UN Permanent Forum on Indigenous Issues
Agenda Item 3(c): Youth, Self-harm and Suicide
U.S. Statement, delivered by
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Thank you Madame Chair, distinguished panelists, representatives of indigenous peoples, excellencies, ladies and gentlemen. As the Regional Administrator for the Substance Abuse and Mental Health Services Administration (SAMHSA) in New York, New Jersey, Puerto Rico and the Virgin Islands, it is an honor to address the Forum today. SAMHSA is the agency within the U. S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation. Addressing behavioral health issues faced by American Indians and Alaska Natives is a priority for SAMHSA and the agency has elevated efforts focused on Native youth.

SAMHSA's work with American Indians and Alaska Natives is rooted in the belief that tribal nations know best how to solve their own problems through prevention, treatment, and recovery activities and engaging in, and strengthening, community partnerships. The agency's work with tribal nations is led by the Office of Tribal Affairs and Policy which oversees tribal affairs, tribal policy, tribal consultation, tribal advisory, and Tribal Law and Order Act responsibilities for coordinating federal alcohol and substance abuse efforts.

Alcohol and substance use, as well as mental health issues and suicide, continue to be among the most severe health and social problems American Indians and Alaska Natives face. Among U.S. adolescents between 12 to 17 years of age, Native youth have the highest lifetime prevalence of major depressive episodes. For Native males in the 15 to 24 year old age group, suicide is the second leading cause of death—2.5 times the national rate. And, American Indian and Alaska Native high school students reported rates of suicide attempts nearly twice that of the general population of U.S. high school students.

People with a mental disorder are more likely to experience a substance use disorder and people with a substance use disorder are more likely to have a mental disorder when compared with the general population. The rate of substance dependence or abuse among people aged 12 and up was higher among American Indians and Alaska Natives than among other groups. Data also show that

American Indians and Alaska Natives were more likely to need alcohol or illicit drug treatment than other groups by age, gender, poverty level, and rural/urban residence.

To address these and other behavioral health issues, SAMHSA's work with tribal communities has recently focused on three broad areas: (1) improving access to behavioral health prevention activities, treatment, and recovery supports through the agency's discretionary grant programs and technical assistance resources; (2) strengthening federal leadership and collaboration on alcohol and substance use prevention and mental health promotion; and, (3) increasing engagement of American Indian and Alaska Native youth in behavioral health initiatives.

With respect to improving access to behavioral health prevention activities, treatment, and recovery supports, SAMHSA has worked to reduce barriers for tribes in accessing behavioral health funding. Through the Garrett Lee Smith (GLS) Suicide Prevention program tribes are developing and implementing youth suicide prevention and early intervention strategies. A key component of the GLS program is that suicide prevention is embedded into statewide and tribal systems that support public/private collaboration among youth-serving institutions, schools, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations. Review of youth suicide deaths in counties that implemented GLS suicide prevention activities, compared to matched counties that did not, found that there were fewer suicide deaths in the counties implementing these activities in the year following implementation.

Tribes with the highest rates of suicide are eligible to receive funds through the new SAMHSA Tribal Behavioral Health Grant program that is focused on reducing substance abuse and suicide, and promoting mental health among Native young people. And, through SAMHSA's State/Territorial/Tribal Youth Treatment program, tribes have accessed funds to develop and improve infrastructure and direct service delivery in order to build capacity and provide access to treatment.

SAMHSA also provides support to tribes for substance abuse, mental health, and suicide prevention through technical assistance centers. Through the Suicide Prevention Resource Center, tribes are able to receive written and on-line resources for suicide prevention, such as the suicide prevention manual "To Live To See The Great Day That Dawns," and the dissemination manual for the American Indian Adolescent Suicide Prevention Program, developed in tribal communities and with the strongest evidence for reducing suicidal behavior.

Recently, SAMHSA released a free, mobile app called *Suicide Safe* to help primary care and behavioral health clinicians conduct comprehensive suicide risk assessments and access resources. Almost half of individuals who die by suicide have visited a primary care provider in the month prior to their death, and 20 percent have had contact with mental health services. *Suicide Safe* can help bridge this gap by furnishing behavioral and primary health care providers tips on how to assess for suicidal risk, communicate effectively with patients and their families, determine appropriate next steps, and make referrals when needed. SAMHSA is working to promote widespread dissemination of the *Suicide Safe* app across tribal communities.

With respect to efforts to strengthen federal leadership and collaboration on Indian alcohol and substance abuse, under the Tribal Law and Order Act, SAMHSA is leading collaborative activities with the Indian Health Service (IHS), HHS; the Bureau of Indian Affairs and Bureau of Indian Education, U.S. Department of the Interior; and the U.S. Department of Justice to assist tribal communities. Collaborative efforts focus on a range of activities including: a more complete assessment of the scope of the nature of mental illness and dysfunction and self-destructive behavior, including alcohol and substance abuse, child abuse and neglect, and family violence; compilation of national, state, tribal, and local alcohol and substance abuse programs and resources to address identified problems; and, development of tribal action plans.

SAMHSA also works with federal partners to respond to suicide clusters in tribal communities by identifying collaborative resources to meet immediate community needs. The agency is also developing a report in partnership with the Centers for Disease Control and Prevention, HHS, and IHS on suicide clusters in tribal communities to improve future coordination and response.

Finally, as a means for increasing engagement of American Indian and Alaska Native youth in behavioral health efforts, SAMHSA held its first cross-agency tribal grantee conference in November, 2014, for over 200 tribal leaders and American Indian and Alaska Native youth from throughout the U.S. The conference focused on improving behavioral health outcomes for American Indian and Alaska Native youth and shared lessons learned by SAMHSA's tribal grantees, provided tools to build leadership and behavioral health skills, and gave youth a platform to speak about behavioral health issues impacting their communities.

As a follow up to the Native Youth Conference, SAMHSA is bringing together a cadre of Native youth called SAMHSA Tribal Youth Leaders (STyL pronounced "style") to support the Administration's Generation Indigenous

Initiative. STyL will contribute to developing a national network of Native youth leaders to: (1) elevate engagement of youth in their community's efforts to address primary mental and substance use disorders; (2) educate, engage, and mobilize Native youth to advance positive behavioral health actions through behavioral health skills building in the area of prevention; and, (3) conduct leadership programs, including peer-to-peer mentoring, public speaking, youth engagement, and community education.

In conclusion, SAMHSA will continue to work in partnership with tribal leaders, Native youth, and federal partners on effective and culturally-based models for preventing suicide and substance abuse and promoting mental health in their communities.

Thank you for your time and I appreciate the opportunity to share SAMHSA's program efforts.