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Celebrating Life

Suicide Prevention Program: Surveillance and Case Management

The Celebrating Life Suicide Prevention Program is the tribally-mandated case management follow-up and referral system on the Fort Apache Indian Reservation. This report describes the White Mountain Apache Tribe's strategies for addressing suicide behaviors, binge drinking, and other self-injurious behaviors. This overview can inform adaptation of the community-based suicide prevention model for other contexts and communities.

Background

Rates of suicide among American Indian (AI) youth ages 10–24 years are higher than in any other U.S. racial or ethnic group, and suicide is the second leading cause of death for AI youth ages 15–24 years old. AI tribes are diverse, and suicide rates can vary widely within and across communities, so targeted community-led strategies are best at addressing the unique contexts of each Tribe's experience with suicide. The White Mountain Apache Tribe (WMAT) began seeing spikes of suicide, especially youth suicide, in the late 1980s.

Prior to the start of episodic spikes in youth suicide, the WMAT had a 15–year partnership with Johns Hopkins University addressing infectious diseases on the reservation. The Tribe reached out to The Center for Indigenous Health at Johns Hopkins University for help with assessing and addressing the newer issue of suicide and in 2002 passed a Tribal mandate for first responders to report suicide behaviors to a central suicide task force.

The program later evolved into the Celebrating Life Suicide Prevention Program and requires everyone on the reservation to report self-injurious behaviors including suicide events and binge substance use. The model collects and tracks data, connects individuals to healthcare and other resources, and conducts follow-up visits to help individuals work toward wellness. Case management visits happen in real time, and the team begins attempting to contact the client as soon as a referral is received.

Background

When individuals are referred to this program—by family members or friends, school administrators, social services, medical providers, etc.—Celebrating Life Suicide Prevention Program automatically refers them to Apache Behavioral Health Services and Rainbow Treatment Center as outlined in the Tribal Mandate. The CL team can also help with other referrals as needed in the follow-up visits.

CL leverages Tribal sovereignty in their use of a mandate. Modeling a similar program in other communities requires collaboration with and support from Tribal leaders, agencies, and community members so that all individuals in need are identified and connected with services.

To engage communities, the CL team spends time educating and handing out brochures at events. They carry referral forms to provide to individuals as requested, and supply and collect referral forms for major reporting agencies like clinics and schools. They present yearly to organizations on how to report behaviors and provide annual updates on program data to the Tribal Council and the IHS hospital.

> This unique, community-based prevention strategy has received national recognition for its success in reducing suicide on the reservation. It received a Bronze Psychiatric Services Achievement Award in 2011 from the American Psychiatric Association, and a National Behavioral Health Achievement Award for Community Mobilization in Suicide Prevention from the Indian Health Services in 2012. It is being adapted in five other Tribal communities, with many more organizations expressing interest in modeling the system.

The first Tribal meeting to address the active suicide pattern occurred in 1992. Over 20 years into the program, it is still important to convey the usefulness of collected data in meeting the Tribe's needs. Tribal leaders remain informed of patterns of self-destructive behaviors and can examine the relationships among these behaviors to best address them within the Tribe.

Bringing together data from schools, hospitals, and police will help capture data that was previously missing. WMAT records higher suicide rates than other AI populations, but other communities anecdotally see similarly high rates without the data evidence to support. Tracking the full scope of suicide in your community is important for addressing the problem and for applying for funding and other support.

It is important to note that implementing a thorough and central database might reveal a higher-than-expected rate of suicide behaviors.

Celebrating Life Program History

Tribal sovereignty and data analysis help build and continue to hone the surveillance and case management program.

1992 Tribal leaders contacted The Center for Indigenous Health for help addressing the four-year youth suicide epidemic experienced on the Fort Apache Indian Reservation.

1994 WMAT-JHU partners analyzed suicide data from the epidemic.

2001 WMAT experienced a spike in suicides, many of whom were youth. Tribal Council identified specific agencies to participate in task force meetings to address high-risk individuals, ensure they've been contacted, and identify services and resources to provide support. This task force worked with IHS and JHU to establish the CL program.

2002 Tribal Council passed a resolution providing support and structure to CL. The resolution mandated first responders report suicide behaviors to the task force.

2003 Grant funding supported creating the database and hiring and training community mental health specialists to serve as case managers on CL.

2006 The Tribe passed an amendment expanding the resolution and making it reservation-wide so that everyone living and working on the reservation should report suicide behaviors they are aware of.

2007 The CL team saw frequent non-suicidal self-injury in their follow-up visits and presented these findings to Tribal Council. Based on this, the resolution was expanded to include this data in reportable behaviors. WMAT received additional grant funding after these conversations to support this expansion.

2010 Binge substance use was added to the reporting at the request of schools seeking CL assistance with students experiencing binge alcohol use. Schools provided letters of support, and the CL team presented to Tribal Council for approval to add this behavior to the database, allowing case managers to start working with high-risk students.

The surveillance database and case management program continue to be informed by the community's data trends. Policies are also changed and added in other agencies like hospitals and schools based on these findings and discussions as well.

Annual data analysis and presentation to Tribal Council and other Tribal departments is key to long-term relevance and sustainability.

Reportable Behaviors

Suicide exists on a spectrum of behaviors, including binge substance use and other intentional self-injury. The following terms and definitions are used by CL in this Tribe and may differ across communities. The program encourages Tribe to use the terms most appropriate to the community when implementing the Celebrating Life Suicide Prevention Program.

SUICIDE ATTEMPT

Intentional self-injury with intent to die (aborted and interrupted attempts included in this category)

SUICIDE IDEATION

Thoughts to take one's own life with or without preparatory action

SUICIDE DEATH

Death resulting from intentional self-injury

BINGE SUBSTANCE USE

Consuming substances with the intention of modifying consciousness and resulting in severe consequences (including becoming unresponsive or requiring emergency department treatment)

NON-SUICIDAL SELF-INJURY

Intentional self-injury without intent to die

Suicide Prevention Resource Center, Reporting on Suicide, and National Institute of Mental Health may also be helpful in defining your own terms.

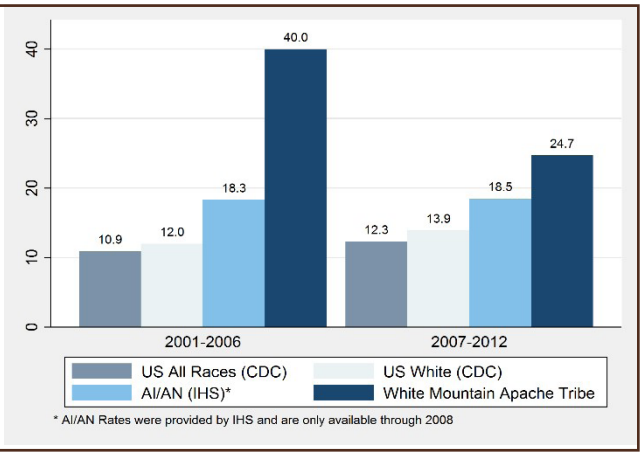
Evidence

The Celebrating Life Suicide Prevention Program has been incredibly effective at reducing rates of suicide attempts and deaths in the White Mountain Apache Tribe.

Suicide remains a greater concern in American Indian and Alaska Native communities than in other populations, but rates have significantly reduced in the White Mountain Apache Tribe (WMAT) across the implementation of CL. In 2001–2006, during the first years of the Celebrating Life Suicide Prevention Program, the WMAT saw suicide deaths at rates of 40 per 100,000 people, and in 2007–2012 they saw rates down to 24.7 per 100,000 people.

This 38% decrease in WMAT happened at a time when the U.S. white population and U.S. all races' suicide death rates increased.

Cwik, M, Tingey, L, Maschino, A, Goklish, N, Larzelere-Hinton, F, Walkup, J, and Barlow, A. "Decreases in Suicide Deaths and 4 Attempts linked to the White Mountain Apache Suicide Surveillance and Prevention System, 2001-2012." AJPH, published online 13 Oct 2016.



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System Components

Program components that are key to the Celebrating Life Suicide Prevention Program in the WMAT:

Tribal Resolution

The original Tribal resolution, passed in 2002, required all reservation-based first responders to report observed or documented suicide ideation, attempts, and deaths by any person on the reservation to a central database, and now to the CL team. Since then, data collection has been updated from paper forms to internet-based software for real-time tracking and reporting. The scope has also expanded to include reporting by all people in the WMAT jurisdiction, in-person follow-up and referral to services by the CL team, and non-suicidal self-injury and binge substance use as reportable behaviors.

A mandate is not necessary for suicide prevention programming, but it is best practice when implementing in and working with other Tribal communities. It can be challenging to support a program without one. If you are implementing a program without a mandate, or with the intention of pursuing a mandate later, it is important to have a plan for establishing collaboration with other agencies for referrals and connection with services.

Policies and Procedures Manual

This manual outlines the data management and visit follow-up processes, including how to complete the protocol forms and how to track in the data system. This document can be adapted to meet the unique needs of the Tribe. All protocol changes are formally approved by the Tribal Council and Health Board.

System Components

Template for Annual Presentations

As part of the Tribal Mandate, CL team members present annually to various Tribal agencies, many of which are closely connected to the program through referrals and services. The program has a template for the annual presentation/report on data provided to Tribal Council and a template for the annual in-service presentation to agencies who report to CL. The in-service presentations provide an overview of the program and updated information on how to make referrals to CL. The team also uses this time to give new copies of referral forms to these agencies.

Training Checklist

All CL case managers work through a three-page training checklist with the program director. Training items include: 1) completing required certifications, 2) studying the Policies and Procedures Manual, 3) reviewing and practicing use of all forms and documentation, 4) studying data privacy, and 5) practicing working with families and at-risk individuals. In adapting CL, you can consider what certifications you might be required or prefer to include in your training.

Tribal agencies may also want to weigh in on their preferences or requirements.

Hands-on training through observation of follow-up visits and role-playing case management with experienced team members is the most effective way to prepare case managers for suicide prevention work. All team members need to be ready to think and act quickly in emergency situations—this is an opportunity to learn from other responsive agencies you may be coordinating with on suicide prevention work. New hires should be fully aware of the sensitive and heavy nature of suicide behavior follow-up. They should not move to community home visiting until they are comfortable with the role-play in the office.

The training should also emphasize the importance of trust and transparency with the team and offer clear channels of communication for when a case manager is not in the right headspace to make a home visit. Help case managers recognize when they need assistance or breaks from follow-ups, and teach them strategies to care for themselves throughout visits with community members.

Protocol Forms:

As part of the Tribal Mandate, CL team members present annually to various Tribal agencies, many of whom are closely connected to the program through referrals and services. The program has a template for the annual presentation/report on data provided to Tribal Council, and a template for annual in-service presentation to agencies who report to CL. The in-service presentations provide an overview of the program and updated information on how to make referrals to CL. The team also uses this time to give new copies of referral forms to these agencies.

Registry Referral Form

This report is typically completed by the individual who observed or knew of the self-injurious behavior. That could be a first responder, family member, school personnel, medical professional, the individual themselves, etc. The individual can fill out as much information as they know on a paper copy of the form to drop off at the office or fax, or provide information over the phone to a CL team member. This form describes what the person reporting knows about the affected individual and the behavior. Referral forms can be handed out by the CL team at community events and dropped off at reporting agencies like schools and clinics.

Case Manager Follow-up Form

CL team members follow-up on the information received in an intake form by visiting the individual in-person to better understand the behavior and what may have led to it. These visits ideally occur within 24 hours of receiving an intake form, and the team can continue to attempt to follow-up for 90 days

*this timeframe can be flexible or adapted to your community's needs). During this initial visit, the CL team can ask individuals if they'd like to continue meeting for case management or "wellness" checks. This is also when the CL team will check on the individual's connection with services including the mandatory Apache Behavioral Health Services and Rainbow Treatment Center referrals that are made for every report.

Suicide Death Form

The death by suicide form is completed by the CL team from information provided in the police report. The death must be confirmed by tribal law enforcement or Bureau of Indian Affairs investigators before CL completes this form. These details are not confirmed by the CL team with family members of the individual because WMAT cultural practices respect this time of mourning.

Conclusions

The Celebrating Life Suicide Prevention model for surveillance and case management shows immense promise for implementation in other communities. The WMAT team has assisted in adapting the model in five other Tribal communities and consulted with countless others to begin understanding the best practices for adaptation in other contexts.

Key to this work is identifying the community's strengths and needs, cultural values, and potential partners. Gathering data via the surveillance system can help build an evidence base for funding and policies to support suicide prevention. Focus on understanding the circumstances around suicide in the community, including the ages and genders of those most at risk.

Spend time building partnerships with those who can advocate on behalf of your program. The Celebrating Life Suicide Prevention team meets annually with Tribal Council to share findings and trends. Emergency room physicians and the police department know how to share referrals to Celebrating Life and collaborate on suicide prevention. Community partnerships are essential to the success of surveillance and prevention.

Don't give up in the face of adversity as you pilot your suicide prevention and case management program. This work takes time and investment from the community, as well as a dedicated team. As you share your data with stakeholders, the usefulness of this work will become clear, and the policy support will follow.

ASSOCIATED PUBLICATIONS

Cwik, M. F., Tingey, L., Maschino, A., Goklish, N., Larzelere-Hinton, F., Walkup, J., & Barlow, A. (2016). Decreases in Suicide Deaths and Attempts Linked to the White Mountain Apache Suicide Surveillance and Prevention System, 2001-2012. American journal of public health, 106(12), 2183– 2189. https://doi.org/10.2105/AJPH.2016.303453

Mary F. Cwik, Allison Barlow, Novalene Goklish, Francene Larzelere-Hinton, Lauren Tingey, Mariddie Craig, Ronnie Lupe, and John Walkup, (2014). Community-Based Surveillance and Case Management for Suicide Prevention: An American Indian Tribally Initiated System

American Journal of Public Health 104, e18_e23, https://doi.org/10.2105/AJPH.2014.301872

Barlow, A., Tingey, L., Cwik, M., Goklish, N., Larzelere-Hinton, F., Lee, A., ... Walkup, J. T. (2012). Understanding the relationship between substance use and self-injury in American Indian youth. The American Journal of Drug and Alcohol Abuse, 38(5), 403-408.

http://dx.doi.org/10.3109/00952990.2012.696757

Cwik MF, Rosenstock S, Tingey L, et al. Characteristics of Substance Abuse and Self- Injury among American Indian Adolescents Who Have Engaged in Binge Drinking. American Indian and Alaska Native Mental Health Research (Online). 2018 ;25(2):1-19. DOI: 10.5820/aian.2502.2018.1. PMID: 29889946.

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For more information, please visit americanhealth.jhu.edu/celebrating-life-suicide-prevention

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