Methamphetamine and Suicide Prevention E-Newsletter

Winter 2012

National Indian Health Board www.nihb.org

IHS—Division of Behavioral Health
Methamphetamine and Suicide
Prevention Initiative

The Methamphetamine and Suicide Prevention Initiative (MSPI) is a national pilot demonstration project focused on addressing two of the most pressing public health concerns in American Indian and Alaska Native communities -- methamphetamine use and suicide.

The MSPI, funded by the Indian Health Service, supports Federal, Tribal, and Urban programs that are developing innovative and promising approaches to prevent methamphetamine use and suicide in Indian Country.

The National Indian Health Board is proud to be a partner in this important effort, providing education and outreach to communities and technical assistance to Tribal MSPI programs.

MSPI Program Spotlight

Gila River Indian Community's Equine Programs

Like many communities, the Gila River Indian Community faces the formidable public health challenge of responding to the issues of substance abuse, methamphetamine use, and suicide. The Gila River Indian Community, therefore, is committed to increasing awareness of and education on healthy life choices and is determined to support community members as they work toward achieving health and wellness. To achieve this goal, the community includes Pima/Maricopa values and traditions in all efforts.

The Communityôs MSPI Program Goals

The Gila River Indian Community designed its MSPI program to achieve two main goals. First, the program aims to increase community knowledge and understanding of the issues surrounding methamphetamine use and suicide. Second, the program seeks to create and strengthen protective factors in youth by fostering cultural awareness and social connectedness, teaching leadership skills and supporting education efforts.

The Communityôs MSPI Equine Project

Gila River Indian Communityôs methamphetamine and suicide prevention program utilizes a number of strategies and projects to meet the programôs goal. The community has seen promising results from all of these program efforts, but feels especially proud of the success of the communityôs two equine programs.

The first program --Kahvôyoo Spirit-- is an equine assisted growth and learning adventure program that provides youth with ñhands on a horseò ground activities. The program uses the tendency of the horses to reflect their handlersô feelings as a way to teach the youth about themselves and how they relate to those around them. Through a variety of exercises, with feedback from the horses and with guidance from the program staff, the youth develop healthy coping skills, resiliency, self esteem and social connectedness.

ñThe Trail Riders Club demonstrates how community investment and ownership can make a real difference beyond what is frequently offered in traditional behavioral health programs.ò

To find out more about Gila River Indian Communityôs Equine Programs, please contact:

Julie Jimenez
MSPI Project Director
Behavioral Health Services
Gila River Health Care
P.O. Box 38
Sacaton, AZ 85147
(520) 562-3321 x7031
jrjimenez@GRHC.org

Gila River HEALTH CARE

MSPI Program Spotlight Continued

The second equine program --Trail Riders Club-- developed in response to the Kahvôyoo Spirit program. When Elders in the community learned about the Kahvôyoo Spirit program, some proposed that the communityôs youth might also benefit from a horsemanship program that included riding opportunities. With Elders guiding, designing and driving the idea, the Trail Riders Club was formed. It is an equine focused diversion program that provides the opportunity for families to participate in a monthly activity involving horsemanship where participants can share Pima/Maricopa culture and recount a shared history-- all of which fosters a sense of belonging. Youth and family members actually ride horses and wagons.

Lessons Learned /Challenges Faced

Absenteeism is an unfortunate reality with the age group of youth targeted. Because many students are frequently absent from the classroom, it is difficult to get them to complete any full cycle of programming. This age group also has a tendency to give up easily when faced with small challenges.

The Gila River Indian Community MSPI program staff members recognize that community, school, teacher, and parent ñbuy-inò are all critical elements to the success of the program. Although building this coalition and support takes time, the results are impressive. Involving these key players in the program and enlisting their help has allowed the program to flourish. Getting community buy-in and support also creates the foundation for a sustainable program.

Areas of Success

The Kahvôyoo Spirit teachers reported positive changes in student behavior and increased attendance on program days which, in turn, forged social bonds and connectedness among the students, their peers and family members. In addition to strengthening these protective factors, the program also ensured immediate delivery of safety, counseling and support services when one student experienced suicide ideation.

By learning to overcome their fear of horses, students were able to push past their comfort zone, so they could learn and grow.

Like the Kahvôyoo Spirit program, the Trail Riders Club has been very successful. The Trail Riders Club demonstrates how community investment and ownership can make a real difference beyond what is frequently offered in traditional behavioral health programs. This program, springing from grassroots efforts, benefiting from the leadership and wisdom of community elders, and operating with the help of both Native and non-Native volunteers, has exceeded all expectations. Elders are now in the process of requesting that a 12 acre parcel of Tribal land be dedicated to this program.

The Brown Bag Series

The Indian Health Service (IHS) Division of Behavioral Health hosts a monthly ñbrown bagò webinar on topics relating to preventing and treating methamphetamine use and suicide in Indian Country. The purpose of the ñbrown bagò series is to provide an informal meeting space for participants to learn about and discuss the topics.

For upcoming brown bag announcements, please check the MSPI portal at:

http://ihs-mspi.jbsinternational.com/ .

Training Snaphot

Survivor Voices: a Talking Circle about Suicide Loss

Stories of suicide loss told from the heart are powerful. While unsafe language can inadvertently put vulnerable individuals at higher risk for suicide, survivor speakers who adhere to safe messaging in carefully prepared stories promote healing for those who are newly bereaved. Survivor speakers also educate the public about how to support survivors of suicide loss, while increasing awareness of suicide risk factors and warning signs.

Survivor Voices: a Talking Circle about Suicide Loss, a NAMI NH training, teaches survivors of suicide loss how to share their story safely and effectively and demonstrates how language can be an important vehicle for healing and suicide prevention.

For more information on Survivor Voices, NAMI NH and the Connect programs, or to schedule a training or consultation, please contact Anne Rugg at arugg@naminh.org or 603.225.5359.

NAMI NH and Connect also invite you to visit their website at: www.theconnectprogram.org.

Brown Bag Recap

Speaking About Suicide Safely

In December, Elaine de Mello and Becky McEnany, from Connect, part of the National Alliance on Mental Illness New Hampshire (NAMI NH), spoke with MSPI program staff on the topic of safe messaging in a brown bag titled ñSpeaking About Suicide Safely.ò

Elaine de Mello began the conversation by giving some background on safe messaging. Ms. de Mello explained that communications can be conducted in ways that promote healing and help prevent further trauma and suicide contagion. She also warned that communications can be conducted in unsafe ways, putting vulnerable people at risk.

Fortunately, excellent recommendations for reporting on suicide exist. Ms. de Mello shared a publication titled ñRecommendations for Reporting on Suicide,ò which is reprinted below and can also be found at www.reportingonsuicide.org. These recommendations utilize best practices and draw on the experience and expertise of an impressive coalition of organizations dedicated to preventing suicide. Although primarily aimed at media, the guidelines are instructive for all types of communications about suicide, including the private speech of survivors, sharing their stories, and others who might be discussing suicide in their local communities and schools.

Ms. de Mello highlighted some of the guidelines. For instance, in covering a suicide, the media should not give details about the suicide, such as the method used. The media should not romanticize or sensationalize a suicide. Likewise, reporters should not oversimplify the cause. As Ms. de Mello pointed out, suicide is very complicated. The guidelines also caution overstating the frequency of suicide or using loaded terms in relation to suicide -- like epidemic.

Clearly, best practices instruct the media, and all speakers, to refrain from certain speech. What should we say? The guidelines and specialists like de Mello and McEnany provide some answers to this question as well. In reporting on suicide, the media can educate the public on the warning signs for suicide. A news story can strive to remove stigma while encouraging people to seek help. It can also report on local efforts and make people aware of how they can support those efforts. Of utmost importance, responsible reporting will include clear guidance on how to get help. Often, this guidance will consist of listing suicide hotline contact information.

Through examples and explanations, Ms. de Mello and Ms. McEnany demonstrated the core ideas of the presentation -- that speech can affect a situation, communications can and should be conducted safely, and that suicide is preventable.

Contact Information

For more information on the MSPI, please contact:

Skye Bass, MSW
Public Health Advisor
Division of Behavioral Health
Office of Clinical and Preventive Services
Indian Health Service
801 Thompson Avenue, Suite 300
Rockville, MD 20852
Phone: (301) 443-2051
Fax: (301) 443-7623
E-mail: Skye.Bass@ihs.gov

OR

Raven E. Murray, MSW
Public Health Advisor
Division of Behavioral Health
Office of Clinical and Preventive Services
Indian Health Service
801 Thompson Ave., Ste. 300
Rockville, MD 20852
Phone: (301) 443-2417
Fax: (301) 443-7623
E-mail: Raven.Murray@ihs.gov

For more information on this publication, or to submit articles for consideration, please contact NIHBôs Public Health Project Coordinator, Carolyn Angus-Hornbuckle at chornbuckle@nihb.org or call 202-507-4084.

The National Indian Health Board wishes you a happy and healthy New Year!

Upcoming Events

26 January 2012: MSPI Brown Bag

Understanding Sexual Assault and How It Impacts Suicide Prevention Efforts

Sexual assault is a serious issue that has devastating effects on both individuals and communities. Although many communities face this public health and public safety challenge, American Indian and Alaska Native Communities often must address the problem of sexual assault with the additional challenges of limited financial resources and confusing and/or inadequate jurisdictional authority. The statistics attest to these formidable challenges. Current studies indicate that one in three native women will experience sexual assault in their lifetime.

This brown bag presentation will give participants a better understanding of sexual assault, dispel the myths surrounding sexual assault, and explain how sexual assault impacts suicide prevention efforts.

The presentation also will offer suggestions on how communities can leverage both sexual assault prevention/treatment efforts and suicide prevention efforts in ways that strengthen both prevention responses.

Please join Presenter Beverly Cotton for this important discussion:

Eastern Time: 3:00-4:30pm
Central Time: 2:00-3:30pm
Mountain Time: 1:00-2:30pm
Pacific Time: 12:00-1:30pm
Alaska Time: 11:00-12:30pm

To register for the meeting: https://ihs-hhs.webex.com/ihs-hhs/k2/j.php?ED=166159492&UID=0&HMAC=6d84c1298166979241c952e7dcd06e10fc1105f1&RT=MiM1. Once you register, you will receive a confirmation e-mail with instructions for joining the session.

Audio Conference Information: 1-877-668-4490; Access code: 715-478-876

Presenter Bio: Beverly Cotton is a member of the Mississippi Band of Choctaw Indians. She obtained her undergraduate degree from the University of Southern Mississippi and graduate degree from the University of Alabama at Birmingham. Dually certified as an adult and pediatric Sexual Assault Nurse Examiner, Beverly has worked with sexual assault victims in a Tribal healthcare facility and in the public sector. Beverly came to the Indian Health Service (IHS) from Vanderbilt University in Nashville, Tennessee, where she was employed as a pediatric nurse practitioner at the Our Kids Center, serving sexually abused children. She currently serves as the IHS National SANE-SART Coordinator for the Office for Victims of Crime American Indian/Alaska Native Sexual Assault Nurse Examiner-Sexual Assault Response Team Initiative.