



The Dialogue

A QUARTERLY TECHNICAL ASSISTANCE BULLETIN ON DISASTER BEHAVIORAL HEALTH

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SAMHSA DTAC Director's Corner

In our work to provide free training and technical assistance about disaster behavioral health (DBH) preparedness and response, SAMHSA DTAC is often reminded of the importance of cultural sensitivity. Most recently, it has been on our minds as we have assisted with the disaster response in Japan and with Japanese Americans, and it is reflected in our newly posted Disaster Behavioral Health Information Series (DBHIS) installment on immediate disaster response, which lists helpful resources in both Japanese and English (<http://www.samhsa.gov/dtac/resources>).

In this special edition of *The Dialogue*, we are excited to further explore the topic of cultural sensitivity as it relates to tribal communities. SAMHSA DTAC's mission drives us to assist tribal leaders and DBH professionals with helping tribes that are experiencing repeated disasters (e.g., youth suicides or recurrent flooding or other natural disasters). For example, we have recently posted a new DBHIS installment solely dedicated to tribal issues, which can be found at the link listed above. In addition, SAMHSA DTAC is developing a DBH needs assessment survey for

tribal communities to determine how we can best help these communities. If you are interested in finding out more about this survey, please email us at DTAC@samhsa.hhs.gov. Also, please share this special edition of *The Dialogue* with others you think would benefit.

Warmest Regards,

Amy R. Mack, Psy.D.
SAMHSA DTAC Project Director

RESPECT WITH RECOVERY

One Person's Lessons Learned from Working with Alaska Native Communities

Contributed by Ramona VanCleve¹

I climbed down from the small plane in a remote Alaskan village close to the Arctic Circle, turning to face a couple of dozen shyly smiling people.

“Why are you here?” a man asked, stepping forward, clearly in a position of leadership.

“To see if I could help your community,” I said in my most professional voice.

“Oh, you are here to work with us,” the man said to me. As he said “us,” he gestured to include everyone standing there.

That is when I understood that I was not there as a Government employee; I was there with permission, as a partner in their disaster recovery. I tried again to explain my presence. “I want to listen and hear your story about what happened in the flood.” The smiles grew slightly broader and people moved closer.

The man who approached me was the village First Chief. It was lucky for me that he started the conversation, setting the ground rules and offering his respect, which led others in his village to respect me too.

Respect for each other is one of the greatest assets we can give and receive during disaster recovery. For some disaster response workers, that means respecting the differences, the challenges, and the decisions of a close-knit community in a remote region of our country. How do we show our respect for the survivors? One way is by caring about the culture of those we are trying to help.

It was easy to see that the buildings and personal belongings were badly damaged or completely destroyed. However, in spite of this destruction, it was evident that the spirit of the people was strong: they had ownership of this event. What they needed from us was a clear explanation of how our programs work—to have us explain our role and presence without speaking in acronyms.

Lessons from the Field

To help us understand the culture, Government agencies required all of their staff who would be working in Alaska villages to attend a cultural course to give us some insight into the various Alaska Native groups. This knowledge, while not in depth, taught us how to be open to communal discussions while still protecting individual privacy issues and gave us

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¹ Individual Assistance External Liaison, Federal Emergency Management Agency (FEMA)



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an understanding of needs that are not the norm in other areas of the United States, including the urban areas of Alaska.

We knew it would be our duty to help survivors become comfortable with strangers who came to their land following the disaster, when nothing was “normal” for the individuals and families. As disaster responders, we had to learn how to travel to remote communities, to experience the harsh realities of nature where temperatures can dip to 60 degrees below zero, and to understand the subsistence lifestyle: living off of the land, hunting, fishing, and gathering.

We also had to learn how to balance the needs of the program with the needs of the people. For example, our program benefits are determined based on a series of questions and a visual inspection. To that end, when asking a question, it was important for us to ask one question at a time. We were to stop and wait for the answer, listening before we spoke again.

While this process was important in terms of communicating our respect for the disaster survivors, it was out of respect for us that they thought about their answers before speaking. Those working in a tribal community need to have patience. Not only are people in these villages unfamiliar with the programs we provide, but they also have never experienced a disaster they could not take care of by themselves.

We also learned to ask about their families and listen as they told their stories, which were fascinating and shed light on the family fabric, their priorities, and their worries. These experiences were helpful in reminding us that our host or hostess was not only assisting us in doing our job but also was a leader and a survivor and responsible for his or her own, often extended, family.

Reaping the Rewards of Service

In the end, most disaster survivors received some benefits from our disaster relief programs, but I received so many benefits as well. I learned lessons about the strength in banding together against the elements; in communal decisionmaking; and in the experience of allowing children to be part of the discussion and decisions. I learned lessons also from community meetings where people made decisions and prioritized issues, meetings that included the infirm, elderly, or single parents with young children, all collaborating for the collective good. Anyone who goes to help within these communities will become part of the collective good—and it is helpful to put that first.

To travel to these wonderful, geographically diverse communities is a privilege, not a right. When you do, remember three rules: take care of yourself so as not to be a burden, respect each other and the cultures, and be kind to the survivors. ■

Special Feature

Suicide in Indian Country: The Silent Epidemic

Contributed by Jacqueline S. Gray, Ph.D. (Choctaw/Cherokee)¹

There are 565 federally recognized American Indian tribes and Alaskan villages in the United States. With a population totaling about five million people, or about 1.6 percent of the U.S. population, we share a lot of diversity within our small group.

About 60 percent of American Indians and Alaska Natives (AI/AN) live in urban settings. Unfortunately, AI/AN people experience disproportionately high rates of poverty, unemployment, crime, anxiety, depression, substance abuse, and disease compared to the rest of the U.S. population. According to the National Institute of Mental Health, American Indians are 510 percent more likely than the general population to die of alcoholism, 189 percent more likely to die from diabetes, and 229 percent more likely to die from automobile accidents.

Another area of health disparity is suicide: American Indians are 70 percent more likely to die by suicide than the general population. A

suicide cluster, a series of suicides within the same geographic area, can result in suicide rates on a reservation that are as high as 25 times the national average.

While most ethnicities have the highest suicide rates in their older population, within the AI/AN community the group at highest risk is those under the age of 25. Due to the close relationships of those on reservations, the impact is far reaching and seems to have a ripple effect on the young people. Most high school students in Indian Country indicate they know someone who has attempted or completed a suicide. Almost one in four youths who are AI/AN has attempted suicide one or more times in their lives.

Some areas have limited mental health services, while others lack even basic services. The Indian Health Service (IHS) has about 25 percent of the funds needed for appropriate mental health services. Culturally appropriate services are seldom used. Add to this the stigma associated with seeking

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Are you in crisis? Please call **1-800-273-TALK**.

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help and high turnover rates of providers, and you can begin to see the monumental issue at hand.

By the time a state of emergency is declared and requests are made for outside assistance, much has usually already taken place. A staff of two or three mental health professionals may have done 2,500 suicide assessments in the past 6 months, in addition to their regular caseload. These providers may also be members of the community who are impacted by the tragic loss of these young people. The Garrett Lee Smith Act has provided suicide prevention resources to over 15 tribal programs across the United States, but once the funds are gone the shortages and needs remain.

The primary response in the rural reservation setting is to bring in mental health professionals from other tribal areas to assist. This leaves those sites with even fewer resources to take care of their own communities.

Factors to Consider When Helping in Indian Country

When responding to a state of emergency in Indian Country due to suicide, it is important to note that you may have fewer resources at your disposal than you are used to in your work. There may be wide areas with no cellular coverage; no

access to the Internet; and few gathering places to bring young people together, with transportation to those locations difficult. When you bring resources, have hardcopies of what you need. In many cases the most current computer software is not in use; if computers are available, they may be older models. If you want to do art therapy with children, bring the supplies you need with you, as access to supplies may be limited.

When responding to a suicide emergency in Indian Country, do not assume there are no qualified professionals already there or that nothing has been done to address the problem. Show caring and humility; do not come in thinking you will act as an expert. Be respectful to elders in the community; they are elders because of their wisdom and leadership and have a great deal to offer. Dr. Elaine Miller, a psychiatrist in Indian Country for many years, told me, “Remember, people do not care how much you know until they know how much you care.”

Communication is a key factor in providing assistance to tribal communities. It can be overwhelming to a community to have people descending upon them wanting to help, and too many agencies being involved can create more problems than solutions. It's important to have one person to serve as a point of contact and offer

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Working with AI/AN Communities: Do's and Don'ts

Do:

- > Have one point person for communication.
- > Work in pairs, with each preferably composed of one community member and one mental health professional.
- > Have regular debriefings.
- > Know the credentialing and background check requirements, and have documentation with you.
- > Be flexible and willing to serve in any role needed.
- > Be humble and willing to listen and ask for clarification.
- > Arrange your own housing.
- > Bring with you the resources you will need.
- > Check out IHS and SAMHSA resources.
- > Visit <http://www.sprc.org> for information about working in AI/AN communities.

Don't:

- > Come in expecting to serve as an expert.
- > Assume there are no trained professionals from the area.
- > Be ungrateful for what the community offers; it may be all they have.
- > Assume you will have cellular and Internet service.
- > Plan to do research without getting proper approvals prior to gathering data.

Resources for Additional Information

- > IHS has dedicated a website to nationwide initiatives geared toward the prevention of suicide among American Indians (<http://www.ihs.gov/nonmedicalprograms/nspn/>).
- > In May 2010, SAMHSA released a publication titled *To Live to See the Great Day that Dawns: Preventing Suicide in American Indian and Alaska Native Youth and Adults*. This free guide is available for download at http://www.sprc.org/library/Suicide_Prevention_Guide.pdf or from the Substance Abuse and Mental Health Publications/SAMHSA Store website; the publication's page is <http://store.samhsa.gov/product/SMA10-4480>.
- > There is also a culture card on AI/AN provided by SAMHSA that can be helpful in understanding some of the background of working with tribes; you can view and download this resource at <http://store.samhsa.gov/shin/content/SMA08-4354/SMA08-4354.pdf>.

assistance. The point person should be in contact with the IHS headquarters and area office, as well as with the tribe. Because of the difficulty of vetting credentials of volunteers, sometimes the tribe will only allow someone to help who has already been vouched for by someone they respect. This is another reason having one person as a point of contact is important—he or she will be able to let the tribe know that particular volunteers are acceptable and appropriate for working with them.

It's important to remember tribes are sovereign nations and there are protocols on how to interact with them. IHS usually knows the protocols, the history of the issues, and the key respected community leaders to work with. Many times there may be recurrences of suicide clusters. Knowing

what has and has not worked in the past can be helpful in planning a response.

Here are some additional things that are good to do when responding to a crisis in Indian Country:

- > Find out what resources are available locally.
- > Send responders in pairs, preferably teams, with each team consisting of a local person and someone who has been deployed.
- > Have regular debriefings so everyone knows what is happening.

IHS requires a Federal Bureau of Investigation background check before mental health professionals can provide direct services to children. This takes time and cannot be accomplished in an emergency situation. Consider

what else you can do, such as consulting adults, preparing materials or announcements, or pairing up with another person who has clearance. When I responded I was licensed in a different State but was able to help with communication and resource development, and I partnered with an IHS mental health provider for direct services. I was asked to help get credentials for people who wanted to volunteer. The tribe asked that we only consider licensed American Indian providers because they were overwhelmed with requests from people who hoped to volunteer. If any research data will be collected, make sure you have prior approval of the tribe.

People coming in can be a financial drain on the community. There may be upwards of 90 percent unemployment within the community. Within Native culture it is important that people are hospitable and generous and that they offer food and drink. In some poorer communities this may be a cup of coffee and peanut butter sandwich. If you choose to bring in food, make it available for common use with other food that has been gathered. Make sure you have housing arranged prior to arriving because many communities won't have resources available to provide housing. There may be Bureau of Indian Affairs or IHS housing, but you may have to find accommodations up to an hour or more away. ■

Suicide Prevention in Native American Communities

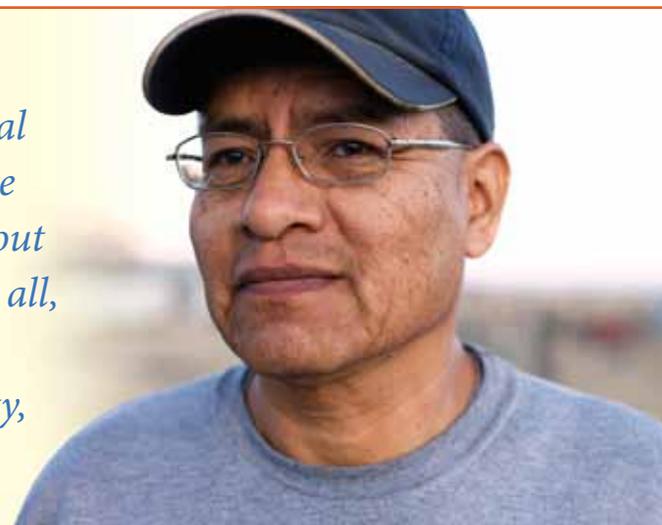
Contributed by Petrice Post, M.A.¹

Preventing suicide in Native American communities can be an intimidating task, even for those with experience in suicide prevention and behavioral health. It can be difficult to see beyond the high rates of suicide and the concentration of risk factors including poverty, rural isolation, and a culture with which non-Native practitioners may be unfamiliar. But Native American people and cultures also have assets that can be used in combination with your experience to help reduce the toll that suicide takes on these communities.

The Impact of Historical Trauma

Native American people face many of the same risk factors for suicide as other Americans. But Native Americans also confront additional risk factors that derive from their unique historical experience. This history resulted in a mass relocation from ancestral homelands to reservations, the majority of which are located in rural areas with limited economic development, which has fostered high unemployment and limited educational opportunity. This isolation and lack of opportunity can produce a hopelessness and lack of connectedness that in turn can amplify risk factors for suicide, such as depression and substance abuse.

As with other groups that have experienced prolonged historical suffering, Native Americans are sometimes reluctant to talk about family and personal trauma at all, much less with someone from outside their family, community, or culture.



The history of Native American peoples has also resulted in attitudes and behaviors that can present challenges to suicide prevention. As with other groups that have experienced prolonged historical suffering, Native Americans are sometimes reluctant to talk about family and personal trauma at all, much less with someone from outside their family, community, or culture. This can be challenging for practitioners from a culture in which personal issues are commonly discussed.

Bridging the Cultural Divide

Each of the 565 federally recognized tribes has its own culture and history. And each has its own assets and traditions that can be brought to bear on preventing suicide. The key to understanding these assets and traditions is to develop relationships with the community and seek advice on how to exercise your expertise and resources in ways that will be effective within that community's culture and history. One way of bridging the cultural divide is to work with a cultural advisor (sometimes called a cultural mediator or bilingual consultant). A cultural

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¹ Tribal Prevention Specialist, Suicide Prevention Resource Center



Suicide Prevention Resources for Native American Communities

In your work with Native communities, the following resources may be helpful:

- > *Culture Card: A Guide to Build Cultural Awareness; American Indian and Alaska Native*
<http://store.samhsa.gov/product/SMA08-4354>
- > *Having Trouble Coping After a Disaster? There Is Hope.* (National Suicide Prevention Lifeline wallet card)
<http://store.samhsa.gov/shin/content//SMA11-DISASTER/SMA11-DISASTER-15.pdf>
- > *Safe and Effective Messaging for Suicide Prevention*
<http://www.sprc.org/library/SafeMessagingfinal.pdf>
- > *SAFE-T: Suicide Assessment Five-step Evaluation and Triage* (a pocket card)
http://www.sprc.org/library/safe_t_pcktcrd_edc.pdf

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advisor can help you tailor your assessment process to the culture and language of that community and provide valuable insights into symptomology, health-seeking behaviors, and treatment options (including traditional approaches to emotional and spiritual health). Seek the advice of a community member who can introduce you to tribal elders or leaders about who might fill this role. They may assign a community member who can communicate effectively with others to help bridge both language and cultural barriers or refer you to a professional already working in their community.

Given the high rates of suicidality in, and the relatively small size of, many Native American communities, it is likely that many community members have been personally touched by suicide. Any public discussion of suicide may provoke intense emotions. It will be necessary to ask the

Many Native Americans feel that conversations about suicide are inappropriately intrusive and painful, as well as disrespectful to those who have died.

community's permission before embarking on any activities to respond to a suicide. In some cases, this permission can come from the community elders or leaders. They will be able to advise you as to the appropriate action, such as a gathering or ceremony to acknowledge the community's loss. They can also help you to ensure that your efforts will not further traumatize the community. Many Native Americans feel that conversations about suicide are inappropriately intrusive and painful, as well as disrespectful to those who have died. It may be that an appropriate ceremony for the person who died was not performed or the time period for talking about a deceased loved one has passed. A cultural

advisor will understand how to initiate and engage the community in a conversation about suicide that will validate and enable the work that may need to be done with individuals and families.

Many other valuable resources are available in the American Indian/Alaska Native Suicide Prevention section of the Suicide Prevention Resource Center website. This section can be directly accessed at <http://www2.sprc.org/aian/index>. ■

If you or someone you know is considering suicide, please contact the **National Suicide Prevention Lifeline** at **1-800-273-TALK** (1-800-273-8255).

RECOMMENDED RESOURCE

Growing Up Indian

Developed by reporter Steve Young and photographer Devin Wagner of the *Argus Leader*, *Growing Up Indian* is an eight-part online story series that provides an in-depth look at what it is like to grow up on an Indian reservation. Through photographs, videos, and articles, the series explores personal stories that illustrate the challenges, hardships, and successes of several Native Americans living on reservations in South Dakota.

The first part, “Little Neleigh,” shows the pressures of growing up a Native American female. These pressures include drugs and alcohol, gangs, and teen pregnancy. The story also examines the factors that have helped others succeed, such as strong spirituality and extended family ties.

“Surviving birth” looks at some of the factors that may play a part in the high mortality rate of Native American infants in South Dakota.

“The early years” discusses the long-term effects of alcohol, drugs, and violence on the children of the reservations.

“Pre-teen guidance” explores the structure and discipline needed in the lives of Native American children during their pre-teen years to keep them on the track to success despite poverty and the dangers and temptations of gang violence, alcohol, and drugs.

“The thoughts of suicide” is a story on Native American teens, how aspects of life on the reservation can generate and perpetuate a culture of despair, and how feelings of despair and hopelessness lead many to thoughts of suicide as a solution.

“Teens and violence” explores the prominence of gangs, violence, and drugs as a daily part of life on many reservations.

“The fleeting promise of education” is a story of how poverty, high teen pregnancy rates, and other factors play a role in the high dropout rate among Native American teens.

“Autumn and the precious few,” the final story, is a summary of the series and the teens interviewed. It



The creators of *Growing Up Indian* conducted over 140 interviews to develop the story series.

looks at the three roads that life on the reservation offers to Native American teens. There is the road of drugs, violence, and an early death, and there is the road of broken dreams and hopelessness. Lastly, there is the road to success and hope. You can view *Growing Up Indian* on the *Argus Leader* website at <http://www.argusleader.com/section/gui>. ■

Upcoming Meetings

2011 Disaster Behavioral Health Conference

July 15, 2011; Omaha, NE

This conference will provide an opportunity for psychiatrists, psychologists, social workers, mental health care providers, public health officials, nurses, clergy, emergency managers, first responders, and security professionals to meet and discuss disaster behavioral health.

<http://www.disastermh.nebraska.edu/education.html>

National Association of County & City Health Officials Annual 2011 Conference

July 20–22, 2011; Hartford, CT

This conference will provide a forum for local health officials and their public health partners to examine strategies, share ideas, and plan actions for public health leaders to create and build upon local public health through disease prevention interventions and wellness promotion and expansion of leadership capacity within local health departments.

<http://www.naccho.org/events/nacchoannual2011/index.cfm>

119th Annual Convention of the American Psychological Association

August 4–7, 2011; Washington, DC

No information currently available.

<http://www.apa.org/convention/index.aspx>

National Emergency Management Association 2011 Annual Conference

August 12–16, 2011; Des Moines, IA

This conference will provide a forum to discuss national and regional emergency management strategies with other emergency management professionals and experts in the field from around the country.

http://www.nemaweb.org/index.php?option=com_content&view=article&id=96&Itemid=211

Eighth Annual Tribal Public Health Emergency Preparedness Conference

August 16 –17, 2011; Shelton, WA

This conference will bring together tribal, State, local, and Federal agencies to collaborate and discuss trainings to improve tribal emergency preparedness and response. Public health professionals, emergency management professionals, tribal organizations, community health professionals, first responders, and community members are encouraged to attend.

http://nwtmc.org/2011_joint_EP_conf.aspx

The Fifth National Emergency Management Summit 2011

September 12–15, 2011; New York, NY

This conference will increase knowledge on how to prepare for disasters, use scarce resources wisely, implement responses more effectively, and create new partnerships. It will also be an opportunity to discuss issues regarding pandemic planning and readiness, use of social media, and engagement of ethnic and socially diverse communities.

<http://www.emergencymanagementsummit.com/>

American Public Health Association 139th Annual Meeting and Exposition

October 29–November 2, 2011; Washington, DC

The purpose of this conference is to unite the public health community in order to enhance their knowledge and exchange information on best practices, the latest research, and new trends in public health.

<http://www.apha.org/meetings/>

Webinars and Trainings

Integrating All-Hazards Preparedness with Public Health

This webinar by the National Association of County & City Health Officials features four demonstration sites that integrate all-hazards preparedness into traditional public health activities. This webinar has been archived at <http://webcasts.naccho.org/session-archived.php?id=684>.

Planning for Pandemic Influenza: Issues and Best Practices

This webinar by the National Association of County & City Health Officials features discussions on local challenges relating to vaccine distribution, isolation and quarantine, risk communication, hospital and personnel surge capacity, and community engagement. This webinar has been archived at <http://webcasts.naccho.org/session-archived.php?id=505>.

Psychological First Aid: The Role of MRC Volunteers in Disaster Response

This webinar by the National Association of County & City Health Officials provides an overview of the disaster mental health field and the role and evolution of Psychological First Aid. This webinar has been archived at <http://webcasts.naccho.org/session-archived.php?id=823>.

State of All Hazards Preparedness for Children: Partnerships & Models for Merging Emergency Department & Disaster Preparedness Efforts Nationwide

This webcast by the Health Resources and Services Administration's Maternal and Child Health Bureau features resources and tools for pediatric disaster planning, lessons learned from the H1N1 pandemic, and perspectives from national stakeholders and partners in planning. This webinar has been archived at <http://www.mchcom.com/liveWebcastDetail.asp?leid=414>.

University of North Carolina (UNC) Center for Public Health Preparedness (CPHP) Training Web Site

This site offers free Internet-based trainings developed by the UNC CPHP on public health preparedness topics such as disease surveillance; basic epidemiology; bioterrorism; diverse populations; disaster planning, response, and recovery; and emerging and reemerging diseases. Access these training at <http://cphp.sph.unc.edu/training/index.php>.

CALL FOR INFORMATION

The Dialogue is an arena for professionals in the disaster behavioral health field to share information, resources, trends, solutions to problems, and accomplishments. Readers are invited to contribute profiles of successful programs, book reviews, highlights of State and regional trainings, and other news items. If you are interested in submitting information, please contact SAMHSA DTAC at DTAC@samhsa.hhs.gov.

ABOUT SAMHSA DTAC *Established by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Disaster Technical Assistance Center (DTAC) supports SAMHSA's efforts to prepare States, Territories, and local communities to deliver an effective mental health and substance abuse (behavioral health) response to disaster. SAMHSA DTAC provides disaster behavioral health preparedness and response consultation; develops resource collections addressing disaster behavioral health planning, special populations, and emergent topics; and supports collaborations between Federal entities, States, local communities, and nongovernmental organizations. To learn more about SAMHSA DTAC, please call 1-800-308-3515, email DTAC@samhsa.hhs.gov, or visit us on the web: <http://www.samhsa.gov/dtac/>.*