The White Mountain Apache Tribe (WMAT) has experienced high rates of youth suicide deaths and attempts for over two decades. Although Apache youth are exposed to a challenging constellation of risk factors, the WMAT has a long history of overcoming health disparities by implementing and evaluating evidence-based interventions in partnership with Johns Hopkins. Over the past six years, GLS funds have enabled our alliance to tackle Apache youth suicide through a comprehensive approach guided by an award-winning tribally mandated suicide surveillance system and research study of youth suicide attempters that identified tribal-specific risk and protective factors (NARCH 1S06 GM074004-02). While there is preliminary evidence that the surveillance system is working (e.g., increased awareness, identification and follow-up with treatment) and suicide rates have decreased (e.g., overall and in the 15-24 year old age range), rates still remain high (~3x times US All Races). The partnership is poised to contribute further innovations to the field with the unique foundation that the surveillance system provides to track changes with an incredible history and capacity to scale up.

This application will build upon lessons learned from past SAMHSA activities, while applying knowledge and strategies from the new National Strategy for Suicide Prevention (NSSP) in an integrated three-tiered prevention approach to address suicide among 10-24 year old Apache youth on a community, family/peer and individual level.

Tier 1: Universal: Broad community advocacy and education will promote understanding that suicide is preventable and reinforce core Apache beliefs as protective factors. Specific strategies include continued engagement of tribal leadership in prevention activities, community workshops, and mass media promotion. New innovations in this application include involvement of a broader range of community members such as Elders, young adults and veterans in leadership roles, incorporation of social media and targeted messaging for at-risk sub-groups, and inclusion of family activities in community education approaches.

Tier 2: Selective: This tier will target youth who have risk factors for suicide, and peers and adults with whom they have frequent contact. Evidence-based strategies will include ASIST training, a school-based peer leadership program (Sources of Strength—SOS), and survivor support groups. Innovations include experiential resilience activities for high-risk youth grounded by a curriculum led by Elders, and a community-based approach to the SOS program.

Tier 3: Indicated: Youth, ages 10-24, identified through the surveillance system as having suicide ideation or attempt will be targeted. All indicated youth will receive follow-up visits and assisted referral to care by Apache community mental health workers; youth who attempt will be offered a culturally adapted evidence-based Emergency Department linked intervention, called New Hope.* New Hope goals include problem-solving barriers to treatment thereby promoting participation and retention in care. We are building on previous work by expanding New Hope to 20-24 year olds and increasing systems integration with the Indian Health Service and community mental health center. Tiers 1-3 will be coordinated by three circles of community support:

1) a tribal coalition called Apaches Helping Apaches, which includes the Elder Advisory Council serving in an executive committee role,

2) a tribal interagency coalition of service providers, and
3) team of Apache community mental health workers (ACMHW) employed by the project to carry out all activities and coordinate the efforts of these other two groups.

Links within this resource

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