
WRITTEN TESTIMONY OF R. DALE WALKER, MD, DIRECTOR

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NATIONAL RESOURCE CENTER FOR SUBSTANCE ABUSE
AND MENTAL HEALTH SERVICES

OREGON HEALTH & SCIENCE UNIVERSITY

PORTLAND, OREGON

U.S. SENATE COMMITTEE ON INDIAN AFFAIRS

OVERSIGHT HEARING ON RECENT TRENDS IN YOUTH SUICIDE AND PREVENTION EFFORTS

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INTRODUCTION

Mr. Chairman, Vice-Chairman, and members of the Committee, my name is R. Dale Walker, MD. I am the Director of the One Sky Center, the American Indian/Alaska Native (AI/AN) National Resource Center located at Oregon Health & Science University in Portland, Oregon. I am a Cherokee psychiatrist with over 30 years experience in the fields of substance abuse and mental health. I have worked with native people, veterans, health & medical professionals, and tribal communities. I am also a member and immediate past president of the Council of Advocacy and Public Policy for the American Psychiatric Association, in addition to being a long-time member of the Association of American Indian Physicians. Finally, I am a member of the Advisory Council of the National Institute of Drug Abuse (NIDA).

Testimony of R. Dale Walker, MD, Director, One Sky Center

I thank the Committee for inviting the One Sky Center to testify as an expert witness on suicide prevention in Indian Country and to comment on recent trends in youth suicide among American Indian and Alaska Natives.

It was my great honor to testify in front of this Committee twice in the 109th Congress on Indian health and suicide prevention. I look forward to updating my earlier reports to you on the suicide prevention efforts of One Sky Center and some allied organizations. While suicide remains a devastating problem throughout much of Indian Country, many notable culturally appropriate initiatives are also underway.

CURRENT SUICIDE PREVENTION INITIATIVES IN THE PACIFIC NORTHWEST

The One Sky Center is allied with other national, regional, and local entities working on suicide prevention in Indian Country. Following is an update on One Sky Center and some of the regional entities not appearing at this Senate Hearing.

ONE SKY CENTER

In May 2006, the One Sky Center testified on teen suicide prevention. As the first National Resource Center for American Indians and Alaska Natives dedicated to improving substance abuse and mental health services in Indian Country, the One Sky Center has provided training, technical assistance, and lent expertise on suicide prevention affecting American Indian and Alaska Native people and tribal communities.

The One Sky Center has produced various culturally relevant resources for tribal communities. (See attachment). One Sky Center products, available online via our website, include: *Motivational Interviewing Enhancement Curriculum for Tribal Youth* with training guidebooks, culturally appropriate *Service Learning Curriculum*, a first of its kind *A Guide to Suicide Prevention for American Indian/Alaska Native Communities* with a community assessment tool for American Indian and Alaska Native youth, a *Best Practices in Behavioral Health Services for American Indians and Alaska Natives* monograph, and a *Describing Culture-Based Interventions for Suicide, Violence, and Substance Abuse* monograph.

In addition, the One Sky Center has been involved in two national initiatives, the “Native Aspirations Project” (NA) of Kauffman Associates, Inc., and the “Indian Country Methamphetamine Initiative” (ICMI) of the Association of American Indian Physicians. In these efforts to reduce suicide and closely related problems, the One Sky Center provides clinical, programmatic, and research expertise and assistance in the form of consultation, education, training, and production of guidebooks, all in a manner appropriate to the need in Indian Country.

Tribes and tribal organizations with scarce financial resources look to the One Sky Center to learn from medical and scientific disciplines and from what is working in other tribal communities. It has been One Sky’s honor to be able to assist.

Testimony of R. Dale Walker, MD, Director, One Sky Center

Many lists of “Best Practices”, including suicide prevention programs, have been published. However, the form and success of best practices depends heavily on tailoring for cultural and local context. With financial assistance from Substance Abuse and Mental Health Service Administration’s (SAMHSA) Center for Mental Health Services (CMHS), the One Sky Center reviewed evidence-based suicide prevention programs developed by, actually adapted to, or potentially useful in Indian Country, and produced a *Suicide Prevention Guide* to help disseminate this information throughout Indian Country. This document has passed through several phases of review and its approval by SAMHSA for dissemination is eagerly awaited by Indian Country.

Similarly, the One Sky Center assisted Indian Country experts to develop and disseminate culturally specific interventions for suicide and to train others in their application. These include Native *Helping Our People Endure* (HOPE); Project *Venture*; and a Tulalip tribal adaptation for children of the *Canoe Journey/Life Skills* program.

The One Sky Center has served as a source of expertise and advocacy in suicide prevention in Indian Country for government, public, and private entities. This activity spans awareness raising, coalition building, motivation enhancement, resource development (such as inventories of best practice), broad dissemination, training, and technical assistance.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

To address American Indian suicide in Oregon, Washington, and Idaho, the Northwest Tribes, led by the Northwest Portland Area Indian Health Board (NPAIHB), located in Portland, Oregon, initiated an inter-tribal action plan in January 2008 to guide program planning and catalyze effort. A resolution supporting the NW Tribal Suicide Action Plan was unanimously passed by the 43 members of the NPAIHB in January 2009. Coordinated and concerted effort is extremely important particularly to suicide prevention because of the systemic nature of the causes of suicide in Indian Country. For more information, visit www.npaihb.org/health_issues/suicide/

NATIONAL INDIAN CHILD WELFARE ASSOCIATION

Suicide occurs most frequently among adolescents and young adults with the seeds of the problem sown during childhood. Children are the principal and strategically important target population for suicide prevention. The National Indian Child Welfare Association (NICWA), located in Portland, Oregon, provides technical assistance and training to tribes, state and federal agencies serving children, removes barriers to accessing services, increases awareness of the risk factors that contribute to youth suicide in this population, and develops policy and strategies for increasing children’s services and funding for tribes.

NICWA provided technical assistance to 49 SAMHSA-funded tribal communities under the tribal Systems of Care and Circles of Care since 1999. NICWA assisted two tribes in accessing Garrett Lee Smith Grants in 2008. NICWA has also secured funding from the American Legion

Testimony of R. Dale Walker, MD, Director, One Sky Center

Child Welfare Foundation, Inc. to develop and disseminate the *Ensuring the Seventh Generation: Youth Suicide Prevention Toolkit* for child welfare and mental health programs. The toolkit educates tribal child welfare workers on the warning signs of suicide, risk and protective factors, suicide prevention and intervention methods, and when such workers should seek professional mental health services.

Policy development activities include work on the reauthorization of the SAMHSA programming to address funding and programming in children's mental health for AI/AN youth, establishing a specific authorization for the tribal System of Care and Circle of Care grant programs, creating direct access for tribes under the Mental Health Block Grant and supporting the expansion of IHS funding under the Indian Health Care Improvement Act reauthorization to allow tribes to utilize System of Care concepts (i.e. child centered services, promoting systems collaboration and culturally competent) in IHS programs for youth. For more information, visit www.nicwa.org

NATIVE AMERICAN REHABILITATION ASSOCIATION, NORTHWEST, INCORPORATED

The *Native Youth Suicide Prevention* project, a three year grant award funded by SAMHSA for the second time, is a partnership between Portland, Oregon-based Native American Rehabilitation Association (NARA) of the Northwest, the nine federally recognized Tribes of Oregon, and Portland State University. The project increased community awareness through a media campaign with a focus on risk and protective factor education, provided evidenced-based *gatekeeper* trainings at Tribal and community locations, conducted culturally based prevention and wellness activities, developed community specific resource cards to strengthen the referral process, formed a Native American Elders Council for direction and wisdom, provided technical assistance including conference planning, identifying resources, coordination of stakeholder meetings, and evaluated effectiveness and progress of the project.

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Universities and colleges are strategic points of intervention as students are at risk as well as being in training for careers that may include suicide prevention services. *Healing Feathers* is focused on American Indian/Alaska Native college students enrolled in Portland State University. The participants in *Healing Feathers* developed a brochure and power point presentation on warning signs of suicide, actions that individuals can take to provide support, and resources for referral and support. In the future the program seeks to establish a summer internship program working with the Native American communities in Oregon, both urban and rural to promote wellness and suicide prevention. The project uses community collaboration as a principal strategy.

RECOMMENDATIONS

Suicide is a devastating event for a family, a community, and a nation. Although the impact is powerful and widespread, suicide is a very individual event, often understandable only in retrospect, if ever. Expert professional intervention is critical for averting suicide by an individual who may be approaching such an act. A large increase in the number of such treatment “slots” and the expertise of interveners would avert significant numbers of suicides and reduce the devastating consequences for survivors.

However, important societal, community, family, and personal circumstances do affect an individual’s propensity to suicide, and are reflected in the unusually high rates of suicide in some Alaska Native communities. (These circumstances also adversely affect other ills including substance abuse, crime, and failure to thrive and prosper.) Such circumstances can be changed. More programs to improve youth development; remove pathological community factors; and foster community self-determination, vision, and hope for the future would significantly reduce suicide and, further, greatly improve the well-being and productivity of an entire generation—the youth of today, the adults of tomorrow.

Carefully assessing individual interventions and community programs will facilitate continuing improvement of those interventions. However, we should not look to break-through improvements in behavioral technology. We already know the technology of suicide prevention pretty well. We just need a lot more of it, and we need to educate and train more personnel to deliver those interventions.

Our understanding and efforts are weak on some points. Although we have lists of best practices and strategic plan documents, the notorious silo problem, education and training shortcomings, and other factors have left us with a fractured approach to suicide prevention, full of working at cross-purposes, duplication, and unnecessary gaps. We need a systemic vision and inspiring leadership in order to bring together a concerted, coordinated effort. An emphasis in policy and investment on comprehensive vision, coordinated programming, and monitored and enforced collaboration from the highest levels to the front line would be helpful.

Following are the One Sky Center’s observations on the state of suicide prevention in Indian Country and some more specific recommendations.

1. Policy and Administration

Findings: American Indian and Alaska Native (AI/AN) health needs are greater than the purview of the Indian Health Service or any other single federal agency. Comprehensive vision, inter-agency communication, coordination, and collaboration are essential. This is well known and multi-agency strategic plans, initiatives, agreements, etc., do exist. Interagency task forces, committees, coordination offices, and cross-agency staff placements have been employed to improve this situation.

Testimony of R. Dale Walker, MD, Director, One Sky Center

However, comprehensive policy, communication, coordination, and collaboration are lacking. Fragmentation and dysfunction include, specifically, management by crisis, unnecessary gaps in service, duplications, working at cross-purposes, and inter-organizational competition. Of course, funding and staffing (“capacity”) are vastly insufficient. At the front line, the impact of administrative and policy fragmentation is felt acutely and reflected in less than optimal services organization.

Recommendation 1.1: We recommend creation of an effective task force, office, or other at the HHS level to promote, monitor, and enforce comprehensive policy, communication, coordination, and collaboration on the federal response to AI/AN health needs.

Recommendation 1.2: We also recommend that a “blue ribbon” committee develop a comprehensive strategic plan for Indian Health care within the emerging National Health Care Reform initiative.

2. Community Competence

Findings: Research has demonstrated the “community competence” (ability to master challenges and meet the needs of community members) and ownership and control of local institutions and assets have a very large, measurable impact on suicide rates. These interventions are currently implemented on a small, pilot basis only.

Recommendation 2.1: We recommend extending and promoting programs like Native Aspirations (Kauffman and Associates, Inc.), Nation-Building (Harvard University), and One Sky Center to mobilize and improve the strength of community institutions and leadership in identifying and mastering challenges within the community.

3. Youth and Family

Findings: Suicide is a chronic illness. The illness often begins in childhood and develops over years as a vulnerability, propensity, ability, and, finally, a determination to suicide. Providing opportunities to develop life skills, commitment to community service, and involvement with nurturing and shaping family relationships creates resiliency and capacity to meet the crises and challenges that otherwise precipitate suicide.

Recommendation 3.1: We recommend extending and promoting youth development and family strengthening programs across Indian Country.

4. Clinical Services

Findings: When screening, gate-keeping, school counselors, social workers, law enforcement/judicial authorities identify individuals with high suicide potential, they attempt to refer the suicidal individual to someone able to intervene. In fact, there is a massive lack of such individuals. Further, the capacity of staff of multiple agencies to

Testimony of R. Dale Walker, MD, Director, One Sky Center

collaborate in the care of such an individual is limited by lack of policy, procedure, and infrastructure support.

Recommendation 4.1: Increase the workforce of skilled clinical staff capable of providing suicide intervention services. This includes funding additional staff positions as well as workforce management efforts such as recruitment, retention, and infrastructure support.

Recommendation 4.2: Promote policy, procedure and infrastructure support at the community level for interagency coordination and collaboration in delivering services to individuals.

Recommendation 4.3: Institute telehealth services to support community front-line clinical staff with tertiary care expertise in assessment and treatment planning for suicidal patients.

5. Training and education of staff

Findings: Physicians, where available, are not always skilled in suicide risk assessment and intervention. Other professional staff also lack these skills and knowledge. Consequently, even those suicidal individuals who do gain access to professional help may not receive an effective intervention.

Recommendation 5.1: Establish cultural relevance in professional training curricula.

Recommendation 5.2: Increase on-the-job continuing education together with certification for AI/AN health care personnel.

Recommendation 5.3: Institute telehealth training services for on-the-job continuing education by professional colleges and universities.

6. Research

Findings: We all feel a profound ignorance in the face of so shocking an event as suicide. While there is a reasonably good understanding of the epidemiology and etiology of suicide and we have a large body of research on preventive and treatment interventions, a great deal of work is still needed. We lack a good understanding of Culture-Based Interventions, a very challenging area of research. We also lack universal, systematic and continuous evaluation of suicide prevention and treatment interventions (and, therefore, the ability to continuously improve those interventions on the basis of such information).

Recommendation 6.1: We recommend innovative research on Culture-Based Interventions with mandates and financial support capable of progress on this challenging area of research.

Testimony of R. Dale Walker, MD, Director, One Sky Center

Recommendation 6.2: We recommend a strong policy commitment to ongoing evaluation of all prevention and treatment services, together with utilization of that evaluation in program improvement. This recommendation is not new: for example, it is found in many accreditation programs.

Recommendation 6.3: We recommend that the practice of program evaluation and continuous program improvement be widely taught in professional schools and in continuing-education programs.

CONCLUSION

We commend Senators Dorgan, Barasso, and the Senate Committee on Indian Affairs for holding this hearing, requesting comment on this most important issue, and especially to the Oregon Delegation for their support on these issues, namely former U.S. Senator Gordon Smith (R-OR).

We would also like to recognize former U.S. Senate Majority Leader Tom Daschle (D-SD) who consistently fought to improve Indian health, and along with Senator Smith, crafted the tribal provisions for the Garrett Lee Smith Memorial Act that is now the authorizing statute for suicide prevention monies through the Substance Abuse and Mental Health Services Administration.

I had the good fortune recently to visit briefly with Senator Smith here in Washington when he was honored by the American Psychiatric Association and have been in contact with him since then. I informed him of this opportunity to testify today and although he let me know he wished he could be here, he passed on these words for me to share with you on this most important issue to both him and all of us here today:

“The numbers of suicides among our Native American brothers and sisters, especially among the young, is a national tragedy, and ought to be a concern to all Americans. The Garrett Lee Smith Memorial Act is a vital tool in helping tribal governments to assure that, in the future, there are no more fallen feathers. The reauthorization and funding for Garrett Lee Smith Memorial Act couldn’t be more urgent and important. It’s part of keeping faith and represents a matter as grave as life and death.”

The One Sky Center stands ready to assist the Committee on this issue, and we will hope to exist in our committed work.

Thank you very much. This concludes the written part of my testimony.

Testimony of R. Dale Walker, MD, Director, One Sky Center

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