

TESTIMONY OF NOVALENE GOKLISH, SENIOR PROGRAM COORDINATOR, WHITE MOUNTAIN APACHE YOUTH SUICIDE PREVENTION PROGRAM

Mr. Chairman and Members of the Committee, good morning. I am Novalene Goklish. I direct the suicide prevention efforts of my Tribe, the White Mountain Apache.

Youth suicide is the single biggest human loss a family or community can experience, and it is destroying American Indian and Alaska Native communities. When you think of other behavioral health problems that affect youth—drug abuse, obesity, diabetes— some believe our Indian communities tend to see what is to come for other US populations, unless interventions are developed to stop these tragedies.

In the United States, suicide is the third leading cause of death for youth ages 15-24. Within the White Mountain Apache Tribe, our rates of death for this age group are 13 times the U.S. average, and 6 times the All Indian rate. In the U.S., up to 500,000 persons a year require Emergency Department care as a result of suicide attempt. In our reservation alone, with a population of 15,500 tribal members, our local Indian Health Service hospital treats more than 200 youth a year for suicide attempts.

The White Mountain Apaches are devastated but not broken by our problems of suicide. Rather, we see it as an obstacle we must overcome in order to share lessons with the world. We choose research as our tool. With the help of our long-time partners, Johns Hopkins Center for American Indian Health, we have tackled past health disparities by producing public health interventions that now save 3 to 5 million lives a year worldwide. Today, we are turning our research focus to a range of interventions to prevent youth suicide. We are designing this research so that it can be reproduced across Indian country and in rural and indigenous communities across our nation and our world.

I want to share with you the important elements of our work:

The White Mountain Apache Tribe, with technical support from Johns Hopkins, has developed the first tribally mandated suicide surveillance and follow-up system in the United States. In 2001, our Tribe mandated that all health and human service providers and tribal members report suicidal behavior to a centralized suicide prevention task force. These behaviors include: suicidal ideation, attempts, deaths, as well as binge drinking, drug use and cutting, which are also forms of self-injury in our community. Johns Hopkins assists in managing data and tracking quarterly patterns in suicidal behaviors and reports the information back to all tribal departments.

In addition, with Johns Hopkins' help, we have trained and employed a team of Apache case managers who follow up on every incident reported through the suicide surveillance system. The case managers assess youth's risk for suicidal death and triage youth and their families to available care. Prior to this, very few youth who attempted suicide (<25%) ever received treatment due to numerous treatment barriers. This effort is the first community-based follow-up and triage system of its kind in the country.

Our tribe has been fortunate to receive federal funding for our suicide prevention research. We are grateful for grants from SAMHSA's Garrett Lee Smith youth suicide prevention program and the Native American Research Centers for Health, managed by NIH and IHS. With this support, we are now developing evidence-based prevention interventions. What has been accomplished to date is state-of-the-art, and includes the following:

- First, we have adapted an Emergency Department intervention for youth who attempt suicide and their immediate family members. Apache case managers meet directly with the youth and their families to help them develop a safety plan to keep youth alive; we also help them connect to available services and follow up to ensure they go. More than anything, we teach them that their suicide attempt was very serious and taking one's life is not the Apache way. We are now doing a research trial with 30 White Mountain Apache youth who've attempted suicide to prove the effectiveness of this intervention.
- Second, we have adapted a life skills curriculum to be used in home outreach by Apache case managers with at-risk children and their families. This curriculum, originally called the American Indian Life Skills Curriculum, was previously designed for schools. We have found that many of our youth who are at risk do not regularly attend school. Nor are their families involved with their schools. The curriculum, which we have named, "Re-Embracing Life," teaches conflict resolution, coping and problem-solving skills. It serves as extra support as the Apache case managers work to get youth and families to available mental health treatment on the reservation. We are planning a randomized controlled trial of this intervention in the near future, so we can prove its effectiveness.
- Third, we have trained and certified two Apache case managers to conduct ASIST gatekeeper training in our community. We as Apaches have renamed this intervention ASIST "caretaker" training. The training educates adults who work with at-risk youth to recognize signs of suicide and connect youth to care. The Apaches are planning to culturally adapt the ASIST training to be more relevant to Native peoples.
- Fourth, we have developed an Elders advisory council. Our elders are focusing on promoting traditional protective factors. They are speaking in elementary and middle schools, and taking groups of at-risk and healthy kids on field trips to sacred sites. They are teaching youth about the core strengths of their Apache heritage. Elders and youth are also creating media campaigns to promote protective factors on our reservation.

Some unique highlights of our work include:

- The Apache community-based suicide surveillance system is the first of its kind in the country. We hope it becomes a resource to other tribal nations across North America, and will strengthen culturally specific responses to suicide prevention and treatment.
- The training and employment of Apache case managers to increase the safety net and community connections for suicidal youth is completely unique. It has great potential for solving current barriers to mental health care on reservations and in other indigenous communities worldwide.
- Johns Hopkins and the Apaches have had a 30-year relationship developing evidence-based public health interventions that have been disseminated across the globe. The suicide prevention work is being designed accordingly, to have relevance in populations worldwide.
- The interventions we are designing are low cost and tap and strengthen our local human resources. Much of the prevention and post-intervention is focused on connecting youth

to caring adult family members and to community treatment resources. The latest data from the CDC demonstrates that bridging connections to families is the most powerful prevention strategy.

Native American communities have tremendous resiliency. We have survived untold adversity by blending our traditional wisdom with new technologies. Culturally appropriate research is a great example. We must harness the power of traditional understanding and rigorous scientific research to stop youth suicide. Tribal-university partnerships that are built on trust and long-term commitment—such as the White Mountain Apache Tribe and Johns Hopkins—are the most powerful means for achieving renewed health. Federal funds are well spent in the arena of suicide prevention to reduce the high toll of medical costs and human suffering and to ensure our most precious asset—our youth—live to full maturity and potential. In our belief system, every human life serves a purpose to maintain the health and well-being of Mother Earth. We must find the means to re-learn as a human race that life is sacred; that life is precious; that life is meant to be lived out serving our greater common purpose.

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