

# Indiana Suicide Prevention Resources Toolkit

Suicide Learning Collaborative  
2 North Meridian Street  
Indianapolis, IN 46204  
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**Indiana**  
Department  
of  
**Health**



# Introduction

Death rates for suicide have continued to rise both nationally and in Indiana, despite efforts to curtail these trends. Based on recent data (2018), suicide is a top 10 leading cause of death in Indiana for people aged 10-64 years, and is the 11th overall leading cause of death for all ages.<sup>1</sup> While each suicide death or attempt is different, there are ways to address the multiple factors involved. Suicide prevention efforts must utilize different strategies, require a wide range of partners, coordinate community response language, and draw on a diverse set of resources and tools.

This toolkit is aimed to help address the need for practical, and when possible, Indiana-specific tools for various sectors/professionals. Within this document, the first portion details new suicide trends based on 2018 data and the second portion includes best practice tools for the following professional groups: healthcare, first responders, government, stakeholder groups, justice, employers, faith-based, media, coroners, family, education, and populations of special consideration.

This toolkit was developed in partnership between the Suicide Learning Collaborative, a multi-disciplinary working group addressing suicide in Indiana, and the Indiana Department of Health's Fatality Review and Prevention Division. Throughout the development process, members of the Collaborative were asked to supply relevant tools to their topical area as well as provide feedback on proposed tools.

The hope for this document is that professionals from these various subgroups can utilize these tools in their work. While none of these sections are fully comprehensive for suicide prevention, there are many toolkits that specialize in just one of these topics. This toolkit serves as a simplified, action-oriented version of the other toolkits. The tools highlighted in this toolkit are primarily based off of existing national toolkits and best practice guides. We do recommend professionals read through other profession-specific toolkits referenced for further context and detail.



# Populations of Special Consideration

## Introduction

While the majority of this toolkit is broken into profession-specific groupings, it is important to acknowledge the populations of special consideration. That being said, we have chosen to create an additional section to encapsulate some of the pertinent tools and resources available.

While many groups are at risk for suicide, research shows that individuals who are LGBTQIA+, people of Tribal Nations, and individuals who are veterans are at a higher risk of suicide, when compared with the general population. That is why it is vital to have actionable population-specific tools readily available. In this next section, each group's shared risk and protective factors are highlighted along with several usable tools.

None of these tools fully encapsulate a comprehensive approach to suicide prevention, intervention, and postvention. That is why it is recommended that professionals read through other resources referenced in the following pages for further context and detail.

### Populations of Special Consideration Resources:

- LGBTQIA+ resources
  - LGBTQIA+ risk and protective factors
  - Checking in on your Mental Health poster
  - Suicide Prevention for LGBTQIA+ Youth and Young Adults Brochure
  - LGBTQIA+ resources
- Veterans resources
  - Veterans risk and protective factors
  - 10 things you can do to prevent veteran suicide
  - Safe firearm storage poster
  - Veteran resources
- People of Tribal Nations resources
  - People of Tribal Nations risk and protective factors
  - Zero suicide for People of Tribal Nations
  - Mental health support guide for native families
  - People of Tribal Nations resources



## LGBTQIA+ RISK AND PROTECTIVE FACTORS

Individuals who are lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA+), and/or other sexual orientation (e.g. MSM or Men Who have Sex with Men) and gender identities (individuals who are nonbinary) frequently experience prejudice and discrimination. Research indicates that mental health problems, misuse of alcohol and other drugs, and suicidal ideation are more common in this group than in the general population. Suicide prevention efforts seek to reduce **risk factors** for suicide and strengthen the factors that help strengthen individuals and protect them from suicide (**protective factors**). Here are a few examples:

**Stress from prejudice and discrimination (family rejection, harassment, bullying, violence)**

**Family acceptance**

**Depression and other mental health problems (i.e. substance use disorder)**

**Sense of safety**

**Feelings of social isolation**

**Connections to friends and others who care about them**



# CHECKING IN ON YOUR MENTAL HEALTH

Feeling sad or alone can be overwhelming, especially if people in your life are unsupportive. While these feelings are completely normal, it's important to keep an eye out for warning signs of larger mental health struggles. You are not alone and asking for help is a sign of strength.

## Have You Felt...?

- Unimportant
- Trapped and/or hopeless
- Overwhelmed and/or unmotivated
- Alone, angry, and/or irritable
- Thoughts of suicide

## Have You Been...?

- Using drugs or alcohol more than usual
- Acting differently than usual
- Giving away your most valuable possessions
- Losing interest in your favorite things to do
- Planning for death by writing a will or letter
- Eating or sleeping more or less than usual
- Feeling more sick, tired, or achy than usual

## Do You...?

- Not care about the future
- Put yourself down (and think you deserve it)
- Plan to say goodbye to important people
- Have a specific plan for suicide

**If you answered yes to any/several of these questions,** you can reach out to a trained crisis counselor for support by calling the National Suicide Prevention Lifeline (1.800.273.8255 [TALK]) or texting "IN" to 741741. For youth who are LGBTQIA+ there is also the TrevorLifeline (866.488.7386) or texting "START" to 678678 for TrevorText — we're here for you 24/7. **You are not alone.**



**The Trevor Project** is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer, and questioning youth and young adults. These services include:

- **Trevor Lifeline** – The only nationwide, around-the-clock crisis and suicide prevention lifeline for LGBTQ youth and young adults. Call toll-free, 24/7 at 866-488-7386.
- **Trevor Chat** – A free, confidential, and secure online messaging service that provides live help by trained volunteers.
- **Trevor Space** – An online, social networking community for LGBTQ youth and young adults ages 13-24, their friends, and allies. Join at [Trevor Space.org](http://TrevorSpace.org).
- **Ask Trevor** – An online, confidential Q&A forum for young people to ask non-time-sensitive questions surrounding sexual orientation and gender identity.

**TransLifeLine** is a peer support hotline run by and for trans people, providing everything from microgrants around legal name changes to updating IDs. Connect further here:

- [TransLifeLine.org](http://TransLifeLine.org)
- 877.565.8860



This guide was developed as a part of the Suicide Learning Collaborative Toolkit. To find out more about suicide prevention in Indiana and nationally, please visit: [In.gov/issp](http://In.gov/issp), [In.gov/isdh/21838.htm](http://In.gov/isdh/21838.htm)

This information was adapted from a brochure by The Trevor Project, which can be found here: <https://www.thetrevorproject.org/wp-content/uploads/2017/09/The-Trevor-Project-Youth-Brochure.pdf>



## Suicide Prevention for LGBTQIA+ Youth and Young Adults



**Suicide is PREVENTABLE.** The majority of young people having thoughts of suicide give some sort of clue about their intentions. If someone you know is depressed or exhibiting any of these warning signs, ask them if they are considering suicide.

### Warning Signs:



Developing a plan for suicide and/or obtaining the means to follow through on a suicide attempt.



Experiencing suicidal ideation (e.g. “I want to kill myself,” “I wish my life were over,” or “Life isn’t worth living”).



Making final arrangements, talking about their funeral, and giving away valued possessions.



Displaying signs of depression (e.g. loss of pleasure in activities they used to enjoy, prolonged sad mood, changes in eating or sleeping patterns, expressing feelings of hopelessness or guilt).



Engaging in self-destructive behavior (e.g. start of or increase in alcohol or drug use, risky sexual behavior, reckless driving).



Expressing that they are suffering a great deal and feel that there is no hope for a better future with phrases such as, “It won’t matter soon anyway.”



Pulling away from family and friends.

# Y-CARE

## You

are never alone. As friends, family, and loved ones, all you can do is listen, support, and assist the person in getting the help they need.

## CONNECT

the person to resources and to a supportive, trusted adult.

## ACCEPT

and listen to the person’s feelings, taking them seriously.

## RESPOND

if a person has a plan to attempt suicide and tell someone you trust.

## EMPOWER

the person to get help and call the Trevor Lifeline (866-488-7386) or the National Suicide Prevention Lifeline (200-273-8255) together.

## LGBTQIA+ RESOURCES

### **Gay, Lesbian, and Straight Education Network**

This organization is working to create safe and affirming schools for all, regardless of sexual orientation, gender identity, or gender expression. [GLSEN.org](http://GLSEN.org)

### **Gender Spectrum**

This organization is working to help create gender-sensitive and -inclusive environments for all children and teens. [genderspectrum.org](http://genderspectrum.org)

### **GLBT Near Me**

This is a database of LGBTQ resources, offering a national hotline and a youth talk line. [glbtnearme.org](http://glbtnearme.org)

### **GSA Network**

This is network of trans and queer youth uniting for racial and gender justice. [gsanetwork.org](http://gsanetwork.org)

### **It Gets Better Project**

This project was created to encourage media sharing stories around the resilience of LGBTQ people across the globe. [itgetsbetter.org](http://itgetsbetter.org)

### **TransLifeLine**

This peer support hotline run by and for trans people provides microgrants around legal name changes or updating IDs. [TransLifeLine.org](http://TransLifeLine.org), 877.565.8860

### **Parents, Families and Friends of Lesbians and Gays (PFLAG)**

This is the nation's largest family and ally organization). [PFLAG.org](http://PFLAG.org)

### **The Institute for Welcoming Resources**

This international organization is working to make churches become welcoming and

affirming spaces for all congregants regardless of sexual orientation and gender identity. [welcomingresources.org](http://welcomingresources.org)

### **Trans Youth Family Allies**

This organization partners with educators, service providers, and communities to develop supportive environments in which gender may be expressed and respected. [imatyfa.org](http://imatyfa.org)

### **Trevor Project**

This organization provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer, and questioning [LGBTQ] young people under 25). [thetrevorproject.org](http://thetrevorproject.org), 24/7 helpline at 866-488-7386

## **Indiana-specific Resources**

### **TransIndy**

This is a peer-led social support group for transgender and gender diverse people in central Indiana. <https://transindy.org/>

### **Indiana Youth Group**

IYG creates safer spaces to foster community and provides programming that empowers LGBTQ+ youth and magnifies their voices. <https://www.indianayouthgroup.org/>

### **Gender Nexus**

Gender Nexus is bringing transgender and nonbinary communities together across Indiana to foster a community that is healthy, informed, and empowered by increasing access to care in all seven dimensions of wellness. <https://www.gendernexus.org>



## VETERANS RISK AND PROTECTIVE FACTORS

Suicide is an important problem affecting military service members and veterans. The military services include an Active Component (Air Force, Army, Marine Corps, Navy, Space Force, Coast Guard) and a Reserve Component (Army National Guard, Air National Guard). Suicide prevention efforts seek to reduce **risk factors** for suicide and strengthen the factors that help strengthen individuals and protect them from suicide (**protective factors**). Here are a few examples:

**Mental health issues (i.e. mood disorders, anxiety disorders, substance use disorder)**

**Effective care for mental and physical health problems**

**Stressful situations (i.e. childhood trauma, relationship problems, legal issues, financial troubles)**

**Life skills training (i.e. financial management, communication, family relationships, conflict resolution)**

**Physical health problems**

**Social connectedness**

**Prior suicide attempt**

# 10 THINGS YOU CAN DO TO PREVENT VETERAN SUICIDE

Recent estimates suggest that 22 veterans may die by suicide each day. It is important to know that suicide is preventable and there are things you can do to prevent veteran suicide. If a veteran has not gone through a transition back to civilian life program, this tool can also be useful.

## 1. Recognize warning signs of suicidal ideation.

Many veterans may not show any signs of intent to harm themselves before doing so, but some actions can be signs that they need help. Veterans who are considering suicide often show signs of depression, anxiety, low self-esteem, and/or hopelessness. These include:

1. Appearing sad or depressed, feeling anxious or agitated, and being unable to sleep
2. Having trouble sleeping and eating, or showing loss of interest, which doesn't go away or continues to get worse
3. Deteriorating physical appearance and neglecting personal welfare
4. Withdrawing from friends, family, and society, or sleeping all the time
5. Losing interest in hobbies, work, school, or other things one used to care about
6. Frequent and dramatic mood changes
7. Feelings of failure or decreased performance and excessive guilt or shame
8. Feeling that life is not worth living, having no sense of purpose in life
9. Talking about feeling trapped, like there is no way out of a situation
10. Feelings of desperation, and saying that there's no solution to their problem

Their actions may be dramatically different from their normal behavior, or they may appear to be actively contemplating or preparing for a suicide attempt. Unusual behaviors include:

- Performing poorly at work or school
- Acting recklessly or engaging in risky activities such as driving fast or running red lights
- Showing violent behavior, such as punching holes in walls, getting into fights, or engaging in self-destructive violence, and feeling rage or uncontrolled anger or seeking revenge
- Looking as though one has a "death wish"
- Putting affairs in order or making out a will and giving away prized possessions
- Seeking access to firearms, pills, or other means of harming oneself

Signs of suicide may appear to be very similar to Post-traumatic Stress Disorder (PTSD) symptoms; however, PTSD symptoms slightly differentiate to include having nightmares, vivid memories, or flashbacks of the event that make the individual feel like it's happening all over again, feeling constantly on guard, and being jumpy or easily startled. The determination of whether the individual was experiencing suicidal ideation and/or PTSD would be made by a medical provider.

## 2. Validate the veteran's experience: Show compassion.

Crisis provides an opportunity to help people and give them hope. Suicide is preventable. Be willing to listen and allow the veteran to express his or her feelings. Recognize that the situation is serious. Do not pass judgment. Reassure the veteran that help is available and offer hope. Show compassion by looking at the person talking or telling them that you care; compassion can be heard through your voice and translates through your nonverbal communication.

## 3. Ask the question: Are you having thoughts of suicide?

Many people fear that asking about suicide puts people more at risk. This is not true. By asking if someone is having thoughts of suicide or has hurt himself or herself, you are giving the person in need an opportunity to open up and share his or her feelings. **DO** ask the question if you've identified warning signs or symptoms. **DON'T** ask the question as though you are looking for a "no" answer: "You aren't thinking of killing yourself, are you?"

## 4. Means do matter: Know how to safely store firearms in your home.

Most veterans who die by suicide use firearms. Though many veterans are well-versed in gun safety, all veterans and their families should understand how to properly handle and store firearms in the home. The risk of unintentional firearm deaths among youth drops by 80 percent when guns are stored separately from ammunition in a lock box.

Veterans also tend to inflict self-harm by overdosing on medication. Encourage health care providers to limit the number of pills in any single prescription, especially if there is a significant risk of overdose. People who have recently been in an inpatient psychiatric unit or an emergency room for mental health or substance use are at increased risk for suicide 90 days following discharge.

## 5. Encourage treatment and expedite getting help.

Take the veteran to a local walk-in crisis center or call the national suicide prevention lifeline. Try to get the person to seek immediate help from his or her doctor or the nearest hospital emergency room or call 911. Once you have gotten the veteran to seek help, reach out to them to show that you care. Follow up with the person after the event; let him or her know that treatment works, and that life can get better. Use the resource locator: [VeteransCrisisLine.net/ResourceLocator](http://VeteransCrisisLine.net/ResourceLocator) and use SAMHSA's Find Help and Treatment Locator: [www.samhsa.gov/find-help](http://www.samhsa.gov/find-help).

## 6. Promote veteran employment: Help transition servicemembers to civilian life.

Finding employment, understanding the opportunities available from vocational rehabilitation programs, and financial stress can be overwhelming for anyone. Employers can work with VA community employment coordinators (CECs) — based at nearly every VA medical center — to share job openings and set up interviews with qualified veterans.



## **7. Intentionally connect with female veterans.**

Female veterans have a significantly higher suicide risk than their non-Veteran civilian counterparts: Adjusting for differences in age, risk for suicide is 2.4 times higher among female veterans when compared with U.S. civilian adult females.

Consider reaching out to partners to ensure that any messaging for Veterans considers women and men. Host an event for female veterans and consider reaching out to key leaders in the community who can help connect them to one another. Health care providers should take care to assess all women in crisis against the same criteria used for men: veteran status, access to firearms, substance misuse, and level of connectedness.

## **8. Connect veterans to each other and to service.**

Veterans who have served their country have a range of skills and values that can benefit their communities. Encourage members of your community to host service days or other opportunities for veterans to support fellow veterans, servicemembers, and the community at large.

Male veterans over the age of 65 are at increased risk for suicide. This is a time in life that can include retirement, loss of family members, or long-term depression, which can all lead to increased substance use and social isolation. Inquire about what skills a veteran has gained during and after military service and offer him or her opportunities to connect with others.

## **9. Get technical: Using technology to reach veterans and enhance connectedness.**

Reach out to your community to find people, companies, and nonprofit organizations that are using social media, email, or text messages to reach out and connect to people. Some health care providers are using video technology, referred to as telehealth, to improve how people receive health care, especially those who live in more rural settings.

## **10. Treatment works: Promoting substance use treatment and mental health recovery.**

Many communities are unaware of the resources they already have to help people who are facing an emotional crisis or substance use problems. Consider hosting community events where local providers can offer education and resources to veterans and their families. Promote sobriety with family-friendly events, such as block parties, farmers markets, and athletic events like a 5K walk/run. Work to engage substance use disorder prevention organizations and treatment centers in the event, promoting recovery.

Most people who die by suicide were last provided health care in a primary physician's office. Connect with health professionals in your area and give them information on military and veteran culture. Encourage providers to have direct discussions with their patients about preventing suicide and amplify suicide prevention messaging in their clinics. Direct them to training and resources from their local VA Suicide Prevention Coordinator or other online sources.

# Safe firearm storage matters...

Because no one can un-fire a firearm

For someone in crisis, a locked firearm can mean the difference between a tragic outcome and a life saved. Though many veterans are well-versed in firearm safety, all veterans and their families should understand how to properly handle and store firearms in the home.



Firearm injuries were the **second leading cause** of injury-related deaths nationwide in 2015.

– CDC Report, 2017



A 2014 study showed that firearms could be found in roughly **31% of households** nationwide.

– General Social Survey, 2014



Research shows there is a **70% lower risk** of unintentional firearm-related injury and death among youths when guns are stored safely.

– Journal of the American Medical Association, 2015

## Take these simple steps to keep your family safe:

- Make sure firearms cannot be accessed by children and unauthorized adults by keeping guns locked and unloaded when not in use.
- Store ammunition separately from firearms and out of reach of children and unauthorized adults.
- Regularly reassess steps to ensure safe storage and use of firearms, especially during periods of increased stress or emotional crisis.
- Request a gunlock from your local VA Suicide Prevention Coordinator. Find your local SPC at [VeteransCrisisLine.net/ResourceLocator](https://www.veteranscrisisline.net/ResourceLocator).

Learn more about how you and your family can be there for a veteran or servicemember in crisis:

[bethereforveterans.com](https://bethereforveterans.com)

## VETERAN RESOURCES

### **U.S. Department of Veterans Affairs**

Explore the VA benefits that help veterans thrive.  
[www.explore.va.gov](http://www.explore.va.gov)

### **Center for Women Veterans**

Women are one of the fastest-growing subgroups of veterans, and they are signing up for VA health care and benefits at higher rates than ever before.  
[www.va.gov/womenvet](http://www.va.gov/womenvet)

### **MyHealthVet**

veterans can use this portal to access pharmacies, appointments, messages, and health records.  
[www.myhealth.va.gov](http://www.myhealth.va.gov)

### **VA's Self-Paced Online Training**

The VA offers self-paced online trainings to veterans with topics such as "Moving Forward: Overcoming Life's Challenges" and "Anger and Irritability Management Skills."  
[www.veterantraining.va.gov/](http://www.veterantraining.va.gov/)

### **Homeless Veterans or Those at Risk of Becoming Homeless**

This helpline is for veterans who are experiencing homelessness or are at risk of becoming homeless. 1-877-4AID-VET (1-877-424-3838)

### **Caregiver Support Program and Phone Line (1-855-260-3274)**

These programs are available both in and out of your home to help support veteran families.  
[www.caregiver.va.gov](http://www.caregiver.va.gov)

### **Coaching Into Care (1-888-823-7458)**

Coaching Into Care is a national telephone service at VA that aims to educate, support, and empower family members and friends who are seeking care or services for a veteran.  
[www.mirecc.va.gov/coaching](http://www.mirecc.va.gov/coaching)

### **Make the Connection**

This online resource is designed to connect veterans, their family members and friends, and other supporters with information, resources, and solutions to issues affecting their lives.  
[www.MakeTheConnection.net/resources/spread-the-word](http://www.MakeTheConnection.net/resources/spread-the-word)

### **Veterans Crisis Line**

Call 1-800-273-8255 and press 1, text to 838255, or chat online at [VeteransCrisisLine.net/Chat](http://VeteransCrisisLine.net/Chat).

## **Indiana-specific Resources**

### **Indiana National Guard Crisis Intervention**

The Indiana National Guard (INNG) Crisis Team operates two 24-hour crisis lines for INNG soldiers; [www.in.ng.mil](http://www.in.ng.mil), Crisis Intervention Team: 317-247-3114, INNG Behavioral Health Access Line: 317-247-3155

### **Indiana Vet Centers**

For those veterans who may not be eligible for mental health services through the VA, or for those who would prefer not to go to the VA for mental health services, the Vet Center provides a broad range of counseling, outreach, and referral services to combat veterans and their families. Vet Centers also guide veterans and their families through many of the major adjustments in lifestyle that often occur after a veteran returns from combat. For more information on Vet Centers, go to [www.vetcenter.va.gov](http://www.vetcenter.va.gov)

- Indianapolis Vet Center – (317) 988-1600 or (877) 927-8387
- Gary Area Vet Center – (219) 736-5633 or (877) 927-8387
- Evansville Vet Center – (812) 473-5993 or (877) 927-8387
- Fort Wayne Vet Center – (260) 460-1456 or (877) 927-8387
- South Bend Vet Center – (574) 231-8480 or (877) 927-8387



## PEOPLE OF TRIBAL NATIONS RISK AND PROTECTIVE FACTORS

People of Tribal Nations have experienced devastating collective, intergenerational massive group trauma and compounding discrimination, racism, and oppression. Suicide prevention efforts seek to reduce **risk factors** for suicide and strengthen the factors that help strengthen individuals and protect them from suicide (**protective factors**). Here are a few examples:

**Substance use and  
community violence**

**Historical trauma and  
discrimination (forced  
relocation, removal of  
children to boarding  
schools, etc.)**

**Alienation (i.e.  
disconnection from their  
family of origin or culture)  
or acculturation**

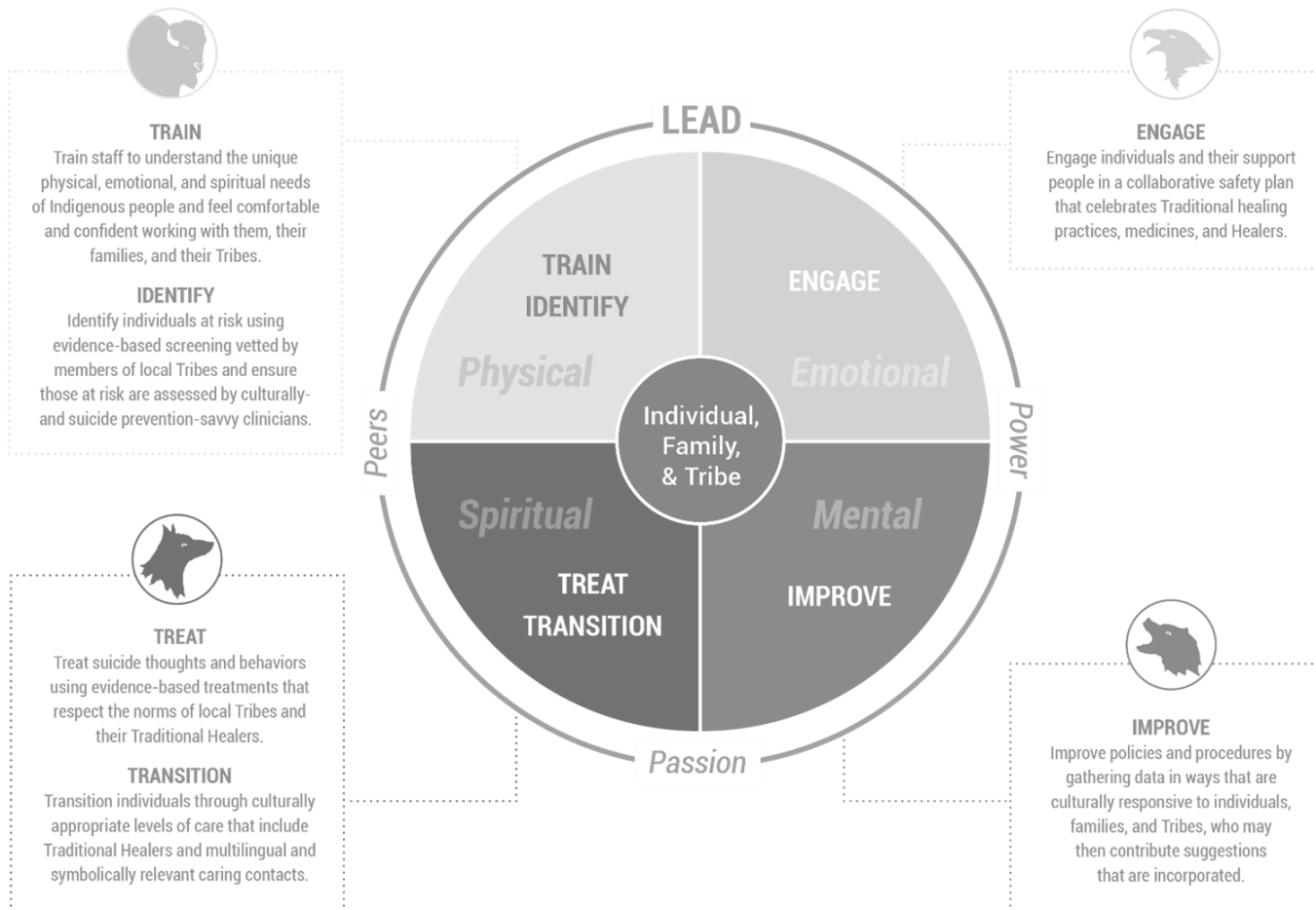
**Mental health services  
access and use**

**Cultural identification  
and connectedness (i.e.  
religion, culture)**

**Spirituality  
(commitment to tribal  
spirituality)**

**Community control  
(ability to implement  
programs and have  
centralized forms of  
governance and  
structure)**

# ZERO SUICIDE FOR PEOPLE OF TRIBAL NATIONS



Zero Suicide’s Indian Country toolkit contains recommendations for the implementation of Zero Suicide in Tribal Nations.

It is important to note that there is no such thing as “Native Culture”; rather, there are thousands of unique cultures into which—if done with cultural humility and with focused attention on the Tribe itself, its healing ways, its leadership (i.e. chief, governor, president, and/or chairperson, as well as the tribal council and its youth and elders councils)—Zero Suicide may be implemented effectively and appropriately.

More information can be found about this toolkit here:  
[https://zerosuicide.edc.org/toolkit/indian-country#quicktabs-native\\_american=0](https://zerosuicide.edc.org/toolkit/indian-country#quicktabs-native_american=0)

## How History Affects the Present

Many families of all backgrounds have experienced some type of trauma, but for families from Tribal Nations, there has often been both personal and historical trauma. People who have been through many difficult experiences (especially if these happen in childhood) are more likely to face health, mental health, and substance use challenges.

Individuals from Tribal Nations...

- experience serious psychological distress 1.5x more often than the general population
- experience PTSD more than twice as often
- experience substance use disorder at younger ages, and at higher rates, than in all other ethnic groups

*“By reflecting on how these experiences may have shaped our families, we are taking the first step in recognizing both the strengths we have as a community, and the ways of coping that may no longer be serving us. With this self-knowledge and historical knowledge, we can help our children draw from our community’s strengths and find new ways of healing and living that will allow them to have better mental health and wellbeing. Our history does not define our destiny.”*

- Circles of Care California Cohort



### Further Information

This guide was developed as a part of the Suicide Learning Collaborative Toolkit. To find out more about suicide prevention in Indiana and nationally, please visit:

[In.gov/issp](https://www.in.gov/issp)  
[In.gov/isdh/21838.htm](https://www.in.gov/isdh/21838.htm)  
[Indianasuicideprevention.org](https://www.Indianasuicideprevention.org)  
[afsp.org](https://www.afsp.org)  
[sprc.org](https://www.sprc.org)

This information was adapted from a brochure by Each Mind Matters, which can be found here: <https://ccuih.org/wp-content/uploads/2020/02/Mental-Health-Support-Guide-Native-Families.pdf>

## Mental Health Support Guide for People of Tribal Nations



## Approaches to Healing

People from Tribal Nations are the product of a resilient, strong people and culture. This resilience and strength can help future generations to **heal, grow, and thrive**.

For example, many Native people have a strong sense of connectedness, reciprocity, balance, and completeness that frames their view of health. This holistic worldview can be the basis of healthy coping skills and improved mental well-being.

This worldview and sense of community can also give people of Tribal Nations a strong foundation when facing mental health challenges. Although adults may feel comfortable seeking support from a spiritual leader – for depression, anxiety, or alcohol and drug problems – young people may not have such strong ties to their ancestry, even though they still need welcoming community support to thrive.

When young people can call upon their community for support and reach out for additional tools like counseling from a mental health provider, they have the best opportunity for healing.

## Different Forms of Support

Social support from parents, other caring adults, and peers is vital for Native youth to feel empowered to seek help for their mental health concerns. All children are unique, and a one-size-fits-all approach should never be forced onto someone seeking care. Healing happens when the child is provided with unconditional support.

For many young people, the most effective care is a mix of cultural tradition and medical intervention. **Seeking different types of support doesn't make a person any more or less a part of their community.**

**Every step toward better mental health should be celebrated, and everyone's path to wellness is unique.** Parents and professionals should respect the young person's self-knowledge and chosen way to heal.

If a therapist or medication isn't working for someone, **parents and young people have the right to be discerning consumers and ask for alternatives** or seek care that is a better fit.

Asking for help is a sign of **strength, not weakness**.

## Where to Find More Support

National Suicide Prevention Lifeline

- Call 1.800.273.8255 (TALK)
- Text "IN" to 741741

Be Well Crisis Line

- Call 211, press 3

Veterans Crisis Line

- Call (800)273-TALK (8255)
- Text anything to 838255

## Helping Young People in Crisis

A Native young person's community is the most important intervention point if they are going through a crisis. Help young people by:

1. Learning how to recognize the signs that they may be thinking of suicide
2. Talking with them about their feelings, and
3. Connecting them to someone who can help.

Know the signs of suicide, find the words, and reach out.  
**suicideispreventable.org**

If you or someone you care about is in crisis, call the National Suicide Prevention Lifeline at **1-800-273-8255**.

## PEOPLE OF TRIBAL NATIONS RESOURCES

### **WeRNative**

This website provides mental health resources and stories by Native youth for Native youth. Content includes “When your friend is talking about suicide,” deliberate self-harm, warning signs, and how you might feel if a friend takes their life or is experiencing suicidal ideation. <https://www.wernative.org/my-life/my-mind/suicide>

### **Indian Health Service**

#### *Behavioral Health: Suicide Prevention*

This webpage lists suicide prevention programs, resources, and documents for American Indian and Alaska Native communities. <http://www.ihs.gov/behavioral/index.cfm?module=BH&option=Suicide>

### **Indian Health Service**

#### *AI/AN Community Crisis Response Guidelines*

The Community Practice Guidelines are an effort to address the importance of federal and tribal partnerships in addressing suicide behavior-related crises. <https://www.ihs.gov/suicideprevention/communityguidelines/>

### **Suicide Prevention Resource Center**

#### *Ai/AN Suicide Prevention*

This website provides resources and knowledge specific for American Indian and Alaska Native populations to support suicide prevention and mental health promotion. <http://www.sprc.org/aian>

### **National Suicide Prevention Lifeline**

This site, home of the National Suicide Prevention Lifeline, gives suicide prevention materials and resources, specifically for Native individuals and communities in the U.S. <https://suicidepreventionlifeline.org/help-yourself/native-americans/>

### **Action Alliance**

#### *Hope for Life Day Toolkit*

This toolkit will help community organizers take specific steps to change the conversation about suicide, spread awareness, and foster hope to help address suicide in their communities. <https://theactionalliance.org/communities/american-indian-alaska-native/hope-life-day-toolkit>

### **Center for Native American Youth at the ASPEN Institute**

The Center for Native American Youth (CNAY) was created to raise awareness for and prevent teen suicide in Indian Country. <https://www.cnay.org/our-work/suicide-prevention/>

## **Indiana-specific Resources**

### **American Indian Center of Indiana, Inc.**

The center provides health care resources, including a Native-focused guidebook for recovery after a suicide attempt. <http://www.americanindiancenter.org/default.php>

### **The Pokagon Band of Potawatomi**

This health clinic in South Bend, Indiana, provides behavioral health services and other medical services. <https://www.pokagonband-nsn.gov/government/departments/health-services>

### **Urban Indians**

This organization’s resources are available to all members of tribes in the U.S., regardless of whether the individual resides on a reservation. <https://www.nuifc.org/>