Addendum to the Workforce Survey Related to Providing Culturally Appropriate Safer Care in Tribal and IHS-Led Systems

The Zero Suicide Workforce Survey contains skills and knowledge-based queries for providing suicide-safer care based on the Zero Suicide framework for health/behavioral health care settings. However, there is nothing in the survey that speaks directly to providing that care in Indigenous communities. The following are suggestions for Indigenizing the Workforce Survey for use in systems serving primarily Indigenous/Tribal people. Not all sections of the original Workforce Survey have recommendations and some new questions have been added.

**Section 1. Work Environment**

Q3. Please choose the one category below that best describes your primary professional role. (choose one)

Add – Traditional Healer (some of these Healers have their own Clinic within the system and provide culturally based therapy informed by traditional medicines and ancient healing ways and should not be grouped in with Support and Outreach)

**Section 3. Recognizing When Individuals May Be at Risk for Suicide**

Q24. I am comfortable asking direct and open questions about suicidal thoughts and behaviors in ways that will not offend the people of the Tribes we serve.

*New Questions*

I understand the ways in which the people of the Tribes we serve articulate death by suicide.
There is regular opportunity for me to engage with Tribal people in informal settings (health fairs, community gatherings, powwows, homecomings, etc.).

I have received adequate training on the cultures of the Tribes served by our organization.

**Section 4 - Screening and Assessing Individuals for Suicide Risk**

*New Question*

I understand the ways in which intergenerational, historical and modern-day trauma impact the health and behavioral health of the Tribal people and families served by this system.

I understand both the risk and protective factors impacting the Tribal individuals and families served by this system.

**Section 5. Training on Screening and Risk Assessment**

*New Questions*

Has your system made changes to any of the screening or assessment tools to make them more culturally appropriate for use with the Tribal people served by the organization?

Has your system provided you with the training in which to ask screening or assessment questions that make them culturally resonant with the Tribal individuals and families coming for services?

**Section 6. Providing Care to Patients at Risk**

*New Questions*

I am knowledgeable about the specific cultural nuances related to loss of life by suicide of the Tribes with whom we work.

I understand that a mix of western and Traditional Healers and medicines and interventions is often very effective, especially for Tribes that are considered to be more traditional in their ways.
I am familiar with the use of Traditional Healers and medicines by some Tribal people and families.

I am comfortable offering Traditional Healers and medicines as effective interventions for those who use them.

**Section 8. Care Transitions (reworded)**

Q71. I have the cultural knowledge, skills, and humility needed to work with Tribal individuals and families during their transitions in care.

Q74. I am confident in my ability to work with family members or other support persons who may be involved during a Tribal individual’s transitions in care.

Q76. I am comfortable working with Tribal people during their transitions in care.

**Section 9. Training and Resource Needs**

*New Answer Option*

Q77. Working specifically with Tribal people