



Zero Suicide Keys for Sustainability for Health and Behavioral Health Care Programs in Indian Country

LEAD ELEMENT

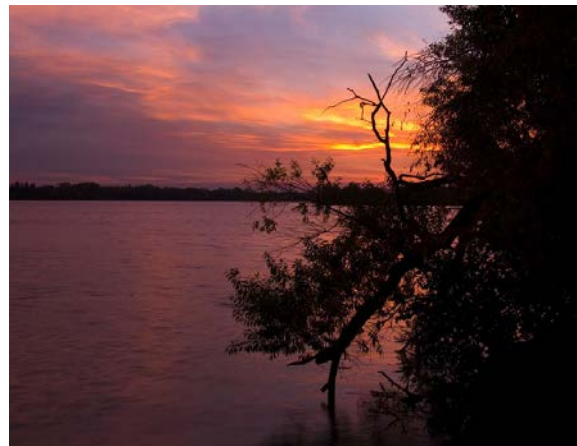
- » Research and understand the cultural context of the community targeted by your program.
- » Ensure that your team includes a diverse representation of members from your target population throughout the planning, implementation, and evaluation processes.
- » Ask for assistance with approaching the leadership of the Tribes on whose lands the health/behavioral healthcare system is located. If you are unsure about the most respectful way in which to do this, ask for assistance from those Indigenous people who may work in the system.



- » Consider the creation of a Tribal or Cultural Liaison position on staff who will not only be part of the leadership/implementation team but will also be an important link back to the Tribe.
- » Tailor information and resources to respectfully address your target population's values, beliefs, culture, and language. Use alternative formats (e.g., audiotape, large print, storytelling) whenever appropriate.
- » Create an open dialogue with group members to promote cultural considerations being honored and communicated, such as preferences regarding personal space, geography, familiarity, and terminology (i.e., words that should be used or avoided).

TRAIN ELEMENT

- » Part of the onboarding of all new staff should include culturally-appropriate suicide-safer care training that is appropriate for the position; gatekeeper training for non-clinical staff and screening, assessment, safety planning, and treatment interventions training for clinical staff.
- » Badge cards with steps to take when encountering an individual who may be experiencing suicidal thoughts or behavior are available for and worn by all staff, regardless of position. These are especially helpful for those who may not be clinical in knowing what to do when they meet a person receiving services who may be experiencing suicidal thoughts or behaviors.
- » Do yearly inquiries into staff comfort around providing caring, confident and competent suicide-safer care for Indigenous people using the Workforce Survey. Update this following any major training effort and assure staff that these surveys are anonymous.
- » Ensure that all staff understand the culture or cultures of the Indigenous people and their families receiving care in the health/behavioral healthcare settings in which they work. There is no such thing as “one size fits all,” especially when working with and in Indigenous communities. Staff must be aware that not everything is written in books and that many of the healing ways of Indigenous communities, while not researched and documented, are thousands of years old. Cultural humility when working with Indigenous people is an art that must be a cornerstone of Zero Suicide implementation and its sustainability post-funding in order for it to be successful.



- » Encourage cultural sharing between the Tribe or Tribes and the health/behavioral healthcare setting. Participation in health fairs, open houses/community appreciation events at the hospital or health care setting, gatherings, homecomings, Powwows, etc., bridge the gap between health care and the community.

IDENTIFY ELEMENT

- » Keep in mind that health/behavioral health staff implementing Zero Suicide may come from the Tribal community or communities being served. Many of these Tribes have taboos around talking about death, especially death by suicide. Research this, and if this is the case, encourage Indigenous staff to talk about life promotion instead of suicide prevention or death by suicide. Consult with the Elders of the Tribe for suggestions of the most appropriate language to use.



- » IHS is promoting the use of the ASQ for screening in their Service Units. Some of the Tribal sites have been working with the authors of this tool to indigenize it without tampering with its integrity. They are finding it more culturally resonant and much easier to use with Indigenous people. However, choosing evidence-based screening and assessment tools as an implementation team with representation from the Tribe ensures buy-in and a sense of collaboration and ownership of the process.
- » There is no substitute for cultural humility when working with Indigenous people, especially when working with screening tools and assessments that were not validated on them. This knowledge assists the suicide-savvy, culturally-savvy clinician with asking the questions in ways that will elicit answers while maintaining the respect and dignity of the individual who may be experiencing suicidal thoughts or behaviors and maintaining the integrity of the tool.
- » Realize that it may have taken a good deal of strength for someone to come in asking for help. Honor and support that by making a point to acknowledge this with the individual and by using the tone and ways in which suicidal thoughts and behaviors are articulated within the Tribe.
- » Always ask about the use of traditional forms of healing in ways that show openness and acceptance of other ways of regaining health and balance. Don't ask, "You don't

use Traditional Healers, do you?” If people or families coming for services do use Tradition Healers or medicines for wellness, ensure that the health/behavioral healthcare system has ways for them to contact those Healers immediately. Have telephone numbers on hand. Some systems have specialized clinics located right in the hospital. Some have Traditional Healers or Cultural Liaisons on staff and readily available.

- » Some Tribal systems use the free Native American Acculturation Scale located here in [Tip 59 from SAMHSA](#), which asks 20 questions to ascertain an individual’s level of involvement with their Tribal culture as part of their intake process or as they screen the individual for suicide risk. Use this knowledge to assist the individual with accessing the care that will be most healing for them.

ENGAGE ELEMENT

- » Ensure that the health/behavioral healthcare system creates a clinical pathway of care for those who are assessed as having moderate to high risk of suicide and that there are policies and procedures created on which all clinical staff are trained.



- » Develop referral sources for people at risk if a continuum of care is unavailable in your system. Develop memorandums of understanding with the IHS Service Unit, other behavioral health providers, and Traditional Healers.
- » Safety planning is a very effective, person-driven intervention for suicide-safer care that requires no specialized training except for an in-depth knowledge of the services available in the community to support recovery from suicidal thoughts and behaviors. Training on assisting a person experiencing suicidal thoughts or behaviors with completing a safety plan is available on the web for free. Safety planning can be done by people having knowledge of services available in the community; peer specialists, other para-professionals, clinical or medical staff, because the plan belongs to the individual seeking services and all responses are personal to them. Practice assisting people in their creation of a safety plan that is resonant with their ways of healing.

- » Learn to fearlessly counsel on the reduction of access to lethal means with the knowledge that there are many ways in which people think about ending their lives.
- » People in need of care should be seen for it within 24 to no more than 48 hours. If people cannot be seen immediately for care, ensure that the system stays in close contact with them until that care connection is made.

TREAT ELEMENT

- » Keep in mind that, as with screens and assessments for suicide risk, there is no evidence-based treatment modality for suicide-specific care that has been validated on Indigenous people.
- » For some of those Tribes that have maintained their Ancestral ways, the use of Traditional Healers and medicines continues to be highly effective.
- » For many of the Tribes, even those who are more traditional in their ways, a combination of traditional and western medicine is often highly effective.
- » Western ways will be much more readily accepted by the person seeking services if they know that their traditional ways are honored as well (see the video of the Tsehootsooi Medical Center in the Best and Promising Practices for the Implementation of Zero Suicide in Indian Country toolkit). At Tsehootsooi Medical Center, Traditional Healers are a specialty clinic housed under Medicine.
- » If tele-health is available, encourage the person/family to use this, especially if distance to services or transportation are challenging. Additionally, this intervention is especially effective with those for whom asking for help is challenging. On the IHS website, there is more information on tele-health in Indigenous health and behavioral health care systems located [here](#).



TRANSITION ELEMENT

- » Use mobile crisis teams, peer specialists, Traditional Healers, and public health nurses for those who may have difficulty coming in for services because of distance or lack of transportation.
- » Ensure that the individual gets from one level of care to the next as expeditiously as possible with no gaps in time. If there will be a gap as a result of distance or transportation, ensure that connection with the individual is maintained. (see point above).
- » Create MOUs and ensure partnerships with physical and behavioral health providers within the Tribal community and, if necessary, outside of it.
- » Build relationships with the Traditional Healers in the community and ensure that they are represented on leadership/implementation teams.
- » Create postcards with symbols, images and words that convey hope, balance and life. If needed, ask for assistance translating messages into the language(s) of the Tribe(s) served by the health/behavioral healthcare system. No return address is necessary and no demands on the individual or family are part of this message.
- » Have the team who intervened with the individual who came for services sign a letter with uplifting messages (i.e., how great it was to meet the person, how much they enjoyed working with them, how they wish them health and wellness, etc.). Again, this letter makes no demands of the individual and is mailed in a plain envelope with no return address.
- » Connect with state or local telephonic supports, such as Heartline in Oklahoma, as a referral source for an individual and/or family.



IMPROVE ELEMENT

- » Not every Tribe or Tribal site has an electronic health record (EHR). Many are capturing data by paper and pencil. No matter what...capture it! Once it is captured, make certain to share it with staff and with leadership. Plan out how to make sure that information is shared across providers and clinics so that suicide risk information follows individuals through every door they enter in health system.



- » It's important to know the extent of the challenge of loss by suicide in the community before crafting responses to it. This knowledge will also assist with conveying the urgency of the need to address the challenge to the Chief/Governor/President/Chairperson, the Tribal Council or the community.
- » Decide upon four or five data points that would be helpful for the health/behavioral healthcare system to know in order to ensure that the goals of the system are being met, the most critical of these being the reduction of loss of life to suicide. These data points may include numbers of screenings that are completed, numbers of assessments done for individuals screening positive, numbers of individuals who are placed on a care pathway for safer suicide care, etc.
- » Utilize your Clinical Applications Coordinators (CACs) for the creation of pick lists to ensure that services provided are billable and that data can be extracted for reports.
- » Regularly share data on positive impact with the leadership/implementation team, especially with the Chief/President/Governor/Chairperson, the Tribal Council, and Traditional Healers, Elders, youth and larger community. Data may be published in Tribal newsletters or presented at community gatherings, in info graphics at health fairs, etc.

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