



**Testimony
Before the
Committee on Indian Affairs
United States Senate**

**Activities of the Substance Abuse and Mental
Health Services Administration to Prevent
Indian Youth Suicides**

Statement of

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Mr. Chairman and Members of the Committee, good afternoon. I am Eric B. Broderick, D.D.S., M.P.H., Acting Administrator of the Substance Abuse And Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services and Assistant Surgeon General.

SAMHSA and the Indian Health Service (IHS) work closely together to formulate long-term strategic approaches to address the issue of suicide in Indian Country more effectively. For example, SAMHSA and IHS are actively involved on the Federal Partners for Suicide Prevention Workgroup. In 2001, the Office of the Surgeon General coordinated the efforts of numerous HHS agencies, including SAMHSA, IHS, the Centers for Disease Control and Prevention, the National Institute of Mental Health within the National Institutes of Health, and the Health Resources and Services Administration, along with other public and private partners to develop the first, comprehensive, integrated, public health approach to reducing deaths by suicide and suicide attempts in the United States in the National Strategy for Suicide Prevention. This resulted in the formation of the ongoing Federal Partners for Suicide Prevention Workgroup. SAMHSA also helped facilitate and participated in a Federal Partners Committee on Telemental Health.

While I am very pleased to be here today to talk about suicide rates among American Indians and Alaska Natives, I regret that since I testified the last time, the problem has not improved. I am saddened to note that we have faced yet another episode of suicides among American Indians and Alaska Natives, this time on the Standing Rock reservation where there have been ten recorded suicides, primarily among the younger population since January of this year.

Along with representatives of the Chairman, we visited the reservation on July 20 and met with Chairman Ron His Horse is Thunder as well as members of the Chairman's staff, tribal leaders, reservation program coordinators and tribal community members. Based on this visit, SAMHSA submitted a report to the Committee. The report repeats much of what I and the previous IHS Director have testified about in previous hearings, except due to the recent increased loss of youth to suicide, the report is specific to the Standing Rock Sioux Tribe July visit.

Despite the attention that suicide among American Indians and Alaska Natives deserves and gets, especially from the Committee and the Department, we, as a nation, continue to experience very high rates of suicide among Native Americans and Alaska Natives. In the case of Standing Rock, a cluster of youth suicide completions devastated the reservation despite suicide specific funding from SAMHSA through the Garrett Lee Smith (GLS) State/Tribal Suicide Prevention Grants.

Program staff for the GLS grant, known as Oniyape, are deeply dedicated to their suicide prevention program. Community members told us that staff supporting this grant have their hands full just trying to intervene with the large number of youth and families most at risk for suicide.

Programs that help increase protective factors to offset the risk factors that exist among the tribe – such as sports, recreation, cultural, and academic support programs – are scarce on the

Reservation. Where such resources do exist, inadequate financial and human resources limit outreach and activity level they can provide. During the recent crisis, the Boys and Girls Club of the Grand River Area of the Standing Rock Reservation served as the *de facto* crisis center for the community. It provided – and continues to provide – support, meetings with families, and grief counseling to the youth following the recent suicides. Parents and grandparents approached Club staff at work, on the street, and at their homes, asking if they could help their child or grandchild. Club staff made referrals, ensured the youth were involved in the Club’s programs, checked in on the youth, and listened to and supported the adults.

With the suicide rates so high, tribal members report that many individuals at risk struggle with:

- Maintaining intimate relationships
- Trusting and being trusted
- Working in teams with others
- Persevering when problems arise
- Functioning as parents
- Holding a job – if jobs exist
- Stopping harmful behaviors such as alcohol and drug abuse or family violence.

These reactions only create a deeper sense of isolation, depression, and substance abuse which often lead to suicidal thoughts and actions.

This problem requires a public health approach that works to decrease risk factors and increase protective factors. This may very well take a concerted effort by the Federal, State, and Tribal Governments. It will take time.

In the meantime, we support programs such as the Garrett Lee Smith State/Tribal Grants and other efforts supported by the SAMHSA and the Indian Health Service and consider ways of intervening such as finding ways to support mental health and substance abuse services for American Indian and Alaska Native tribes and tribal organizations.

We provide technical assistance to tribes and encourage them to apply for funding. All of our grants, except those that are restricted by statute, are open to American Indians and Alaska Natives tribes and tribal organizations, and we have been working hard to increase funding to American Indian and Alaska Native tribes or tribal organizations. They may apply directly for discretionary funds without going through the State, and we have facilitated the application process.

As a result of this effort, the amount of funding to American Indian and Alaskan Native tribes and tribal organizations, especially with respect to suicide prevention, now totals over \$60 million a year. Standing Rock has been very successful in competing and receiving grant funds from SAMHSA. Besides a Garrett Lee Smith State/Tribal grant, they also have a Circles of Care grant, an inter-departmental (HHS and Education) Safe Schools/Healthy Students grant, and a Targeted Capacity Grant for substance abuse treatment.

SAMHSA's Role in Better Serving American Indian and Alaska Native Populations

SAMHSA provides national leadership for suicide prevention, consistent with the National Strategy for Suicide Prevention. We have four major suicide prevention initiatives that I will highlight briefly today. These initiatives include the Garrett Lee Smith Youth Suicide Prevention Grant Program, the Native Aspirations Project, the Suicide Prevention Resource Center, and the Suicide Prevention Lifeline.

Garrett Lee Smith Youth Suicide Prevention Grant Program

As a result of the authorization provided by the Garrett Lee Smith Memorial Act (P.L. 108-355), SAMHSA has been working with state and local governments and community providers to further stem the number of youth suicides in our country.

In 2005, we awarded the first cohort of grants, 14 in all, under the Garrett Lee Smith Memorial Act State/Tribal Suicide Prevention program. These funds are available to help States/Tribes implement a State-wide/Tribe-wide suicide prevention network. One of those first set of grants went to the Native American Rehabilitation Association in Oregon.

Awards were again made in 2006 and 2007, during which six Tribes/Tribal Organizations were awarded grants. In August 2008, 12 Tribes/Tribal Organizations received Garrett Lee Smith grants, totaling one-third of the number of grant awards. This is not only a direct result of outreach and technical assistance, but a true indication of the resolve of Tribes and Tribal Organizations to proactively seek Requests for Application and then put forward strong, viable applications. Additionally, it is important to note that many of the states which received grant awards are partnering with and/or reaching out to include suicide prevention efforts in their local tribal communities.

Among the newest cohort of grants the Tribes/Tribal Organizations awardees include: the Gila River Behavioral Health Authority Youth Suicide Prevention Project, The Gila River Indian Community, Sacaton, Arizona; Omaha Nation Community Response Team - Project Hope, Walthill, Nebraska; Mescalero Apache School Youth Suicide Prevention and Early Intervention Initiative, Mescalero, New Mexico; Wiconi Wakan Health & Healing Center, Rosebud Sioux Tribe, Rosebud, South Dakota; Circle of Trust Youth Suicide Prevention Program, The Confederated Salish Kootenai Tribes of the Flathead Indian Nation, Pablo, Montana; Preserving Life: Nevada Tribal Youth Suicide Prevention Initiative, Inter-Tribal Council of Nevada, Sparks, Nevada; Youth Suicide Prevention, The Crow Creek Sioux Tribe, Ft. Thompson, South Dakota; Tribal Youth Suicide Prevention Program, Oglala Sioux Tribe, Pine Ridge, South Dakota; Wiconi Ohitika Project, Cankdeska Cikana Community College, Fort Totten, North Dakota; Sault Tribe Alive Youth (STAY) Project, Sault Ste Marie Tribe Chippewa Indians, Sault Ste Marie, Michigan; Bering Strait Suicide Prevention Program, Kawerak, Inc., Nome, Alaska; and the Native Youth Suicide Prevention Project, Native American Rehabilitation Association, Portland, Oregon.

Overall, 54 states, tribes, and tribal organizations, as well as more than 50 colleges and universities, will be receiving funding for youth suicide prevention through this program. Again, it is important to note that with the new tribal grantees, one third of all of the Garrett Lee Smith State and Tribal grants will be going to tribes or tribal organizations.

Native Aspirations Project

SAMHSA funds the Native Aspirations project, which is a national project designed to address youth violence, bullying, and suicide prevention through evidence-based interventions and community efforts. Through the Native Aspirations project, a total of 25 American Indian and Alaska Native communities determined to be the most "at risk" develop or enhance a community-based prevention plan.

After a community is selected, the first step is an initial visit from Native Aspirations project staff members, who share information and help community leaders set up an oversight committee. The second step is the Gathering of Native Americans (GONA), a 4-day event designed to offer hope, encouragement, and a positive start. GONA events are based on each community's traditional culture and honor American Indian and Alaska Native values. GONA events are a safe place to share, heal, and plan for action.

Within a month of a GONA, Native Aspirations staff facilitate a 2-day planning event. At this event, participants receive training about prevention plans and decide which model to follow. They outline a customized plan based on actions that have worked for others. As the community finalizes and carries out its plan, Native Aspirations provides ongoing training, consultation, technical assistance, and budget support.

Suicide Prevention Resource Center

Another initiative is the Suicide Prevention Resource Center (SPRC) which is a national resource and technical assistance center that advances the field by working with states, territories, tribes, and grantees and by developing and disseminating suicide prevention resources. The SPRC was established in 2002. It supports suicide prevention with the best of available science, skills and practice to advance the National Strategy for Suicide Prevention (NSSP). SPRC provides prevention support, training, and resource materials to strengthen suicide prevention networks and is the first federally funded center of its kind.

The Suicide Prevention Lifeline

The last major initiative I will highlight today is the National Suicide Prevention Lifeline. The National Suicide Prevention Lifeline is a network of 141 crisis centers across the United States

that receives calls from the national, toll-free suicide prevention hotline number, 800-273-TALK.

The network is administered through a grant from SAMHSA to Link2Health Solutions, an affiliate of the Mental Health Association of New York City. Calls to 800-273-TALK are automatically routed to the closest of 141 crisis centers across the country. Those crisis centers are independently operated and funded (both publicly and privately). They all serve their local communities in 49 states and operate their own local suicide prevention hotline numbers. They agree to accept local, state, or regional calls from the National Suicide Prevention Lifeline and receive a small stipend for doing so. (In Idaho, the only state that does not currently have a participating crisis center, the calls are answered by a crisis center in a neighboring state.) Every month, nearly 52,000 people have their calls answered through the National Suicide Prevention Lifeline, an average of 1,852 people every day.

When a caller dials 800-273-TALK, the call is routed to the nearest crisis center, based on the caller's area code. The crisis worker will listen to the person, assess the nature and severity of the crisis, and link or refer the caller to services, including Emergency Medical Services when necessary. If the nearest center is unable to pick up, the call automatically is routed to the next nearest center. All calls are free and confidential and are answered 24 hours a day, 7 days a week.

By utilizing a national network of crisis centers with trained staff linked through a single national, toll-free suicide prevention number, the capacity to effectively respond to all callers, even when a particular crisis center is overwhelmed with calls, is maximized. This also provides protection in the event a crisis center's ability to function is adversely impacted, for example, by a natural disaster or a blackout.

Further, by utilizing the national number 800-273-TALK, national public awareness campaigns and materials can supplement local crisis centers' efforts to help as many people as possible learn about and utilize the National Suicide Prevention Lifeline. In fact, SAMHSA has consistently found that when major national efforts are made to publicize the number, the volume of callers increases, and this increased call volume is maintained over time.

The National Suicide Prevention Lifeline's American Indian initiative has worked to promote access to suicide prevention hotline services in Indian Country by supporting communication and collaboration between tribes and local crisis centers as well as providing outreach materials customized for each tribe.

We are pleased that we have been able to work together with the American Indian/Alaskan Native Communities and also with the Department of Veterans Affairs (for veterans using the Lifeline) to help deliver the critically important messages that suicide is preventable, and that help is available. All Americans have access to the National Suicide Prevention Lifeline during times of crisis, and we are committed to sustaining this vital, national resource.

In addition to the four funding programs outlined above, SAMHSA has also provided funding for an expanded evaluation of Garrett Lee Smith-funded grant activities in the White Mountain Apache tribe, focusing on Emergency Department interventions and follow up with American Indian youth who have made suicide attempts. In this innovative approach, Apache paraprofessionals provide outreach in the community to each youth who has been reported to attempt suicide or to experience suicidal thoughts. By electronic means, these outreach workers are provided remote supervision by a child psychiatrist, psychologist and clinical team from the Johns Hopkins University Center for American Indian Health. In addition, last year, SAMHSA sponsored a meeting to examine the tragedy of suicide clusters in Indian Country.

These SAMHSA initiatives are an important start, but we know there is much more to be done to reduce the tragic burden of suicide in Indian Country. The problems confronting American Indian and Alaska Natives are taking a toll on the future these communities.

Mr. Chairman and Members of the Committee, thank you for the opportunity to appear today. I will be pleased to answer any questions you may have.