THE UNIVERSITY OF NEW MEXICO®

Returning to the Sacred Path:

Supporting our Loved Ones at Risk for Suicide

A SUICIDE PREVENTION TOOLKIT

T.R.I.B.E.S.

SCHOOL OF MEDICINE
PSYCHIATRY & BEHAVIORAL SCIENCES

Need help now?

Call 911 or 988

If you are concerned that your loved one is at immediate risk for suicide, please dial 988 for the National Suicide Prevention Lifeline, or if you or loved one is in need of immediate emergency support and response, please dial 911.

Preface

The Returning to the Sacred Path: Supporting our Loved Ones at Risk for Suicide, Suicide Prevention Toolkit seeks to provide information, guidance and resources to address suicide risk for our loved ones in our American Indian and Alaska Native Tribal and Urban communities.

Throughout the toolkit, we provide space to pause, reground and recenter as we talk through difficult topics including Historical Trauma, trauma and adversity, suicide risk, suicide attempt and death due to suicide. We ask that you lean into self-care and your circles of support when needed.

We also provide questions and prompts to provide an opportunity to reflect on not only impact within our families and communities, but to also reflect on our strengths, traditions, culture and healing practices.

Acknowledgments

All of our love, thanks and deepest bows to our trailblazing scholars and researchers, mentors, and mothers of healing from Historical Trauma, Dr. Maria Yellow Horse Brave Heart and Dr. Josephine Chase, upon whose work and expertise, this toolkit has been created.

The *Returning to the Sacred Path: Supporting our Loved Ones at Risk for Suicide, A Suicide Prevention Toolkit* seeks to provide information, guidance and resources to address suicide risk for our loved ones in our American Indian and Alaska Native (AI/AN) Tribal and Urban Indigenous communities. Throughout the toolkit, we provide space to pause, reground and recenter as we talk through difficult topics including Historical Trauma, trauma and adversity, suicide risk, and suicide death. We ask that you lean into self-care and your circles of support when needed. We also provide questions and prompts to provide an opportunity to reflect on the impact of Historical Trauma, adversity and suicide loss within our families and communities, and to also reflect on our strengths, traditions, culture and healing practices.

The *Returning to the Sacred Path: Supporting our Loved Ones at Risk for Suicide, A Suicide Prevention Toolkit* is part of the T.R.I.B.E.S project based in the University of New Mexico, Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health. The **T**rauma informed to build **R**esilient, **I**ndigenous, **B**alanced communities **E**nhanced with **S**trength **(T.R.I.B.E.S.)** project, funded through the National Child Traumatic Stress Network (NCTSN), seeks to increase education, training and knowledge about Historical Trauma and its impact on parenting practices, child abuse and neglect, and suicide in American Indian and Alaska Native (AI/AN) populations. We would like to thank NCTSN for their support in the development of this toolkit.

Our deepest thanks to our esteemed elders and experts providing their wisdom, knowledge and expertise to create this resource for our Tribal and Urban Indigenous communities:

Josephine Chase, Ph.D., LCSW (Mandan/Hidatsa/Arikara and Ihunktawanna/Hunkpapa)

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Thank you to the members of our UNM T.R.I.B.E.S. Team past and present:

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Hardian Thamrin, Ph.D
Jeremiah Simmons, Ph.D. (Yankton Sioux/Diné)

We would also like to thank members of our Youth and Family Advisory Councils for their wisdom, time, feedback, and their commitment to supporting their communities:

Kautchdat Quiver (Diné/Katishtya)
Tahlia Natachu, M.Ed. (Zuni Pueblo)
Emmeline (Evie) Tsinajinnie (Diné)
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Pius LaCroix-Garcia (Mescalero Apache)
Charlene Poola, Ph.D, LCSW (Hopi Tewa/Diné)
Ardena Orosco (Mescalero Apache)
Eloise Damon (Mescalero Apache)

A special thank you to Joseph Stacey (Laguna Pueblo/Hopi) for his wonderful illustrations, guidance and wisdom. And a special thank you to Amelia Celestin and UNM Creative Services for bringing our vision of the toolkit to fruition.

Table of Contents

First Breath: *As with everything, we begin with breath* 08

Introduction 10

- Roots and Role of Historical Trauma 10
- Return to the Sacred Path 12

Confronting Historical Trauma and Embracing Our History 14

- Traditional Views and History of Suicide in AI/AN Communities 14
- Information and Data about American Indian and Alaska Native Suicide 17
- Challenges That Contribute to Suicide Risk 19
- Adverse Childhood Experiences (ACEs) 21
- Harmful Impact of Alcohol and Drug Abuse 23

Second Breath 26

Understanding Trauma 28

- Our Traditional Ways 28
- Caring for Future Generations 29
- Understanding Trauma Response 30
- Role of Mental Illness 34
- Recognizing When A Mental Illness May Be Developing 34
- Stigma 37
- Recognizing Suicide Risk and Warning Signs 39
- Risk Factors 38
- Warning Signs 38
- Understanding Trauma: Pause and Check In 45
- How Can We Respond To Someone at Risk 46
- Asking the "Question" 47
- Protective Factors 52

Releasing the Pain of Trauma 54

- Connecting to Resources 54
- Using Emergency Services 56
- Discharge from Hospitalization or Crisis Triage 60
- Safety Planning 61
- After A Loved One Attempts Suicide 62
- When A Loved One Passes Due to Suicide 64
- Taking Care of Ourselves and Our Loved Ones After A Death By Suicide 67

Third Breath 70

Transcending Trauma 72

- Our Original Instructions: We Have Always Had The Tools to Heal 73
- Integrating Culture, Tradition and Treatment 75
- Return to the Sacred Path: Traditional Healing, Language and Ceremony 76

Fourth Breath: *Ending in A Good Way* 78

Resource List 80

- My Local Resources 80
- My Circle of Support 82
- Other Resources 83

Addendum 94

START HERE
to learn about Historical Trauma and its tie to suicide risk.

START HERE
to learn about suicide risk factors and warning signs.

START HERE
for immediate support and information on responding to a loved one in crisis.

Deep Breaths

As with everything, we begin with breath.

Breath is our center. Breathing in prayer and strength. Breathing out blessings and hope for our loved ones. Our breath supports us, through both good and difficult times.

These conversations and this information on suicide and its roots can be difficult.

Our first breath together is to breathe in strength as we learn together how we can support our loved ones in healing and as we Return to our Sacred Path.

This toolkit will provide guidance, practical information, and resources to address mental health and suicide risk. Our intent is to support our loved ones in crisis, and support our relatives and families who are mourning a loved one due to suicide.

AS WE MOVE THROUGH
THIS JOURNEY TOGETHER
TO LEARN HOW WE CAN
PREVENT SUICIDE,

AND HOW WE CAN SUPPORT
OUR LOVED ONES IN HEALING,

WE WILL PAUSE WHEN NEEDED
TO BREATHE.

WE WILL BREATHE AND
RE-CENTER.

BREATHE AND PRAY.

BREATHE AND PRAY
FOR BLESSINGS FOR OUR
LOVED ONES.

Introduction

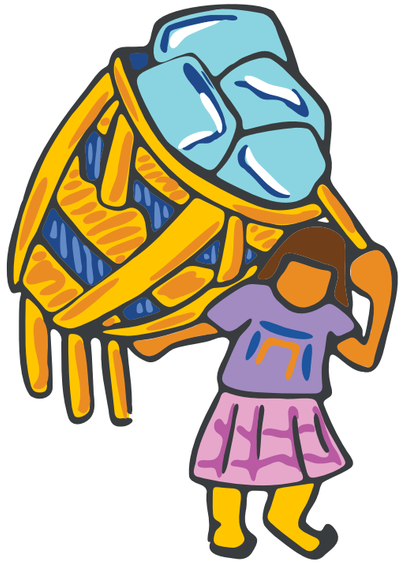
Indigenous peoples have always thrived with rich histories, languages, traditions, cultural values, beliefs, family systems and relationships, including strong connections to the land, environment and the universe.

When colonization began in 1492, our ways of life were severely disrupted. Governments passed policies that imprisoned our people, removed our people from our homelands, and committed genocide leading to massive losses within our population. All of these experiences created and imposed long lasting trauma and adversity.

Roots and Role of Historical Trauma

Defining Trauma, Adversity and Historical Trauma

- ***Trauma*** is a word used to describe events or circumstances that are physically or emotionally harmful and have long lasting impact on all parts of our being; our body, mind, emotions, behavior and spirit.
- ***Trauma response*** are the reactions our body, mind, emotions, behavior and spirit have to a traumatic experience.
- ***Adversity*** is a broader term that describes serious hardship both short term and long term that impacts our life.



SUICIDE REMAINS THE 2ND HIGHEST CAUSE OF DEATH FOR AMERICAN INDIAN AND ALASKA NATIVES BETWEEN THE AGES OF 10-24.

National Indian Health Board

With colonization, our entire Indigenous populations were subjected to trauma and adversity for over 500 years extending into the present day. As our Tribes and Indigenous communities suffered the traumas of colonization, we saw suicide increase as a result of those experiences of trauma.

Separation from homelands, family and community; deaths and abuses during boarding school, deaths due to foreign disease and genocide contributed to overwhelming grief, pain, hopelessness and helplessness.

Our Tribal communities were restricted from practicing our healing traditions and ceremonies, leaving our people to feel devastated, grieving and disconnected. These traumas were not limited to one generation, or one time period; they were experienced generation to generation to generation; becoming an ever increasing burden to carry. Suicide began to be seen as a means of escaping the trauma, pain and grief.

Presently we continue to experience the effects of colonization through racism, discrimination, lack of access to resources, as well as violence, mental illness, drug abuse, high disease burden, and other challenges we face in our Tribal and urban Indigenous communities.

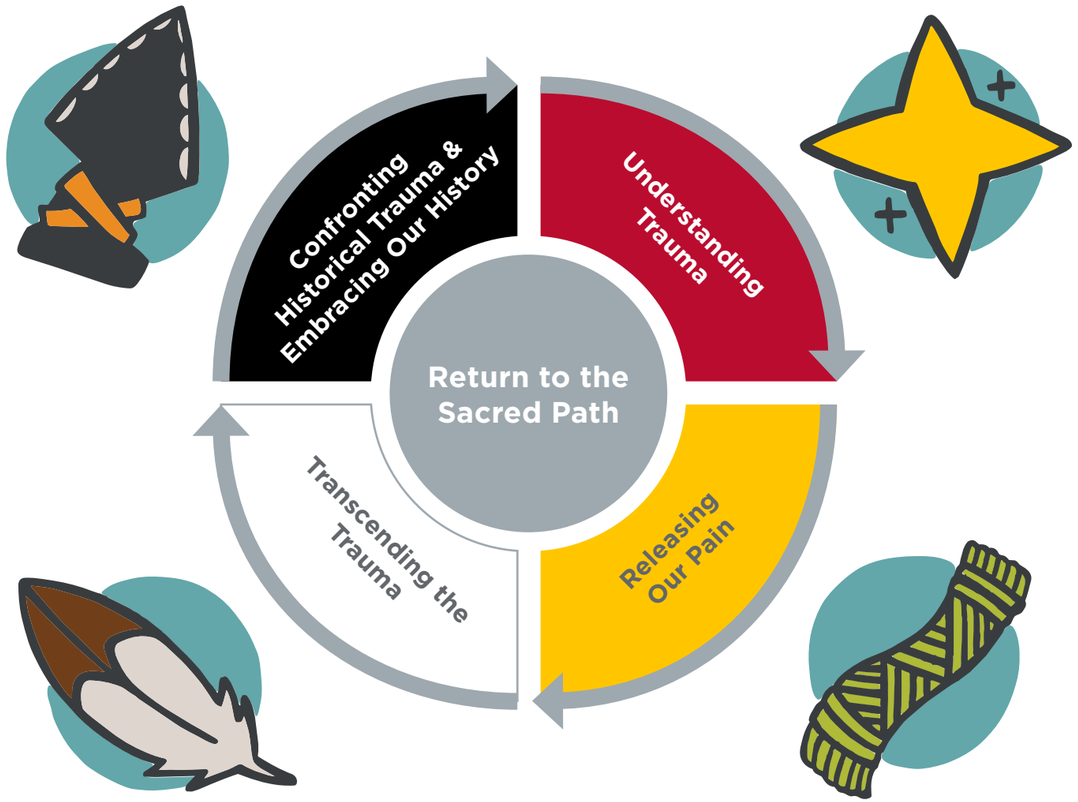
We still see this increased risk for suicide attempt and death due to suicide today for our People at twice the rates of the general US population.

- Suicide remains the 2nd highest cause of death for American Indian and Alaska Natives between the ages of 10-24.
- Suicide is the 3rd highest cause of death for our adults aged 25-34.
- And between 1999 and 2017, the rate of suicides amongst American Indian and Alaska Natives increased by 139%.

Historical Trauma

Dr. Maria Yellow Horse Brave Heart, a Lakota social worker, teacher and researcher has spent her professional career studying and understanding the effects of trauma and adversity on our Tribal communities. She created the term Historical Trauma to help us understand that link between our Peoples' experience across history with colonization and its impact. Dr. Yellow Horse Brave Heart defines **Historical Trauma** as **"the emotional and psychological wounding over the lifespan, and across generations, originating from massive group trauma."** That massive group trauma is the adversities and traumas, including present day traumas such as suicide, impacting our Indigenous communities across time.

Dr. Maria Yellow Horse Brave Heart continued her work along with her friend and colleague Dr. Josephine Chase. They, along with their colleagues and community members such as Birgil Kills Straight, Bennet "Tuffy" Sierra, and Ray Daw in the Takini Network, all have been working together since 1992 to support Indigenous community healing.



Return to the Sacred Path

The Historical Trauma and Unresolved Grief Model

Dr. Yellow Horse Brave Heart and Dr. Chase went on to develop the **Historical Trauma and Unresolved Grief (HTUG) model** that provides us a pathway forward for healing and a return to our sacred path.

Healing returns us to our sacred paths, and healing starts with **Confronting Historical Trauma and Embracing our History.** It allows us to reflect on our history, our experiences of trauma across time, as well as present day experiences of trauma, and adversity. We also explore how these current day traumas and difficult experiences affect us, and how they are often exacerbated by Historical Trauma. Embracing our History also encourages us to remember who we are as Indigenous People, and reflect on our core values, culture, tradition and beliefs we have always held and the resilience that supports us.

Understanding the Trauma is the second step in healing. It allows us to explore how trauma impacts individuals, families and communities. It helps us to understand feelings, actions and behaviors we have in response to trauma and adversity, as well as the behaviors we may use to cope.

Releasing the Pain of Trauma is the third step in healing. We begin to create paths forward to heal by learning how to respond in healthy ways to histories of trauma and present-day traumas.

Transcending the Pain of Trauma is the fourth step in healing. We use our tools we have learned in confronting trauma, understanding trauma and learning to release the pain of trauma to overcome the impact of trauma. We draw on our skills and resilience, along with our culture, tradition, language, and spirituality to live vibrant positive lives. We become positive supports, teachers and mentors within our families and communities, ensuring that we as a People continue to heal and thrive..

This toolkit will walk us through this healing process as we look at suicide risk; suicide prevention and intervention when a loved one is in crisis. We will share practical information and resources; and provide support around how we can heal following a loss due to suicide.

OUR SACRED PATH HAS ALWAYS BEEN WITHIN EACH OF US, SUPPORTED BY OUR CULTURE, TRADITION, LANGUAGE, SPIRITUALITY AND HEALING PRACTICES.

RETURNING TO OUR SACRED PATH IN HEALING FROM TRAUMA AND ADVERSITY IS OUR RESISTANCE AND RESILIENCE AND CREATES THE PATH FOR ALL OUR GENERATIONS TO COME.

LET'S BREATHE IN PRAYERS AND STRENGTH AS WE START THIS JOURNEY TOGETHER.

Confronting Historical Trauma and Embracing Our History

The First Step towards Healing and Returning to our Sacred Path is: Confronting Historical Trauma and Embracing our History

This helps us to understand suicide risk, the trauma of suicide attempt or death due to suicide, by first looking to:

- **Traditional or historical views of suicide in our Native Nations**
- **How Historical Trauma contributes to this risk.**

We can then turn our attention to:

- **Information and data related to present day suicide and suicide risks;**
- **How challenges, including early childhood trauma contribute to suicide risk and death due to suicide;**
- **How alcohol and drug use contribute to overall suicide risk and death due to suicide in our communities.**

Traditional Views and History of Suicide in AI/AN Communities

Sacredness of Life

Traditionally and historically as Tribal people we have always valued and respected life, holding strong beliefs about the sacredness of life. Suicide was extremely rare in our communities, often a singular event, seen as out of the natural order of our life cycle. Occurrences in many instances led to teachings or stories that spoke about grief, loss, sacrifice.

In Lakota culture, a story is recalled from history of a Lakota maiden who was so overwhelmed with grief when her husband was killed in battle, she could not see her future alone and ended her life by walking off a cliff.

In Lakota culture suicide became strongly discouraged as it is believed that a soul who dies by suicide is left to wander on the other side, unable to find peace

These stories or teachings also told of the creation of sacred sites, ceremonies, practices to protect us, or to help us heal from loss.

As our Tribes and Indigenous communities suffered the traumas of colonization, we saw suicide increase as a result of those experiences of trauma. Experiences of current day trauma and social and emotional adversities often lead individuals to turn to risky behaviors to manage pain. Suicide has increasingly been a means of escape from that pain.

Death is a part of our life journey, however death by suicide is outside of our beliefs about the sacredness of life. Because of this, traditional norms restricted discussion of suicide as a means of cultural and spiritual protection. Over time, as our traditional practices and ceremonies to heal were restricted from us, healing from suicidal thoughts, and healing as families after suicide loss became more and more difficult.

Resource and Access Challenges

For many of our people, colonization eliminated knowledge of our Tribal languages, traditions, customs and practices. Trauma extends today and limits access and knowledge of practices that help heal from trauma. The lack of access to traditional supports often make us reliant on American systems of support, especially in times of crisis.

American medical and service systems, along with federal and state policies can be difficult to navigate, complicating access to resources. Services within these systems are not grounded in Indigenous understanding of well-being, and often label pain and trauma with medical diagnoses. When AI/AN people are in crisis, these systems can create great challenges in finding healing and support. Our goal in this toolkit is to provide opportunities for reflection as well as resource information for crisis support services.

Embracing our History

Embracing our History includes remembering our challenges as well as honoring our resistance, resilience and strength. We as Tribal peoples have worked hard to sustain, or relearn and revive our traditions and cultures. We continue to engage in traditional practices, and ceremonies to support the journey of our loved ones who have passed due to suicide.

Our belief in the sacredness of life continues, and is a core cultural value we carry. Our goal is to support our families and communities in healing from the historical traumas we have experienced and to stand strong on our Sacred Path.

Reflection Questions

- How has historical trauma played a role in your community?
- What challenges do you see in your community as a result of this history of trauma?
- Are there words, concepts or language in your tribal language and community that help describe your community's beliefs about the sacredness of life?
- Are there words, concepts, language or restrictions in your tribal language and community on how your community talks about mental health challenges, substance use, or suicide risk?
- How can your community's cultural, traditional, or core values support you, your loved ones and your family?
- Are there words, concepts or language in your tribal that help describe support, resilience, and healing?

Information and Data about American Indian and Alaska Native Suicide

Death of a loved one due to suicide is profoundly painful, incredibly difficult, and a life changing experience. American Indian and Alaska Natives families know this experience far too well.

From 1999 to 2019, rates of American Indian and Alaska Native suicides increased by 139 percent.

Recent statistics revealed that between 2015 and 2020, a total of 3,397 suicides were recorded among American Indian and Alaska Natives across the United States for children and adults aged 10 and over.

- Of those who died by suicide, nearly 75% were less than 44 years old;
- The largest number of suicides occurred among American Indian and Alaska Natives aged 25-44.

In 2021, 40% of all American Indian and Alaska Native youth reported feeling sad or hopeless, nearly all day every day.

- 27% reported seriously considering suicide;
- 22% made a suicide plan
- And 16% attempted suicide.

For American Indian and Alaska Native youth, suicide remains the second leading cause of death; and rates of youth deaths due to suicide are 2.5 times higher than the overall national U.S. average.

Grief, rooted in trauma, adversity and high rates of death, deeply impact our loved ones leading to increased suicide risk. Understanding these issues

ONE HOPEFUL SIGN IS THE RECENT REDUCTION IN SUICIDE RELATED DEATHS OF AMERICAN INDIAN AND ALASKA NATIVES.

FROM 2021 TO 2023, THE RATE OF SUICIDE DEATH DECREASED BY 15.3%.

Center for Disease Control and Prevention

and challenges can help us improve and increase protective factors.

One hopeful sign is the recent reduction in suicide related deaths of American Indian and Alaska Natives. From 2021 to 2023, the rate of suicide death decreased by 15.3%. Our goal is to continue to reduce suicide risk and suicide deaths through continued support and education.

Reflection Questions

- How has suicide risk or suicide loss impacted your community?
- Are there programs, services or cultural practices within your community to bring awareness about suicide prevention?
- What cultural, traditional or positive healing practices are available to support families and loved ones within your community?
- What do you feel is needed in your community to support families and community members at risk for suicide?

Challenges that contribute to suicide risk

History, policy, and funding streams shape what are known as the Social Determinants of Health (SDOH). Social Determinants of Health are the social, economic and environmental factors that can influence a person's and community's health and wellbeing.

About 9.7 million identified American Indian and Alaska Natives (AI/AN) live across the United States both on reservations and in urban and rural communities, making up approximately 3% of the overall U.S. population. Yet Historical Trauma and adversity continues to have a far greater impact on Indigenous communities and access to the social determinants of health.

For example, approximately 1 in 4 American Indian and Alaska Natives experience food insecurity, or food shortages today. Beginning with colonization, traditional food systems were disrupted and displaced, and buffalo and other wild game were nearly eradicated into extinction. This disruption continues through today with lack of access to high quality food sources in our community; and in environmental challenges that interrupt traditional planting practices or harvesting of local food sources such as natural grains, fish and wildlife.

Housing challenges are also present in many of our Tribal and urban Indigenous communities. Over 16% of AI/AN reside in overcrowded homes (compared to 2.2% of the general US population). AI/AN are 5 times more likely to live in homes that lack basic plumbing. Overcrowding and lack of adequate housing in AI/AN communities can contribute to stress and risk. Federal housing policies and funding continues to influence available housing, housing types, housing repair, and housing placement such as housing subdivisions that contribute to the disruption in traditional and historical housing patterns in our communities

In 2022, AI/AN had the highest rates of opioid overdose of any racial or ethnic group. 15% of all AI/AN report serious mental distress in the past year. Mental health challenges and drug abuse can contribute to trauma, loss and grief. Alcohol was originally introduced into AI/AN populations as a means of manipulating our population into giving up resources and rights, land and lives. As trauma and adversity impacted our communities, and increased mental illness, alcohol and drug abuse became coping mechanisms to self medicate and numb trauma.

All of these challenges can contribute to suicide risk.

Stress created by these challenges harms our loved ones, contributing to adversity and trauma and increased suicide risk. This stress is also linked to Historical Trauma and the policies and practices that contribute to these challenges. While we introduce data here for reflection, understanding the linkage to trauma and adversity can help us advocate for change and influence our futures.

For more information see Addendum #3.

Reflection Questions

- What have been some challenges that may have contributed to suicide risk and suicide loss in your community?
- Are there programs or services working to address these challenges?
- What is needed within your community to support our children, adults, families and elders?

Adverse Childhood Experiences (ACEs)

ACEs stands for Adverse Childhood Experiences. An adverse experience is a difficult, hurtful or a physically, mentally, emotionally or spiritually harmful experience. Adverse events that happen in childhood are referred to as ACEs.

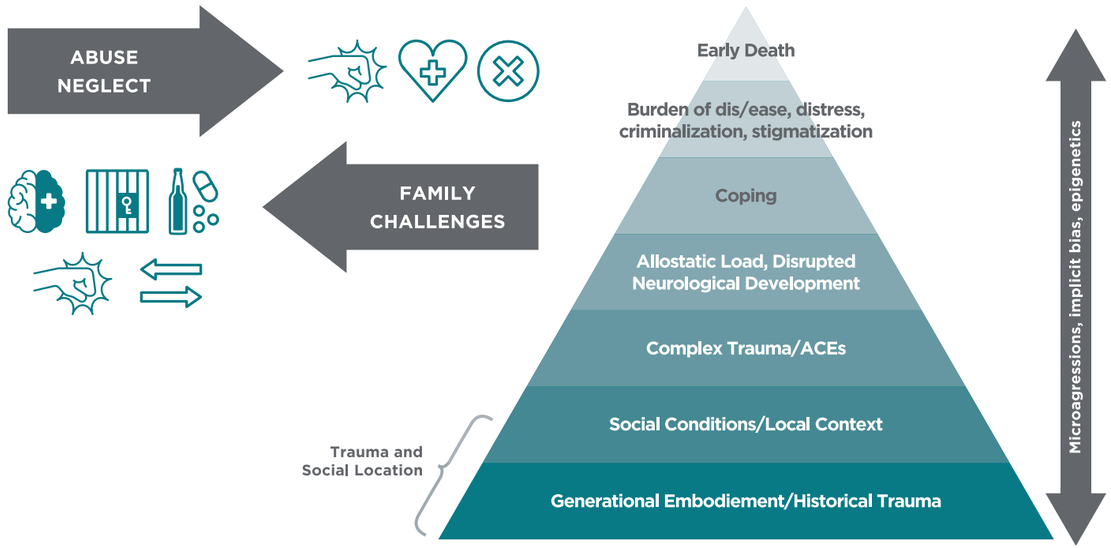
ACEs include experiences such as:

- divorce or separation of a parent or caregiver;
- death of a parent or caregiver;
- family member incarceration;
- family member or loved one abusing drugs or alcohol;
- family member experiencing mental illness

ACEs can also include more traumatic experiences like:

- physical abuse,
- emotional abuse,
- sexual abuse,
- neglect
- being exposed to violence in the home

ACE experiences are similar to ones our American Indian and Alaska Native communities were subjected to over time as part of Historical Trauma. Experiences like family separation, deaths of family members, abuses and violence. Historical trauma and the long-term impact on our communities contribute to ACEs in our present day.



Research has shown that ACEs can continue to have impact as children grow into adults, contributing to changes to our body's stress response and biology that can lead to physical health challenges. ACEs can increase our risk for substance use, drug use and addiction, and mental health challenges. All of these can be major risk factors for suicide.

American Indian and Alaska Native children and families continue to experience some of the highest rates of ACEs. The struggles to heal and thrive are ongoing.

Positive Childhood Experiences (PCEs)

Positive childhood experiences are those that are create safety and security, belonging, connection and a sense of identity for our children. They serve as powerful protections against ACEs, and can even help support healing from trauma and adversity experienced later on in life.

Our Tribal and urban Indigenous families and communities build these experiences everyday through positive parenting and care giving, creating circles of support for our youth and loved ones, and by passing on our cultural teachings, language, traditions and more.

For more information on ACEs and PCEs see Addendum #4.

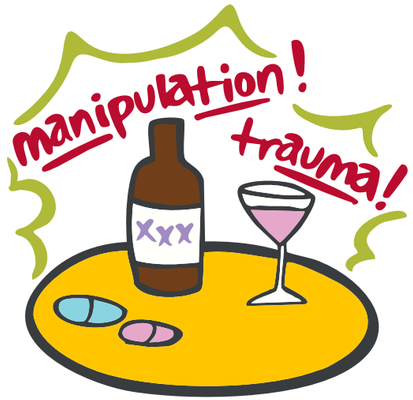
Reflection Questions

- Are there examples of ACEs present in your community?
- What are some factors that might contribute to ACEs?
- What are ways families and communities can help children and loved ones heal from ACEs?
- What are positive childhood experiences centered in your Tribe's culture and traditions?
- How can your community continue to support positive childhood experiences?
- How does your community create positive supports for loved ones, families and caregivers?

Harmful impact of Alcohol and Drug Abuse

Alcohol and drugs were originally introduced into our Tribal communities as part of colonization as a means of power and control; used to take our land, resources, and hurt our people. Over time alcohol and drug abuse became a way to cope with the hurt, trauma and adversity we have experienced over generations and to numb pain, anger, and grief.

Alcohol and drug use are among the leading contributors to suicide risk deaths in our Tribal communities. AI/ANs are three times more likely to have consumed alcohol before dying by suicide. Drug overdose (unintentional and intentional overdose) is also one of the fastest growing causes of death in Tribal communities.



American Indian and Alaska Natives experience some of the highest rates in the United States of alcohol and drug abuse and addiction in both our Tribal and urban Indigenous communities.

- American Indian and Alaska Native had the highest death rates in the U.S. due to drug overdose in 2021 (56.6 deaths per 100,000 deaths).
- American Indian and Alaska Natives also had the highest rates of alcohol induced deaths in 2021 (91.7 deaths per 100,000 deaths).

Children growing up in a home where a parent or caregiver abuses, or is addicted to alcohol or drugs, are often:

- Exposed to unstable, chaotic, or unresponsive home environments.
- Parents and caregivers may be absent, placing children in situations that require them to be the caretaker for siblings and their own parents.
- Children can also develop mental health challenges like depression, anxiety, post-traumatic stress, low self-esteem, anger, loneliness, and isolation.
- Children raised in homes where a parent or caregiver abuses alcohol or drugs also often go on to abuse alcohol or drugs themselves in their childhood as well as into their adulthood.

While alcohol and drug use rates are beginning to show decline for both adults and youth across Tribal communities, alcohol, drug abuse and addiction remain the highest chronic contributors to trauma, adversity, and death in our communities.

Parents, caregivers and protectors in Indigenous communities can make use of resources available to help support recovery. Returning to traditional values of balance and wellbeing for ourselves and our children helps support healing and reduces suicide risk.

For more information on recovery resources see Addendum #5.

Reflection Questions

- How has alcohol or drug abuse impacted your community?
- How has alcohol or drugs contributed to suicide risk or other challenges with your family, loved ones or community?
- What resources are available for recovery in your local area?
- How can your culture, tradition or language support recovery or prevent the use of alcohol or drugs?
- How does your community come together to support recovery?

Deep Breaths

Let's pause for a moment to take our second deep breath...

GROUND YOURSELF IN YOUR SPACE...

FEET ON THE FLOOR,
OR ON THE GROUND...

SITTING OR STANDING, RELAX YOUR BODY, CALM YOUR MIND...

TAKE A DEEP BREATH...

PRAY IF YOU WISH, SMUDGE, BURN SAGE, CEDAR, PUT DOWN CORNMEAL...

SURROUND YOURSELF WITH LIGHT, BLESSING, PROTECTION...

OUR NEXT SECTION WILL TOUCH ON UNDERSTANDING TRAUMA, RISK FACTORS FOR SUICIDE, WARNING SIGNS, AND HOW TO TALK WITH OUR LOVED ONE;

A CHILD, ADULT OR ELDER WHO MAY BE STRUGGLING WITH THOUGHTS OF SUICIDE, OR PLANNING THEIR DEATH BY SUICIDE...

THIS IS DIFFICULT AND HEAVY HEART WORK.

SUPPORTING OUR RELATIVES, LOVED ONES, CHILDREN, ADULTS, ELDERS IS IMPORTANT AND LIFESAVING.

SO LET'S BREATHE AND GROUND OURSELVES AS WE LEARN HOW WE CAN SUPPORT EACH OTHER.

Understanding Trauma

This next step in healing and Returning to our Sacred Path is to: Understand Trauma

This helps us to understand how trauma and adversity can impact our loved ones and communities, and how trauma and adversity contribute to suicide risk.

We can first:

- **Ground ourselves in our beliefs about the sacredness of life.**

Then we can learn:

- **What are Trauma responses, reactions and coping behaviors**
- **How to recognize those behaviors, feelings, and reactions.**
- **How to provide support and connection to resources that encourage healing and a return to balance and honor the sacredness of life.**

Our Traditional Ways

Life is Sacred

Our belief as Indigenous peoples is that **every part of life is sacred, and everyone belongs**. This begins with the act of conception, every stage of pregnancy, birth (for example, the first breath), across all life stages through to the end of life.

Tribes attach important meanings to different stages of life and there are ceremonies to honor these stages of development, for example; naming ceremonies, first laugh ceremonies, or coming of age or puberty ceremonies, all of which create belonging, and center our children within our communities. In addition we also have cleansing ceremonies, traditional practices or medicines to address our health and well being, and ceremonies to support our journey when we pass.

Though our specific ceremonies and recognition of life stages may vary from tribe to tribe, the belief about the sanctity of life is universal, as well as our care for one another.

Children are Sacred Beings

Each of our communities may have unique ways of honoring how we value children. We have traditionally seen children as sacred beings – believing children are to be cherished, listened to, and honored. Many communities believe children enter this world bringing sacred knowledge to us from the spirit world.

In our traditional societies, all people in children's lives held roles as protectors of the children. A "safety-net" of relationships historically existed to raise and protect our children – through blood relationships, clans, ceremonial and societal relationships, and larger social ties. We embodied the concept of "it takes a village to raise a child." All shared responsibility for caring for and raising children. In fact, many tribal communities have no words for relationships beyond mother, father, brother, sister, or grandparents. Instead, relationships are described as variations of these ties. Elders, in particular, have a very important role of helping to guide and raise our young ones.

Caring for Future Generations

Reducing Suicide Risk

Tribal communities have always looked towards the well-being of our children and our generations to come. Our decisions, guided by the wisdom of our elders and ancestors, extend beyond ourselves to consider how we can provide security, protection and support for our next 7 generations.

Confronting trauma and pain, and understanding trauma are steps forward towards healing, and helps us to reduce the risk of suicide. We can be open to addressing the pain individuals may be experiencing by:

- Understanding trauma and trauma responses or behaviors
- Learning about the role of mental illness and how we can move to positive mental health
- Understanding myths about suicide
- Recognizing suicide risks and warning signs
- Learning about the roles social media may play in risk and protection
- Reaching out directly to link individuals to support and resources

These are all ways we continue our core cultural value of caring for each other and future generations.

Reflection Questions

- How does your community create belonging for children, adults, families and elders?
- How does your community honor children, adults, families and elders?
- How do our families and our elders support our children?
- How can addressing trauma and pain help reduce suicide risk within your family or community?
- What gives you hope for the present and the future?

Understanding Trauma Response

Part of ***Understanding Trauma*** is working to understand trauma and how it can affect our whole being. Learning about how trauma can impact us is part of reclaiming that resilience and can help us connect to the our traditional, cultural and contemporary resources for support and healing.

- ***Trauma*** is a word used to describe events or circumstances that are physically or emotionally harmful and have long lasting impact on all parts of our being; our body, mind, emotions, behavior and spirit.
- ***Trauma response*** Anytime we experience a difficult or traumatic experience our body, brain, emotion, spirit and even our relationships with ourselves and others are impacted. This is called trauma response. These are the reactions our body, mind, emotions, behavior, social relationships and spirit have to a traumatic experience**.**

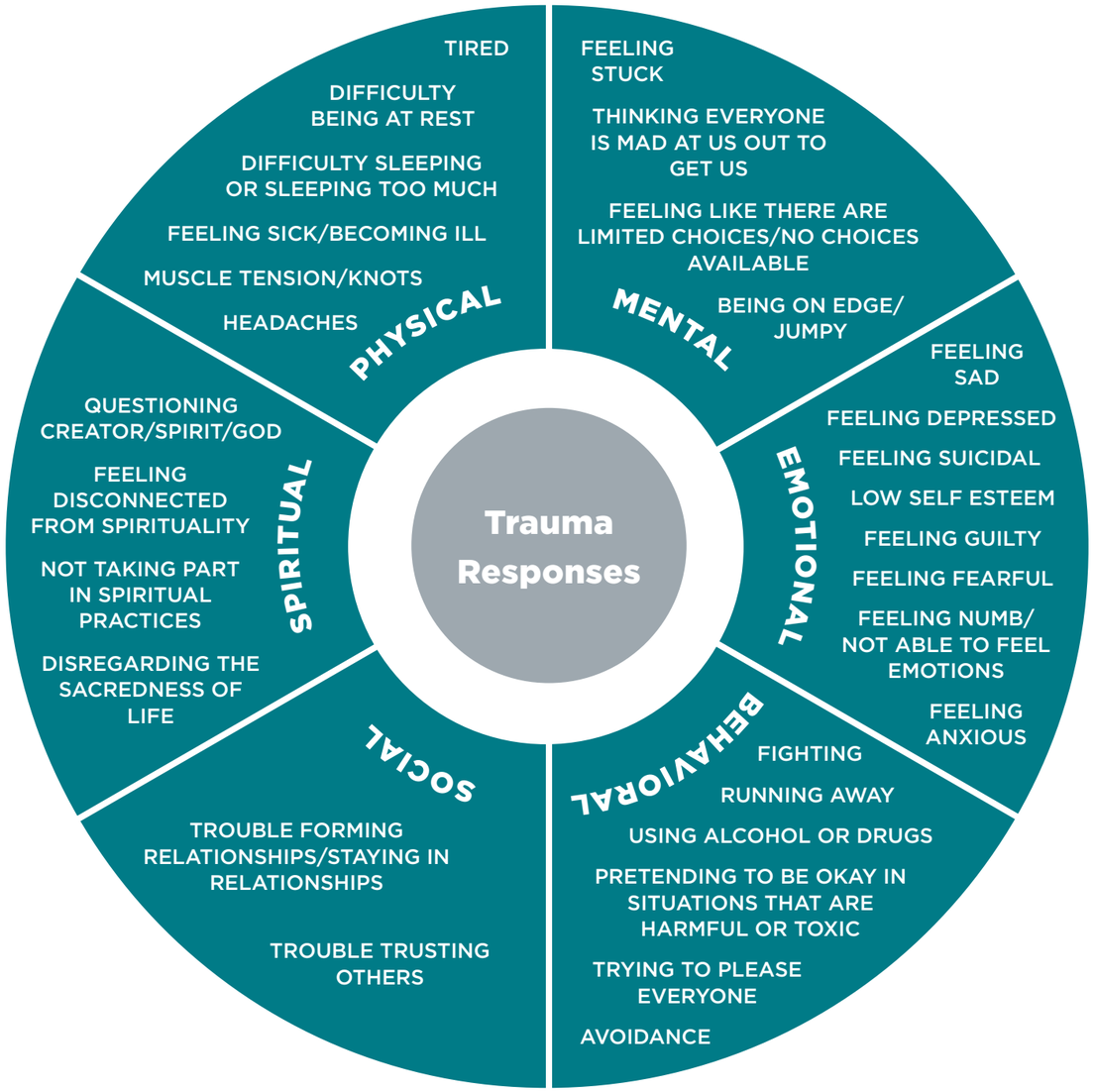
Risky Behaviors as Trauma Response

When we have experienced trauma or adversity, we may turn to things to help us cope. Coping behaviors are things we think, act, or do, to deal with adversity, stress or trauma. Some coping behaviors can be risky, or dangerous in nature and can include behaviors such as alcohol and drug abuse, risky sexual behavior, violence, self-harm, or suicide attempt for example. We might act in risky or dangerous ways due to anger, fear, grief, anxiety or depression, or a desire to self medicate or numb our feelings, or to feel like we are in control. These risky behaviors are really a form of trauma response. These risky behaviors can also create trauma for our children, families and loved ones.

Understanding trauma as well as Historical Trauma and Historical Trauma response, as we will learn about in the next section, helps us to understand where these responses have come from for our families, loved ones and our communities. Recognizing our own responses to trauma and adversity can also help us to pause and reflect, and make changes or choices that are more positive, healthy and supportive for ourselves and for our loved ones.

For more information on understanding trauma response and risky behaviors, see Addendum #6.

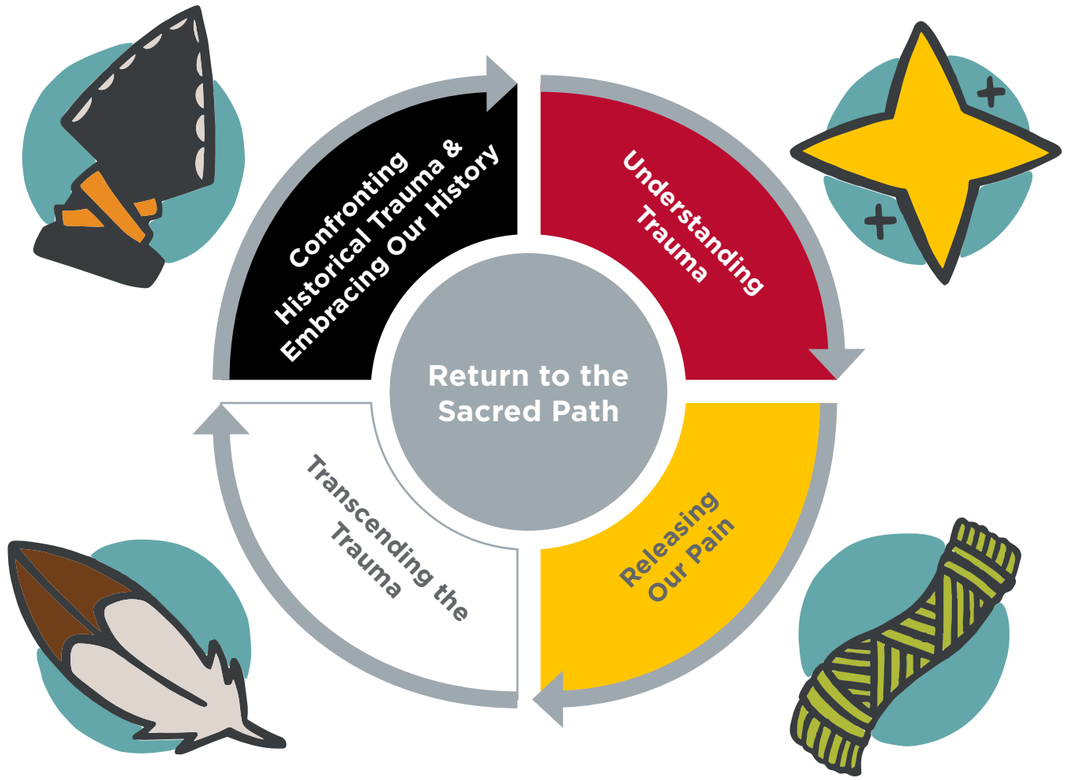
DIMENSIONS OF TRAUMA RESPONSE



Historical Trauma Response

Trauma and adversity have always existed in some form for everyone across the world. Natural disasters, environmental challenges or unforeseen events, accidents, or trauma created due to wars are all experiences communities around the world have faced. In each instance prior to colonization, our Tribal communities utilized traditional practices and curative ceremonies to help both individuals and communities heal from these types of experiences.

Our Tribal populations and Indigenous Peoples have been exposed intentionally to centuries of extreme trauma and adversity due to colonization. And as part of colonization, our traditional ways of healing were restricted from us, and for some nearly completely lost. Because of this lack of access to our healing traditions, practices, ceremonies and language, our People began to experience more trauma responses.



Dr. Yellow Horse Brave Heart and her colleagues call these Historical Trauma Response.
These types of responses can include:

- **Depression**
- **Feeling on edge/hyper-vigilant**
- **Anger**
- **Psychic numbing—becoming numb to our own pain AND the pain of others**
- **Physical symptoms and illness**
- **Low self esteem**
- **Anxiety/anxiousness**
- **Post-traumatic stress**
- **Fear**
- **Inability to handle our own emotions/feelings and the emotions/feelings of others**
- **Disassociation/disconnection from self and others and community**
- **Victim identity**

They also recognized more intense trauma responses that have developed over time in our Tribal communities and populations. These include:

- **Feelings of loyalty to ancestral suffering and the deceased from our Tribal communities**
- **Preoccupation with trauma and death**
- **Survivor guilt**
- **Self-destructive behaviors including substance abuse and suicide**
- **Internalization of ancestors suffering**
- **Dreams of massacres and trauma our people suffered**
- **Vitality in our own life seen as a betrayal to our ancestors who suffered so much**

These Historical Trauma responses have contributed to the ways we may respond negatively to trauma and adversity in the present day, and contribute as well to suicide risk.

Healing from Trauma and reclaiming our resilience is possible when we use our skills in confronting trauma and understanding trauma and trauma response. We can learn positive coping skills, reduce suicide risk, and turn to our culture, tradition and language as support in that healing process.

For more information on historical trauma response, see Addendum #7.

Reflection Questions

- Are there trauma responses that you may have experienced or recognize within your community?
- Are there words or concepts in your community that help describe when someone is experiencing or reacting to trauma?
- What ways does your culture, tradition, practice or language support healing from trauma?
- What ways does your culture, tradition, practice or language support positive coping?

Role of Mental Illness

Mental illnesses are health conditions that can change the way our loved one thinks, feels, or behaves. We may already be familiar with a number of mental illnesses that can have deep impact on our loved ones; mental illnesses such as depressive disorders, anxiety disorders, and post-traumatic stress disorder.

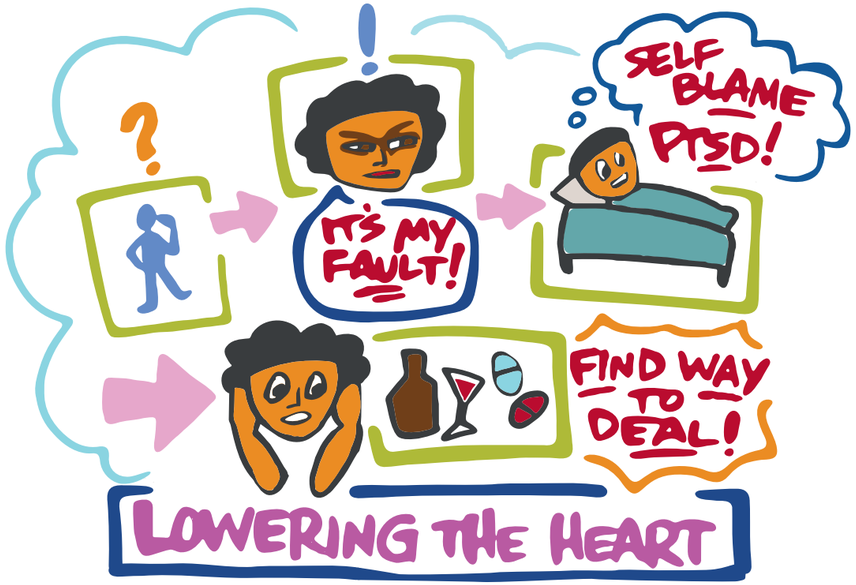
Mental illness can change the relationship that our loved ones have with their own families, relatives and loved ones. Mental Illness can change the relationship our loved one has with their own self, how they think and feel about themselves as worthy of care or love. Mental illnesses can also affect our loved one's ability to function well in their day to day lives.

In other words, mental illnesses affect our ability to work, play, and be in relation to ourselves and others.

How mental illnesses develop for ourselves, or our loved ones can be complex. For example:

- 15% of all American Indian and Alaska Natives in 2021 reported serious mental distress.
    - This may be attributed to personal stressors, family stressors, challenges in our environment, lack of access to resources or experiencing a trauma or loss.
- Experiences of trauma and adversity can lead our loved ones to experience mental illness

But we are also aware that we may have loved ones who can also experience mental illness without any experience of trauma or adversity. Our physical biology can play a role in a mental illness. Brain chemistry and even family histories of mental illness, can lead our loved ones to develop a mental illness even in the absence of trauma or adversity.



Recognizing when a mental illness may be developing

Signs and Symptoms

It's important to pay attention to our loved ones when we begin to see the changes and signs and symptoms that may point to a mental illness developing. Many of these same signs and symptoms are similar to those we review in suicide risk and warning signs in our future sections. However, the earlier we step in to help, provide support, or link our loved one to resources and services the better the outcome can be.

We may notice:

- Changes in appearance and hygiene
- Changes in thinking
- Changes in behaviors
- Changes in eating patterns
- Changes in the way they feel about themselves or feel about others
- Changes in sleeping patterns (sleeping a lot or sleeping too little)
- Changes in mood
- Changes in relationships—with self, others, community, things, places
- Changes in alcohol or drug use
- Changes in the way they participate in cultural, traditional or spiritual practices

In noticing these changes, it is helpful also to pay attention to the:

- **Duration:** Is this a new change I'm just now noticing today? Have I noticed this change for the last several days? Weeks? Months?
- **Impact:** Is this change having an impact on the day to day functioning of my loved one? Is this having an impact on their relationships with others? Is this having an impact on their relationship or view of themselves?
- **Frequency:** Am I noticing these changes taking place all day, multiple times during the day?

Support is available for those who may be developing a mental illness or who have a mental illness. Mental health services such as behavioral health programs located in our Tribal communities or in our local villages, towns or cities that serve our urban Indigenous relatives are resources that can assist our loved ones.

Our traditional cultural practices and healing ceremonies also help to support mental health. We have always recognized that mental health is health. And health is balance and wellbeing.

Mental Illnesses are a risk factor for suicide, however not all of our loved ones who are at risk for suicide, who attempt suicide or die by suicide have a mental illness. Many times factors such as pain, grief, recent loss, or alcohol and drug use that are happening in the immediate life of our loved one can lead them to consider suicide as a means of escape. Learning about risk factors and warning signs for suicide risk is important to be able to support our loved ones and help connect them to resources.

For more information on mental illness see Addendum #8.

Reflection Questions

- Are there resources locally in your community that help support loved ones who may have mental illness?
- What are cultural and traditional practices that support our loved ones with mental illness?
- How has your community traditionally and historically cared for individuals experiencing mental illness or imbalance?

Stigma

Traditionally and culturally our beliefs and practices viewed our health and wellbeing holistically, meaning we never separated how we treated or cared for our loved ones by what their challenges were. We didn't separate mental illness or imbalance from the physical health, social health or spiritual health of our loved ones within our community.

Stigma came into being when colonization and the resulting Euro-American/Western way began to separate health and wellbeing into separate "systems"—making the physical body, mind, and emotion all appear to be independent from each other—and never incorporating spirituality or culture.

DEFINITION

WHAT IS STIGMA?

Stigma is a word used to describe negative attitudes, beliefs, and discriminatory or excluding behavior associated with a particular issue or challenge: or persons dealing with a particular issue or challenge.

Stigma can feel like conversations about these issues or challenges are off limits or taboo. Stigma may also lead us to think negatively about our loved ones who may struggle with any of these challenges like mental illness, drug use or suicide risk.

Stigma can lead to us blaming our loved one for their struggle, believing these challenges are all their fault. Stigma contributes to fear of judgment, making our loved ones feel unsafe, unsupported, isolated, unloved and prevents our loved ones from seeking help.

Stigma also prevents us as community from building supports and resources our loved ones need to heal.

In our traditional beliefs, all of our People, all of out loved ones belong, and all deserve care and compassion.

We can battle stigma by learning more about challenges like mental illness, alcohol and drug use, and suicide risk. We can learn about risk factors and warning signs, and ways we can step in to help. We can also be open to talking as community about these challenges, and re-ground ourselves in our traditional beliefs about belonging, caring and compassion.

Reflection Questions

- Is there stigma in your community around mental illness, alcohol or drug use, or suicide risk?
- How does stigma create barriers for your loved ones seeking help, recovery and support?
- What are your community's traditional beliefs and practices that may help reduce stigma?
- Are there words or concepts in your language or traditions that convey how we support our loved ones who may be struggling?

Recognizing suicide risk and warning signs

Suicide is one of the leading causes of death in our Tribal and urban Indigenous communities. It is an action some take in response to traumas and adversities that feel overwhelming. It's also a lasting symptom of historical trauma that has impacted our Tribal communities.

In learning to Understand Trauma, we can begin first by learning about the myths that surround suicide, the risk and warning signs of suicide, and how we can help our loved ones connect to support and resources. We can also learn about the Protective factors that support our loved ones that are already deeply rooted in our Tribal communities.

Myths about suicide

A myth is something widely believed, but is untrue. Myths are problematic in that they often prevent us from taking action because of those incorrect beliefs. Learning about what is a myth and what is fact is one step in helping us understand how we can prevent suicide.

MYTH	FACT
• Asking a loved one if they are thinking of attempting suicide or taking their life by suicide, will put the thought in their head.	• Asking a loved one if they feel suicidal actually helps to lower risk by opening space for them to talk about their feelings, what challenges they may be experiencing, and helps us to get them support.
• Once a loved one is seriously considering suicide, there is nothing you can do.	• Most suicide crises are time limited and based in unclear thinking when feeling stressed, anxious, overwhelmed and/or under the influence of alcohol and drugs. Reaching out to help during this time is helpful in reducing and even eliminating risk, and allows us to help connect our loved one to resources and support.
• Suicide happens without warning.	• A person who is considering suicide may actually give a lot of clues, warning signs and symptoms that point to their thoughts or intentions. Knowing what to look for or listen for, what risk factors a person may be experiencing as well, helps us to reach out, and allows us to connect our loved one to resources and support.

Risk Factors

Risk is something that exposes us to danger, harm or loss. Risk Factors are things like events, experiences, or situations that can contribute to, or create hardship, adversity or even trauma—and can contribute to suicide risk. Risk factors can include:

- **Alcohol and drug abuse or addiction**
- **Feelings of hopelessness, helplessness, powerlessness or feeling alone or isolated**
- **Having experienced childhood trauma or traumas and adversity in adulthood**
- **Family history of mental illness like depression, anxiety or post traumatic stress**
- **Housing challenges such as overcrowding**
- **Losses within the community**
- **Active intoxication and drug use**
- **Being Unsheltered/Homeless**
- **Relationship challenges or loss of relationship (Breakup, separation, divorce)**
- **Family history of suicide**
- **Changes in family structure**
- **Lack of access to services and resources**
- **Serious or severe illness/chronic pain**
- **Financial struggle**

- **Experiencing discrimination, stigma or lack of support as an LGBTQTS+ individual**
- **Recent loss of loved ones**
- **Stigma associated with help seeking**

Warning Signs

Warning signs are those clues, both big and small, that point to someone's risk for suicide, and a need for us to take action. Warning signs for someone who is thinking of suicide include:

- **Actively using, or increasing alcohol or drug use**
- **Feeling alone or isolated**
- **Withdrawing from everyday activities or activities that they usually enjoyed**
- **Trouble eating or sleeping, or sleeping too much**
- **Doing things that are "out of character"**
- **Feeling "trapped" or wanting to escape**
- **Going through a hard time or a lot of pain**
- **Talking about or gathering the Methods (also referred to as Means) of suicide**
- **Describing methods such as guns, drugs, cutting, hanging**
- **Researching or asking about ways to die**
- **Sharing pictures of suicide methods (such as guns, drugs, alcohol, sharps/knives, rope, etc.)**
- **Contacting friends to say goodbye**
- **Neglecting appearance or hygiene**
- **Feeling guilty, ashamed, angry, or wanting revenge**
- **Taking risky or dangerous behaviors**
- **Social media posts that convey/show/state any of the warning signs listed here.**

CRITICAL WARNING SIGN

- Exhibiting a major shift in mood:
  - Happy and up—to sad, down or depressed; Sad, down or depressed—to suddenly being happy or up.
- Talking about, planning or actively giving things away

Warning signs, are those signs that our loved one is in crisis. We need to move into action. Our traditional values root us in the belief that all life is sacred, all of our loved ones belong and deserve to be safe and protected.

In our next section we will learn more about how to step in to help when we have a loved one at risk, and when we have a loved one in crisis.

Warning Signs: What to Listen For

FEELING HELPLESS OR HOPELESS.

We may feel like, or may hear an individual say statements such as:

- "There's nothing I can do"
- "Nothing matters"
- "It doesn't matter what I do, nothing changes"

FEELING LIKE A BURDEN TO OTHER PEOPLE.

We may feel like, or may hear an individual make statements like:

- "No one would miss me"
- "I just make things harder for everyone"
- "I can't even help anything"
- "You don't have to worry about me"

MAKING STATEMENTS THAT ARE BOTH DIRECT OR INDIRECT:

- "I want to unalive myself"
- "I wish I was never born"
- "I wish I didn't exist"
- "This will all be over soon"
- "I wish I could go to sleep and not wake up"
- "I'm so done with everything"
- " I just want to check out for real!"

TALKING ABOUT, PLANNING OR ACTIVELY GIVING THINGS AWAY

We may say, or hear an individual make statements like:

- "I won't be needing these anymore."
- "I want you to have these as a memento."

TAKE NOTE

A NOTE ON YOUTH AND SOCIAL MEDIA

Social media offers a place for our Indigenous youth to connect with others, find supportive communities, and express themselves. However, using social media too much has been linked to youth feeling more depressed, anxious, concerned about body image, at risk of predatory or victimizing behavior and feeling suicidal.

What people see and read on social media can impact their mental health—in both helpful or hurtful ways—so understanding social media and its resources can be an important part of suicide prevention and response.

The risks and warning signs above may be posted or shared on social media by youth who are struggling or in crisis. Most social media platforms have a safety team that will reach out to our loved one on social media and provide resources.

- See Addendum #10 for specific instructions on how to report a post to a safety team on several social media platforms. Additionally, our next section gives us information on how to talk with a youth, relative or loved one in crisis.

Social media benefits are reinforced by having healthy boundaries; positive social supports with peers, adults, elders and families; and having access to strong, resilient, and supportive communities. Indigenous families and community members can be proactive by supporting creativity and positive social media engagement. We can also be aware of how to recognize warning signs and how to respond and support our youth who may be struggling.

Reflection Questions

- Are there myths about suicide in your community that may impact how we reach out to support our loved ones in crisis?
- Are there risk factors present in your community that may contribute to suicide risk?
- What are the cultural and traditional beliefs and practices that might support our loved ones experiencing risk factors?
- What are the traditional ways our communities have supported a loved one in crisis?

For more information on suicide risk factors and warning signs, see Addendum #9.

For more information on social media safety and how to report posts about suicide or self-harm on social media, see Addendum #10.

Pause & Check In

Caring for Self in order to Care for Others

WHEN WE RECOGNIZE THAT A LOVED ONE IS AT RISK OF SUICIDE OR IN CRISIS, WE MAY FEEL SCARED, SAD, ANXIOUS, FRUSTRATED, ANGRY, OR HELPLESS.

IT IS IMPORTANT TO PAUSE AND ACKNOWLEDGE THESE FEELINGS.

HOWEVER, WE ALSO MUST TAKE ACTION TO SUPPORT OUR LOVED ONE.

While we may not feel ready or able to provide that support ourselves, we can call on resources such as 988, 911, crisis triage centers, or our local behavioral health providers to support our loved one in immediate need.

A resource list can be found in Addendum #12.

Reach out to those individuals and resources in your own circle of support to help assist you as you take the steps to connect your loved one to crisis response.

A reminder that caring for self is important to be able to care for others.

Resources regarding self-care can be found in Addendum #19.

How we can respond to someone at risk

Opening the Door and Listening without Judgment

When we notice our loved ones are experiencing some of the warning signs of suicide risk, opening the door for them to share their thoughts, feelings and fears can be helpful in releasing those thoughts and feelings, and reduce risk for suicide.

A few things to remember:

- Be mindful of time and place.
- Be a good listener.
- Ask open ended questions.
- Avoid giving advice.
- Stay calm and stay patient.
- Try and approach when it is quiet, without distractions, and you have time enough to talk without interruptions.
- Be open to what they share.
- Yes and no questions can limit sharing. Instead of asking “Are you okay?” we can ask instead “What have you been feeling lately?”
- Our role is to listen and to support as they share their feelings and situation.
- Talking together may take some time, and some of what may be shared may be difficult to hear. Staying calm and staying patient helps our loved one to feel safe and cared for.

A few ways to open can include:

- **“What have you been feeling lately?”** or “**Something seems to be bothering you, I’m here to listen if you would like to talk together.**”
- **“I’ve noticed you’ve been** (here we can share what we have noticed: down, angry, frustrated, really tired, withdrawn, really quiet)**, lately, what has been happening for you?”** or **“What have you been experiencing lately?”**
- **“You shared a post recently that concerned me, can you tell me what’s been on your mind?”**
- **“You said, you just wish you didn’t exist, can you tell me how long you have been feeling like this?**

Importance of Listening without Judgment:

Being prepared to listen to what our loved ones share is also incredibly important. We may not agree with or even fully understand what they are experiencing and feeling, but is important to listen openly, fully, and without judgment.

We can also introduce resources and support:

- **“I care for you and want you to be safe, there are professionals and resources in the community that can be supportive, we can visit them together.**
- **“The 988 Lifeline is a good resource that we can call, I can call with you and we can talk with them together.”**
- **“There are medicine people who can help support you and share our practices and teachings about when we are struggling. Would you like to go visit with them together?”**

Reflection Questions

- What are ways you felt listened to or supported when you may have had a struggle or challenge?
- What are cultural practices and beliefs that may help support a loved one who may be struggling?
- What are ways traditionally and historically our communities cared for someone who may have needed support?

Asking the "Question"

How can we respond to someone in Crisis

Risk Factors and warning signs help us identify when our loved ones may be at risk for suicide. They can also point us to when our loved one is actively thinking about or planning on taking their life by suicide. When we notice these signs, we as their loved one can take action to help. Once we have opened the door through our starting questions in the previous section, we can then move into action.

The National Institute of Health gives us five action steps we can take when we recognize warning signs of suicide risk for our loved ones.

5

Action Steps to Help Someone Having Thoughts of Suicide

STEP ONE
ASK THE QUESTION

STEP TWO
BE THERE (LISTEN)

STEP THREE
HELP KEEP THEM SAFE

STEP FOUR
HELP THEM CONNECT

STEP FIVE
FOLLOW UP

For more information about responding to someone in crisis, see Addendum #11.

STEP ONE
ASK THE QUESTION

The first step is to ask our loved one, very directly, about their thoughts and plans. This can feel difficult and scary. Being open to asking our loved one about suicidal thoughts, feelings and plans can be the lifesaving approach and care they are needing. It's okay to take a deep breath, or say a quick prayer in our mind, or ground ourselves before we begin.

ASK DIRECTLY

Some examples of how to ask directly are:

- **"I'm really concerned about you, and I need to ask, have you been thinking about suicide?"**
- **"Thank you for sharing with me how you are feeling, I'm going to I ask a difficult but important question. Are you thinking about killing yourself?"**
- **"Are you thinking about taking your life by suicide?"**

BE PREPARED FOR THE RESPONSE. RESPONSES CAN INCLUDE:

- **"Yes" "Yeah"** or nodding head yes.
- **"Maybe"** or **"I don't know, maybe"** (both still considered a "yes")
- Silence and/or crying/tears (Take time to allow for the pause to happen. This can be hard, but it may also provide space for our loved one to share when they are ready.)

- **"No."**

OUR NEXT FOLLOW UP CAN BE:

Some examples of how to ask directly are:

But we may have noticed a number of warning signs that continue to lead us to be worried. In this instance, we can say:

"You say No, you're not thinking about suicide, but I have noticed _____"

- And we can list the warning signs we have noticed, like risk taking, anger or aggression, sleeping too much/not sleeping enough, making statements such as "I just wish I were dead" or "I'm such a burden"
- See page 40 for more examples of warning signs

And then we can ask again directly.

"I've noticed all of these signs and am concerned. Are you thinking about suicide?"

Continued on the following page.

STEP TWO
BE THERE (LISTEN)

- Being there means listening with an open heart and mind to what our loved one has to say and share.
- While we may want to give advice to our loved one, in this moment our role is to be there for them and listen.
- We need to let them share what they are going through, and listen without any judgment.
- Allowing our loved one time to talk about their challenges and their reasons for considering suicide gives them the space to talk about these feelings and thoughts and release them, much like breathing out bad air.

STEP THREE
HELP KEEP THEM SAFE

STAY WITH YOUR LOVED ONE

It is important to stay with our loved one during this discussion together and while we help connect them to resources and support.

Do Not Leave Them Alone:

- Stay with your loved one and accompany them to resources if at all possible.
- Ask if there is anyone additionally that they would also like to be with them.
- If you feel you need extra support along with you, take your loved one with you while you find or ask for extra help.

STEP FOUR
HELP THEM CONNECT

Reach out to available resources and help them to connect immediately. Helping to connect to supportive resources is important.

- **"I care for you and want you to be safe, there are professionals in the community that can be supportive, we can visit them together."**
- **"The 988 Lifeline is a good resource that we can call, I can call with you and we can talk with them together."**
- **"There is a mobile crisis team we can call together. They can come meet us here and provide some support. I can stay while we talk with them together."**
- **"There are our medicine people who can help support you, and share our practices and blessings. Would you like to go visit with them together?"**

RESOURCES CAN INCLUDE:

- 988 Suicide and Crisis Lifeline
- Local behavioral health services
- Mobile crisis teams
- Crisis triage centers
- Other crisis lifelines such as the National Crisis Text Line at 741-741; the Trevor Project and more
- Community elders, traditional healers

More information on 988 and other crisis response resources and information are included further in this toolkit.

STEP FIVE
FOLLOW UP

After our loved one has been linked to resources and has received support, definitely follow up to let them know you care and are available for support.

Reflection Questions

- Stepping in to help a loved one can feel scary. What traditional, cultural or spiritual supports can help you step in when a loved one is in crisis?
- How can we center ourselves in our traditional values of safety and protection for our loved ones when they are in crisis?
- What are ways we can listen without judgment?
- What are local resources, including cultural and traditional healers, we can call on to support a loved one in crisis?

Protective Factors

Protective factors are personal, familial or communal attributes, actions or environments that help support our health, wellbeing, connection and resilience. Protective Factors can reduce mental health, substance use and suicide risk. For our American Indian and Alaska Native communities, the most impactful protective factors are rooted in our identity as Indigenous people. We can draw on our culture and tradition, and all supports that assist us in creating safe, sober, and nurturing environments.

Protective factors can include:

- **Connection to tradition, culture, and language.**
- **Connection to community.**
- **Connection to family.**
- **Recovery and Sobriety.**
- **Positive coping and problem solving skills.**
- **Recognizing risk factors and warning signs of a mental health, alcohol or drug abuse or suicide risk developing.**
- **Being open to talking about mental health, alcohol or drug abuse, or suicide, and connecting to resources.**
- **Having a circle of support through friends, family, elders, mentors, and programs or services.**
- **Actively working to heal from trauma.**
- **Nurturing spirituality.**

Recognizing risks and warning signs, as well as supporting protective factors rooted in our culture and tradition, are all important in reducing suicide risk. These help us to sustain our resilience and our healing.

RECLAIMING RESILIENCE

PARAPHRASING DR. YELLOW HORSE BRAVE HEART, DR. CHASE AND THEIR COLLEAGUES:

OUR INDIVIDUAL (AND COMMUNAL) SUFFERING IS ROOTED IN THE ANCESTRAL LEGACY (OF TRAUMA) AND CONTINUES INTO THE PRESENT DAY.

BUT OUR TIME IS NON-LINEAR… IF WE CAN HEAL IN THE PRESENT WE CAN GO BACK IN TIME AND HEAL THE SUFFERING OF OUR ANCESTORS.

WHILE WE DO HAVE COLLECTIVE GRIEF, WE STILL POSSESS A RESILIENT CORE.

Releasing the Pain of Trauma

The third step in healing and Returning to our Sacred Path is: Releasing the Pain of Trauma

In this space we create paths forward to heal from Historical Trauma and present day trauma. We can also reduce also reduce suicide risk by using available resources.

We learn about:

- **Available support systems and resources.**
- **Learn what to expect when utilizing crisis services.**
- **Draw on the resilience and curative power of our cultural grieving and funeral practices.**
- **Understand how to talk together about death by suicide.**

Connecting to Resources

Utilizing resources and our support systems can help us begin to Release the Pain of Trauma. In many instances, these resources, programs or services are designed to help loved ones when in crisis.

In this section we share an introduction to resources, and encourage you to review additional resources included in the addendum, and explore more local resources available in your community.

988-The National Suicide and Crisis Lifeline

988 was launched in July of 2022 as a nationwide lifeline available to everyone across the US. 988 provides support to individuals and families who may be struggling with challenges and crises including alcohol and drug abuse, mental illness, and suicide. 988 provides immediate critical support through crisis counseling services 24 hours/7 days a week/365 days a year.

988 can be reached by an individual in crisis; or by a family member or friend supporting a loved one in crisis

- Dial 988 on your phone.
- By text message by texting 988 on your mobile phone.
- By online chat at www.988lifeline.org.

Additionally, 988 also includes a service system that includes crisis triage centers and mobile crisis teams. These may be located in your local community.

Crisis Triage Centers

Crisis triage centers are stand alone sites that are not located in a hospital or emergency department. They provide in-person support in a welcoming setting by licensed crisis counselors, nurses and physicians.

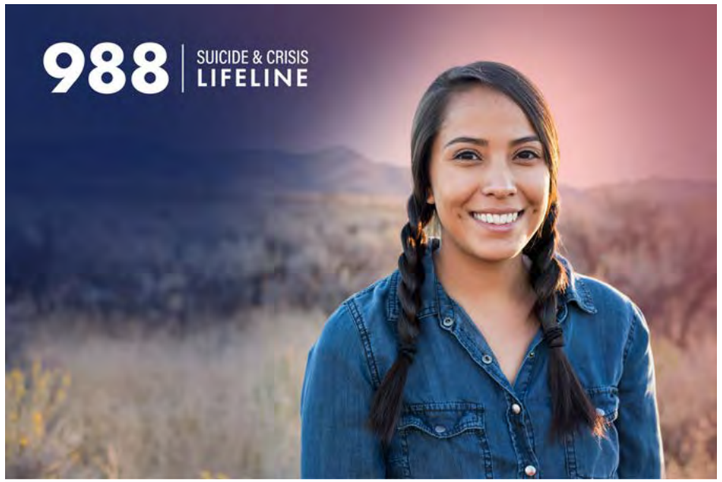
Types of crisis triage centers include:

- **24 hour models that allow for an individual to stay and receive services to help stabilize and link them to additional resources over the course of 24 hours, and referral back to local resources for continued follow up care.**
- **Others are 14 day "living room" models that allow individuals to stay and receive services and support and referral back to local resources for continued follow up care**

988 Mobile Crisis Teams

- Are teams of mental health counselors and peer support workers that provide crisis counseling and support to individuals in crisis within their own home, or community location.

See Addendum #12 to find additional resources.



Reflection Questions

- What are local resources in your community that provide crisis response support for your community members?
- What are ways traditionally and culturally your community has provided support individuals in crisis?
- What types of crisis response support would you like in your community?

Using Emergency Services: Going to the Emergency Room, Hospital or Crisis Triage Center

Our loved ones are important to us. Caring for and ensuring their safety is one of our core values as Indigenous peoples. In some instances, the best option to keep our loved ones safe is to take them to the emergency room, hospital or crisis triage center.

When should we go to the hospital, emergency room or crisis triage center?

If an individual:

- Talks, writes, or posts on social media about their plan to die by suicide (examples – dying by suicide by using substances, firearms, knives, rope).
- Talks, writes, or posts on social media about having what they need to kill themselves.
- Talks, writes, or posts about an identified date or time by which they are want to die by suicide.
- Shows risk or reckless behaviors such as alcohol or drug use, driving dangerously, careless use of firearms, in addition to any of the above statements or behavior.
- Has just attempted to die by suicide.

What should I do to help with crisis response for an individual in crisis?

- Do not leave them alone.
- Ask direct questions about how our loved one is feeling or what they are experiencing.
    - Are they having thoughts of killing themselves?
    - Do they have a plan to kill themselves?
- Find out if our loved one is under the influence of alcohol or drugs or may have taken an overdose.
- Call 988, 911, or local emergency number.
- When emergency responders are contacted, provide them with as much information as possible. For example:
    - current location of the person,
    - person's age,
    - gender identity,
    - statements and behaviors that lead you to believe they want to die by suicide,
    - if they have current access to the means or methods to die by suicide (firearms, drugs, sharps/knives, rope, etc.); and
    - if they are under the influence of any substances.
- Tell a family member, friend, or call your local behavioral health program or crisis response team for additional support so you're not dealing with this alone.
- Reach out to a therapist if the individual in crisis has one.

How should we get a loved one to the Emergency Room, Hospital or Crisis Triage Center?

- Transport by ambulance, police car, or crisis response worker if 988, 911, or local emergency number is called and crisis response is requested.

See Addenda #13-16 to find additional resources.

What to Expect when Receiving Suicide Care in a Crisis Triage Center

Crisis Triage Centers, also referred to as Crisis Stabilization Centers or Units are specialized sites; and are separate and independent from emergency rooms or hospital settings. These crisis triage centers are designed to support our loved ones in a mental health, or substance use crisis and are considered easy access. All crisis triage services are completely based on voluntary participation by an individual entering services.

Crisis triage centers are most often managed by towns, cities and counties or may be found in Tribal communities.

There are two different types of Crisis Triage Centers:

24-HOUR MODEL

- A 24-hour model allows for our loved one to stay; receive services to help reduce crisis through counseling or medication management or a combination of the two;
- Link our loved one to additional resources over the course of 24 hours.
- Case managers also assist in providing referral back to local resources for continued follow up care.

LIVING ROOM MODEL

- A "living room" model allows individuals to stay up to 14 days and receive services to help reduce crisis through:
    - individual counseling,
    - group counseling
    - medication management;
    - case management
- Provide support and referral back to local resources for continued follow up care

Individuals entering services will be asked questions such as:

- Thoughts and plans for suicide
- History of suicidal behaviors or self-harm
- Access to means of suicide in the home (examples – guns, medications, sharp objects)
- Stressful or difficult life circumstances (examples – recent deaths, relationship breakups, job losses, etc.)
- Current and past use of drugs or medications
- Family history of suicide or emotional problems
- Disordered thinking or disorientation
- Current stressors and challenges

Crisis triage centers allow for loved ones to have support while in crisis in a space that is specially trained for supporting crisis response, and allows for this service in a place separate from a hospital setting. Crisis triage centers are meant to feel welcoming, less hectic than a hospital or emergency room, and to provide support and referral when the crisis has passed.

What to Expect when Receiving Suicide Care in the Emergency Room or Hospital

Upon arriving at the Emergency room, hospital or crisis triage center, staff members there will ask information like:

- our loved one's name,
- date of birth,
- gender identity,
- and may also ask about insurance coverage, Medicaid/Medicare coverage, VA coverage, or Indian Health Service

We may not know all of the answers to the questions they ask, just provide as much information we know.

We may be asked to wait until a medical or mental health professional is available, we will then be asked about what brings us to the emergency services.

Triage and Interviews with Healthcare Professionals

Triage is the word that describes the first steps in crisis care. A mental health professional interviews us to find out how serious the suicide risk is, and to decide how best to help. It is important for you and your loved one to be as open and honest as possible..

The mental health professional will ask about:

- Overall mental health history
- Thoughts and plans for suicide
- History of suicidal behaviors or self-harm
- Access to means of suicide in the home (examples – guns, medications, sharp objects)
- Stressful or difficult life circumstances (examples – recent deaths, relationship breakups, job losses, etc.)
- Use of drugs or medications
- Family history of suicide or emotional problems
- Disordered thinking or disorientation

Based on the information gathered, the mental health professional will begin to make a determination about what the next best steps are for treatment. They may include inpatient or outpatient treatment.

IF RISK IS LOW
(not immediately at risk)

Our loved one will receive referral to community resources (for example, names of mental health professionals in your area) and be discharged.

IF RISK IS HIGH
(immediate risk)

Our loved one will likely be asked to enter the hospital as a patient on an inpatient treatment unit to help stabilize them and keep them safe.

Note: Sometimes, suicide risk is high at first, but decreases over the course of the time, or after the individual talks with and is assessed by a mental health professional, and has talked through available resources and supports.

Inpatient Treatment and Hospitalization

If the healthcare professional doing the triage interview determines that the person is not safe to return home, they will discuss more intensive services, like voluntary and involuntary hospitalization. Each state has its own laws for this, including the age for someone to consent to being hospitalized, with or without a caregiver's permission.

Voluntary Hospitalization is when an individual freely chooses to be admitted to the hospital for treatment.

- An individual can leave the hospital once their level of suicide risk has decreased and mental health professionals feel they are safe to go.
- However if mental health professionals feel the individual is not safe to leave, and remains a risk for suicide, they may require involuntary hospitalization.

Involuntary Hospitalization happens when an individual refuses treatment and admission to the hospital, but the mental health professionals determine that the individual is not safe to leave the hospital, and remains at high suicide risk.

- Usually means that a second healthcare professional will interview our loved one, and make the same decision based on the information.
- In most states, our loved one will initially be hospitalized for 1-3 days. For youth in involuntary care, a court-appointed mental health professional may decide if more days are needed.

What services can our loved one expect to receive in the hospital?

- Information about their length of stay and when they will go home
- Medication management (examples – anti-depression, anti-anxiety medications)
- One-on-one therapy sessions
- Group therapy
- Recreation activities (examples – exercise, meditation, art therapy)
- Educational meetings on coping skills and other tools to support your mental health
- Family therapy sessions if desired
- Care coordination services

Note: Sometimes, the hospital may be full. Hospital staff will work to find another hospital with space for our loved one. They may also have our loved one stay in the in the emergency department until an inpatient space is available.

What happens when our loved one is ready to leave the hospital?

- Leaving the hospital is often a decision made by our loved one, our loved one's caregivers (parent, guardian, spouse), the doctors and the hospital team.
- When our loved one is ready to leave:
  - They will usually create a safety plan with their team and caregivers.
- Our loved ones and their families will likely also be given information for follow up and continued care through behavioral health programs in their local community.
  - Sometimes a social worker or case worker will schedule these appointments for our loved ones in advance.

Discharge from Hospitalization or Crisis Triage

Discharge, or release from hospitalization or crisis triage services generally occurs when our loved one is no longer in danger of killing themselves, and is ready for support and treatment. Follow up care through outpatient counseling services or case management are now more appropriate. In most instances, prior to discharge, a care plan will be developed for follow up care.

Follow up care

Suicide risk can actually increase after utilizing emergency services. Follow up care is an important step and should not be put off.

- In most instances, a safety plan has been developed prior to discharge from the hospital, emergency room or crisis triage center.
- Familiarize yourself with the safety plan developed with your loved one prior to discharge including supportive activities, supportive people and supportive resources they may have listed in their plan.
    - Be sure you have contact numbers for individuals or programs listed as part of their safety plan.
- Contact resources provided for follow up care as soon as you arrive home.
- Make appointment with a therapist or mental health peer support worker as soon as possible, preferably in the first few days home.
    - It's okay to emphasize the importance of an immediate appointment needed.
- If medication was prescribed during their hospital stay, emergency room or crisis triage center stay, be sure to fill their prescription at your local pharmacy.
- Ensure our loved one has information on emergency lifelines like 988, peer support and text lines such as the National Crisis Text Line (Text "Help" to 741-741) to help support them before and between appointments.

More information on Safety Plans and Safety Planning is included in the next section.

Accessing Emergency Care outside of The Indian Health Service

The Purchased and Referred Care Program

In the instance of crisis care for our loved one due to suicide risk or suicide attempt, we may need to access emergency room or hospital care in facilities outside of our Indian Health Service system. This may result in a need for payment of service if we do not have access to insurance coverage. The Indian Health Service, Purchased and Referred Care program may be able to provide payment for these emergency services.

The Purchased/Referred Care (PRC) Program at IHS is for medical/dental care, including emergency care provided away from an IHS or tribal health care facility.

PRC is not an entitlement program and an IHS medical referral does not imply the care will be paid. If IHS is requested to pay, then a patient must meet the American Indian/Alaska Native tribal affiliation, residency requirements, notification requirements, medical priority, and use of alternate resources (including IHS facility).

Contact your local Indian Health Service facility, or Area Office within 24-72 hours of your loved ones admission to a hospital or emergency room.

For more information see: https://www.ihs.gov/prc/

Safety Planning

Safety planning is a process taken when a loved one, along with family and mental health providers, identify steps to be taken to prevent suicide from happening in the future. Safety planning creates a plan with information and resources specifically for our loved one.

Safety plans may take different forms (for example — drawing a plan), depending on what works best for the individual.

When should we create a safety plan?

- A safety plan can be created at any time
- Encouraged when a loved one is struggling with mental health challenges like depression or anxiety, or thoughts of suicide
- Recommended that a safety plan also be created in collaboration with our loved one's therapist/counselor/social worker
- A safety plan will also be created with our loved one if they have received crisis services through the emergency room, hospital or crisis triage center.

What are essential parts of a safety plan?

Safety plans usually include:

- Descriptions of our loved one's behaviors that show they're in crisis
- Steps for an individual and family to take in times of crisis (examples – using coping skills, talking to someone, listening to music, going for a walk)
- People for our loved one to contact in an emergency and their phone numbers listed
- Other emergency phone numbers and resources (examples – 988, therapist's phone number)
- Safe places for the loved one to go if needed
- They may also include our loved one's reasons for living, or what keeps them from acting on their suicidal thoughts.

See Addendum #17 for example of a safety plan, and additional safety plan templates.

After a Loved One Attempts Suicide

After a loved one has attempted suicide, and returns home after receiving care in an emergency room, hospital or crisis triage center, we may have concerns about how best to help.

After a suicide attempt has been made, the risk for a subsequent attempt remains high. It is important that the individual participates in all follow up care appointments, and maintains any medication prescribed as part of their treatment plan. Our goal will be to maintain safety as well as openness to supporting our loved one.

How Can I as a Caregiver Support My Loved One After a Suicide Attempt?

Using Safety Plans and Supports

- Review the safety plan developed by our loved one and their care provider. Ensure you have information about the resources, activities, and supportive contacts listed. These plans are meant to help prevent suicide crisis in the future.
    - If a safety plan was not put in place, we as caregivers can also work with our loved ones to create one together. **Templates and examples can be found in addendum #17.**
- Create a safe and secure environment. Remove or limit access to any items that could be used in a subsequent attempt such as firearms, sharps/ knives, drugs or alcohol.
- Be open to talking about their experience—this includes also acknowledging their pain, feelings, thoughts and actions that may have led to needing to use crisis response services.
    - Be open to listening to their experience and feelings without judgment
    - Be patient and be gentle
- Express your care and love for them and a desire to keep them safe while also connecting them to continued care to address their needs
- Explore your local resources including behavioral health programs available and learn more about services available including any additional crisis services
- Utilize cultural resources, practices and ceremonies for healing as appropriate
- Take some time for yourself to care for your own health and wellbeing. We need to take care of our own selves to be able to care for our loved ones.

- If you remain concerned for your loved one, or recognize continued warning signs of suicide risk, reach out to appropriate professional help such as 988, 911 or a local behavioral health or healthcare provider.

See Addendum #18 for more information on supporting our loved one after a suicide attempt.

Caring for Ourselves after a Loved One Attempts Suicide

When our loved one attempts suicide, we may feel a number of emotions, from confused, sad, scared, and even angry and frustrated. All of these feelings are valid, and it is important for us as caregivers to have support as well.

Self care and having a circle of support is important for our own well being and recovery through this experience. It's okay to reach out to all of our resources available including:

- Traditional, cultural or spiritual leaders and healers
- Family and friends who are open to supporting us and are non-judgmental
- Professional supports such as counselors, social workers, or peer support workers
- Local and national resources such as 988.

More information on self care as well as communal care can be found on page 73 and in Addendum #19.

Reflection Questions

- What resources, supports, practices, or traditions are available to help individuals, families or communities release emotional pain or hurt?
- What resources, supports, practices or traditions can support individuals after a crisis or suicide attempt?
- What characteristics of individuals (for example: good listener, non-judgmental, supportive, etc.) would you like to have in your circle of support?

When a Loved One Passes Due to Suicide

Grieving and Mourning a Loved One

When a loved one dies by suicide, our grief and mourning may be complicated by several factors. We may have questions about why one would take their own life, or have feelings of blame or shame. Survivors of suicide—those family members and loved ones left behind—may experience these feelings more intensely.

Depending on our traditional, cultural or religious beliefs, there may be conflict or confusion around what death by suicide may mean spiritually for our loved one's journey and afterlife. These conflicts may contribute to Stigma—those negative beliefs we may have about mental illness, alcohol or drug abuse, suicide risk and death due to suicide. Stigma can create shame and blame and create more confusion bout how to be supportive or respond to families and our community.

This confusion and conflict may prevent us from supporting grieving families, increasing the risk of deeper grief, depression, and even suicide in our communities.

Non-Native religions have impacted Indigenous traditional, cultural, and spiritual beliefs and practices about death by suicide. Understanding how these traditional beliefs and practices support healing and community connection can be valuable in addressing our grief and mourning. We can also draw on the supportive beliefs and connections from those non-Native religions that have been blended into our communities. Integrating solace, support and connection from ***all*** sources can help reduce suicide risk and promote healing.

TALKING ABOUT SUICIDE

Talking about suicide can be difficult and scary, and for some there may be cultural restrictions. However being open to discussing and acknowledging suicide with our families, children and community is helpful in reducing suicide risk for our loved ones.

The language we use to acknowledge a death by suicide to soften the impact of grief can be problematic.

Statements such as:

- **"They aren't suffering anymore"**
- **"They aren't in pain any longer"**
- **"They are in a better place now"**

can lead other loved ones and family members to view suicide as an option for them to escape the grief they feel, or to act upon long standing feelings of suicide risk.

These statements are distortions of how we honor the passage of a loved one and negates the depth and impact of this loss to the family and to our community as well

Funerals, Memorials and Memorial Activities

While public memorials, gatherings and giveaways have been part of grieving practices in most Tribal communities, we need to be mindful of the purpose and message when grieving the death of a loved one due to suicide.

The way we handle funeral practices after a loved one dies by suicide can influence the well being of our families and community. When we lose a loved one to suicide, our grief may feel overwhelming, and we may compensate by excessive preparations, excessive honoring, and excessive arrangements for our loved ones. These can include public memorial gatherings, giveaways, memorial tournaments or even permanent memorials. These contribute to the glorification and romanticization of dying by suicide and can contribute to increased suicide risk within families and communities.

Offering comfort to grieving loved ones, family member and community member by being open to discussing their grief and emotions—such as anger, disbelief, and sadness—and being accepting of their responses to the suicide is most supportive. Linking them to support and resources, as well as cultural or other healing practices are the best ways we can honor our loved one who passed.

Releasing the Pain through our Grieving

Every Indigenous community has unique practices for handling the death of a loved one. These may include traditional, cultural, religious, or other protocols that guide how families and communities lay someone to rest. This also applies when someone in your family or community dies by suicide. Such events may help determine appropriate timelines for certain customs, including:

- Wakes
- Community gatherings
- Church gatherings
- Funeral time frames
- Traditional ceremonial practices after a death
- Traditional healing, curative or releasing practices

Our Urban Indigenous families and communities may also adhere to these same practices and these may be completed within the urban community, or members may return to traditional tribal lands to participate in these customs and traditions, including taking the loved one who has passed back to their traditional tribal homeland to be laid to rest.

For each of these practices, there may also be traditional calendars or time frames we adhere to. These time frames often provide a cultural "container" for grief, expression of grief, or practices related to grief, for example:

- Wakes
- Cutting of hair or flesh
- Limitations or restrictions related to crying or expressing emotions
- Fasting
- Feeding of spirits
- Releasing of possessions
- Family advisement or gatherings

Overall, these are supportive environments where individuals and communities can experience and express grief. Some cultural calendars limit participation in activities for a set time and indicate when to resume them. Ceremonies like the Wiping of Tears, or other traditions, help reintegrate grieving families and individuals into their communities.

How we Grieve

In our Tribal and Indigenous communities overall, traditional, cultural and spiritual practices may guide how we express our grief both individually and communally during and after a loved one passes. As individuals, we all grieve differently—and while we may have cultural time frames or containers that are "prescribed"—we also know we may continue to grieve for long after those cultural time frames have passed.

Grief is a natural and anticipated response. The manner, expression, and duration of grieving can vary significantly among individuals, including members within the same family unit.

- Some cope with grief as "do-ers", staying busy or working.
- Some individuals may be considered "feelers," requiring a secure environment to communicate or demonstrate their grief, whether through conversation, emotional expression, or other means.
- Some may appear to grieve more externally, showing emotion or expressing their feelings verbally or even physically.
- Others may hold it internally, and we may only see hints of grieving, though for them it is very present.
- Sometimes, we experience and grieve in all these ways simultaneously.

Understanding that our own way of grieving may not be the same way our family members, community members or friends grieve is helpful to reducing conflict, feeling excluded, or just feeling different from the way others are grieving.

Reflection Questions

- What are the traditional, cultural or spiritual ways in which your family or community respond to the passing of a loved one or community member?
- How does the community help support the families of those who have passed?
- What are local, traditional or cultural resources we can suggest to support our families and community when a loved one has passed due to suicide?
- Do you see or experience different ways of grieving in your family or community when a loved one or community member passes?
- How can our spiritual, cultural, or traditional ways continue to support us and our loved ones through grief?

Taking care of ourselves and our loved ones after a death by suicide

In these first few days in experiencing the loss of our loved ones, our traditions and practices may take priority and give us the initial space to process our grief and mourning both as family and as community.

It is in the days after our ceremonial practices and mourning periods that we may still be left with grief, sadness, anxiety, anger, shame and questions why. A loved one's death by suicide is a trauma and can exacerbate prior trauma experiences.

It is important to consider our wellbeing and that of our loved ones, by being aware of responses that may be impacting our physical, mental, emotional, social, behavioral and spiritual wellbeing. Be aware of when we are experiencing impacts or changes in any of those areas.

See Addendum #18 for examples.

Remember that resources, supports and cultural practices are all available to us as well. Actively using these when we are feeling challenged in our own grief and mourning is important to support our wellbeing.

Healing

While Tribal and community traditions or cultural practices may differ around grief and mourning, similarities also exist. These practices help us hold and heal our grief.

Healing from grief and mourning, particularly following a suicide loss, becomes possible when we acknowledge our own sorrow as well as that of our family and community.

We can also recognize loved ones at risk and provide safety, support, connection to resources, and connection to our cultural, traditional or spiritual healing practices.

This is part of our values of respecting the sacredness of life and preserving life of all of our loved ones, our children, our family members and community, and honoring our loved ones who have journeyed on.

A PERSONAL EXPERIENCE

OUR EXPERIENCE AS SURVIVORS

Surviving suicide is like digging out of a deep dark hole.
It can take a lifetime for some, while some may recover early!

I grew up with my parents, maternal grandmother, my 3 sisters and 1 brother. We lived on reservation and attended reservation schools as children. After 5th grade we attended Catholic schools, then public school from 9th to 12th grade.

I was 16 when I experienced the completed suicide of my 14 year old sister. My sister suffered with epilepsy, she was diagnosed at a very young age, and medications took their toll on her. My parents did everything they could have at the time. I remember many trips to the hospital, specialists and traditional healing. This was something we accepted for about 10 years.

Our family was very close. We were happy despite the health issues facing us. But there were many signs over the years of my sister struggling. Suicide attempts started to occur when my sister reached puberty, and these continued for many years. Our parents took our sister to the hospital each time for assessments and treatment. Eventually my parents took turns staying at home with my sister and a tutor was hired for home schooling.

One November morning a short time after our grandmother died in her sleep, our sister took her life! This pain was very intense! Something we never really recovered from!

I describe my family as a lake with peaceful waters until that day. It was like a large bolder was tossed in the water as we all were bounced out in different directions. Each of us struggled as we went in different directions. My older sister and brother joined the military while my younger sister and I stayed in school and close to home. My parents struggled and began to have problems.

In our tradition, when one passes in our tribal community we are told to stop mourning after 4 days. We had support from many family members however the wounds we carried did tremendous damage among all of us. We all dealt with depression and PTSD. We all suffered without talking about our emotions. We cried a lot for a long time without resolution!

Eventually after years of nightmares, restless nights and numbness, my own solution was to play sports, every sport year-round as a way of coping. After high school I went to college for a few years, however, my only goal in life was to be happy. This is what I told myself and others. I started therapy to deal with anger and sleepless nights. I did not have any ambition to be a professional in any field. I just wanted to survive.

I married and had my two children. I worked for my tribe managing the tribal census, then later worked in the accounting department. I worked there for a few years until my children started attending boarding school. I applied to work in the dorms and began substance abuse counseling

classes at the university and tribal college. I received my credentials for to become a licensed alcohol and drug abuse counselor. Eventually I began to manage the boarding school's guidance program where I gained skills working with youth struggling with mental health challenges. I stayed working there for 22 years.

During my work with youth, I started working on my own mental health issues. It took many different ways including therapy, self help, exercise including jazzercise (I even taught classes!) and our traditional healing practices to help ease my pain. I started to forgive myself for holding on to pain, because I knew I was withholding the best of me from my family and friends. I also began to reconnect with my tribal community. I connected to myself and others by working on daily affirmations. I began to mentor others to give back to my own family and my community!!

My goal today is to be Happy! Sometimes I pray moment by moment. I do what it takes to connect to myself and to others. I want to remember that I am never alone! I have worked on Suicide Prevention Efforts in my Community for many years and continue to support prevention and treatment efforts where needed.

— E.H.T. *New Mexico*

Deep Breaths

Let's pause for a moment to take our third deep breath...

OUR THIRD BREATH TOGETHER IS TO GROUND OURSELVES ONCE MORE. FEET ON THE FLOOR, TOUCHING OUR MOTHER EARTH IF POSSIBLE...

OPENING OUR SPIRITS
BREATHING IN NEW KNOWLEDGE
BREATHING IN NEW WAYS AND NEW INFORMATION THAT SUPPORTS OUR LOVED ONES,

AS WE HAVE EXPANDED OUR KNOWLEDGE AND UNDERSTANDING OF HOW WE SUPPORT OUR CHILDREN, YOUTH, ADULTS AND ELDERS IN OUR FAMILIES AND COMMUNITIES, WE HAVE BEGUN TO RELEASE THE PAIN OF TRAUMA.

RELEASING THE PAIN OF TRAUMA ALLOWS US THE OPPORTUNITY TO BEGIN HEALING.

TO TRANSCEND, AS WELL AS RE-GROUND IN OUR STRENGTH AND RESILIENCE, IN OUR IDENTITIES AS INDIGENOUS PEOPLES, IN THE KNOWLEDGE WE ARE STILL HERE, AND THRIVING AND WE SHALL CONTINUE.

Transcending Trauma

The fourth step in healing and Returning to our Sacred Path is: Transcending Trauma

To transcend means to rise above or triumph over negative experiences or trauma.

Our identity as Indigenous peoples, rooted in culture, traditions and language, is key to supporting loved ones in healing from histories and experiences of trauma, adversity, grief and mourning, and helps to reduce suicide risk.

We can:

- **Take care of ourselves and our communities through our core cultural values of caring for each other.**
- **Encourage integration of culture and tradition into treatment programs and services available in our communities.**
- **Advocate for resources that are culturally safe and supportive for our loved ones and for our community.**
- **Support our cultures and traditions in continuing to thrive by creating safety and belonging, and sharing teachings, language, and practices within our families and communities.**

To transcend means to rise above or triumph over negative experiences or trauma. While we as individuals work hard to heal from traumas or adversities that we may experience in our childhoods or adulthoods, healing is rarely done in isolation. True healing is a communal act. And historically, traditionally and culturally, our values have always supported communal healing and communal care.

Indigenous communities are diverse. We live on reservations, villages, rural communities, towns and in urban cities. Wherever we may reside, our identity is what can ground us and support us. Our cultural value of caring for one another, and our community, stays with us.

Our Original Instructions: We Have Always Had The Tools to Heal

Self-Care and Community-Care

***Community-care:* ways to engage in care that support community healing**

Traditionally, our communities gathered to support each other through ceremony as well as day-to-day community functions. Roles were shared among family and community, through clan relationships, sponsorships or mentorships, religious, societal or leadership roles. In many instances these gatherings conveyed and reinforced belonging. Belonging is not just the feeling of a shared identity, but also security, support, inclusion, and acceptance. Belonging, acceptance and support can promote community care and healing.

Community care also includes creating safe spaces to share teachings and lessons. We learn how to treat each other, our roles, responsibilities, limits and expectations. These teachings and lessons created safe spaces to learn new skills and better understand our relationships within the greater community. In this framework of teaching, we can also learn to talk about the impacts of historical trauma, present day trauma and adversity; as well as recognizing suicide risk and ways we can support our loved ones through connection and resources.

In our urban Indigenous communities, these practices, roles, and teachings may be inter-tribal. Our ways of creating community and belonging may be much more expansive than in our home communities. Creating community, belonging and sharing our ***collective wisdom*** is important for our healing, and for maintaining our rooted identities.

***Self-care:* strategies and practices that promote emotional, physical, cognitive, interpersonal, and spiritual well-being.**

Tribal communities have always held the core cultural value of caring for each other. Generosity is at the heart of our practices. To sustain it, self-care matters. We need to show generosity to ourselves. Caring for others requires caring for ourselves first.

Self-care and community-care both play a key role in transcending present day traumas, adversity, grief and mourning and historical trauma.

Self-care and community-care provide a way for you, your family, and community members can support one another on the journey to heal and transcend trauma.

Self-care and community-care look different for every person, family and community. Both can involve your individual or community's unique strengths, healing practices, ceremonies, or ways of embodying resilience.

In Addendum #19, are some ideas of possible self-care/community-care strategies/practices.

Reflection Questions

- What are traditional or historical ways your community gathered to support each other?
- What teachings, lessons or stories were shared that illustrated the ways we show care for one other?
- What role does self-care play for you in supporting your health and wellbeing?
- How can these roots of community-care and self-care help to reduce suicide risk, or support healing when a loved one has experienced a crisis?

Integrating Culture, Tradition and Treatment

Indigenous knowledge has spanned thousands of years. Indigenous views of health and well being are based in our relationships with ourselves, our families, our communities and environment all in balance. Indigenous approaches to treating an individual experiencing imbalance or disruption to their health and wellbeing, focused on the whole person—the physical, mental, emotional, behavioral, social, relational, cultural and spiritual aspects of a person in their environment with the goal of returning to balance.

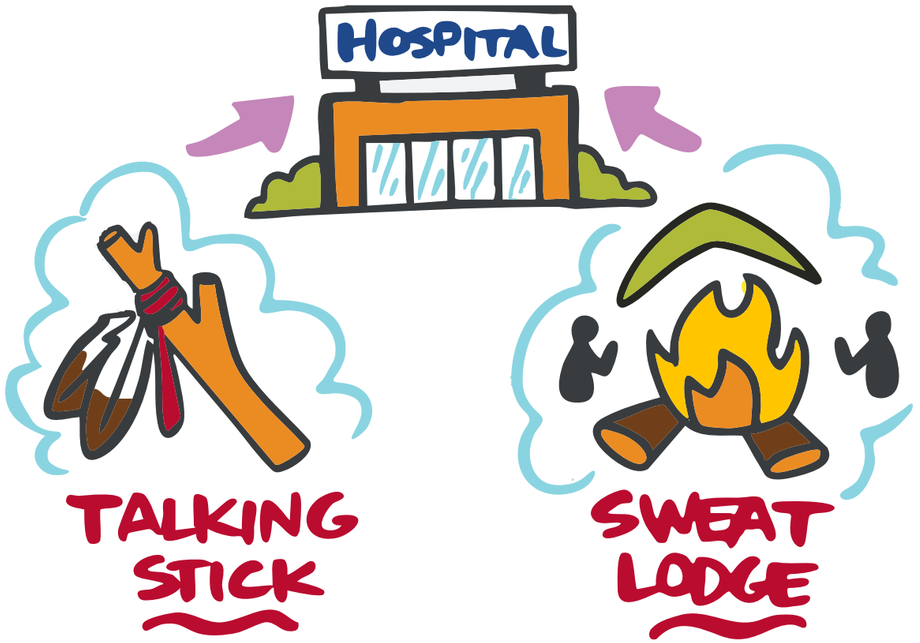
Yet the majority of available treatment services for mental illness, alcohol and drug abuse and for suicide risk are not developed from an Indigenous perspective, and are often focused only an individual model of disease (dis-ease) and illness. The focus is on the removal of symptoms, a change in behavior, or the absence of illness for the individual, often without a focus on the whole person, their environment, or do not fully integrate their cultural or spiritual beliefs or relationships.

More and more, Indigenous people and practitioners are transforming mental health, alcohol abuse, drug abuse and suicide prevention and treatment services to fit our Indigenous population by integrating our traditional and cultural approaches alongside non-Indigenous prevention and treatment practices. **Talking Circle** and **Sweat Lodge** are examples of traditional practices that have been integrated into Indigenous and non-Indigenous led prevention and treatment programs.

Additionally, more programs are being developed and designed specifically with Indigenous views of health and wellbeing, Tribal values and beliefs, to meet the needs of our communities. Three primary examples in many of our Tribal and urban Indigenous communities are:

- **Project Venture**
- **American Indian Life Skills**
- **Red Road/Wellbriety**

We can advocate for resources and approaches to suicide prevention, alcohol and drug abuse treatment, and services to support mental health that our rooted in our Indigenous wisdom and knowledge.



Return to the Sacred Path: Traditional Healing, Language and Ceremony

Traditional Healing

Traditional healing practices have existed since our origins. While these healing practices may have changed some over time, and the way they are communicated and passed down through generations may have also changed, they have survived the impact of colonization and historical trauma.

When we look within our communities, we can find the knowledge keepers and healers that can provide support. Our traditional healing practices exist to help restore balance, transcend trauma, and help to reduce suicide risk through connection and support.

Language

Language is powerful. It helps us to convey our feelings and emotions, can help guide action, and can help convey our thoughts and intentions. Learning our traditional language helps build our resilience. Language creates connection to identity and community, to our traditional healing practices, and to our prayers, songs and ceremonies that help us heal.

Ceremony

Ceremony engages our body, mind, heart and spirit through preparation, grounding, sacrifice, service, reflection, and offering. We actively participate in many ways such as through fasting, dance, song, prayer, generosity, and positive thoughts and intentions. Ceremony creates and supports connection to our own sacred path, and connection with our loved ones and our community.

Resilience and Strength

Histories of trauma and adversity have challenged us greatly over time. Yet we remain, continuously working to heal and to remain rooted in our resilience and strength. To strengthen those roots, we can connect to our traditional healing, language, ceremony, prayers, and practices that restore us to balance. We can uphold our core cultural value of caring for each other by being open to acknowledging loved ones in pain, recognizing risks and warning signs, and step in to provide support and resources to reduce suicide risk for our loved ones and for others in our community. We can create connection, safety and belonging. We can Transcend Trauma and Return to Our Sacred Path.

“WE CARRY OUR PEOPLE IN OUR HEARTS.

AND WE CAN CONTRIBUTE TO HEALING THE CURRENT, PAST AND FUTURE SEVEN GENERATIONS.

WE CAN RESTORE JOY AND HOPE TO OUR COMMUNITIES, SUPPORT RESILIENCE AND THE TRANSCENDENCE OF TRAUMA.”

Dr. Maria Yellow Horse Brave Heart (Hunkpapa/Oglala Lakota) and
Dr. Josephine Chase (Mandan/Hidatsa/Arikara and Ihunktawanna/Hunkpapa)

Deep Breaths

Let's pause for a moment to take our fourth deep breath...

OUR FOURTH BREATH TOGETHER AS WE CLOSE IN A GOOD WAY IS TO GIVE THANKS AS WE MOVE THROUGH THIS CIRCLE OF HEALING TOGETHER.

TO BREATHE PRAYER FOR OUR SPIRITS, ANCESTORS, FAMILIES AND COMMUNITIES FOR ALL THEY, AND WE, HAVE ENDURED.

TO BREATHE SUPPORT AND HEALING FOR OUR FAMILIES AND LOVED ONES WHO HAVE HELD TRAUMA AND GRIEF.

TO BREATHE THANKS FOR ALL THAT OUR SPIRITS, ANCESTORS, FAMILIES AND COMMUNITIES HAVE PASSED ON TO US IN VALUES, TEACHING AND WISDOM.

TO BREATHE STRENGTH TO LIVE VIBRANT LIVES TOGETHER BY CREATING BELONGING, AND STEPPING IN TO SUPPORT OUR LOVED ONES WHEN THEY HAVE STRUGGLES.

TO BREATHE BLESSINGS AS WE RETURN AND CONTINUE ON OUR SACRED PATH TOGETHER AS A PEOPLE.

Local Resource List

988-The National Suicide and Crisis Lifeline

988 was launched in July of 2022 as a nationwide lifeline available to everyone across the US. 988 provides support to individuals and families who may be struggling with challenges including alcohol and drug abuse, mental illness, and suicide. 988 provides immediate critical support through crisis counseling services 24 hours/7 days a week/365 days a year.

988 also provides information on treatment and recovery services for alcohol or drug abuse in your community or in communities near you.

988 can be reached by:

- **By phone by dialing 988 on your phone;**
- **By text message by texting 988 on your mobile phone**
- **By online chat at www.988lifeline.org.**

Local Behavioral Health Programs

Name: _____

Address: _____

Contact Number: _____

Website: _____

Name: _____

Address: _____

Contact Number: _____

Website: _____

Name: _____

Address: _____

Contact Number: _____

Website: _____

Name: _____

Address: _____

Contact Number: _____

Website: _____

Local Crisis Triage Center

Name: _____

Address: _____

Contact Number: _____

Website: _____

Mobile Crisis Team Contact

Name: _____

Address: _____

Contact Number: _____

Website: _____

Local Hospitals

Name: _____

Address: _____

Contact Number: _____

Website: _____

Name: _____

Address: _____

Contact Number: _____

Website: _____

EMS/Fire

Name: _____

Address: _____

Contact Number: _____

Website: _____

My Circle of Support

Name: _____

Contact: _____

Name: _____

Contact: _____

Name: _____

Contact: _____

Name: _____

Contact: _____

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Other Resources

Name: _____

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Introduction:
Roots and Role of Historical Trauma

Defining Trauma and Adversity and Historical Trauma

Addendum # 1

Trauma: is a term used to describe events or circumstances that are physically or emotionally harmful and have long lasting impact on all parts of our being; our body, mind, emotions, behavior and spirit.

Trauma response: are the reactions our body, mind, emotions, behavior and spirit have to a traumatic experience. These can be:

- coping behaviors;
- substance use;
- mental and emotional challenges—such as depression, anxiety or PTSD;
- risky behaviors;
- increased suicide risk and death due to suicide.

Trauma can also impact the genes in our bodies and the effects can pass down to our children.

Adversity is a broader term that describes serious hardship, both short and long term that impacts our life.

Historical Trauma: is defined as "the emotional and psychological wounding over the lifespan and across generations originating from massive group trauma." That massive group trauma is the experiences and traumas, including present day traumas inflicted on our Indigenous communities across time.

Takini Network: the organization formed by Dr. Maria Yellow Horse Brave Heart (Hunkpapa/Oglala Lakota), Dr. Josephine Chase (Mandan/Hidatsa/Arikara and Ihunktawanna/Hunkpapa) and their colleagues developed to support Tribal communities and Indigenous People to heal from Historical Trauma.

- ***Takini*** translates in two ways; "survivor" and "to bring back to life"

Historical Trauma and Unresolved Grief Model/Return to the Sacred Path

For more information see:

American Medical Association
Journal of Ethics
What does it mean to heal from Historical Trauma?
https://journalofethics.ama-assn.org/article/what-does-it-mean-heal-historical-trauma/2021-06

Northwest Center for Public Health Practice
Collaborating with Tribes
A Public Health Toolkit
Historical Trauma
https://www.nwcphp.org/docs/tribes-toolkit/tribal/trauma.html

University of Minnesota Extension
Historical Trauma and Cultural Healing: Video Series
https://extension.umn.edu/trauma-and-healing/historical-trauma-and-cultural-healing#what-is-historical-trauma%3F-378610

Confronting Historical Trauma and Embracing our History

Information and Data about AI/AN Suicide

Addendum #2

Death of a relative or loved one due to suicide is incredibly difficult and traumatizing, emotionally devastating and a life changing trauma. American Indian and Alaska Natives families know this experience far too well, many have experiences of deaths of loved ones due to suicide.

- From 1999 to 2019, rates of American Indian and Alaska Native suicides increased by 139 percent.
- Between 2015 and 2020, a total of 3,397 suicides were recorded among American Indian and Alaska Natives across the United States for children and adults aged 10 and over.
    - Of those who died due to suicide, nearly 75% were less than 44 years old; and the largest number of suicides occurred among American Indian and Alaska Natives aged 25-44.
- In 2021, 40% of all American Indian and Alaska Native youth reported feeling sad or hopeless, nearly all day every day.
    - 27% reported seriously considering suicide;
    - 22% made a suicide plan
    - 16% attempted suicide.
- For American Indian and Alaska Native youth, suicide remains the second leading cause of death; and rates of youth deaths due to suicide are 2.5 times higher than the overall national U.S. average.

Grief, trauma, adversity and high rates of death, deeply impact our relatives and loved ones, leading to increased suicide risk. Currently, our Native youth endure challenges and influences that impact mental health. Understanding these issues and challenges can help us improve and increase protective factors.

One hopeful sign is the recent reduction in suicide related deaths of American Indian and Alaska Natives. In 2021-2023, the rate of suicide death decreased by 15.3%. Our goal is to continue to reduce suicide risk and suicide deaths through continued support and education.

More information can be found at:

Center for Disease Control and Prevention
Suicides among American Indian or Alaska Native Persons:
https://www.cdc.gov/mmwr/volumes/71/wr/mm7137a1.htm

Notes from the Field: Differences in Suicide Rates, by Race and Ethnicity and Age Group — United States, 2018–2023
https://www.cdc.gov/mmwr/volumes/74/wr/mm7435a2.htm#:~:text=During%202018%E2%80%932023%2C%20U.S.%20suicide,declined%20between%202021%20and%202023.

US Department of Health and Human Services
Office of Minority Health
Mental and Behavioral Health in American Indians/Alaska Natives:
https://minorityhealth.hhs.gov/mental-and-behavioral-health-american-indiansalaska-natives

Johns Hopkins University
Bloomberg School of Public Health
Lifesaving Suicide Prevention Resources Available for More Native American Communities:
https://publichealth.jhu.edu/2024/lifesaving-suicide-prevention-resources-available-for-more-native-american-communities

Confronting Historical Trauma and Embracing our History

Challenges that Contribute to Suicide Risk

Addendum #3

History, policy, and funding streams shape what are known as the Social Determinants of Health (SDOH). Social Determinants of Health are the social, economic and environmental factors that can influence a person's health and wellbeing.

About 9.7 million identified American Indian and Alaska Natives (AI/AN) live across the United States both on reservations and in urban and rural communities, making up approximately 3% of the overall U.S. population. Yet Historical Trauma and adversity continues to have an outsized impact on Indigenous communities and our social determinants of health in the following areas:

Poverty

AI/AN communities are rich in sharing tradition, culture, and customs. However, historically and economically we have been subjected to policies that restrict our economic growth and wellbeing. For example, poverty, or the state of being extremely poor and monetarily challenged in meeting the needs of families, effects AI/AN populations at rates far exceeding the non-Hispanic White (NHW) population.

- 20.3% of AI/AN families experience poverty (compared to 5.9% of all NHW).
- Our AI/AN adults earn roughly 72 cents for every dollar earned by non-Hispanic Whites.
- AIAN families have limited access to affordable banking and credit services, and are often subjected to predatory lending practices

Food Insecurity

Beginning with colonization, traditional food systems were disrupted and displaced, and buffalo and other wild game were nearly eradicated into extinction. This disruption continues through today with lack of access to high quality food sources in our community; and in environmental challenges that interrupt traditional planting practices or harvesting of local food sources such as natural grains, fish and wildlife.

- Approximately 1 in 4 American Indian and Alaska Natives experience food insecurity.
- Higher food costs in American Indian and Alaska Native Tribes and urban Indian communities often drive the purchase and consumption of lower nutrition foods, such as foods high in sugar, fat and salt. These often contribute to higher disease burden risk for illnesses such as diabetes and high blood pressure.

Education

Educational attainment often impacts economic attainment such as higher wage earnings for individuals and families. Educational attainment of a community as a whole also contributes to community economic development, job creation and increased social supports. AI/AN educational attainment and is often shaped by lack of access to culturally relevant and supportive school systems; racism and discrimination; and lack of representative workforce.

- School choices are limited for our children with traditional public schools the only option in 84% of school districts with large American Indian and Alaska Native student populations.
- Only 25% of our children attend schools where the majority of students are American Indian and Alaska Native
- Only about 1% of teachers nationally identify as American Indian or Alaska Native

Housing

Multigenerational homes are considered one of the largest support systems for AI/AN families across the country, allowing for traditional systems of intergenerational child rearing and elder support.

However, overcrowding and lack of adequate housing in AI/AN communities can contribute to stress and risk. Federal housing policies and funding continues to influence available housing, housing types, housing repair, and housing placement such as housing subdivisions that contribute to the disruption in traditional and historical housing patterns in our communities.

- Over 16% of AI/AN reside in overcrowded homes (compared to 2.2% of the general US population).
- AI/AN are 5 times more likely to live in homes that lack basic plumbing
- AI/AN are nearly 4 times more likely to live in homes without a sink, oven range, or refrigerator.
- AI/AN are 1,200 times more likely to live in homes with heating issues.

Healthcare

AI/AN's are disproportionately represented in negative health outcomes due to federal policies and practices that disrupted our traditional food systems; and created healthcare systems that are inaccessible, limited, and are not funded to meet health needs. Each of these contribute to AI/AN health disparities that far outpace the NHW population.

- The leading causes of death for AI/AN are COVID-19, heart disease, cancer, unintentional injuries, and chronic liver disease
- 49.7% of AI/AN have Medicaid or public health insurance coverage (compared to 36.1% of NHW).
- 16.7% of AI/AN have no health insurance coverage (compared to 5.3% of NHW).
- The Indian Health Services is only accessible to 1 in 5 AI/AN people.

Mental Health and Substance Abuse

Mental health challenges and drug abuse contribute to trauma, loss and grief. Alcohol was originally introduced into AI/AN populations as a means of manipulating our population into giving up resources and rights, land and lives. As trauma and adversity impacted our communities, and increased mental illness, alcohol and drug abuse became coping mechanisms to self-medicate and numb trauma.

Stress, trauma, adversity, grief and loss, as well as biological and environmental factors can all contribute to mental health challenges.

- Mental health
  - 15% of all AI/AN report serious mental distress in the past year
  - AI/AN have the highest death rates due to suicide of any racial or ethnic group.
  - Alcohol
  - 5.6% of AI/AN reported heavy alcohol use
  - In 2023, AI/AN youth alcohol use in the past 30 days is 5.8%, lower than NHW.
  - Alcohol on average remains one of our key causes of death. The highest age adjusted death rate due to alcohol related causes belongs to our AI/AN population, higher than any other racial or ethnic group.
  - However, for 2023, AI/AN use of alcohol and binge alcohol use in the past month is one of the lowest rates by race and ethnicity.
- Drug use
  - AI/AN have the highest rates of illegal drug use
  - In 2022, AI/AN had the highest rates of opioid overdose of any racial or ethnic group.

Life Expectancy

Our goal and desire as Indigenous peoples is to live a life of longevity, to be the elders our children and grandchildren need. To guide and support our tribal communities through learning and sharing our traditional knowledge, practices and language. But all of the challenges noted above contribute to challenges to our overall life expectancy.

- Our average life expectancy as AI/AN as of 2021 declined to 65.2 years old. For comparison non-Hispanic White populations have a life expectancy of 76.4 years

More information on American Indian and Alaska Native's and the social determinants of health can be found here:

World Health Organization
Social Determinants of Health
https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

International Journal of Maternal and Child Health and AIDS
Social Determinants of Health Among American Indians and Alaska Natives and Tribal Communities: Comparison with other major racial and ethnic groups in the United States, 1990-2022
https://mchandaids.org/social-determinants-of-health-among-american-indians-and-alaska-natives-and-tribal-communities-comparison-with-other-major-racial-and-ethnic-groups-in-the-united-states-19902022/

Economic Policy Institute
Working Economics Blog
New Data explore U.S. economic conditions by race and ethnicity-including for American Indian and Alaska Native communities
https://www.epi.org/blog/new-data-explore-u-s-economic-conditions-by-race-and-ethnicity-including-for-american-indian-and-alaska-native-communities/

American Bar Association
Civil Rights and Social Justice Section
Human Rights Magazine
Native Americans: A Crisis in Health Equity
https://www.americanbar.org/groups/crsj/resources/human-rights/archive/native-americans-crisis-health-equity/

Kaiser Family Foundation
Health Coverage among American Indian and Alaska Native and Native Hawaiian and other Pacific Islander People
https://www.kff.org/racial-equity-and-health-policy/health-coverage-among-american-indian-and-alaska-native-and-native-hawaiian-and-other-pacific-islander-people/

Summary

Stress created by these challenges harms our relatives and loved ones, contributing to adversity and trauma and increased suicide risk. This stress is also linked to Historical Trauma and the policies and practices that contribute to these challenges. While we introduce data here for reflection, understanding the linkage to trauma and adversity can help us advocate for change and influence our futures.

Confronting Historical Trauma and Embracing our History

Adverse Childhood Experiences (ACEs) and

Positive Childhood Experiences (PCEs)

Addendum #4

ACEs stands for **A**dverse **C**hildhood **E**xperiences. An adverse experience is a difficult, hurtful or a physically, mentally, emotionally or spiritually harmful experience. Adverse events that happen in childhood are referred to as ACEs.

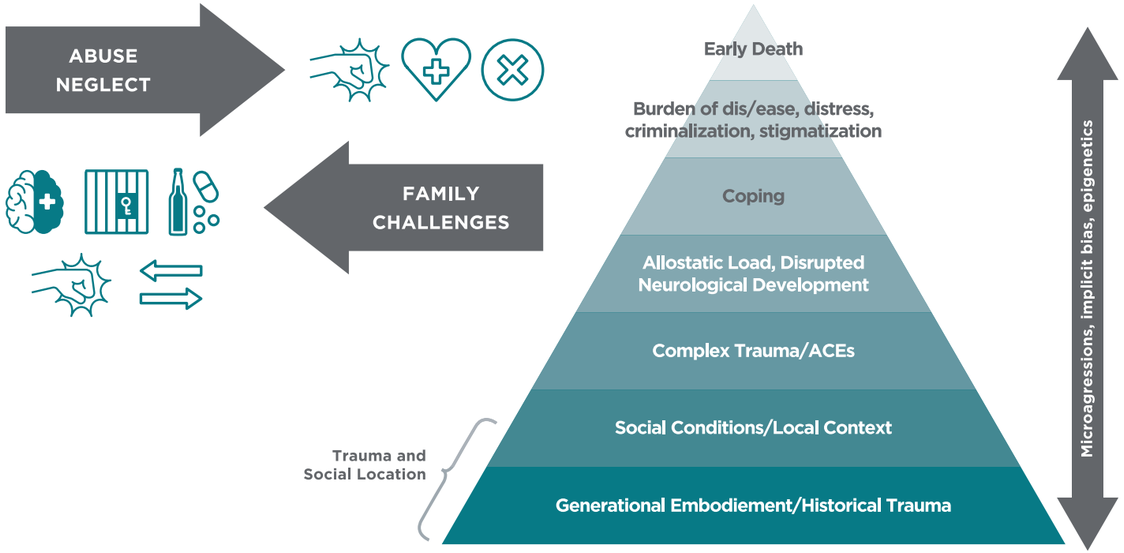
ACEs include experiences such as:

- divorce or separation of a parent or caregiver;
- death of a parent or caregiver;
- family member incarceration;
- family member or loved one abusing drugs or alcohol;
- family member experiencing mental illness

ACEs can also include more traumatic experiences like:

- physical abuse,
- emotional abuse,
- sexual abuse,
- neglect
- being exposed to violence in the home

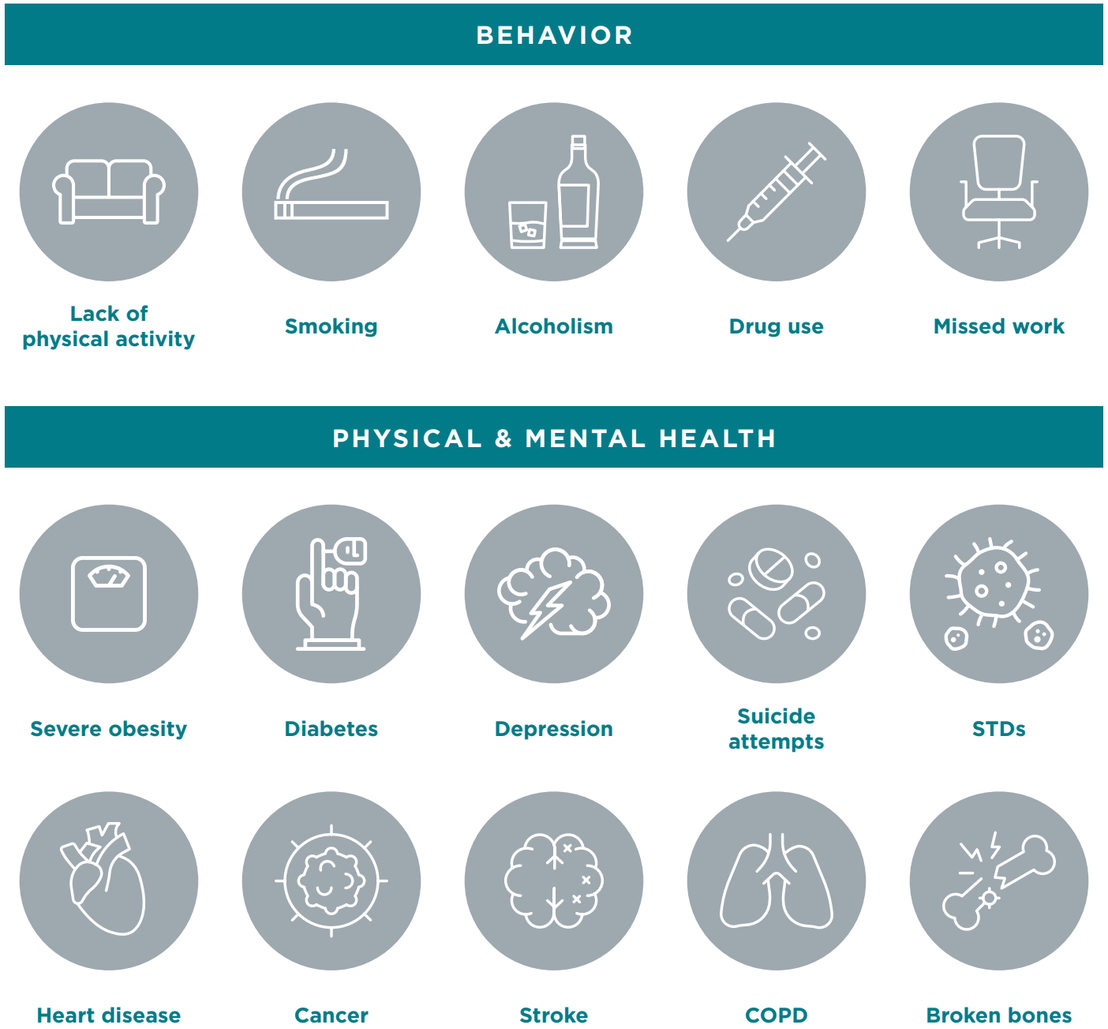
ACE experiences are similar to ones our American Indian and Alaska Native communities were subjected to over time as part of Historical Trauma. Experiences like family separation, deaths of family members, abuses and violence. Historical trauma and the long-term impact on our communities contribute to ACEs in our present day.



ACE screening is a questionnaire that checks for the number of Adverse Childhood Experiences a person may have been exposed to as a child. The higher the number of adverse childhood experiences, the higher the likelihood that our children may or will be impacted, and these impacts can continue into adulthood. These impacts can affect physical health, emotional health, social health and mental health.

Research over decades has shown that these types of experiences can impact:

- the way our children grow physically into adulthood:
  - contributing to higher rates of diabetes, heart disease, obesity and even high blood pressure.
- the way our children grow socially:
  - impacting the way relationships are created with family, peers/friends, adults and elders.
- the way our children grow mentally and emotionally:
  - contributing to increased risk for mental health challenges or risky behaviors in adulthood.



Historical trauma and the long-term impact on our communities contribute to ACEs in our present day.

While American Indian and Alaska Native children have experienced some of the highest rates of ACEs across time; and our families and ancestors have experienced centuries of trauma, and adversity; our Tribal communities continue to heal and thrive.

For more information on ACEs see:

National Indian Health Board
Healing Frameworks: Understanding ACEs in Indigenous Communities
https://www.nihb.org/aces/

Center for Disease Control and Prevention
About Adverse Childhood Experiences
https://www.cdc.gov/aces/about/index.html

Joining Forces for Children
What are ACEs?
https://www.joiningforcesforchildren.org/what-are-aces/

Positive Childhood Experiences (PCEs)
Positive childhood experiences are those that are create safety and security, belonging, connectedness and a sense of identity for our children. These experiences influence their health and wellbeing throughout their childhood, and as they grow all the way through to adulthood.

Our Tribal and urban Indigenous families and communities build these experiences everyday through positive parenting and caregiving, creating circles of support for our children, youth and loved ones, sharing cultural teaching, language teaching and more. Dr. Maegan Rides at the Door (Nakota/Dakota/Absentee Shawnee) refers to this as "The other side of ACEs."

Positive Childhood Experiences serve as powerful protections against ACEs, and even trauma and adversity experienced later on in life. For example, for those adults with some exposure to Adverse Childhood Experiences (ACEs) in their childhood that could also report having at least 3 to 5 Positive Childhood Experiences (PCEs), had a 50% lower odds of developing poor mental health. For those who could report at least 6 to 7 PCEs they had 72% lower odds of developing poor mental health.

For more information on Positive Childhood Experiences see:

Tribal Youth Resource Center
The Other Side of ACEs Pyramid: An Indigenous Healing Framework
https://www.tribalyouth.org/wp-content/uploads/2024/07/FINAL-The-Other-Side-of-ACEs-Webinar-OLE.pdf

Alaska Children's Trust
Adverse and Positive Childhood Experiences
https://www.alaskachildrenstrust.org/aces-pces

Confronting Historical Trauma and Embracing our History

American Indian and Alaska Native Recovery Resources

Addendum #5

While this list is not comprehensive, it gives a few starting points to consider when seeking alcohol and drug abuse treatment services. Your local resources also include Tribal or Urban Indian behavioral health clinics.

Substance Abuse and Mental Health Services Administration (SAMHSA)
National Helpline 1-800-662-HELP (4357)
The National Helpline is a confidential, free, 24-hour-a-day, 365-day-a-year, information service for individuals and family members facing mental health and/or substance use disorders. The helpline, available in English and Spanish, provides referrals to local treatment facilities, support groups, and community-based organizations.
www.samhsa.gov

Substance Abuse and Mental Health Services Administration (SAMHSA)
FindTreatment.Gov
The Find Treatment.Gov site is a confidential and anonymous resource for persons seeking treatment for mental and substance use disorders in the United States and its territories.
www.findtreatment.gov

White Bison
Culturally Based Healing to Indigenous People
Based in Colorado Springs and a facilitator of the Wellbriety Movement, White Bison provides sobriety, recovery, addictions prevention, and wellness/Wellbriety learning resources to the Native American/ Alaskan Native community nationwide.
www.whitebison.org

Alaska Native Tribal Health Consortium
The Alaska Native Tribal Health Consortium is a non-profit Tribal health organization designed to meet the unique health needs of Alaska Native and American Indian people living in Alaska. In partnership with the Alaska Native and American Indian people that we serve and the Tribal health organizations of the Alaska Tribal Health System, ANTHC provides world-class health services, which include comprehensive medical services at the Alaska Native Medical Center, wellness programs, disease research and prevention, rural provider training and rural water and sanitation systems construction. The Consortium and Southcentral Foundation operate programs and services at the Alaska Native Medical Center under the terms of Public Law 105-83.

Information regarding behavioral health resources can be found here:
https://www.anthc.org/what-we-do/behavioral-health/resources/

Native American Connections
Native American Connections began as a small grassroots organization operating one program for Native American men in recovery from substance use disorder. Today, Native American Connections owns and operates 24 sites throughout Phoenix offering a continuum of affordable housing, health, and community development services.
www.nativeconnections.org

Native American Rehabilitation Association of the Northwest (NARA NW)
The mission of NARA NW is to provide education, physical and mental health services and substance abuse treatment that is culturally appropriate to American Indians, Alaska Natives and anyone in need. NARA NW provides both adult and youth in-patient residential and outpatient treatment services.
https://www.naranorthwest.org/

Indian Health Service Youth Regional Treatment Centers
YRTCs were developed to provide treatment for American Indian/Alaska Native (AI/AN) youth who are characterized as alcohol and substance abusers. The YRTCs also provide treatment for youth who are diagnosed with a co-occurring disorder, meaning the individual has one or more substance abuse disorders and one or more psychiatric/mental health disorders at the same time.
https://www.ihs.gov/yrtc/treatment/

National Council on Urban Indian Health
The National Council on Urban Indian Health is a national organization devoted to the support and development of quality, accessible and culturally competent health services for American Indian and Alaska Natives living in urban settings. You can find a listing of Urban Indian Organizations and health centers here:
https://ncuih.org/uio-directory/

988-The National Suicide and Crisis Lifeline
988 was launched in July of 2022 as a nationwide lifeline available to everyone across the US. 988 provides support to individuals and families who may be struggling with challenges including alcohol and drug abuse, mental illness, and suicide. 988 provides immediate critical support through crisis counseling services 24 hours/7 days a week/365 days a year.

988 also provides information on treatment and recovery services for alcohol or drug abuse in your community or in communities near you.

988 can be reached by:
- By phone by dialing 988 on your phone;
- By text message by texting 988 on your mobile phone
- By online chat at www.988lifeline.org.

Beginning on Page 80 of the toolkit, you will find fillable pages to add your own local resource information and contacts.

Understanding Trauma

Understanding Trauma Response, Risky Behavior and Historical Trauma Response

Addendum #6

Part of ***Understanding Trauma*** is working to understand trauma and how it can affect our whole being. Learning about how trauma can impact us, and recognizing when we are in trauma response is part of reclaiming that resilience and can help us connect to the our traditional, cultural and contemporary resources for support and healing.

Trauma: is a word used to describe events or circumstances that are physically or emotionally harmful and have long lasting impact on all parts of our being; our body, mind, emotions, behavior and spirit.

Trauma response: Anytime we experience a difficult or traumatic experience our body, brain, emotion, spirit and even our relationships with ourselves and others are impacted. This is called trauma response. These are the reactions our body, mind, emotions, behavior, social relationships and spirit have to a traumatic experience.

Physical	• Feeling sick/becoming ill • Muscle tension/knots • Headaches	• Tired • Difficulty sleeping or sleeping too much • Difficulty being at rest
Mental	• Feeling stuck • Feeling like there are limited choices/no choices available	• Being on edge/jumpy • Thinking everyone is mad at us/out to get us
Emotional	• Feeling depressed • Feeling sad • Feeling anxious • Feeling fearful	• Feeling guilty • Low self-esteem • Feeling numb/not able to feel emotions • Feeling suicidal
Behavioral	• Fighting • Using alcohol or drugs • Avoidance • Running Away • Trying to please everyone • Pretending to be okay or happy in situations that are harmful or toxic	• Feeling guilty • Low self esteem • Feeling numb/not able to feel emotions • Feeling suicidal
Social	• Trouble forming relationships/ staying in relationships	• Trouble trusting others
Spiritual	• Questioning Creator/Spirit/God • Feeling disconnected from Spirituality	• Not taking part in spiritual practices • Disregarding the sacredness of life

Risky Behaviors as Trauma Response

When we have experienced trauma or adversity, we may turn to things to help us cope. Coping behaviors are things we think, act, or do, to deal with adversity, stress or trauma. Some coping behaviors can be risky, or dangerous in nature and can include behaviors such as alcohol and drug abuse, risky sexual behavior, violence, self-harm, or suicide attempt for example. We might act in risky or dangerous ways due to anger, fear, grief, anxiety or depression, or a desire to self medicate or numb our feelings, or even feel like we are in control. **These Risky behaviors are really a form of trauma response.** These risky behaviors can also create trauma for our children, families and loved ones.

For more information see:

ACEs Aware
Incorporating Indigenous Perspectives
Trauma and Resilience in Native Communities
California Tribal Health Professionals Reflections on Trauma, Resilience, Screening and Trauma Informed Care
https://www.acesaware.org/wp-content/uploads/2022/01/Trauma-resilliience-practice-paper.pdf

Understanding Trauma

Historical Trauma Response

Addendum #7

Our Tribal populations and Indigenous Peoples have been exposed intentionally to centuries of extreme trauma and adversity due to colonization. And as part of colonization, our traditional ways of healing were restricted from us, and for some nearly completely lost. Because of this lack of access to our healing traditions, practices, ceremonies and language, our People began to experience more trauma responses.

Dr. Yellow Horse Brave Heart and her colleagues call these Historical Trauma Response. Historical Trauma Response: is defined as a constellation of features in reaction to massive group trauma, including historical unresolved grief

These types of responses can include:

Depression	Anxiety/anxiousness
Feeling on edge/hypervigilant	Post-traumatic stress
Anger	Fear
Psychic numbing--becoming numb to our own pain AND the pain of others	Inability to handle our own emotions/feelings and the emotions/feelings of others
Physical symptoms and illness	Disassociation/disconnection from self and others and community
Low self esteem	Victim identity

They also recognized more intense trauma responses that have developed over time in our Tribal communities and population. These include:

Feelings of loyalty to ancestral suffering and the deceased from our Tribal communities	Internalization of ancestors suffering
Preoccupation with trauma and death	Dreams of massacres and trauma our people suffered
Survivor guilt	Vitality in our own life seen as a betrayal to our ancestors who suffered so much
Self-destructive behaviors including substance abuse and suicide	

These Historical Trauma responses have contributed to the ways we may respond negatively to trauma and adversity in the present day, and contribute as well to suicide risk.

Healing from Trauma and reclaiming our resilience is possible when we use our skills in confronting trauma and understanding trauma and trauma response. We can learn positive coping skills, reduce suicide risk, and turn to our culture, tradition and language as support in that healing process.

For more information see:

Northwest Center for Public Health Practice
Collaborating with Tribes
A Public Health Toolkit
Historical Trauma
https://www.nwcphp.org/docs/tribes-toolkit/tribal/trauma.html

Understanding Trauma

Role of Mental Illness

Addendum #8

Mental illnesses are health conditions that can change the way our loved one thinks, feels, or behaves. We may already be familiar with a number of mental illnesses that can have deep impact on our loved ones; mental illnesses such as depressive disorders, anxiety disorders, and post-traumatic stress disorder.

Mental illness can change the relationship that our loved ones have with their own families, relatives and loved ones. Mental Illness can change the relationship our loved one has with their own self, how they think and feel about themselves as worthy or care or love. Mental illnesses can also affect our relative or loved one's ability to function well in their day to day lives.

In other words, mental illnesses affect our ability to work, play, and be in relation to ourselves and others.

For more on information see:

McLean Hospital
Deconstructing Stigma
Native American Health: Recognizing the Past, Healing the Present
https://www.mcleanhospital.org/essential/native-american-mh

Available education and training resources on mental health:

Mental Health First Aid
Mental Health First Aid for Tribal Communities and Indigenous Peoples
www.mentalhealthfirstaid.org
https://www.mentalhealthfirstaid.org/population-focused-modules/youth/youth-indigenous/

National Alliance on Mental Illness:
Mental Health Education
https://www.nami.org/support-education/mental-health-education/

Understanding Trauma

Suicide Risk Factors and Warning Signs

Addendum #9

Risk Factors

Risk Factors are things like events, experiences, or situations that create hardship, adversity or even trauma—and can contribute to suicide risk. Risk factors can include:

Alcohol and drug abuse or addiction	Active intoxication and drug use	Serious or severe illness/chronic pain
Feelings of hopelessness, helplessness, powerlessness or feeling alone or isolated	Unsheltered/Homeless	LGBTQTS+ (Experiencing discrimination, stigma or lack of support)
Having Experienced childhood trauma or traumas and adversity in adulthood	Relationship challenges or loss of relationship (breakup, separation, divorce)	Recent loss of loved ones
Family history of mental illness like depression, anxiety or post traumatic stress	Family history of suicide	Stigma associated with help seeking
Housing challenges such as overcrowding	Changes in family structure	Financial struggle
Losses within the community	Lack of access to services and resources	

Warning Signs

Warning signs are those clues, both big and small that point to someone's risk for suicide, and a need for us to take action.

Warning signs for someone who is thinking of suicide include:

Actively using alcohol or drugs	Feeling helpless or hopeless-we may hear statements that like: • "There's nothing I can do." • "Nothing matters" • "It doesn't matter what I do, nothing changes."	Feeling like a burden to other people—we may hear statements like: • "No one would miss me" • "I just make things harder for everyone" • "I can't even help anything" • "You don't have to worry about me."
Feeling alone or isolated	Trouble eating or sleeping, or sleeping too much	Neglecting appearance or hygiene
Withdrawing from everyday activities or activities that they usually enjoyed	Doing things that are "out of character"	Feeling guilty, ashamed, angry, or wanting revenge
Feeling "trapped" or wanting to escape	Going through a hard time or a lot of pain	Taking risky or dangerous behaviors

Making statements that both direct or indirect: • "I want to unalive myself" • "I wish I was never born" • "I wish I didn't exist," • "This will all be over soon" • "I wish I could go to sleep and not wake up" • "I'm so done with everything" • " I just want to check out for real!"	Talking about or gathering the Methods (also referred to as Means) of suicide Describing methods such as guns, drugs, cutting, hanging; Researching or asking about ways to die Sharing pictures of suicide methods such as guns, drugs, alcohol, sharps/knives, rope, etc.)	Exhibiting a major shift in mood: Happy and up—to sad, down or depressed; Sad, down or depressed—to suddenly being happy or up.
Critical Warning Sign Talking about, planning or actively giving things away—we may hear statements like • "I won't be needing these anymore."	**Critical Warning Sign** Contacting friends to say goodbye.	Social media posts that convey/show/state any of the warning signs listed here.

For more information on risk factors and warning signs for suicide see:

Indian Health Service
Suicide Warning Signs and Risk Factors
https://www.ihs.gov/mspi/information/suicidewarning/?mobileFormat=true

American Federation for Suicide Prevention
Risk Factors, Protective Factors and Warning Signs
https://afsp.org/risk-factors-protective-factors-and-warning-signs/

Suicide Prevention Resource Center
Warning Signs of Suicide
https://sprc.org/warning-signs-of-suicide/

Youth, Social Media, Social Media Safety and Suicide Risk Response

Addendum #10

Most social media sites have safety teams that can reach out to persons who are posting or sharing messages that indicate self harm, suicide risk or suicide attempt; as well as reporting harmful behaviors such as cyberbullying or threats of violence. See information below for the steps for some selected social media sites:

Instagram	To report posts about suicide or self-harm on Instagram: • Tap the three dots "..." to the right the post, Tap Report. • Select: "Suicide, self-injury or eating disorders." • On the next screen select "Suicide or Self Injury" • On the next screen click SUBMIT.
TikTok	To report posts about suicide or self-harm on TikTok: • Tap the arrow at the bottom right hand corner of the video. • Tap the report icon, • Select "Self injury" • On the next screen click SUBMIT
YouTube	To report posts or videos about suicide or self-harm on YouTube: • Click "More." • Highlight and click "Report" in the drop-down menu. • Click "Harmful dangerous acts," then "Suicide or self-injury." • YouTube will review the video and may send a message to the uploader with the 988 Lifeline number.
Snapchat	To report posts or videos about suicide or self-harm on Snapchat: • To report a safety concern, press and hold on that Snapchatter's name and • Tap the gear button. • Then, tap 'Report' and reach out to Snapchat, and follow the prompts.
Facebook	To report posts about suicide or self-harm on Facebook: • Tap the three dots "..." to the right the post, Tap Report. • Select: "Suicide, self-injury or eating disorders." • On the next screen select "Suicide or Self Injury" • On the next screen click SUBMIT.

For more on social media and reporting suicide risk see:

988 Lifeline
Support on Social Media
https://988lifeline.org/help-someone-else/support-on-social-media/

Asking the "Question": How can we respond to someone in Crisis?

Addendum #11

1. Ask the Question:
The first step is to ask our relative or loved one, very directly, about their thoughts and plans.
This can feel difficult and scary. Being open to asking our loved one about suicidal thoughts, feelings and plans can be the lifesaving approach and care they are needing.
It's okay to take a deep breath, or say a quick prayer in our mind, or ground ourselves before we begin.
	Ask directly:
	Some examples of how to ask directly are:
	• "I'm really concerned about you, and I need to ask, **have you been thinking about suicide?**"
	• "Thank you for sharing with me how you are feeling, I'm going to I ask a difficult but important question. Are you thinking about taking your life by suicide?
	• "Are you thinking about taking your life by suicide?"
	Be prepared for the response. Responses can include:
	• "Yes" "Yeah" or nodding head yes.
	• "Maybe" or "I don't know, maybe" (both are still considered a "yes")
	• Silence and/or crying/tears (and take time to allow for the pause to happen. This can be hard, but it may also provide space for our loved one to share when they are ready).
	Or we may hear:
	• No.
	  • But we may have noticed a number of warning signs that continue to lead us to be worried.
	  • In this instance, we can say
	  • "You say No, you're not thinking about suicide, but I have noticed _____ (and we can list the warning signs we have noticed, like risk taking, anger or aggression, sleeping too much/not sleeping enough, making statement such as "I just wish I were dead" or "I'm such a burden"). See page ___ for more examples of warning signs.
	  • And then we can ask again directly. "I've noticed all of these signs and am concerned. Are you thinking about suicide?"
	• Our next follow up can be:
	  • "I am concerned, and I love and care for you, and want you to be safe. Can you tell me how long you have been feeling this way?

2. Be There (Listen): *Being there means listening with an open heart and mind to what our loved one has to say and share.*	While we may want to give advice to our loved one, in this moment our role is to be there for them and listen. We need to let them share what they are going through, and listen without any judgment. Allowing our loved one time to talk about their challenges and their reasons for considering suicide gives them the space to talk about these feelings and thoughts and release them, much like breathing out bad air.

3. Help Keep Them Safe: *Stay with your loved one*	It is important to stay with our loved one during this discussion together and while we help connect them to resources and support. **Do Not Leave Them Alone.** • Stay with your loved one and accompany them to resources if at all possible. • Ask if there is anyone additionally that they would also like to be with them. • If you feel you need extra support along with you, take your loved one or relative with you while you find or ask for extra help.
4. Help them Connect: *Reach out to available resources and help them to connect immediately.*	Helping to connect to supportive resources is important. • "I care for you and want you to be safe, there are professionals in the community that can be supportive, we can visit them together." • "The 988 Lifeline is a good resource that we can call, I can call with you and we can talk with them together." • "There is a mobile crisis team we can call together. They can come meet us here and provide some support. I can stay while we talk with them together." • "There are our medicine people who can help support you, and share our practices and blessings. Would you like to go visit with them together?" Resources can include: • Community elders, traditional healers • Local behavioral health services • Mobile crisis teams • Crisis triage centers • 988 Lifeline • Other crisis lifelines such as the National Crisis Text Line at 741-741; the Trevor Project and more. **More information on 988 and other crisis response resources and information are included further in this toolkit.**
5. Follow up:	After our loved one has been linked to resources and has received support, definitely follow up to let them know you care and are available for support.

For more information and support see:

American Federation for Suicide Prevention
Talk Away the Dark
#RealConvoGuide
https://talkawaythedark.afsp.org/thinkingaboutsuicide/

National Institute of Mental Health
5 Action Steps to Help Someone Having Thoughts of Suicide
https://www.nimh.nih.gov/health/publications/5-action-steps-to-help-someone-having-thoughts-of-suicide

988 Lifeline
Help Someone Else
https://988lifeline.org/help-someone-else/

988 Lifeline
Help Yourself
https://988lifeline.org/help-yourself/

Releasing the Pain of Trauma

Connecting to Resources

Addendum #12

988-The National Suicide and Crisis Lifeline

988 was launched in July of 2022 as a nationwide lifeline available to everyone across the US. 988 provides support to individuals and families who may be struggling with challenges including alcohol and drug abuse, mental illness, and suicide. 988 provides immediate critical support through crisis counseling services 24 hours/7 days a week/365 days a year.

988 can be reached by:
- By phone by dialing 988 on your phone;
- By text message by texting 988 on your mobile phone
- By online chat a www.988lifeline.org

Additionally, 988 also includes a service system that includes crisis triage centers and mobile crisis teams. These may be located in your local community.

- Crisis Triage Centers:
  - Stand-alone sites that are not located in a hospital or emergency departments
  - Provide in person support by licensed crisis counselors, nurses and physicians
- Types of crisis triage centers include:
  - 24 hour models that allow for an individual to stay and receive services to help stabilize and link them to additional resources over the course of 24 hours, and referral back to local resources for continued follow up care.
  - Others are 14 day "living room" models that allow individuals to stay and receive services and support and referral back to local resources for continued follow up care
- Mobile Crisis Teams
  - Are teams of mental health counselors and peer support workers that provide crisis counseling and support to individuals in crisis within their own home, or community location.

Veterans Crisis Line
Connect with the Veterans Crisis Line with the Department of Veterans Affairs.
www.veteranscrisisline.net
Call: 1-800-273-8255 and press 1.

741-741 the National Crisis Text Line
Crisis Text Line provides free, 24/7, high-quality text-based mental health support and crisis intervention by a community of trained volunteers to support people in their moments of need.

Text "Help" to 741-741 on your mobile phone.

The Trevor Project:
Crisis counselors are trained to answer calls, chats, or texts from LGBTQTS+ young people who are struggling with issues such as coming out, LGBTQTS+ identity, depression, and suicide. Reach out to the free, confidential and secure 24/7/365 service by:
- Calling **1-866-488-7386**
- Text **'Start'** to **678-678**
- Start an online chat at https://www.thetrevorproject.org/get-help/

For more information see: www.thetrevorproject.org

The Trans Lifeline:
This line is primarily for transgender people experiencing a crisis. This includes people who may be struggling with their gender identity and are not sure that they are transgender. The Trans Lifeline goal is to prevent self-harm, but welcome the call of any transgender person in need.
- Call 1-877- 565-8860

For more information see: https://translifeline.org/

Releasing the Pain of Trauma

Using Emergency Services: Going to the Emergency Room, Hospital or Crisis Triage Center

Addendum #13

Our loved ones are important to us. Caring for and ensuring their safety is one of our core values as Indigenous peoples. In some instances, the best option to keep our loved ones safe is to take them to the emergency room, hospital or crisis triage center.

When should we go to the hospital? If a youth/adult/elder:

- Talks, writes, or posts on social media about their plan to die by suicide (examples – dying by suicide by using substances, firearms, knives, rope)
- Talks, writes, or posts on social media about having what they need to kill themselves
- Talks, writes, or posts about an identified date or time by which they are want to die by suicide
- Shows risky or reckless behaviors like substance or alcohol use, driving dangerously, not being careful with firearms, in addition to any of the above statements or behaviors
- Has just attempted to die by suicide

What should I do to help with crisis response for an individual in crisis?

- **Do not leave them alone**
- Ask direct questions about how youth is feeling or what they are experiencing
  - *Are they having thoughts of killing themselves?*
  - *Do they have a plan to kill themselves?*
- Find out if youth is under the influence of alcohol or drugs or may have taken an overdose
- Call 988, 911, or local emergency number
  - When responders (such as 988, 911 or local emergency response personnel) respond, provide them as much information as possible
    - For example,
      - current location of the person,
      - person's age,
      - gender identity,
      - statements and behaviors that lead you to believe they want to die by suicide,
      - if they have current access to the means or methods to die by suicide (firearms, drugs, sharps/knives, rope, etc.); and
      - if they are under the influence of any substances.
    - This will help responders with how best to respond.
- Tell a family member, friend, or call your local behavioral health program or crisis response team for additional support so you're not dealing with this alone
- Reach out to a therapist if the individual in crisis has one

How should we get our loved one to the Emergency Room, Hospital or Crisis Triage Center?

- Transport by ambulance, police car, or crisis response worker if 988, 911, or local emergency number is called and crisis response is requested

Releasing the Pain of Trauma

What to Expect when Receiving Suicide Care in a Crisis Triage Center

Addendum #14

Crisis Triage Centers, also referred to as Crisis Stabilization Centers or Units are specialized sites; and are separate and independent from emergency rooms or hospital settings. These crisis triage centers are designed to support our relatives and loved ones in a mental health, or substance use crisis and are considered easy access. All services are completely based on voluntary participation by our relative or loved one.

Crisis triage centers are most often managed by towns, cities and counties or may be found in Tribal communities. There are two different types of Crisis Triage Centers:

• A 24-hour model that allows for our relative and loved one to stay; receive services to help reduce crisis through counseling or medication management or a combination of the two;
• Link our relative or loved one to additional resources over the course of 24 hours.
• Case managers also assist in providing referral back to local resources for continued follow up care.
	• A "living room" models that allow individuals to stay up to 14 days and receive services to help reduce crisis through:
	  • individual counseling,
	  • group counseling
	  • medication management;
	  • case management
	• Provide support and referral back to local resources for continued follow up care

Our relatives and loved ones will also be asked questions such as:

• Thoughts and plans for suicide	• History of suicidal behaviors or self-harm
• Access to means of suicide in the home (examples – guns, medications, sharp objects)	• Stressful or difficult life circumstances (examples – recent deaths, relationship breakups, job losses, etc.)
• Current and past use of drugs or medications	• Family history of suicide or emotional problems
• Disordered thinking or disorientation	• Current stressors and challenges

To find a crisis triage center near you, see:

988 Lifeline
https://988lifeline.org/learn/our-crisis-centers/crisis-centers-by-state-and-u-s-territory/

Releasing the Pain of Trauma

What to Expect when Receiving Suicide Care in the Emergency Room, Hospital or Crisis Triage Center

Addendum #15

Upon arriving at the Emergency room, hospital or crisis triage center, staff members there will ask information like:

- our loved one's name,
- date of birth,
- gender identity,
- and may also ask about insurance coverage, or about the use of the Indian Health Services.

We may not know all of the answers to the questions they ask, and that is okay. We can provide them with as much information we know.

We may be asked to wait until a medical or mental health professional is available to talk with us. At that time, our loved one will be asked about what brings them to emergency services. This first step is called Triage.

Triage and Interviews with Healthcare Professionals

The **triage process** involves an interview by a mental health professional to find out how serious the suicide risk is and to decide how best to help. During the interview, it is important for you and the your loved one to be as open and honest as possible.

- If risk is **low (not immediately at risk)** ▸ Our loved one will likely receive community resources (for example, names of mental health professionals in your area) and get sent home
- If risk is **high (immediate risk)** ▸ Then our loved one will likely be asked to enter the hospital as a patient on an inpatient treatment unit to help stabilize them and keep them safe
  - Note: Sometimes, suicide risk is high at first but decreases over the course of the day or after the youth is assessed by and talks to a mental health professional who shares resources

The interviewer will likely ask questions about:

• Overall mental health history	• Stressful or difficult life circumstances (examples – recent deaths, relationship breakups, job losses, etc.)
• Thoughts and plans for suicide	• Use of drugs or medications
• History of suicidal behaviors or self-harm	• Family history of suicide or emotional problems
• Access to means of suicide in the home (examples – guns, medications, sharp objects)	• Disordered thinking or disorientation

Based on the information gathered from this triage process, the healthcare professional will begin to make a determination about what is the next best steps to take including the potential for inpatient treatment including either involuntary treatment (if risk is high but our loved one refuses services) or voluntary treatment; or referred to outpatient treatment in our local community.

Inpatient Treatment and Hospitalization

If the healthcare professional doing the triage interview determines that the person is not safe to return home, they will discuss more intensive services, like voluntary and involuntary hospitalization. Each state has its own laws for this, including the age for someone to consent to being hospitalized, with or without a caregiver's permission.

Voluntary Hospitalization happens when the our loved one freely chooses to be admitted to the hospital for treatment.

- Our loved can leave the hospital once their level of suicide risk has decreased and they feel safe to go.
  - However, if the doctors feel that the youth still isn't safe, but the person wants to leave, the doctors may ask for an involuntary hospitalization.

Involuntary Hospitalization happens when our loved one doesn't want to be admitted to the hospital for treatment but the healthcare professionals determine that the youth is not safe and still at high suicide risk.

- Usually means that a second healthcare professional will interview the youth and make the same decision based on the information.

In most states, our loved one will initially be hospitalized for 1-3 days. For youth in involuntary care, a court-appointed mental health professional may decide if more days are needed.

What services can our loved one expect to receive in the hospital?

• Information about their length of stay and when they will go home	• Medication management (examples – anti-depression, anti-anxiety medications)
• One-on-one therapy sessions	• Group therapy
• Recreation activities (examples – exercise, meditation, art therapy)	• Educational meetings on coping skills and other tools to support your mental health
• Family therapy sessions if desired	• Care coordination services

Note: Sometimes, the hospital may be full. Hospital staff will work to find another hospital with space for our loved one. They may also have our loved one stay in the in the emergency department until an inpatient space is available.

After using emergency services such as the emergency room, hospital or crisis triage center, our youth and loved ones will be discharged and sent back into their home and community. Supporting our youth and loved ones during this next step is important.

What happens when our loved one is ready to leave the hospital?

- Leaving the hospital is often a decision made by our loved one, our loved one's caregivers (parent, guardian, spouse), the doctors and the hospital team.
- When our loved one is ready to leave:
  - They will usually create a safety plan with their team and caregivers.
- Our loved ones and their families will likely also be given information for follow up and continued care through behavioral health programs in their local community.
  - Sometimes a social worker or case worker will schedule these appointments for our loved ones in advance.

For more information see:

PsychCentral
Visiting the Emergency Room for Mental Health Help
https://psychcentral.com/blog/can-you-take-someone-to-the-er-for-mental-health-help

PsychCentral
What Happens When You Go to the ER with Suicidal Thoughts?
https://psychcentral.com/lib/suicide-thoughts-hospital-visit

Releasing the Pain of Trauma

Discharge from Hospitalization or Crisis Triage

Addendum #16

Discharge, or release from hospitalization or crisis triage services generally occurs when our loved one is no longer in danger of killing themselves, and is ready for support and treatment. Follow up care through outpatient counseling services or case management are now more appropriate. In most instances, prior to discharge, a care plan will be developed for follow up care.

Follow up care

Suicide risk can actually increase after utilizing emergency services. Follow up care is an important step and should not be put off.

- In most instances, a safety plan has been developed prior to discharge from the hospital, emergency room or crisis triage center.
- Familiarize yourself with the safety plan developed with your loved one prior to discharge including supportive activities, supportive people and supportive resources they may have listed in their plan.
  - Be sure you have contact numbers for individuals or programs listed as part of their safety plan.
- Contact resources provided for follow up care as soon as you arrive home.
- Make appointment with a therapist or mental health peer support worker as soon as possible, preferably in the first few days home.
  - It's okay to emphasize the importance of an immediate appointment needed.
- If medication was prescribed during their hospital stay, emergency room or crisis triage center stay, be sure to fill their prescription at your local pharmacy.
- Ensure our loved one has information on emergency lifelines like 988, peer support and text lines such as the National Crisis Text Line (Text "Help" to 741-741) to help support them before and between appointments.

How can I as a caregiver support my loved one after a suicide attempt?

- Review the safety plan developed by our loved one and their care provider. Ensure you have information about the resources, activities, and supportive contacts listed. These plans are meant to help prevent suicide crisis in the future.
  - If a safety plan was not put in place, we as caregivers can also work with our loved ones to create one together. **Templates and examples can be found in addendum #17.**
- Create a safe and secure environment. Remove or limit access to any items that could be used in a subsequent attempt such as firearms, sharps/knives, drugs or alcohol.
- Be open to talking about their experience—this includes also acknowledging their pain, feelings, thoughts and actions that may have led to needing to use crisis response services.
  - Be open to listening to their experience and feelings without judgment
  - Be patient and be gentle
- Express your care and love for them and a desire to keep them safe while also connecting them to continued care to address their needs
- Explore your local resources including behavioral health programs available and learn more about services available including any additional crisis services
- Utilize cultural resources, practices and ceremonies for healing as appropriate
- Take some time for yourself to care for your own health and wellbeing. We need to take care of our own selves to be able to care for our loved ones.
- If you remain concerned for your loved one, or recognize continued warning signs of suicide risk, reach out to appropriate professional help such as 988, 911 or a local behavioral health or healthcare provider.

For more information see:

National Alliance on Mental Illness
My loved one is being discharged from inpatient hospitalization. What do I need to know?
https://helplinefaqs.nami.org/article/528-my-loved-one-is-being-discharged-from-inpatient-hospitalization-what-do-i-need-to-know

Releasing the Pain of Trauma

Safety Planning

Addendum #17

Safety planning: when our loved one, along with family and mental health providers identify and take steps to prevent suicide from happening by creating a plan with information and resources specifically for our loved one.

Usually, the safety plan is a written document that the youth, family members, mental health providers, and any other important adults in the youth's life agree to and have access to.

When should we create a safety plan?

- A safety plan can be created at any time
- Encouraged when a loved one is struggling with mental health challenges like depression or anxiety, or thoughts of suicide
- Recommended that a safety plan also be created in collaboration with our loved one's therapist/counselor/social worker
- A safety plan will also be created with our loved one if they have received crisis services through the emergency room, hospital or crisis triage center.

What are essential parts of a safety plan?

Safety plans usually include:

- Descriptions of our loved one's behaviors that show they're in crisis
- Steps for our loved one (and family sometimes) to take in an emergency (examples – coping skills, talking to someone, listening to music, going for a walk)
- People for our loved one to contact in an emergency and their phone numbers listed
- Other emergency phone numbers and resources (examples – 988, therapist's phone number)
- Safe places for the loved one to go if needed
- They may also include our loved one's reasons for living, or what keeps them from acting on their suicidal thoughts.

How can family members help with safety plans?

Some safety steps family and caregivers could take and write down on the safety plan may include:

- Removing or limiting our loved one's access to lethal means (examples – guns, medications they could overdose on, sharp objects such as knives), including by locking up those objects
- For youth:
  - Family and caregivers regularly checking and cleaning our youth's room to make sure it doesn't contain any harmful objects
  - Family and caregivers regularly checking in with the youth about their mental health
  - Family and caregivers supervising the youth

It is also important to consider lethal means or methods of self-harm in other environments that our loved one, and especially youth have access to, such as school, neighbors' homes, and other family members' homes. **When possible, we highly recommend that you and your loved one with a mental health professional to co-create the safety plan.**

Who should get access to the safety plan and where should we put it?

You and your family know what would work best for you! Generally, we recommend making multiple copies of the safety plan and distributing them to people close to the youth – this may be our loved one or youth's mental health provider, caregivers, trusted school personnel, and trusted friends or community members.

Example #1 of a Safety Plan

What are two signs that you are feeling overwhelmed and in crisis?	• *I can't stop crying* • *I'm angry and punching things* • *I just want to sleep and never wake up*
What are two or more things that you can do on your own that can help take your mind off your problems?	• *Listen to my music—the happy songs* • *Go to the gym and play basketball* • *Go running with my friend* • *Practice pow wow dancing*
Who or What are two people or places that help distract you?	• *My best friend Jay* • *My coach* • *The gym*
Who can you ask for help?	• *My mom* • *My coach* • *Jay's mom*
What can my family or friends do to help me stay safe?	• *Keeping our hunting gear and guns locked up and not tell me where the keys are/hide keys* • *Not yell at me when I'm feeling bad* • *Stay with me, not leave me alone even if I act like I want to be by myself*

Who are professionals or programs that you can also contact when you are in crisis?	• *My counselor Ms. Garcia.*
	  • *Her phone number is: 505-555-4321*
	• *Our Tribal behavioral health program crisis team.*
	  • *Their phone number is: 505-555-1234*
	• *I can call 988*
	• *I can text the crisis text line at 741-741*

What can you do to make your environment or space safer?	• *I can stay out of my room and stay in the living room with everyone* • *I can ask my friend Jay to stay over*
Who are positive people that help keep me on track/keep me going?	• *My mom* • *My coach* • *My friend Jay and his mom*
Are there traditional, cultural, spiritual or religious practices that you feel would be supportive when you are in crisis?	• *I like to smudge myself, my space* • *I could practice our songs* • *Ask for sweat lodge*
What are your plans if you continue to feel overwhelmed/feel worse?	• *Call Ms. Garcia* • *Call my coach.* • *His number is 505-555-2134* • *Call 988* • *Go to the hospital*
What is one thing that keeps you here and prevents you from acting on your suicidal thoughts?	• *My mom, I don't want to hurt her, she's been through a lot. My sister is still little and she needs me.*

Example #2 of a Safety Plan

What are two signs that you are feeling overwhelmed and in crisis?	• *I want to just walk away from everyone, even my kids* • *I'm feeling numb, nothing matters*
What are two or more things that you can do on your own that can help take your mind off your problems?	• *I can go visit our shrines and religious sites and pray* • *I can work on the moccasins I've been working on*
Who or What are two people or places that help distract you?	• *I can talk to my wife, she supports me when I'm feeling down* • *I can go see my Kiva dad* • *I can go see my sponsor*
Who can you ask for help?	• *My wife* • *My sponsor* • *My counselor and my peer support worker*
What can my family or friends do to help me stay safe?	• *Keeping my rifle locked up* • *Make sure I don't access alcohol*

Who are professionals or programs that you can also contact when you are in crisis?	• *My counselor Brian.*
	  • *His phone number is: 805-123-5555*
	• *Our Tribal Health and Human Services program*
	  • *Their phone number is: 805-123-4242*
	• *I can call 988*
	• *I can text the crisis text line at 741-741*

What can you do to make your environment or space safer?	• *I can stay with my wife* • *I can make sure I don't have any harmful things in my house*
Who are positive people that help keep me on track/keep me going?	• *My wife* • *My sponsor* • *My Kiva dad and my clan brothers*
Are there traditional, cultural, spiritual or religious practices that you feel would be supportive when you are in crisis?	• *I can pray with my cornmeal* • *I could practice our songs*
What are your plans if you continue to feel overwhelmed/feel worse?	• *Call Brian and ask him to help me get to the crisis center* • *Call 988* • *Go to the hospital*
What is one thing that keeps you here and prevents you from acting on your suicidal thoughts?	• *My family. I want to be better for them, to stay and not walk away.*

For more information see:

Healthy Children.Org
American Academy of Pediatrics
How a Suicide Prevention Safety Plan Can Save Your Child's Life.
https://www.healthychildren.org/English/healthy-living/emotional-wellness/Pages/how-a-suicide-prevention-safety-plan-can-save-your-childs-life.aspx

My Safety Plan
Vibrant Emotional Health
https://www.mysafetyplan.org/

Additional safety plan templates and examples are on the following pages.

VA/DOD Safety Plan
https://www.healthquality.va.gov/guidelines/MH/srb/Patient_Safety_Planfillable-508.pdf

Suicide Prevention Alliance Safety Plan
https://www.suicidepreventionalliance.org/wp-content/uploads/2021/02/SPA-Safety-Plan.pdf

Safety Plan Worksheet

Purpose: Complete semi-structured interview of recent suicidal crisis before proceeding to Step 1. Print copy of completed Safety Plan for patient to keep with them and place a duplicate copy in medical record. Alternatively, you can download the VA/DOD Safety Plan App.

Step 1. Warning signs (that I might be headed toward a crisis and the Safety Plan should be used):

1.
2.
3.
4.

Step 2. Internal coping strategies (things I can do to distract from my problems without contacting another person):

1.
2.
3.

Step 3. People, places and social settings that provide healthy distraction (and help me feel better):

1. Name and phone number
2. Name and phone number
3. Place
4. Place

Step 4. People I can contact to ask for help (family members, friends and co-workers):

1. Name and phone number
2. Name and phone number
3. Name and phone number
4. Name and phone number

Step 5. Professionals or agencies that can help me during a crisis:

- Clinician/Agency (Name, phone, emergency contact number)
- Clinician/Agency (Name, phone, emergency contact number)
- Local Emergency Department (Name, phone number, location/address)
- Other (Name, phone, emergency contact number)

Step 6. Making my environment safe (plans for removing or limiting access to lethal means, e.g. firearm, medications, household poisons, sharp or other dangerous objects):

1.
2.
3.
4.

Step 7: My reasons for living (things that are most important to me and worth living for):

1.
2.
3.
4.
5.
6.

Continued >

Safety Plan Worksheet (continued)

Resources

988 Suicide and Crisis Lifeline
Dial 988 and press 1 for the Military/Veterans Crisis Line.
Visit militarycrisisline.net for OCONUS calling options.

Real Warriors Campaign
health.mil/RealWarriors

Safety Plan Components:[1]

The safety plan involves the development of step-by-step instructions to use for patients before or during a suicidal crisis, including:[2]

- Conducting a semi-structured interview of a recent suicidal crisis
- Recognizing warning signs of an impending suicidal crisis
- Recognizing how an increase and decrease in suicidal risk provides an opportunity to engage in coping strategies
- Employing internal coping strategies without contacting another person for distraction from suicidal thoughts
- Using social contacts and social settings as a means of distraction from suicidal thoughts
- Contacting mental/behavioral health professionals or agencies, including crisis intervention services (e.g., the Military/Veterans Crisis Line: dial 988 and press 1)
- Limiting access to lethal means: Consider prescribing naloxone for patients at risk for opioid overdose (see VA/DOD Use of Opioids in the Management of Chronic Pain CPG)[3]

References:

1. Stanley, B., Brown, G. K., MacRae, F., Rotolo, C. A., Hughes, G., Mina, L., & Barry, C. N. (2022). *VA Safety Planning Intervention Manual.* United States Department of Veterans Affairs.
2. Veterans Affairs and Department of Defense. (2024). *VA/DOD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide.* Version 3.0. https://www.healthquality.va.gov/guidelines/MH/srb/
3. Veterans Affairs and Department of Defense (2022). *VA/DOD Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain.* Version 4.0. https://www.healthquality.va.gov/guidelines/Pain/cot/VADoDOpioidsCPG.pdf

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Updated December 2024 by the Psychological Health Center of Excellence.

SUICIDE PREVENTION ALLIANCE
CONNECT THROUGH HOPE

SAFETY PLAN

A safety plan is a written list of personalized coping strategies and resources that you can use to help yourself when you are feeling suicidal. This is a way to create a plan of action to challenge your suicidal thoughts and help you to develop tools to keep you alive and create a life worth living.

1 What are my triggers? What happened, what was I thinking, what was I doing, how was I feeling, why did I start thinking about killing myself?

Examples: "I felt worthless or stupid," or "Nobody cares about me."

2 What can I do to help myself- how can I challenge those thoughts? How can I calm or distract myself?

Examples: Deep breathing exercises, focus on external sights, sounds, sensations rather than internal thoughts, peeling an orange

3 Where can I go, what else can I do to take my mind off of killing myself? Which people and what places can distract me from killing myself?

Examples: Go to church, a bookstore or coffee shop, be around positive people.

4 Who can I ask to help me? Who do I trust? (List more than one in case your first choice is unavailable)

5 Professionals or agencies I can contact if I'm in crisis:

Name	Phone Number
National Suicide Prevention Lifeline	1-800-273-TALK (8255)
Crisis Text Line	HOME to 741741

6 How can I create a safer environment for myself?

Example: Give guns and ammunition to someone else, remove pills, rope, etc.

What is the one thing that is most important to me and is worth living for?

Releasing the Pain of Trauma

Taking care of ourselves and our loved ones after a death by suicide

Addendum #18

Taking care of ourselves, our families and loved ones in the immediate days, weeks and months following a suicide loss or suicide attempt is important. In these first few days in experiencing a loss of our loved one, our traditions and practices may take priority and give us the initial space to process our grief and mourning both as family and as community.

It is important to consider our wellbeing and that of our loved ones, by being aware of responses that may be impacting our physical, mental, emotional, social, behavioral and spiritual wellbeing. Be aware of when we are experiencing:

How we may be affected in grief and mourning

Physical	• Feeling sick/becoming ill • Feeling exhausted or tired • Difficulty sleeping or sleeping too much • Difficulty being at rest
Mental	• Feeling stuck • Being on edge/jumpy • Spacing out • Feeling unfocused/not able to concentrate
Emotional	• Feeling depressed • Feeling sad • Feeling anxious • Feeling fearful • Feeling guilty • Feeling numb/not able to feel emotions • Feeling suicidal
Behavioral	• Fighting • Using alcohol or drugs to cope with grief or emotions • Avoiding people/places • Running Away • Trying to please everyone/do everything for everyone • Pretending to be okay • Not taking care of our own needs • Wanting to attempt suicide
Social	• Not wanting to participate in our social circles or social supports • Trouble trusting others • Trying to manage everyone in our circle all the time
Spiritual/Cultural	• Questioning Creator/Spirit/God • Feeling disconnected from our Spirituality or cultural practices • Not taking part in spiritual or cultural practices

Ways we can begin to take care of ourselves and our loved ones include:

- Be gentle with yourself and others
- Remember everyone grieves differently, your grieving style may be different from our family and loved ones
- Take time to rest
- When ready engage in gentle movement and exercise
- Eat nutritious foods/traditional foods that support our health
- Drink water, hydrate
- Acknowledge and honor your feelings as valid and normal responses to grief and loss
- Reach out to your circles of support
- Reach out to traditional or cultural supports
- Reach out to mental health supports in your community or local area
- If you are feeling in crisis, reach out to 988 and other crisis resources
    - Talk with someone whom you feel safe with and who can help support you through crisis

For more information and support see:

American Federation for Suicide Prevention
Healing Conversations: Personal Support for Suicide Loss
https://afsp.org/healing-conversations/

American Federation for Suicide Prevention
"I've Lost Someone"
https://afsp.org/ive-lost-someone/

Suicide Awareness Voices of Education
Life After Suicide Loss
https://www.save.org/wp-content/uploads/2025/07/Life-after-suicide-loss.pdf

Suicide Awareness Voices of Education
Supporting Someone after a Suicide Loss
https://www.save.org/wp-content/uploads/2025/07/Supporting-Someone-After-A-Suicide-Loss.pdf

Suicide Awareness Voices of Education
How to Support Children After a Suicide Loss
https://www.save.org/wp-content/uploads/2025/07/How-to-support-children-after-suicide-loss.pdf

Transcending Trauma

Self Care and Community Care

Addendum #19

Self-Care/Community-Care	Examples
Physical Self-Care: honoring our physical body	• Go walking • Run • Dance traditional dances, pow-wow • Get enough sleep • Water is Life! Drink enough water • Eat a balanced, healthy diet • incorporate traditional foods • Discuss preventative health-care with your doctor or medicine person/healer

Mental and Emotional Self-Care: honoring our emotions and feelings	• Set positive intention for your day
	• Honor your emotions by identifying them:
	  • Happiness
	  • Sadness
	  • Grief
	  • Loneliness
	  • Anxiousness
	  • And identify what brought that emotion forward.
	• Take time each day to reflect on your emotions, what brought the emotion forward and what the emotion taught you
	• Use a journal to write down your feelings
	• Create a comfortable place for quiet, safety, and comfort
	• Practice positive self-talk and positive coping skills
	• Challenge negative thoughts about yourself
	• Breathe!
	• Stick to a positive morning or evening schedule
	• Have a ritual to separate work and home – (change clothes once you get home; smudge, brush self off before entering home)

Intellectual Self-Care: honoring our intellect and creativity	• Read
	• Learn our traditional languages
	• Teach our traditional languages
	• Be creative!
	  • Bead
	  • Sew
	  • Draw
	  • Paint
	  • Sing
	  • Drum
	  • Weave
	• Take or teach a class
	• Storytelling

Environmental Self-Care: honoring our surroundings and our Mother Earth	• Reconnect with Mother Earth • Touch your bare feet to the ground • Garden, get your hands into the soil • Smudge or sage your home • Create safe and comfortable spaces in your home
Social Self-Care: honoring our circles of support and our community	• Spend time with your circle of support; friends and family members who “fill your cup” • Find groups, activities, or traditional practices in your community that give you opportunities to connect with others • Set boundaries when needed for your own space or need for quiet
Spiritual Self-Care: honoring our spirits	• Set intention for the day • Pray • Smudge • Make offering • Participate in ceremonies and traditional practices • Reflect on things you’re grateful for daily. • Spend time in nature. • Reach out to a faith leader or healer for support • Pray to our ancestors and loved ones for support

For more resources see:

IDONTMIND
Health and Wellness Resources for Native/Indigenous mental health
Resources for Healing Created by Native People for Native People
https://idontmind.com/journal/health-and-wellness-resources-for-nativeindigenous-mental-health

First Nations Health Authority
Strengthening our Wholistic Wellness with Regular Self Care
https://www.fnha.ca/about/news-and-events/news/strengthening-our-wholistic-wellness-with-regular-self-care

Additional Resources

988 Lifeline

The 988 Lifeline is available 24/7/365. Calls are free and confidential, and can provide support to individuals in crisis

Call or Text: 988

Chat via computer: https://chat.988lifeline.org/

Videophone for deaf or hard of hearing: 988

Federal Resources/Suicide Prevention Information

Indian Health Services

Suicide prevention resources from IHS:
For more information see:
https://www.ihs.gov/suicideprevention/providerresources/

Substance Abuse and Mental Health Administration (SAMHSA)

SAMHSA leads public health and service delivery efforts that treat mental illness, especially serious mental illness, prevent substance abuse and addiction, and provide treatments and supports to foster recovery while ensuring access and better outcomes for all.

For more information see:
www.samhsa.gov

US Department of Veteran Affairs

If you're a Veteran in crisis or concerned about one, connect with our caring, qualified Veterans Crisis Line responders for confidential help. Many of them are Veterans themselves. This service is private, free, and available 24/7.

Here's how you can connect with a Veterans Crisis Line responder, anytime day or night:

- Call 988 and select 1.
- Text 838255.
- Chat: Available at https://www.veteranscrisisline.net/
- If you have hearing loss, call TTY: 800-799-4889.

You can also take these actions:

- Call 911.
- Go to the nearest emergency room.
- Go directly to your nearest VA medical center. It doesn't matter what your discharge status is or if you're enrolled in VA health care.
- Find your nearest VA medical center

For more information visit:
https://www.mentalhealth.va.gov/suicide_prevention/

Community Prevention Programs and Curriculum

American Indian Life Skills

American Indian Life Skills is a school-based, culturally grounded, life-skills training program that aims to reduce high rates of American Indian/Alaska Native adolescent suicidal behaviors by reducing suicide risk and improving protective factors. Lessons may be delivered by teachers working with community resource leaders and representatives of local social service agencies. Lessons are interactive and incorporate situations and experiences relevant to AI/AN adolescent life such as friendship issues, rejection, divorce, separation, unemployment, and problems with health and the law.

The curriculum also incorporates three domains of wellbeing that are specific to tribal groups:

1. helping one another,
2. group belonging, and
3. spiritual belief systems and practices

Contact:
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Gathering of Native Americans (GONA) and Gathering of Alaska Natives (GOAN)

A GONA/GOAN is a culture-based planning process where community members gather to address community-identified issues. It uses an interactive approach that empowers and supports AI/AN tribes. The GONA approach reflects AI/AN cultural values, traditions, and spiritual practices.

Skilled facilitators can safely and effectively lead a group through each day of the GONA by working to understand the community's issues and concerns in terms of their strengths. This process involves examining skills, abilities, knowledge, resources, and desires that can be used in some way to help meet the community's overall vision and goals for prevention.

For more information contact the SAMHSA Tribal Training and Technical Assistance Center:
http://www.samhsa.gov/tribal-ttac

The Good Road of Life Curriculum

The Good Road of Life is a trauma-informed, culture and resilience-based curriculum that utilizes peer support to overcome multiple risk factors including historical and everyday trauma.

For more information visit:
www.nativeprideus.org

Native H.O.P.E (Helping our People Endure) Curriculum

Native HOPE curriculum addresses suicide prevention, violence and bullying, depression, and substance abuse. The process in the Native H.O.P.E. program intentionally creates a safe and sacred place through culture, spirituality, and humor for participants to address suicide, depression, trauma, violence, and substance abuse.

For more information visit:
www.nativeprideus.org

Project Venture

Project Venture was created under the guidance of Indigenous elders, who emphasized using traditional culture and programs developed and implemented by Indigenous peoples as a way to address contemporary challenges. The Project Venture program combines adventure-based experiential learning with service learning and culturally-based leadership. Over the last 35 years, the model has consistently demonstrated positive outcomes in preventing substance abuse and decreasing depression, anxiety, and anger in Indigenous communities.

For more information:
www.projectventure.org

Community Based Mental Health Awareness and Education

Mental Health First Aid

Mental Health First Aid is an evidence-based, early-intervention course that teaches participants about mental health and substance use challenges. Mental Health First Aid teaches the skills needed to recognize and respond to signs and symptoms of mental health and substance use challenges, as well as how to provide someone with initial support until they are connected with appropriate professional help. In the course, you learn risk factors and warning signs for mental health and addiction concerns, strategies to help someone in both crisis and non-crisis situations, and where to turn for help.

Mental Health First Aid offers several training modules designed for specific groups and populations including:

- Adult Mental Health First Aid
- Youth Mental Health First Aid
- Youth Mental Health for Tribal Communities and Indigenous Peoples
- Teen Mental Health First Aid
- Mental Health First Aid for Public Safety
- Mental Health First Aid for Military, Veterans and their Families

www.mentalhealthfirstaid.org

National Alliance on Mental Illness

The National Alliance on Mental Illness offers a number of community based education programs on the signs and symptoms of mental health conditions, coping skills and how to support children, youth, adults and elders mental wellbeing.

For more information see:
https://www.nami.org/support-education/mental-health-education/#education-classes

Suicide Prevention and Intervention Training

Applied Suicide Intervention Skills Training (ASIST)

ASIST provides training in how to recognize when someone may be thinking about suicide and how to provide a skilled intervention and develop a safety plan with the person to connect them to further support.

For more information see:
https://livingworks.net/training/livingworks-asist/

Connect

Connect offers training to both professionals and community members designed to equip participants with the knowledge, skills and resources needed to prevent suicide and support healing after a loss. The training can be tailored to the community, audience, and culture. The Connect training has been utilized in multiple Tribal communities.

For more information see: https://theconnectprogram.org/

Counseling on Access to Lethal Means (CALM)

CALM training is primarily designed for mental health, social service, first responders and other healthcare professionals who work with people at risk for suicide. The course focuses on how to reduce access to lethal means for individuals at risk of suicide.

For more information see:
https://www.calmamerica.org/

Question, Persuade and Refer (QPR)

QPR trains individuals in learning 3 steps to help recognize suicide warning signs of a suicide crisis, how to question, persuade and refer someone to help.

For more information see:
https://qprinstitute.com/

Sources of Strength

Sources of Strength is a best practice, strength-based, suicide prevention and mental health promotion program that has shown effectiveness in both preventative upstream and intervention outcomes. Sources provides training for both youth and adults in secondary schools and community-based settings.

For more information see:
https://sourcesofstrength.org/

Technical Assistance Centers and Resources

Indian Country Child Trauma Center (ICCTC)

The ICCTC team trains mental health professionals treating Native children who have experienced trauma and their families, teaching them to incorporate Native cultural perspectives.

For more information see:
www.icctc.org

National Native Children's Trauma Center (NNCTC)

The University of Montana's NNCTC is part of the National Child Traumatic Stress Network and providers trainings on American Indian and Alaska Native childhood trauma.

For more information, visit:
https://www.nnctc.org/

SAMHSA's Tribal Training and Technical Assistance Center (TTAC)

The Tribal TTAC offers training and technical assistance on suicide prevention, mental health, and substance use for American Indians and Alaska Natives.

To learn more, visit:
https://www.samhsa.gov/tribal-ttac

Suicide Prevention Resource Center (SPRC)

Suicide Prevention in American Indian/Alaska Native Settings has a variety of information and resources for understanding and preventing AI suicide.

To see their resources, visit the website at:
https://www.sprc.org/settings/aian.

Websites:

Center for Native American Youth (CNAY)

CNAY is a national education and advocacy organization that works alongside Native youth — ages 24 and under — on reservations, in rural villages and urban spaces across the country to improve their health, safety and overall well-being.

For more information see:
https://www.cnay.org/

Indian Health Services

Suicide prevention resources from IHS:
https://www.ihs.gov/suicideprevention/providerresources/

National Council of Urban Indian Health (NCUIH)

NCUIH serves to promote the improvement in health status and the positive well-being of American Indian and Alaska Native people through a comprehensive network of Urban Indian Health Programs. UIOs help fulfill the federal government's trust responsibility to provide health care to all AI/AN people, no matter where they live. There are four different types of UIO facilities: full ambulatory, limited ambulatory, outreach & referral, and outpatient & residential alcohol & substance abuse treatment.

For more information see:
https://ncuih.org/

National Indian Health Board (NIHB)

Established by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, NIHB seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, and secure resources to build capacity to achieve the highest level of health for American Indian and Alaska Natives.

For more information see:
https://www.nihb.org/history/about-us/

Tribal Epidemiology Centers

Funded in part by the Indian Health Service, Tribal Epidemiology Centers manage public health information systems, investigate diseases of concern, manage disease prevention and control programs, and respond to public health emergencies.

For more information see:
www.tribalepicenters.org

We R Native

We R Native was created by Native youth for Native youth, and offers various health resources on their website, including information on suicide. They have articles on various mental health topics, address how to talk to loved ones about suicide, resources for support, as well as videos and shared stories.

Visit:
https://www.wernative.org/

T.R.I.B.E.S.

SCHOOL OF MEDICINE

PSYCHIATRY & BEHAVIORAL SCIENCES