

Suicide Prevention & Family Intervention Program

Nowhi' ida bagoye'

Life is Precious

White Mountain Apache Behavioral
Health Services

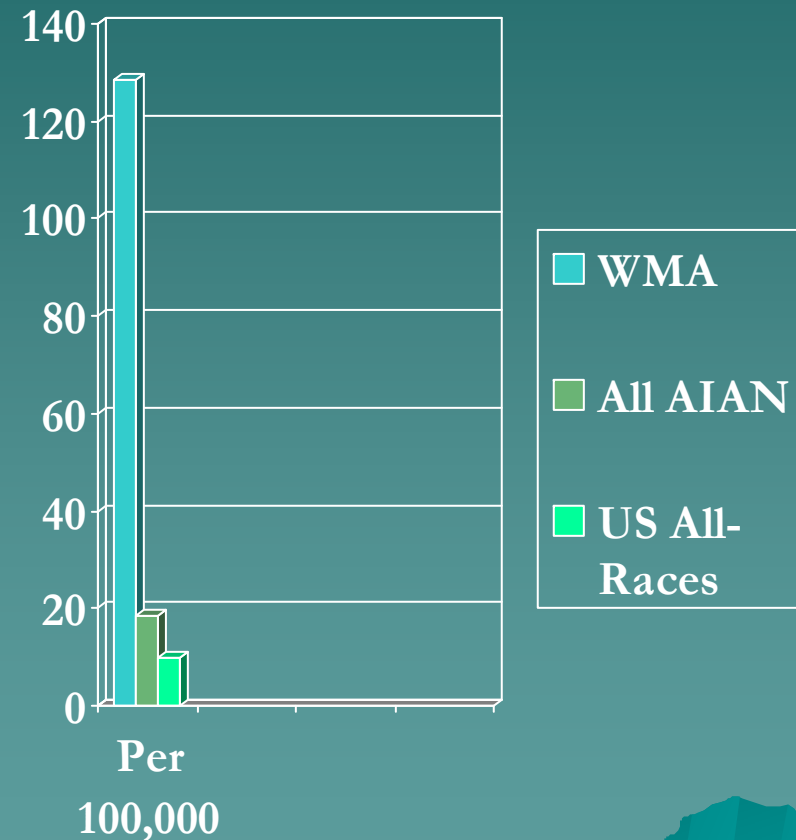
The Team

- Brad Behm, LPC – Mental Health Counselor
- Michael Brown, LAMFT – Mental Health Counselor
- Millie Kane – Community Support Specialist
- Carmen Hosteen – Community Support Specialist

WMAT Annual Suicide Rates Between 2001 and 2006

- 61% of WMAT suicides occurred among youths younger than 25 years.
- Annual rates among this age group were 13 times the US all-races rate and 7 times the American Indian and Alaska Native rate.
- Annual suicide attempt incidence in this age group was 3.5%.
- Male-to-female ratio was 5:1 for suicide and 1:1 for suicide attempts.
- Hanging was the most common suicide method, and third most common attempt method.
- The most frequently cited attempt precipitants were family or intimate partner conflict.

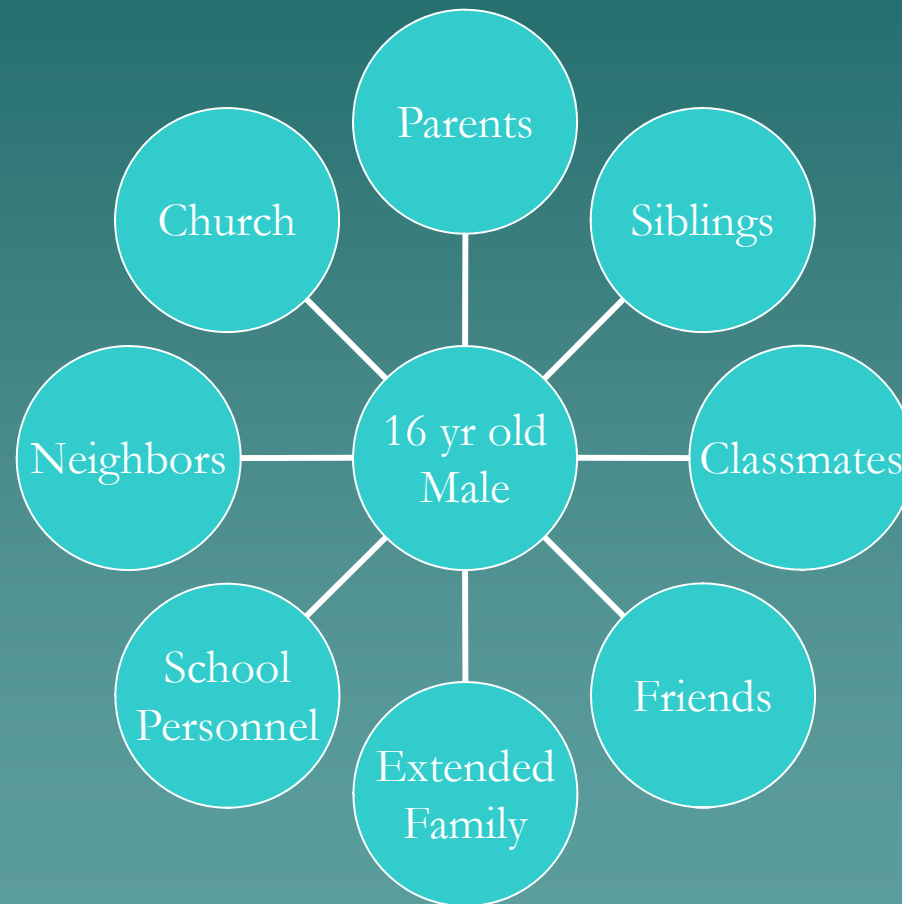
- Mullany, B., Barlow, A., Goklish, N., Larzelere-Hinton, F., Cwik, M., Craig, M., & Walkup, J. (2009). Toward understanding suicide among youths: results from the White Mountain Apache tribally mandated suicide surveillance system, 2001-2006. *American Journal of Public Health, 99*(10), 1840-1848. Retrieved December 29, 2009, from PsychInfo database.



The Program

- Direct Service Orientation
- Immediate Outreach and Crisis Stabilization
- Crisis counseling with licensed therapists
- Family Team Approach
- ASIST: Applied Suicide Intervention Skills Training

The Web of Influence of Suicide



Family Team Approach

- Suicide is a family concern
- Outreach to concerned family members
- Partnering with families to help them to become more
 - informed
 - involved
 - supportive
 - empowered

ASIST:

Applied Suicide Intervention Skills Training

- Two-day workshops
- Suicide first-aid
- Open to all healthcare providers and concerned community members
- Learn how to:
 - Recognize invitations for help
 - Reach out and offer support
 - Review the risk of suicide
 - Apply a suicide intervention model
 - Link people with community resources

Referral Process

- Community Providers
 - Concerned Community Members
 - Neighbors, family members
 - Referrals can also be for family members
 - Confidential, treatment voluntary
 - Call us at 928-338-4811
- 



PO Box 1089 249 W. Ponderosa Drive Whiteriver, AZ 85941
Phone: (928) 338-4811 Fax: (928) 338-4930
www.wmabhs.org

SUICIDE PREVENTION AND FAMILY INTERVENTION REFERRAL

PLEASE NOTE: IF THE PERSON IS IN IMMEDIATE DANGER OF SELF-HARM, PLEASE CALL 911 AND/OR TAKE HIM OR HER TO THE IHS ER.

DATE: _____ ORGANIZATION: _____

REFERRED BY: _____ PHONE: _____ FAX: _____

CLIENT NAME: _____ MALE FEMALE DOB/AGE: _____

PHYSICAL ADDRESS: _____ COMMUNITY:

MAILING ADDRESS: _____

PHONE NUMBER(s): WORK: _____ HOME: _____ CELL: _____

CONTACT PHONE # AT LOCATION: _____

PLEASE DESCRIBE LOCATION, UTILIZING LANDMARKS, CROSS STREETS, NEAREST NEIGHBOR, AND OTHER IMPORTANT INFORMATION.

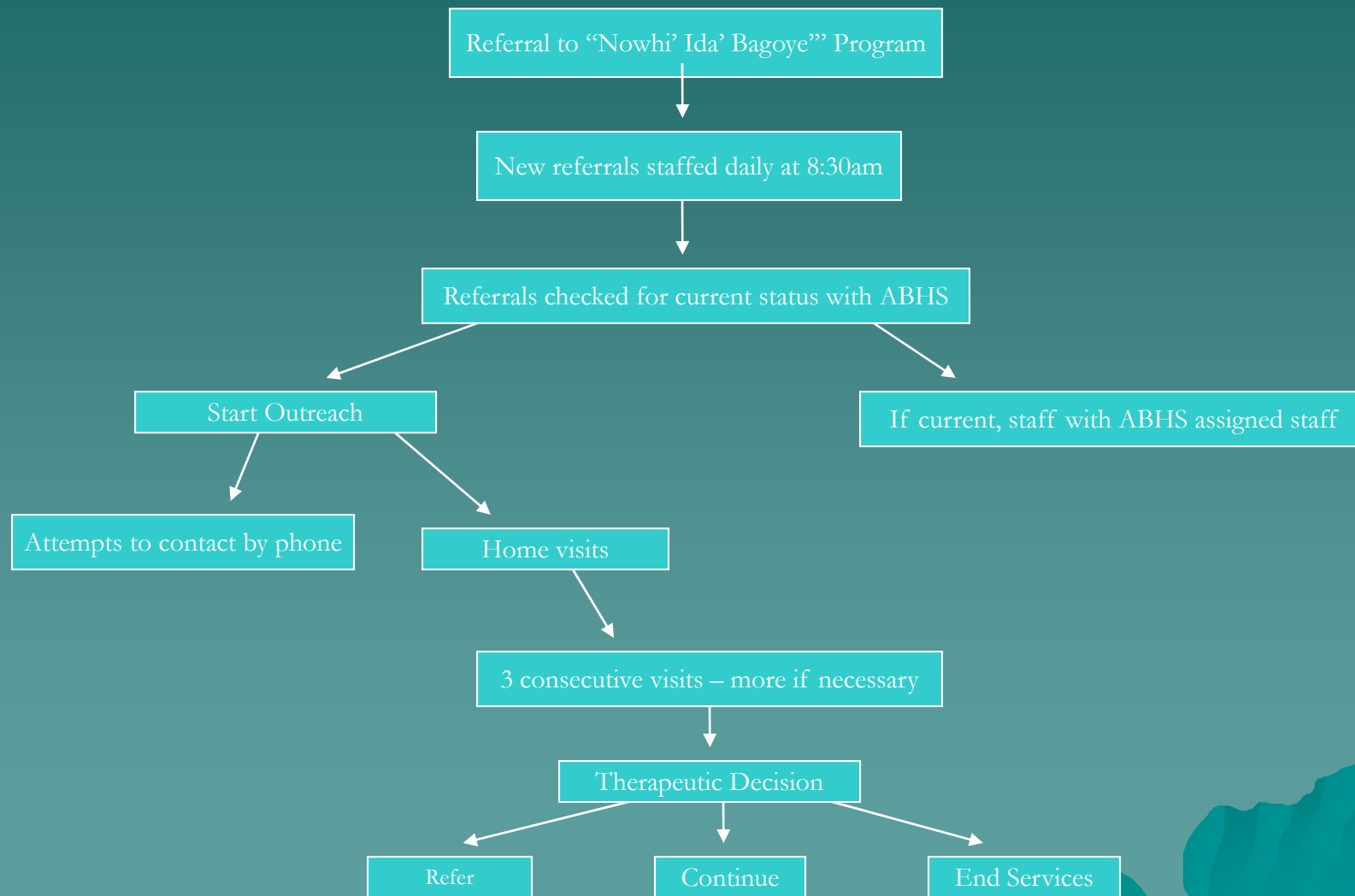
FAMILY MEMBER NAME(S): _____
check here if legal guardian

CONTACT INFORMATION (IF DIFFERENT THAN ABOVE):


PHONE: _____ ADDRESS OR LOCATION DESCRIPTION: _____

REASON FOR REFERRAL: PLEASE EXPLAIN WHY ARE YOU CONCERNED THIS PERSON
MAY HURT HIM OR HERSELF (please include date of incident if applicable?)

What Happens with a Referral?



Data Collection

- Pre & Post Test evaluations for ASIST Trainees
 - Program Referral Outcome Tracking
 - Client and Family Satisfaction Surveys
 - John Hopkins Tribal Suicide Surveillance Data
- 
- A decorative silhouette of a mountain range in shades of teal, located at the bottom right of the slide.


Current Data

- ◆ ASIST trainees rated an average of 9.1 out of 10 reporting that they felt significantly better prepared to talk about and respond to suicidal ideation.
- ◆ 255 Program Referrals
 - 41 are receiving ongoing outreach services
 - 74 received outreach services before closing
 - 65 enrolled in services to address risk factors
 - 59 denied services
 - 14 were repeat referrals
 - 2 were for persons outside the tribal community
- ◆ Referral Source
 - 34 were from community members, 1 was a self referral, the remaining 220 were from health care providers, first responders and school personnel.

Current Data

- ◆ Reported Attempts Jan 09 thru July 09 - 90
- ◆ Reported Attempts Jan 10 thru July 10 - 77
- ◆ Reported Completions Jan 09 thru July 09 - 8
- ◆ Reported Completions Jan 10 thru July 10 - 1

Recommendations

- ◆ Build networks that share the vision in your community that include everyone
 - ◆ Provide Community Based Outreach and Crisis Stabilization
 - ◆ Use a Family Team Approach – provide support to the entire family
 - ◆ Use the evaluation process like a GPS system to guide the projects direction
- 
- A decorative graphic at the bottom of the slide consisting of a silhouette of a mountain range in various shades of teal, extending from the right side towards the center.

Year Two Projects

- Continue Ongoing Outreach, Crisis Stabilization and Direct Support in the community
 - Increase Collaboration with Community Partners
 - Nowhi ida' Bagoye presentation at MBRACE Life Conference
 - Build suicide-safer community networks through ASIST and SUICIDEtalk trainings
 - Distribute Community Resource Guide
 - Continue Data Collection on Outcome Measures
- 