Tele-BH Nursing Approach to Serving Indigenous Youth

MY EXPERIENCE WITH SUICIDE PREVENTION

JANET ERICKSON, PMHNP-BC

AS GOODKIND (2011) SUGGESTED, A COLLECTIVE COMMUNITY APPROACH IS THE ONLY WAY TO ADDRESS THE EPIDEMIC OF AI/AN YOUTH SUICIDE. THE PROFESSION OF NURSING CAN PROVIDE AN INTEGRAL COMPONENT OF THIS APPROACH.

Introduction

- Mandan, Assiniboine and Chippewa Cree
- Raised on the Fort Peck Reservation in Eastern MT
- Master of Nursing Psychiatric Mental Health Nurse Practitioner
- PRACTICE IMPLICATIONS FOR ADDRESSING NATIVE AMERICAN YOUTH SUICIDE: AN INTEGRATIVE REVIEW
- Tele-BH provider currently employed by IHS

- NO DISCLOSURES

Objectives

- Overview of the unique context in which Indigenous youth suicide is occurring
- Increase sense of confidence and spirit of collaboration in health professionals that serve Indigenous youth via tele-health
- Provide examples of suicide prevention efforts via tele-health

American Indian/Alaska Natives experience the highest rate of suicide compared to all ethnic groups in the United States, and the youth of this minority population account for 40 percent these suicides.

Suicide is the second leading cause of death among American Indian and Alaska Native youth ages 8 to 24, and American Indian and Alaska Native youth aged 10-24 have the highest rate of suicide of all demographic groups. Native youth teen suicide rates are nearly 3.5 times higher than the national average.

Suicide is the 9th leading cause of death among AI/AN people. Non-Hispanic AI/AN people have a much higher rate of suicide (23.9 per 100,000) compared to Hispanic AI/AN people (2.0 per 100,000).

The suicide rate among non-Hispanic AI/AN males ages 15–34 is 68.4 per 100,000.

HTTPS://WWW.NAMI.ORG/YOUR-JOURNEY/IDENTITY-AND-CULTURAL-DIMENSIONS/INDIGENOUS/SUICIDE-PREVENTION-IN-INDIGENOUS-COMMUNITIES#:~:TEXT=SUICIDE%20IS%20THE%20SECOND%20LEADING,SUICIDE%20OF%20ALL%20DEMOGRAPHIC%20GROUPS.

HTTPS://WWW.CDC.GOV/SUICIDE/FACTS/DISPARITIES-IN-SUICIDE.HTML

A Native American Reservation in a rural Western state has experienced a large number of youth suicides over a two year period. In the year 2011 alone, this reservation experienced 5 completed youth suicides, 21 separate reports of youth with suicidal ideations, and 31 separate suicide attempts among their youth (anonymous, personal communication). This tragedy proved to be insurmountable with the resources available in the community, thus, a state of crisis was declared.

GENERAL RISK FACTORS FOR SUICIDE

- Previous suicide attempt(s).
- A history of suicide in the family.
- Substance use.
- Mood disorders (depression, bipolar disorder).
- Access to lethal means (for example, keeping firearms in the home or having access to unsecured prescription medications)
- Losses and other events (for example, the breakup of a relationship or a death, academic failures, legal difficulties, financial difficulties).
- History of trauma or abuse.
- Bullying.
- Chronic physical illness, including chronic pain.
- Exposure to the suicidal behavior of others.
- Social isolation.
- Historical trauma.
- Stigma associated with seeking help.
- Key symptoms: anhedonia, impulsivity, hopelessness, anxiety/panic, global insomnia, command hallucinations
- Precipitants/stressors/Interpersonal: triggering events leading to humiliation, shame, or despair (e.g, loss of relationship, financial or health status—real or anticipated). Ongoing medical illness (esp. CNS disorders, pain). Intoxication. Family turmoil/chaos. History of physical or sexual abuse. Social isolation

https://www.psychiatry.org/patients-families/suicide-prevention

https://www.cdc.gov/suicide/factors/index.html

Indigenous Youth Risk Factors for Suicide

- Substance use disorders
- Intergenerational trauma
- Community wide socioeconomic disparities
- Risky Behavior and/or Conduct Disorder
- Childhood Abuse/PTSD
- Depression, Hopelessness
- Intoxication and Substance Abuse
- Fetal Alcohol Syndrome
- Violence Ideation and Aggression
- Friend or Family Member with Suicidal Behavior (contagion)
- School Experience
- Present-Oriented
- Impulsiveness
- Lack of Coping Skills
- Previous Attempts
- Alienation
- Increased General Stress
- Interpersonal Conflict
- No Spirituality
- Loss of Culture–No Traditional Practices
- Decreased Cultural Continuity
- Acculturation
- Decreased Resilience
- Victim of Bullying
- Tribal Stigmatization of Mental Health
- Nonlocal Control of Communities and Culture
- Lack of Community Involvement
- Ineffectual Tribal Leadership
- Racial Discrimination/Prejudice
- Mental Health Provider Shortage Underutilization of Services
- Low Continuity/Coordination of Care
- Lack of Traditional Approaches to Care
- Underfunded Systems
- Stigma Related to Mental Health
- Geographic Isolation
- Effects of Colonization

Indigenous peoples experience disproportionately high rates of suicide as a result of the collective and shared trauma experienced with colonization and ongoing marginalization.

(U.S. Dept. of HHS, 2010)

Olson, Wahab, Thompson & Durrant (2011). Gone and Trimble (2011) Goldston, Molock, Whitbeck, (2008)

Sjoblom E, Ghidei W, Leslie M, James A, Bartel R, Campbell S, Montesanti S (2022)

General Protective factors

- Effective coping and problem-solving skills
- Reasons for living (for example, family, friends, pets, etc.)
- Strong sense of cultural identity
- Healthy relationship experiences protect against suicide risk:
- Support from partners, friends, and family
- Feeling **connected** to others
- Feeling **connected** to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare
- Cultural, religious, or moral objections to suicide
- Reduced access to lethal means of suicide among people at risk

https://www.psychiatry.org/patients-families/suicide-prevention

https://www.cdc.gov/suicide/factors/index.html

What Do We Know About Suicide Prevention in our Indigenous Youth

- Dominant, Western approaches to suicide prevention—typically involving individual-level efforts for behavioral change via mental health professional intervention—by themselves have largely failed at addressing suicide in Indigenous populations, possibly due to cultural misalignment with Indigenous paradigm
- Indigenous approaches to suicide prevention are diverse, drawing on local culture, knowledge, need and priorities.

Sjoblom, E., Ghidei, W., Leslie, M. *et al.* Centering Indigenous knowledge in suicide prevention: a critical scoping review. *BMC Public Health* **22**, 2377 (2022). https://doi.org/10.1186/s12889-022-14580-0

Protective Factors Indigenous Youth

- current or future aspirations
- personal wellness
- positive self-image
- self-efficacy
- nonfamilial **connectedness**
- family **connectedness**
- positive opportunities
- positive social norms
- cultural **connectedness.**
- Interpersonal skills

- sense of **belonging** to one's culture
- a strong tribal/spiritual **bond**
- the opportunity to discuss problems with family or friends
- feeling **connected**
- Feelings of strong **connections** to individuals, family, community and social institutions.
- Problem-solving and conflict resolution skills.

Connectedness

(Pettingell, Bearinger, Skay, et al, 2008).

Henson M, Sabo S, Trujillo A, Teufel-Shone N (2017)

https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4995.pdf

Practice Implications for Addressing Indigenous Youth Suicide

- Recognize past and current oppressive policies, intergenerational trauma, and unresolved grief
- Aid in understanding effects of colonization
- Build trust; avoid imposition of Western Values
- Promote defining accomplishments on own terms
- Promote healthy future on own terms
- Strengthen collaborations (Traditional & Western)
- Promotion of family-based interventions
- Decrease stigma
- Promote healthy living and sense of belonging
- Relational approach

Contacts with providers (such as, follow-up phone call from health care professional).

-Effective mental health care; easy access to a variety of clinical interventions.

- Consider balance between spirit, context, mind and body
- Consider cultural heterogeneity between tribes
- Consider and utilize traditional healing practices
- Promote indigenous identity
- Enhance resilience through cultural/spiritual connection
- Connect youth with others who value their ethnicity
- Expose youth to traditional practices and beliefs that promote healthy behaviors
- Expose youth to positive images of American Indians

- Address stigma as a barrier to care
- Combine prevention and treatment approaches
- Promote positive interactions with adults in multiple venues
- Holistic approach (Western & Traditional) MH and substance abuse
- Promote educational attainment
- Facilitate positive school experiences
- Encourage friendship with peers who do well in school

Practice Implications for Addressing Indigenous Youth Suicide

- Foster self-esteem and promotion of feelings of optimism
- Promotion of resilience, wellbeing, personal drive to exist
- Interventions to foster family relationships across generations
- Promotion of traditional family parenting
- Grandparents & elders serving as mentors
- Promotion of a sense of belonging with each other
- Teach conflict resolution skills
- Focus interventions for specific age groups- adolescents
- Provide educational opportunities, school retention

- Early screening and intervention: childhood abuse and depression
- Promotion of stable environment
- Use of talking circles for education; discussion as prevention
- Monitor how youth spend their time
- Obtain accurate social history
- Substance abuse prevention
- Home-based programs
- Cautious assessment of SI in context of FAS
- Consider aggression a red flag when assessing for SI

- Teach interpersonal skills
- Encourage positive interactions
- Address impulsiveness
- Teach appropriate coping skills for life stressors
- Address growing despair
- Assess for previous suicide behavior

Practice Implications for Addressing Indigenous Youth Suicide

- Healing rituals for entire communities
- Promote social equity; address stereotypes
- Behavior health integration into medical clinics
- School-based interventions
- Recognize non-licensed traditional providers
- Utilize mid-level providers
- Increase number of prepared Native health professionals
- Collaboration between multiple agencies
- Prevent violence; provide safe schools; no bullying

….with strategies at the community level to build resilience and promote well-being.

Telehealth for Indigenous Communities

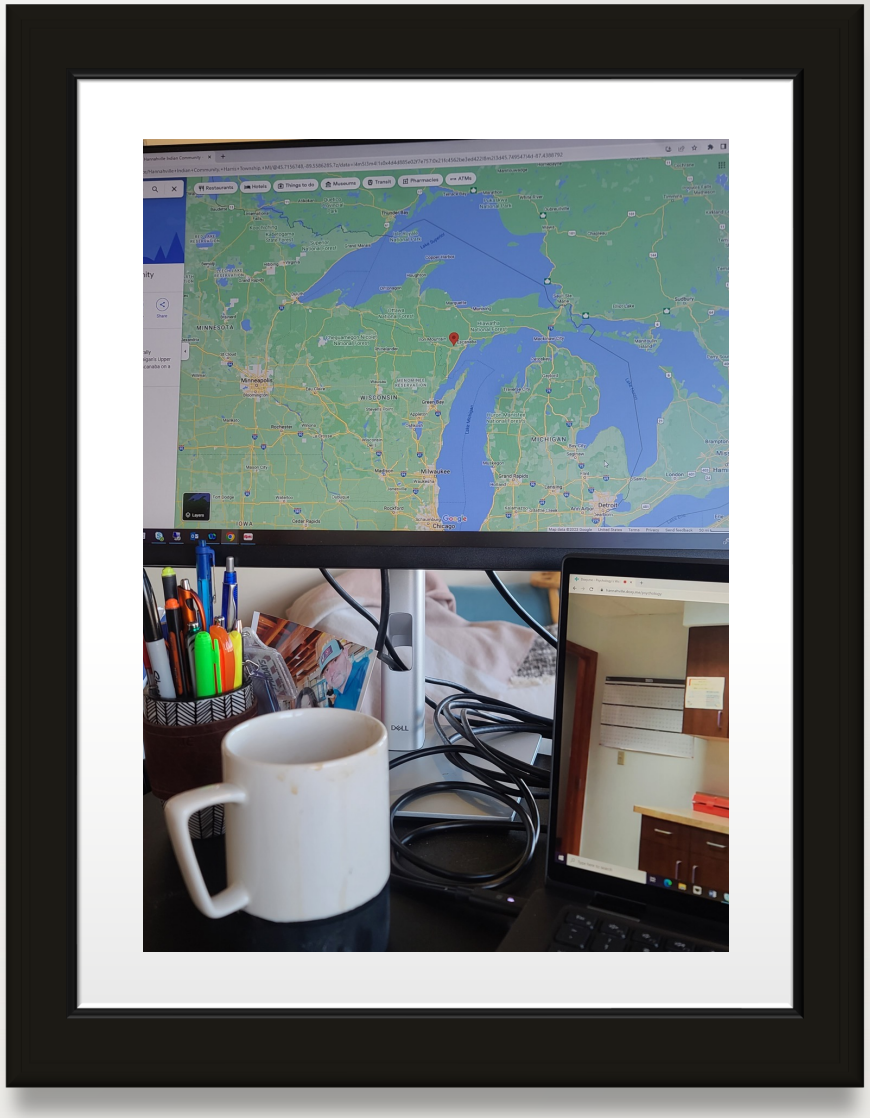
can help reduce these socioeconomic burdens and health disparities by providing a more convenient, lower-cost model of care

- Easier, more convenient access to specialists and unique treatments that may not be available in a given tribal community or local area
- More opportunities for patients to connect with providers who come from a similar cultural background
- More confidence for patients who are unwilling to seek out in-person behavioral health treatment, but feel comfortable with telehealth
- Allows the patient to remain near community support systems and family while receiving care, rather than in unfamiliar settings
- Enables provider to engage with supportive co-habiting relationships (family, roommates, etc.) to assist the patient in ongoing care (means restriction, nutrition support, medication routines, etc.)
  - A ***Telebehavioral Health Coordinator*** is the primary point of contact for patients and partner organizations:
  - Maintaining the patient schedule
  - Educating the patient about telehealth and obtaining their consent to conduct a visit
  - Introducing patients to the provider
  - Ensuring the confidentiality and privacy of the visit
  - Coordinating follow up appointments
  - ESSENTIAL for ***getting patients and the provider help, information and resources in the event of an emergency.***

https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-american-indian-communities/prepare-patients-for-american-indian-communities#cultural-humility
https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-american-indian-communities/telebehavioral-health-for-american-indian-communities

Cultural humility: reflecting on and becoming aware of your own beliefs while respecting the individuality of your patients….

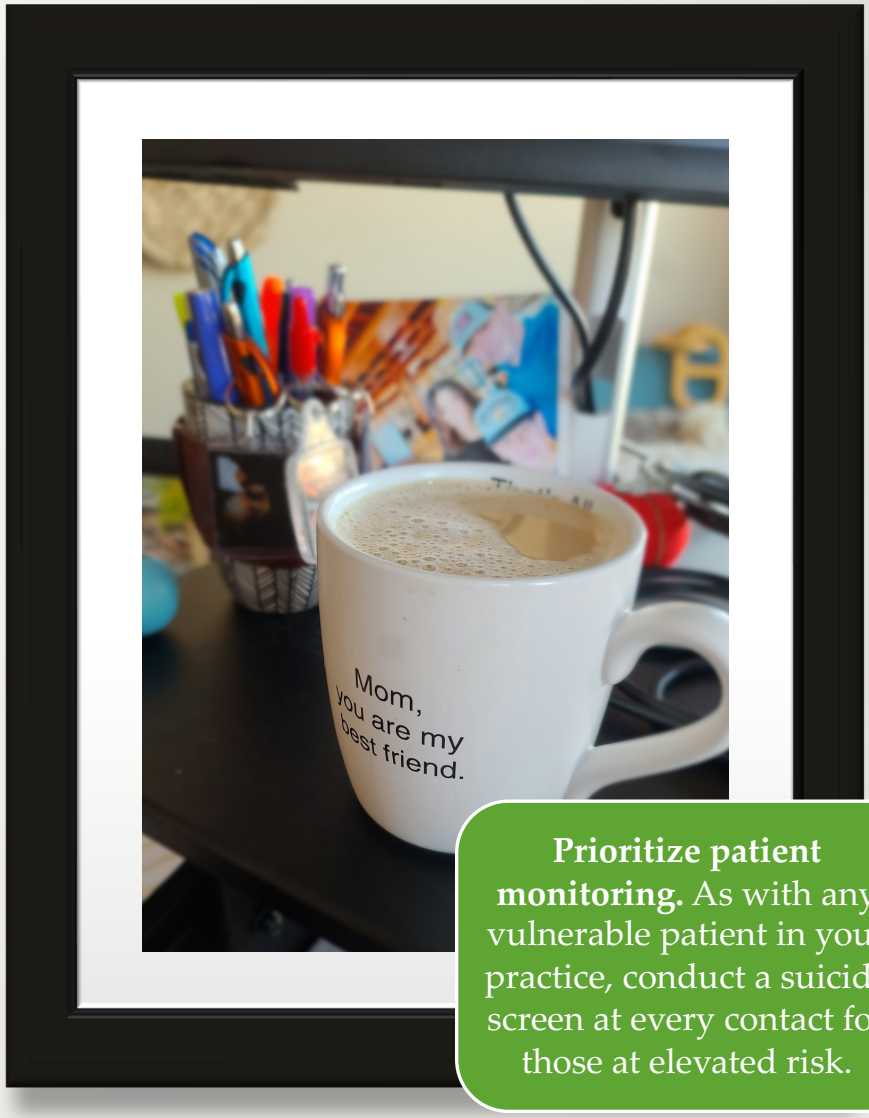
- Greet the patient in their native language, when possible and as appropriate
- Learn how a community prefers to be called and use proper pronunciation
- If a family member or caretaker is present during a telehealth appointment, speak to the patient directly but acknowledge the family member or caretaker's presence
- Be honest and clear about your role as a health care provider and how you will work with them to meet their needs
- Listen and observe more than you speak; be genuine and initiate casual conversation
- Allow the patient to tell their story without interruptions
- Allow the patient to set the pace and tone of the appointment; be prepared to slow your rate of speech and/or use a softer tone
- Respect confidentiality and verbalize it
- Accept and acknowledge when you have limited cultural knowledge; invite the patient to share cultural information when appropriate
- If necessary, seek assistance and additional information from community members after a visit
- Be aware of cultural nuances, traditions and norms, such as eye contact, preferred learning styles and health related traditions



https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-american-indian-communities/prepare-patients-for-american-indian-communities#cultural-humility
https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-american-indian-communities/telebehavioral-health-for-american-indian-communities

Establish an Emergency Plan

- Telebehavioral must be well-integrated with your practice's overall emergency plan. The **Telebehavioral Health Coordinator** for your location will serve as the critical link in getting patients and the provider help, information and resources in the event of an emergency.
- The emergency plan could include:
- The patient's closest emergency contact and phone number
- The patient's phone number and address (and/or coordinates, mile markers, PO boxes) in an easily accessible location if you need to call emergency medical personnel
- The closest hospital or medical facility that can handle a behavioral health emergency
- **It is not always an emergency if a patient discloses thoughts of suicide**
- Only the patients who are assessed to be at imminent or acute risk of suicide need full safety precautions
- While many young people think about suicide, and detection is necessary to ensure safety and assess risk, suicidal behavior is a relatively rare event. Most youth who have suicidal thoughts will not require emergency care. However, youth who have thoughts of suicide need compassion, attention, and further evaluation
- The majority of young people who screen positive for suicide risk are non acute cases
- Regardless of level of risk, all patients and their parents/caregivers should be given the 988 Suicide and Crisis Lifeline and Crisis Text Line

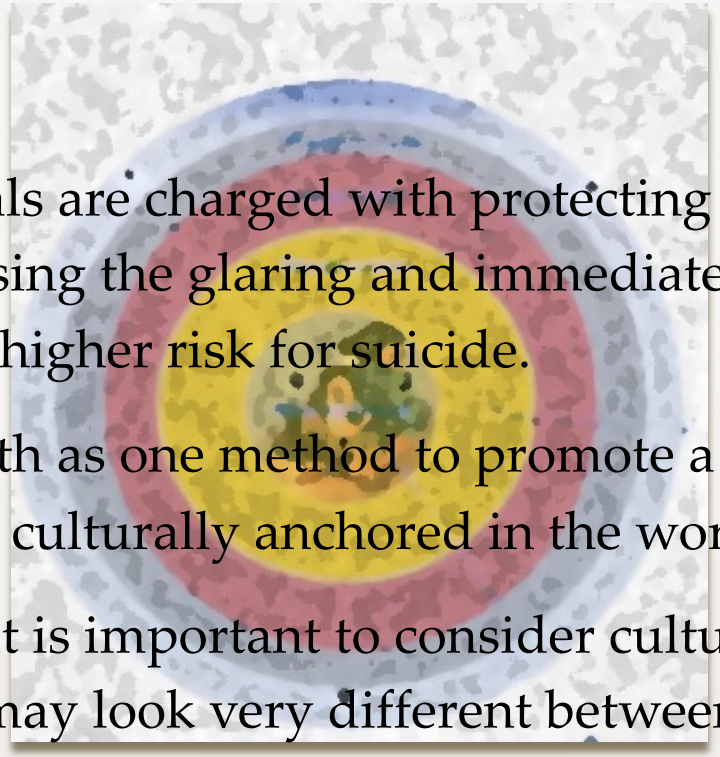


Prioritize patient monitoring. As with any vulnerable patient in your practice, conduct a suicide screen at every contact for those at elevated risk.

- ***patient-provider relationship— specifically, open and non-threatening communication***

https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-american-indian-communities/prepare-patients-for-american-indian-communities#cultural-humility
https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-american-indian-communities/telebehavioral-health-for-american-indian-communities

Take Home



Health care professionals are charged with protecting the future of our Nation's First People, by addressing the glaring and immediate problems that put this minority population at higher risk for suicide.

We can utilize tele-health as one method to promote a holistic collaborative approach to care that is culturally anchored in the world of the Native youth.

As with every culture, it is important to consider cultural heterogeneity, as risk/protective factors may look very different between each AI/AN child, community or tribe (Alcantara & Gone, 2006).

The Blackfeet. Members of the community can work with an expert in cultural practices, who utilizes traditional methods such as medicine bags, meditation, and grounding (or coping) skills.

https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-american-indian-communities/telebehavioral-health-for-american-indian-communities

Collaboration

A quote from an Indigenous participant in one of the studies reviewed for this presentation highlights the importance of **honoring the world in which the Native American youth live, as well as actively addressing the sickness surrounding them**:

Doing this together is the only way it's gonna get done. You know, we can't do this individually. It's not gonna happen through individual treatment and care because you have to send them back to a sick community. And so, how do they function in that barely functional system? Because what I want are beautiful, healthy Native communities that thrive and are successful, and are not only resilient, but are really, really strong and powerful. And that fits in line with the way our culture is, the way we were taught, and the way we're taught every day, how we're supposed to represent ourselves. (Goodkind et al., 2011, p. 456)

Suicide prevention is a health issue that must be addressed at many levels by different groups working together in a coordinated and synergistic way. Federal, state, tribal, and local governments; health care systems, insurers, and clinicians; businesses; educational institutions; community-based organizations; and family members, friends, and others all have a role to play in suicide prevention.

– National Strategy for Suicide Prevention

The need for increased research related to addressing the Native American youth suicide crisis is imperative with suggestions to focus on studying current culturally appropriate, holistic care in attempts to determine its effectiveness.

- Gone and Trimble (2011) reported that the current evidence-based knowledge for treating the distress experienced by AI/AN youth—especially related to historical trauma and the effects of colonization—is extremely small. More research is needed to explore the relationships between the mental health of Native youth, historical trauma, and the 95 possible intergenerational transmission of the effects of historical trauma (Grandbois, 2005).
- The majority of material consists of literature reviews, reflections, and advocacy reports (Gone & Trimble, 2011). This supports the need for additional nursing research to improve current care of this vulnerable population, and to provide culturally competent interventions that address the culminating interactions between individual Native youth and the context in which they are surviving (Alacantara & Gone 2006)—all in an effort to prevent further loss on life in AI/AN youth.

References

- Alacantara, C. & Gone, J. (2007). Reviewing suicide in Native America communities: situating risk and protective factors within a transactional-ecological framework. Death Studies, 31, 457-477. Doi: 10.1080/07481180701244587
- Centers for Disease Control and Prevention. 2022. Provisional Numbers and Rates of Suicide by Month and Demographic Characteristics: United States, 2021. Curtin, S.C., et al authors. Vital Statistics Rapid Release Report No. 24, September 2022.
- Centers for Disease Control and Prevention. Stone, et al. Vital Signs: Trends in State Suicide Rates – United States, 1999-2016 and Circumstances Contributing to Suicide – 27 States, 2015. Morbidity and Mortality Weekly Report. June 8, 2018. Vol.67, No.22.
- Echohawk, M. (2006). Suicide prevention efforts in one area of Indian Health Service, USA. Archives of Suicide Research, 10, 169-176. Doi: 10.1080/13811110600558224
- Freedenthal, S. & Stiffman, A. (2004). Suicidal behavior in urban American Indian adolescents; a comparison with reservation youth in a southwestern state. Suicide and Life-Threatening Behavior, 34(2), 160-171.
- Goldston, D., Molock, S., Whitbeck, L., Murakami, J., Zayas, L. and Nagayama Hall, C. (2008). Cultural considerations in adolescent suicide prevention and psychosocial treatment. American Psychology, 63(1), 14-31. Doi: 10.1037/0003-066X.63.1.14
- Gone, J. & Trimble, J. (2012). American Indian and Alaska Native mental health: diverse persectives on enduring disparities. Annual Review of Clinical Psychology, 8, 11.1-11.30. Doi: 10.1146/annurev-clinpsy-032511-143127
- Goodkind, J., Ross-Toledo, K., John, S., Hall, J., Ross, L., Freeland, L., Coletta, E., Becenti- Fundark, T., Poola, C., Begay-Roanhorse, R. & Lee, C. (2010). Promoting healing and restoring trust: policy recommendations for improving behavioral health care for American Indians/Alaska Native adolescents. American Journal of Community Psychology, 46, 386-394. Doi: 10.1007/s10464-010-9347-4
- Grandbois, D. (2005). Stigma of mental illness among American Indian and Alaska Native Nations: historical and contemporary perspectives. Issues in Mental Health Nursing, 26, 1001-1024. Doi: 10.1080/01612840500280661
- Henson M, Sabo S, Trujillo A, Teufel-Shone N. Identifying Protective Factors to Promote Health in American Indian and Alaska Native Adolescents: A Literature Review. J Prim Prev. 2017 Apr;38(1-2):5-26. doi: 10.1007/s10935-016-0455-2. PMID: 27826690; PMCID: PMC5313316.
- Hummingbird, L. M. (2011). The public health crisis of Native American youth suicide. NASNSchool Nurse, 26, 111-114. Doi: 10.1177/1942602X10397551 Indian Health Service. (2011). National suicide prevention week. IHS Announcements. Retrieved from http://www.ihs.gov/Announcements/index.cfm?mdoule=announce_SuicidePrev
- LaFromboise, T., Medhoff, L., Lee, C. & Harris, A. (2007). Psychosocial and cultural correlates of suicidal ideation among American Indian early adolescents on a northern plains reservation. Research in Human Development, 4(1&2), 119-143.
- Sjoblom, E., Ghidei, W., Leslie, M. *et al*. Centering Indigenous knowledge in suicide prevention: a critical scoping review. *BMC Public Health* **22**, 2377 (2022). https://doi.org/10.1186/s12889-022-14580-0
- Spirituality and attempted suicide among American Indians. Social Science & Medicine, 56, 1571-1579.
- Yoder, K., Whitbeck, L., Hoyt, D. & LaFromboise, T. (2006). Suicidal ideation among American Indian youths. Archives of Suicide Research, 10,177-190. Doi: 10.1080/13811110600558240
- 1 United States. Department of Health and Human Services, Indian Health Service. (n.d.). Trends in Indian health, 2002-2003. Rockville, MD: Indian Health Service.

References

- CDC. Facts about Suicide. https://www.cdc.gov/suicide/facts/index.html
- CDC. 2018. Fact Sheet: Suicide Rising Across the U.S. (.pdf)
- https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-american-indian-communities/prepare-patients-for-american-indian-communities#cultural-humility
- https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-american-indian-communities/telebehavioral-health-for-american-indian-communities
- https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Indigenous/Suicide-Prevention-in-Indigenous-Communities#:~:text=Suicide%20is%20the%20second%20leading,suicide%20of%20all%20demographic%20groups.
- https://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/strategies-for-clinical-settings-for-youth-suicide-prevention/conducting-a-brief-suicide-safety-assessment
- https://www.cdc.gov/suicide/facts/disparities-in-suicide.html
- https://www.cdc.gov/suicide/factors/index.html
- https://store.samhsa.gov/sites/default/files/sma09-4432.pdf
- https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4995.pdf

Resources

- **Columbia Suicide Severity Rating Scale (C-SSRS)—Full Version**
- **Ask Suicide-Screening Questions Brief Suicide Safety Assessment (ASQ BSSA)**
- **Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)**
- Culture Card: A Guide to Build Cultural Awareness: American Indian and Alaska Native (PDF) — from Substance Abuse and Mental Health Services Administration (SAMHSA)
- Culturally Relevant Best Practices - from Indian Health Service (IHS)
- Step-By-Step Guide for Setting Up Telebehavioral Health Services (PDF) - from IHS
- Telebehavioral Health Center of Excellence (TBHCE) — from HIS
- Best practice guide: Telehealth for behavioral health care — from Health Resources and Services Administration (HRSA)
- Coalition Webinar - Telehealth and Substance Abuse _ (video) — from the National Consortium of Telehealth Resource Centers
- Telehealth Models _ — from the Rural Health Information Hub
- Barriers & Challenges to FQHC Use of Telehealth for Substance Use Disorder _ (PDF) — from the National Policy Center - Center for Connected Health Policy
- How to Prescribe Controlled Substance to Patient During the COVID-19 Public Health Emergency (PDF) — from the Drug Enforcement Administration
- Medication Assisted Treatment (MAT) and TeleMAT Standards _ — from the Mid-Atlantic Telehealth Resource Center