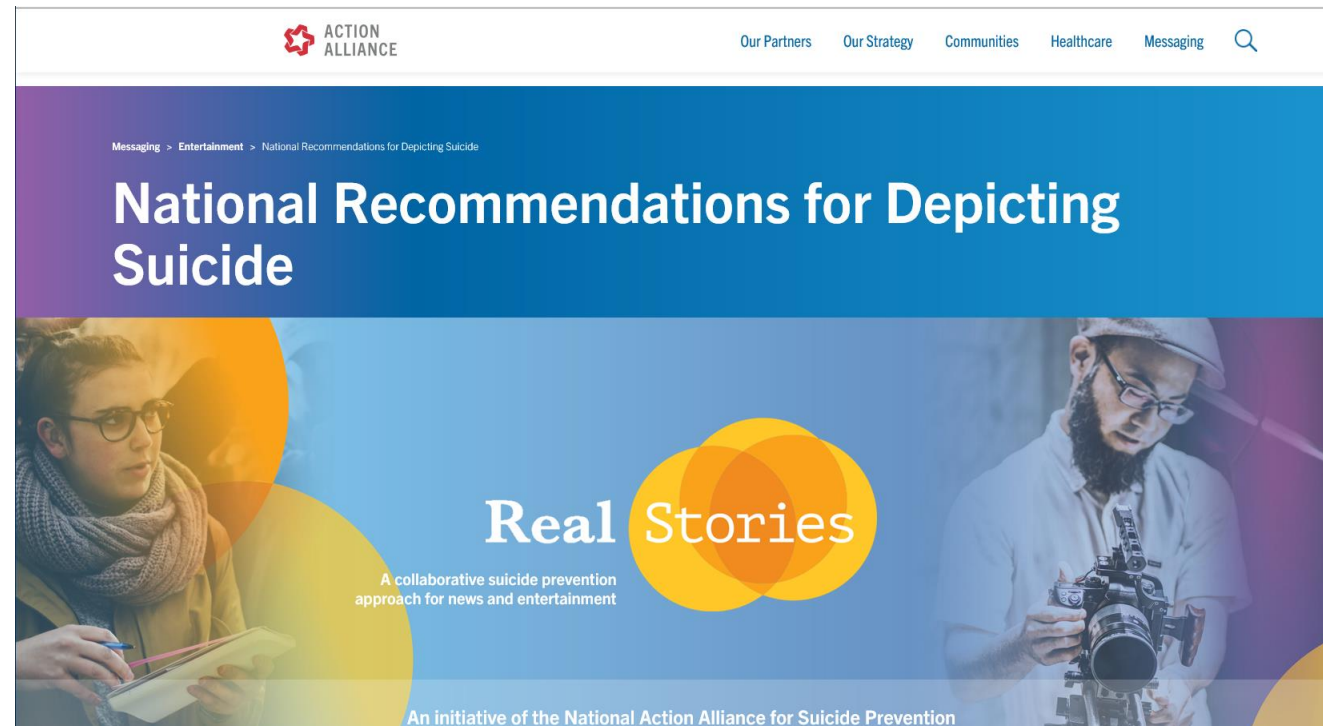
Workplace Resources

❖**Comprehensive Blueprint for Workplace Suicide Prevention**

theactionalliance.org/resource/comprehensive-blueprint-workplace-suicide-prevention

❖**New Tools Help Employers Take Action**

workplacementalhealth.org/Mental-Health-Topics/Suicide-Prevention

Grants to Help Meet Behavioral Health Needs of Native Youth

❖**Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program**

www.samhsa.gov/grants/grant-announcements/sm-19-006

❖**Native Connections Initiatives**

www.samhsa.gov/native-connections

Resources for Native Americans and Alaska Natives

❖ **To live to see the great day that dawns**
www.sprc.org/resources-programs/live-see-great-day-dawns-preventing-suicide-american-indian-and-alaska-native

❖ **National Action Alliance for Suicide Prevention**
theactionalliance.org/communities/american-indian-alaska-native

❖ **Indian Health Service**
www.ihs.gov/suicideprevention

❖ **Tribal Training and Technical Assistance Center**
www.samhsa.gov/tribal-ttac