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

# SAMHSA'S Efforts to Address Suicides Among American Indians and Alaskan Natives


***Statement of***

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Mr. Chairman and Members of the Committee, good morning. I am Charles G. Curie, M.A., A.C.S.W., Administrator of the Substance Abuse And Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services. I am very pleased to be here today to describe how SAMHSA is working to address suicide among American Indians and Alaskan Natives.

I was scheduled to speak at a suicide prevention conference in Casper, Wyoming today, but I am so personally concerned about suicide rates especially among American Indians and Alaskan Natives that I wanted to provide this testimony myself.

It is a privilege to testify along with Dr. Charles Grim, Director of the Indian Health Service (IHS) this morning. SAMHSA and IHS have developed a strong partnership reflected in our current Intra-Agency Agreement to work efficiently and effectively together to help meet the public health needs of American Indians and Alaska Natives. It is also a privilege to be with Jerry Gidner, Deputy Bureau Director for Tribal Services at the Bureau of Indian Affairs.

It was just over a year ago that Kathryn Power, Director of SAMHSA's Center for Mental Health Services, testified before this Committee on my behalf, and Ulonda Shamwell, Director of Policy Coordination at SAMHSA, testified at a field hearing in North Dakota on suicide and violence among American Indians and Alaskan Natives. We have accomplished a great deal since then that I want to share this with you today.

Suicide

Suicide is a serious public health challenge that is only now receiving the attention and degree of national priority it deserves. Many Americans are unaware of suicide's toll and its global impact. Suicides make up 49.1 percent of all violent deaths worldwide, making suicide the leading cause of violent deaths, outnumbering homicide. In the United States, suicide claims approximately 30,000 lives each year. When faced with the fact that the annual number of suicides in our country now outnumbers homicides by three to two – approximately 30,000 and 18,000, respectively – the relevance of our work becomes clear. When we know, based on SAMHSA's National Survey on Drug Use and Health (NSDUH) for 2003, that approximately 900,000 youth had made a plan to commit suicide

during their worst or most recent episode of major depression and an estimated 712,000 attempted suicide during such an episode of depression, it is time to intensify activity to prevent further suicides. The NSDUH data and the countless personal stories of loss and tragedy are why I have made suicide prevention a priority at SAMHSA.

Suicide Among American Indian and Alaska Native Youth

Last year, a suicide cluster occurred on the Standing Rock Reservation in North Dakota and South Dakota. Ten young people took their own lives, and dozens more attempted to do so. The Red Lake Indian Tribe in Minnesota is experiencing high suicide rates following the deaths of nine individuals at the hand of a 16-year-old high school junior. Tragically, many other reservations have similar stories to tell. Suicide is now the second-leading cause of death (behind unintentional injury and accidents) for American Indian and Alaska Native youth aged 15-24. In 2003, the suicide rate for this population was almost twice the national average. American Indian youth have the highest rate of suicide among all ethnic groups in the United States, with a rate of 18.01 per 100,000 as reported in 2003. What is sad to report is that more than one-half of all persons who commit suicide in the United States, and an even higher fraction in Tribal

communities, have never received treatment from mental health providers.

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

SAMHSA focuses attention, programs, and funding on improving the lives of people with or at risk for mental or substance use disorders. Consistent with President Bush's New Freedom Initiative, SAMHSA's vision is "a life in the community for everyone." The agency is achieving that vision through its mission "building resilience and facilitating recovery." SAMHSA's direction in policy, program, and budget is guided by a matrix of priority programs and crosscutting principles that include the related issues of cultural competency and eliminating disparities.

To achieve the agency's vision and mission for all Americans, SAMHSA-supported services are provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served. SAMHSA has put this understanding into action for the American Indian and Alaska Native communities it serves. SAMHSA's policy is to level the playing field in order to ensure that Tribal entities are eligible for all competitive grants for which States are eligible unless there is a compelling

reason to the contrary.

Since CMHS Director Power testified before the Committee last year, and as a result of the Garrett Lee Smith Memorial Act (P.L. 108-355), SAMHSA is now working with State and local governments and community providers to stem the number of youth suicides in our country. In 2005, we awarded the first cohort of grants, 14 in all, including a grant to Arizona, 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.

Today I am announcing almost $9.6 million in funding for eight additional new grants (each for approximately $400,000 per year for three years) under this program to support national suicide prevention efforts. Grants have been awarded to programs in Oregon, Connecticut, Utah, Wisconsin, and Idaho, and grants specifically geared to American Indians and Alaskan Natives have been awarded to:

- Manniilaq Association of Alaska to provide a variety of suicide

prevention approaches to a region that has one of the highest youth suicide rates in the world;

- United Indian Involvement, Inc. to implement a Youth Suicide Prevention and Early Intervention Project targeting American Indian and Alaskan Native children and youth ages 10 to 24 in Los Angeles County; and

- Montana Wyoming Tribal Leaders Council to provide suicide prevention efforts to six Montana and Wyoming American Indian reservations, serving Blackfeet, Crow, Northern Cheyenne, Fort Peck, Fort Belknap and Wind River populations.

An announcement for a third cohort of grants of $400,000 per year for three years under this program closed yesterday. SAMHSA again invited all American Indian and Native Alaskan tribes to apply for these grants. In an effort to increase the number of applicants from American Indian and Alaskan Native tribes, we provided technical assistance specifically for them.

The Garrett Lee Smith Memorial Act also authorized a National Suicide Prevention Resource Center, and for Fiscal Year 2006 we received an additional $1 million in supplemental funds for the Center. We recently requested an application from the existing Center for use of these supplemental funds, requiring them to address how they would expand the current youth suicide prevention technical assistance to Tribes and tribal organizations.

Though not a part of the Garrett Lee Smith Memorial Act, SAMHSA has long supported a national suicide hotline – 1 800 273-TALK. Funding to the current hotline grantee was increased by $369,000 in FY 2006, and the grantee has been requested to submit an application that indicates how they will expand access to American Indians and Alaskan Natives.

The Administration's request for fiscal year 2007 for SAMHSA asks for nearly $3 million for a new American Indian/Alaska Native initiative, which provides evidence based programming on reservations and Alaskan Native villages to prevent suicide and reduce the risk factors that contribute to youth suicide and violence. We plan to continue our collaboration with IHS as we have done in the past in this initiative.

SAMHSA has also transferred $200,000 to IHS to support programming and service contracts, technical assistance, and related services for suicide cluster response and suicide prevention among American Indians and Alaska Natives. One example is the development of a community suicide prevention toolkit. This toolkit includes information on suicide prevention, education, screening, intervention, and community mobilization, which can be readily available to American Indian and Alaska Native communities via the Web and other digitally-based media for "off the shelf" use.

SAMHSA is proud of what we have done while knowing that this is not nearly enough. The problems confronting American Indian and Alaskan Native youth are taking their toll on the future of American Indian and Native Alaskan tribes.

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.