Suicidal Behavior in American Indian and Alaska Native Communities: A Health Equity Issue
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Help Is Here

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org
Thank you to the many American Indian and Alaska Native patients, providers, scientists, and programs who struggle every day to improve the lives of our people.
### Suicide Among Leading Causes of Death in the United States

#### Leading Causes of Death – United States, 2017

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Number of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>647,457</td>
</tr>
<tr>
<td>2</td>
<td>Malignant Neoplasms</td>
<td>599,108</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional Injuries</td>
<td>169,936</td>
</tr>
<tr>
<td>4</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>160,201</td>
</tr>
<tr>
<td>5</td>
<td>Cerebrovascular Diseases</td>
<td>146,383</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer’s Disease</td>
<td>121,404</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes mellitus</td>
<td>83,564</td>
</tr>
<tr>
<td>8</td>
<td>Influenza and pneumonia</td>
<td>55,672</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis</td>
<td>50,633</td>
</tr>
<tr>
<td>10</td>
<td><strong>Suicide</strong></td>
<td><strong>47,173</strong></td>
</tr>
</tbody>
</table>
Suicide Disproportionately Affects American Indians and Alaska Natives (AI/AN)

Leading Causes of Death by Race/Ethnicity – United States, 2017

<table>
<thead>
<tr>
<th>Rank</th>
<th>NH White</th>
<th>NH Black</th>
<th>NH AI/AN</th>
<th>NH Asian/Pacific Islander</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
</tr>
<tr>
<td>2</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>3</td>
<td>Chronic Low Respiratory</td>
<td>Unintentional Injuries</td>
<td>Unintentional Injuries</td>
<td>Cerebrovascular</td>
<td>Unintentional Injuries</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Injuries</td>
<td>Cerebrovascular</td>
<td>Diabetes Mellitus</td>
<td>Unintentional Injuries</td>
<td>Cerebrovascular</td>
</tr>
<tr>
<td>5</td>
<td>Cerebrovascular</td>
<td>Diabetes Mellitus</td>
<td>Liver Disease</td>
<td>Diabetes Mellitus</td>
<td>Diabetes Mellitus</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer’s Disease</td>
<td>Chronic Low Respiratory</td>
<td>Chronic Low Respiratory</td>
<td>Alzheimer’s Disease</td>
<td>Alzheimer’s Disease</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes Mellitus</td>
<td>Homicide</td>
<td>Cerebrovascular</td>
<td>Influenza and pneumonia</td>
<td>Liver Disease</td>
</tr>
<tr>
<td>8</td>
<td>Influenza and pneumonia</td>
<td>Kidney Disease</td>
<td>Suicide</td>
<td>Chronic Low Respiratory</td>
<td>Chronic Low Respiratory</td>
</tr>
<tr>
<td>9</td>
<td>Suicide</td>
<td>Alzheimer’s Disease</td>
<td>Influenza and pneumonia</td>
<td>Kidney Disease</td>
<td>Suicide</td>
</tr>
</tbody>
</table>
Suicide Rates Higher at Younger Ages in American Indians and Alaska Natives (AI/AN)

Suicide Rates by Race/Ethnicity and Age Group in United States, 2013–2017

Rate per 100,000 Population

Age Group in Years

NH: Non Hispanic
CDC Vital Statistics
Suicides Are Only a Portion of the Burden of Suicidal Behavior

Number (Ratio) of Persons Affected by Suicidal Thoughts and Behaviors among American Indian and Alaska Native Adults, Aged 18–25 Years in United States, 2016

- 151 (1:1) Deaths due to suicide
- 340 (2:1) Hospitalized due to suicide attempt
- 2,000 (13:1) Suicide attempts
- 12,000 (80:1) Seriously considered suicide

Ratio: The incidence of each behavior relative to the incidence of deaths due to suicide

CDC’s National Vital Statistics System, Health Care Utilization Project – National Inpatient Sample 1st discharge code, and estimates from National Survey on Drug Use and Health
Suicide Rates Have Increased in American Indians and Alaska Natives

Suicide Rates among All Persons Aged ≥10 Years by Race and Ethnicity, United States, 1999–2017

NH = Non-Hispanic
Centers for Disease Control & Prevention Vital Statistics
AI/AN = American Indian/Alaska Native
A/PI = Asian/Pacific Islander
We Need A Comprehensive Approach to Suicide Prevention

Social-ecological Model for Addressing Suicidal Behavior

Examples – Societal
- Reduce access to lethal means
- Intergenerational trauma
- Geography
- Economy
- Cultural values/conflict

Examples – Community
- Spirituality
- Reduce social isolation
- Reduce barriers to care
- Incarceration

Examples – Family/Peer/Neighbor
- Identify and assist persons at risk
- Family history of interpersonal or self-directed violence
- Exposure to violence

Examples – Individual
- Age and Sex
- Mental illness
- Substance misuse
- Increase Help-seeking
- Build Life Skills and Resilience
Conceptual Framework on the Social Determinants of Health
World Health Organization (WHO)

Sociopolitical and Economic Context
- Governance
- Macroeconomic Policies
- Social Policies
- Public Policies
- Culture and Societal Values

Socioeconomic Position (of groups)
- Social Class
- Gender
- Race/Ethnicity

Sociocultural and Environmental Context
- Governance
- Macroeconomic Policies
- Social Policies
- Public Policies
- Culture and Societal Values

Behavior and Biological Factors
- Macroeconomic Policies
- Social Policies
- Public Policies
- Culture and Societal Values

Social Determinants of Health Inequities
- Education
- Occupation
- Income/Wealth

Social Cohesion and Social Capital

Health Systems

Living and Working Conditions
- Macroeconomic Policies
- Social Policies
- Public Policies
- Culture and Societal Values

Psychosocial Factors

Intermediary Determinants of Health

Impact on Equity in Health and Well-Being

Adapted from Commission on Social Determinants of Health. (2010). A conceptual framework for action on the social determinants of health. WHO
Conceptual Framework on the Social Determinants of Health
World Health Organization (WHO)

Sociopolitical and Economic Context
- Governance
- Macroeconomic Policies
- Social Policies
- Public Policies
- Culture and Societal Values

Structural Determinants of Health Inequities
- Education
- Occupation
- Income/Wealth

Socioeconomic Position (of groups)
- Social Class
- Gender
- Race/Ethnicity

Behavior and Biological Factors

Psychosocial Factors

Social Cohesion and Social Capital

Living and Working Conditions

Impact on Equity in Health and Well-Being

Intermediary Determinants of Health

Health Systems

Adapted from Commission on Social Determinants of Health. (2010). A conceptual framework for action on the social determinants of health. WHO
Suicide Prevention
Child Abuse and Neglect
Sexual Violence
Youth Violence
Intimate Partner Violence
## Suicidal Behavior Prevention

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strengthen economic supports</td>
<td>• <strong>Strengthen household financial security</strong></td>
</tr>
<tr>
<td></td>
<td>• <strong>Housing stabilization policies</strong></td>
</tr>
<tr>
<td>2. Strengthen access and delivery of suicide care</td>
<td>• <strong>Coverage of mental health conditions in health insurance policies</strong></td>
</tr>
<tr>
<td></td>
<td>• <strong>Reduce provider shortages in underserved areas</strong></td>
</tr>
<tr>
<td></td>
<td>• <strong>Safer suicide care through systems change</strong></td>
</tr>
<tr>
<td>3. Create protective environments</td>
<td>• <strong>Reduce access to lethal means among persons at-risk of suicide</strong></td>
</tr>
<tr>
<td></td>
<td>• <strong>Organizational policies and culture</strong></td>
</tr>
<tr>
<td></td>
<td>• <strong>Community-based policies to reduce excessive alcohol use</strong></td>
</tr>
</tbody>
</table>
## Suicidal Behavior Prevention

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Approach</th>
</tr>
</thead>
</table>
| 4. Promote connectedness                      | • Peer norm programs  
• Community engagement activities                               |
| 5. Teach coping and problem-solving skills    | • Social-emotional learning programs  
• Parenting skill and family relationship approaches                       |
| 6. Identify and support people at risk        | • Gatekeeper training  
• Crisis intervention  
• Treatment for people at-risk of suicide  
• Treatment to prevent re-attempts                                                 |
| 7. Lessen harms and prevent future risk       | • Postvention (i.e., activities which reduce risk and promote healing after a suicide death)  
• Safe reporting and messaging about suicide                                   |
Let’s Reduce Suicidal Behavior in American Indian and Alaska Native Youths

- Suicidal behavior disproportionately affects American Indian and Alaska Native populations, especially youth ages 15 to 34
- A comprehensive approach is needed to reduce this serious public health problem
- Suicide prevention strategies should include culturally appropriate services and programs
- Together we can reduce this health inequity
Suicide Prevention with American Indian and Alaska Native Youth

Teresa LaFromboise, PhD
Professor, Developmental and Psychological Sciences, Graduate School of Education
Chair, Native American Studies, School of Humanities and Sciences
Stanford University
School as a Critical Context for Prevention
Zuni Life Skills: Community-Driven Intervention
Evidenced-based Interventions by Developmental Phase

Prior to Conception
- Pregnancy prevention

Prenatal
- Prenatal care
- Home visiting

Infancy
- Early childhood interventions

Early Childhood
- Parenting skills training

Childhood
- Social and behavioral skills training
- Classroom-based curriculum to prevent substance abuse, aggressive behavior, or risky sex
- Prevention of depression

Early Adolescence
- Prevention of schizophrenia

Adolescence

Young Adulthood

Community interventions
- Prevention focused on specific family adversities
  (Bereavement, divorce, parental psychopathology, parental substance use, parental incarceration)

Policy

National Research Council & Institute of Medicine, 2009
Social Cognitive Theory Model: Adapted from Bandura, A. 1986
Zuni/American Indian Life Skills Stress-Coping Model

**Risk Factors**
- Acculturation Stress
- Historical Trauma
- Pervasive Poverty
- Community Violence
- Family Disruption
- Interpersonal Problems
- Depression
- Substance Abuse
- Psychological Disorder
- Age
- Gender

**Intervention**
- Avoidant Coping
  - Ineffective Problem Solving
  - Negative Thinking
- Approach Coping
  - Effective Problem Solving
  - Positive Thinking

**Mediating Factors**
- Avoidant Coping
- Approach Coping

**Outcome Variables**
- Suicide
- Resilient Adaptation
Zuni/American Indian Life Skills Stress-Coping Model

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Intervention</th>
<th>Mediating Factors</th>
<th>Outcome Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acculturation Stress</td>
<td>Avoidant Coping</td>
<td>Ineffective Problem Solving</td>
<td>Suicide</td>
</tr>
<tr>
<td>Historical Trauma</td>
<td></td>
<td>Negative Thinking</td>
<td></td>
</tr>
<tr>
<td>Pervasive Poverty</td>
<td>Stress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Violence</td>
<td>AILS Intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Disruption</td>
<td>Approach Coping</td>
<td>Effective Problem Solving</td>
<td>Resilient Adaptation</td>
</tr>
<tr>
<td>Interpersonal Problems</td>
<td></td>
<td>Positive Thinking</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ecological Factors

Social Factors

Individual Factors

Mediating Factors

Outcome Variables

Ineffective Problem Solving

Negative Thinking

Avoidant Coping

Approach Coping

Effective Problem Solving

Positive Thinking

Resilient Adaptation

Suicide
7 Sections of the Zuni/American Indian Life Skills Intervention

1. Who am I? Building self-esteem
2. What am I feeling? Emotions and stress
3. How can I communicate with others and solve problems effectively?
4. How can I recognize self-destructive behavior and find ways to eliminate it?
5. Why do people attempt suicide?
6. How can I help my friends who are thinking about suicide?
7. How can I plan ahead for a great future?
Examples of Target Skills
from Zuni/American Indian Life Skills Intervention

Mediating Factors: Positive Thinking/Effective Problem Solving

Lessons Build Core Skills to Address:
- Depression recognition/management
- Stress management
- Anger regulation
- Suicide prevention
- Individual/community goal setting
Effectiveness of Zuni Life Skills from Zuni High School Evaluation

Intervention vs. Comparison Group

Self-Report Survey
- Less hopelessness
- More confidence in ability to manage anger

Behavioral Role Play Study
- Better peer suicide intervention skills
- Better peer problem solving skills

LaFromboise & Howard-Pitney, 1995; Posttest Immediately Following Intervention
Public Health Approach to Suicide Prevention

Suicide Gestures, Attempts, and Completions Among Members of the Western Athabaskan Tribal Nation, 1988–2002

Effectiveness of AILS in Schools in a Northern New Mexico Reservation Comparing Before and After Groups

Pretest vs. Posttest Intervention Group Only Design

Decreased:
- Hopelessness
- Suicide Risk

Increased:
- Public Collective Esteem
- Self-Efficacy
- Self-Awareness

AILS = American Indian Life Skills; Independent Evaluation Conducted in the Southwest; No follow up
Adapting Curriculum for Middle School Level with Different Developmental Issues

<table>
<thead>
<tr>
<th>Early Adolescence</th>
<th>Middle/Late Adolescence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems with family/friends</td>
<td>Binge drinking</td>
</tr>
<tr>
<td>Trouble at school</td>
<td>Unsafe sex</td>
</tr>
<tr>
<td>Problems with peers</td>
<td>Illicit drug use</td>
</tr>
<tr>
<td>Cigarette smoking</td>
<td>Violence</td>
</tr>
<tr>
<td>Problems with the law</td>
<td>Disturbed eating</td>
</tr>
<tr>
<td></td>
<td>Self-injury</td>
</tr>
</tbody>
</table>
Effectiveness of AILS-Middle School Version with Early Adolescents

Pretest vs. Posttest Intervention Group Only Design

Increases in self-efficacy to
- Manage depression
- Cope with stress
- Enlist community support
- Enlist social resources

LaFromboise & Malik, 2016.; Daily intervention conducted over 6 weeks.
Takeaways

1. Schools are often overlooked as sites for suicide prevention

2. School-based suicide prevention interventions have shown positive outcomes
   - Across an array of settings

3. Many AI/AN youth have benefitted from school-based suicide prevention interventions

4. Approaches to family-involvement and community-wide change in suicide prevention with AI/ANs are increasing, but understudied

AI/AN: American Indian and Alaska Native

Thank You
Detection and Management of Suicide in Primary Care: Translating an Evidence-based Practice in Native Health Settings

Spero M. Manson, PhD

*Distinguished Professor of Public Health and Psychiatry*

*Director, Centers for American Indian and Alaska Native Health*

Colorado School of Public Health

University of Colorado Anschutz Medical Campus
A Conspiracy of Silence Surrounds Suicide

- Suicide and related mental health problems are highly stigmatized in AI/AN communities
  - Second only to HIV-AIDS
- Clinical encounter in primary care is one of the few settings where Native patients feel sufficiently assured of confidentiality to disclose suicidal ideation and intent

### Survey of Suicide and Related Mental Health Problems in American Indian and Alaska Native (AI/AN) Communities, 2002

<table>
<thead>
<tr>
<th>Condition* (n=3,043)</th>
<th>Mean</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>4.9</td>
<td>1</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>4.6</td>
<td>2</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>4.3</td>
<td>3</td>
</tr>
<tr>
<td>Sexually assaulted</td>
<td>3.9</td>
<td>4</td>
</tr>
<tr>
<td>Homeless</td>
<td>3.6</td>
<td>5</td>
</tr>
<tr>
<td>Alcoholic</td>
<td>3.0</td>
<td>6</td>
</tr>
<tr>
<td>Obese</td>
<td>2.5</td>
<td>7</td>
</tr>
<tr>
<td>Divorced</td>
<td>2.2</td>
<td>8</td>
</tr>
<tr>
<td>Unemployed</td>
<td>2.0</td>
<td>9</td>
</tr>
</tbody>
</table>

*“How ashamed or embarrassed would you feel if it became known to others that you had or were .... ?” Scale: 1= little or not at all; to 5=most possible Unpublished data
Screening, Brief Intervention and Referral for Treatment (SBIRT)

- SBIRT is a two-step process
  - Identifies at-risk individuals, and through counseling, encourages behavior change to reduce risk
  - Well-established, evidence-based practice to detect and manage behavioral health problems in primary care

  - Recommended SBIRT for the early detection, triage, and management of young people at high risk of suicide

Stigmatizing conditions such as suicidality are more readily discussed with patients in primary care than in other settings
- Especially when addressed in a non-judgmental fashion that equates them with less stigmatized health problems

Co-locating a behavioral health clinician in the primary care team
- Offers an immediate response to expressed risk
- Ensures timely intervention by a trained professional

Relieves the primary care provider of the burden of addressing suicidality, which would otherwise compete with the need to address other reasons for seeking care
SBIRT Is Adaptable to Many Settings

- Subsequent follow-up by the SBIRT clinician provides more time to understand the patient and her risk
  - Can raise patients’ awareness of suicide as a plausible concern
  - Enhance their readiness to change through motivational interviewing
  - Enable a “patient contract” to pursue next steps in addressing risk
  - Provide structure for specific actions through continued follow-up or referral to additional care

- These elements are readily adapted to patient and organizational culture, making SBIRT especially suitable for the early identification and treatment of American Indians and Alaska Natives at risk of suicide

SBIRT: Screening, Brief Intervention and Referral for Treatment
Patient contract is a contract for safety used in the management of suicidal patients
Medical home for 65,000 Alaska Native/American Indians living in southcentral Alaska

- 36 primary care teams treat empaneled patients
- 1 masters-level clinician, known as Behavioral Health Consultant, co-located with each team
- Initial screening for behavioral health problems—alcohol, substance abuse, depression, trauma, and suicide—upon presentation for appointment

Since 2001, screened nearly 58,000 unique patients

- 27% deemed high risk and followed up, screening expanded over time to embrace wide range of conditions and ages
- Referred to a continuum of behavioral health care, including traditional healing resources
Chief Andrew Isaac Health Center, Tanana Chiefs Conference, Fairbanks, AK

- **Medical home for 14,500 Alaska Natives/American Indians at confluence of Yukon and Tanana Rivers**
  - 12 primary care teams treat empaneled patients
  - 2 masters-level clinicians co-located in primary care center
  - Initial screening for behavioral health problems—alcohol, substance abuse, depression, trauma, and suicide—upon presentation for appointment

- **Since 2012, screened over 11,000 unique patients**
  - 26% deemed high risk and followed up
  - Referral to Tanana Chiefs Conference Behavioral Health Program, which provides outpatient, intensive outpatient, and residential treatment options
  - Sustained by State of Alaska Medicaid funding
First Nations Community Healthsource, Albuquerque, NM

- **Country’s largest urban Indian health program**
  - Wide range of clinical services to American Indian (n=56,560), Hispanic, and other disadvantaged residents
  - Two distinct clinic locations
  - Family physician-led primary care teams integrated within a continuum of care
  - Initial screening for behavioral health problems—alcohol, substance abuse, depression, trauma, and suicide—upon presentation for appointment

- **Since 2011, screened over 4,000 unique patients**
  - 29% deemed high risk and followed up, screening expanded over time to embrace wide range of conditions and ages
  - Graduated to State of New Mexico SBIRT Program, certified and funded by Medicaid expansion
Challenges and Opportunities to Help Patients

- Engaging eligible patients, minimizing stigma, and ensuring confidentiality
- Maintaining implementation fidelity within clinical workflow and in the face of multiple demands
- Ensuring patient transition through process of care and maximizing retention
Challenges and Opportunities to Improve Systems

- Documenting services and linking to external resources beyond program
- Marrying SBIRT with other intervention approaches to maximize prevention gains
- Acquiring rigorous evaluation data to support program and policy advocacy
For Information Contact:
Spero M. Manson, PhD
Nighthorse Campbell Native Health Building, Room 322
Colorado School of Public Health, Anschutz Medical Center
University of Colorado
Denver Aurora, CO 80045

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Work Mbl: (303) 359-3311
Work Fax: (303) 724-1474
Personal Mbl: (206) 601-2306
Email: spero.manson@ucdenver.edu
An Occupational Health Perspective on Suicide among American Indian and Alaska Native Youth

Michael A. Flynn, MA

Coordinator, Occupational Health Equity Program
National Institute for Occupational Safety and Health
Poverty is associated with higher suicide among AI/AN
- Economic development led to decrease in some psychiatric symptoms among American Indian children (age 9–13)

Limited employment opportunities, especially in rural areas

Unemployment
- Unemployed emerging adults (age 18–25) have three times greater odds of reporting depression

Underemployment
- Low hours, low wages, occupational mismatch
- Definition of a “good job” is relative
American Indian and Alaska Native Suicide
An Occupational Health Perspective

Unemployment By Race/Ethnicity and Age, 2013–17

Unemployment Rate

Age group in years

Current Population Survey (CPS)
Work as a Social Determinant of Health (SDOH)

- Work has long been acknowledged as a SDOH and included in socioecological models of health
  - Impact of working conditions on health
  - Provides income, housing, access to health insurance and other factors that advance health equity
- Work is a principal mechanism for securing the needs that underpin action on health inequities
  - Material requisites for decent life
  - Control over factors that influence their lives
  - Participation in society

Largely Unrecognized Disconnect Between Occupational Health and Public Health

- Despite common historical roots, occupational and public health developed on parallel tracks
- Classifying exposures and outcomes into work and non-work-related has limited our understanding of the relationship between work and health
  - e.g., limits our understanding of how chronic stress related to long-term underemployment might contribute to heart disease
- As a result, work-related variables are largely absent from health equity research and the effect of work is underutilized in public health practice

Limited Understanding of Work as a Contributing Factor to Suicide

Research on the relationship between work and suicide is limited

Areas that have been explored include:

1. Suicides occurring at work
   - Access to lethal means at work
2. Rates of suicide by occupation
   - Occupational characteristics that contribute to suicide
3. Unemployment and suicide


Growing Understanding of Variables That Affect Relationship between Work and Suicide

Not all jobs are created equal

Growing reliance on non-standard work arrangements
- Nearly 20% of U.S. workers are in nonstandard job arrangement
  - Rates higher among racial and ethnic minorities
- Racial and ethnic minorities are concentrated in most exploitative contingent jobs

Good jobs—Fulfilling, stable, safe, and fairly paid
- Job quality, not just job quantity
- Supervisor support, job insecurity, and suicidality

Suicide Prevention at Work

- Mental health model includes workplace as a location for suicide prevention activities
  - Training on warning signs, risks
  - Resources made available through work
  - Reduce access to lethal means

Suicide Prevention through Access to Good Jobs

- **Public health model includes employment as suicide prevention strategy**
- **Job creation**
  - Increased number and quality of jobs
  - Increases economic security, social connectedness
- **Economic development projects**
  - Structuring work to better the health of the community

Integrating Work and Public Health—Recommendations

- Improve data collection to better understand the relationship between work and suicide prevention, especially for race and ethnicity
- Access to good jobs to advance health equity and improve SDOH
- Work as a vehicle to connect public health interventions with development initiatives
  - Discussion of *job quality*, not just *job quantity*

[Sources]
Conclusion

- Work’s potential as an intervention site to provide access to resources and improve the social determinants of health is a powerful, yet underutilized tool, in addressing health inequities, like the elevated rates of suicide among American Indian and Alaska Native youth.
General Resources for Preventing Suicides and Suicidal Behavior

- Suicide Prevention Resource Center
  www.sprc.org

- National Action Alliance for Suicide Prevention
  theactionalliance.org

- SAMHSA
  www.samhsa.gov

- National Institute of Mental Health
Resources for Native Americans and Alaska Natives

❖ To live to see the great day that dawns
www.sprc.org/resources-programs/live-see-great-day-dawns-preventing-suicide-american-indian-and-alaska-native

❖ National Action Alliance for Suicide Prevention
theactionalliance.org/communities/
american-indian-alaska-native

❖ Indian Health Service
www.ihs.gov/suicideprevention

❖ Tribal Training and Technical Assistance Center
www.samhsa.gov/tribal-ttac
Resources for Schools

- Preventing Suicide: A High School Toolkit
  store.samhsa.gov/system/files/sma12-4669.pdf

- Youth Suicide Prevention
  School-based Guide
  theguide.fmhi.usf.edu/
Resources for Teachers

❖ High School Teachers
www.sprc.org/resources-programs/role-high-school-teachers-preventing-suicide-sprc-customized-information-page

❖ School Psychologists
Postvention – What to Do After A Suicide

❖ After a Suicide: A Toolkit for Schools
www.sprc.org/resources-programs/after-suicide-toolkit-schools

❖ A Manager’s Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing with the Aftermath of Suicide
theactionalliance.org/resource/managers-guide-suicide-postvention-workplace-10-action-steps-dealing-aftermath-suicide
Promoting Suicide Prevention and Safe Messaging

National Action Alliance for Suicide Prevention

suicidepreventionmessaging.org
Workplace Resources

- Comprehensive Blueprint for Workplace Suicide Prevention
  theactionalliance.org/resource/comprehensive-blueprint-workplace-suicide-prevention

- New Tools Help Employers Take Action
  workplacementalhealth.org/Mental-Health-Topics/Suicide-Prevention
Grants to Help Meet Behavioral Health Needs of Native Youth

- Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program
  www.samhsa.gov/grants/grant-announcements/sm-19-006

- Native Connections Initiatives
  www.samhsa.gov/native-connections
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