IHS/BIA/BIE/SAMHSA
Action Summit for Suicide Prevention

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Welcoming Remarks

by

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Good morning. I am Dr. Yvette Roubideaux, Director of the Indian Health Service (IHS). It is a pleasure to welcome all of you to this Action Summit for Suicide Prevention, which is being jointly hosted by the IHS, Bureau of Indian Affairs (BIA), Bureau of Indian Education (BIE), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

The focus of this conference is on taking action to prevent suicide in our communities. Suicide is a huge, challenging, and heartbreaking problem in Indian Country, especially among our youth. However, we are here today because we have hope that we can take action to address this problem. Since no one person, program, or federal agency can solve this problem alone, the IHS is committed to using a collaborative approach to addressing this crisis in our communities.

This conference is the result of a collaboration that was requested by Tribes. During my first year as Director, Tribes often asked, "Why can't the federal agencies collaborate and coordinate their efforts on suicide prevention?" This Action Summit represents our response to this call for collaboration.

This partnership between the Department of Health and Human Service (IHS and SAMHSA) and the Department of Interior (BIA and BIE) began this past year with cross-agency meetings and then a round of ten tribal listening sessions on suicide prevention.

The IHS, BIA, BIE, and SAMHSA hosted ten regional listening sessions from November 2010 to February 2011 to gather information from tribal communities on the impact of suicide in Indian Country, and to develop strategies for federal agencies and Tribes to work together to address suicide. The information obtained from the listening sessions helped determine the agenda and topics to be presented at this summit. I thank all of you who provided input and testimony at the listening sessions.

And now we are all here at this Action Summit to do everything we can to understand, learn, network, share best practices, and take action so that we can work together to prevent suicide in our communities. Thank you to the Tribes who pushed us all to work together on this challenging problem that needs our attention and action.

Tribal consultation is one of our highest IHS priorities. I believe the only way we are going to improve the health of our communities is to work in partnership with them. We will be so much more successful in all our efforts if we work in partnership with Tribes, especially on addressing

suicide prevention in Indian communities. Tribes have the best understanding of what suicide prevention approaches will be most effective in their individual communities, so we need their input to successfully address this tragic problem. Tribes see the big picture of all the unique challenges and strengths within our communities and programs that impact this problem. Through their leadership and our collaboration, we can work together to find and enact solutions.

Another one of our agency priorities is to improve the quality of and access to care. This includes our efforts to address suicide prevention as a healthcare system and a federal agency. We are participating in a variety of initiatives to help prevent suicide in tribal communities.

The IHS National Suicide Prevention Initiative has been established to help address the tragedy of suicide in American Indian and Alaska Native communities. This initiative builds on the foundation of the HHS "National Strategy for Suicide Prevention," while ensuring we honor and respect tribal traditions and practices.

This initiative includes five targeted approaches to suicide prevention. The first targeted approach is "*to assist IHS, tribal, and urban Indian programs and communities in addressing suicide through community-level, culturally appropriate methods*."

To help us meet this goal, the IHS Methamphetamine and Suicide Prevention Initiative has funded 127 community-based programs to address methamphetamine abuse and suicide prevention and treatment. I am grateful these programs are joining us at this Action Summit.

The second targeted area is "*to help identify and share information on best and promising practices.*"

The IHS Division of Behavioral Health has created a Community Suicide Prevention website, which is linked to the IHS home page. It contains culturally appropriate information about best and promising suicide prevention and early intervention programs and training opportunities. It also includes a link to the National Suicide Prevention Lifeline website and lists a toll-free telephone number to call to access local crisis centers that provide suicide prevention and intervention services.

The third targeted area, "*improving access to behavioral health services*," includes such innovative approaches as tele-behavioral health technology, which is increasingly being adopted to improve access to behavioral health services. Currently, over 50 IHS and tribal facilities in eight IHS Areas are augmenting on-site behavioral health services with tele-behavioral health services.

The fourth targeted area is to help "*strengthen and enhance IHS epidemiological capabilities*." IHS has developed a Suicide Reporting Database to gather more accurate and timely data at the point of care, which can be used to inform intervention and prevention efforts. And we have incorporated depression screening tools into the IHS Electronic Health Record system to identify at-risk patients for treatment and referral.

The fifth targeted area is to "*promote collaboration between tribal and urban Indian communities with federal, state, national, and local community agencies."* This summit's theme, "Partnering with Tribes to Protect the Circle of Life," emphasizes the importance of collaboration with tribal, federal, state, and community programs for the advancement of American Indian and Alaska Native behavioral health.

IHS also partners with the Department of Veterans Affairs (VA), Health Canada, and the Federal Partners for Suicide Prevention, which includes the Centers for Disease Control, VA, BIA, BIE, and SAMHSA. And IHS co-chairs the American Indian and Alaska Native Task Force of the National Action Alliance for Suicide Prevention.

We are working hard to change and improve the IHS and to better address high rates of suicide and other health disparities among American Indian and Alaska Native people. It will take all of us, working together, to find effective solutions to this devastating problem.

Thank you for attending this meeting and please know that I am so grateful for all the work you are doing to address the tragic epidemic of suicide in Indian Country. After reviewing the agenda

and all the wonderful information and presentations being shared, I have so much hope that the answers are here, in this room, and that we all will take the lessons of this conference back home, take action, and truly make a difference in reducing the epidemic of suicide in tribal communities.

Thank you and I hope you have a wonderful meeting.