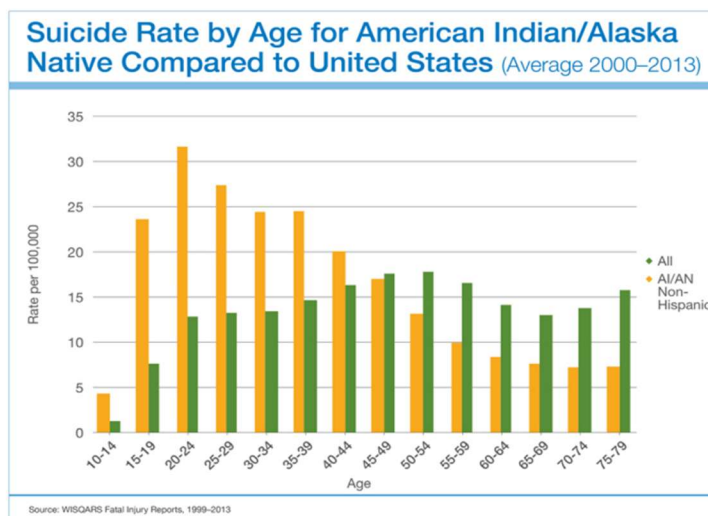


Naming the problem:

- Suicide is on the rise in Minnesota: more prevention services are needed, especially for teens.
 - “For the past 20 years, the number of suicides in Minnesota has steadily increased, mirroring patterns across the United States.” [MN DOH - News Release](#)
 - “Shadow pandemic” - increasing suicide rates has followed the isolation from peers, developmental disruption, and anxiety related to the covid pandemic.
- Suicide is on the rise for youth: “Suicide is the 2nd leading cause of death among young people 10-24 years of age in the United States (US), and rates have been rising for decades.” [Suicide: Blueprint for Youth Suicide Prevention](#)
- North American Indigenous People are at a higher risk of experiencing thoughts of suicide and dying by suicide. Due to the history of the European Imperialist genocide, cultural trauma, and purposeful community resource deprivation.



Suicide Prevention Resource Center (SPRC): <http://www.sprc.org/basics/scope/disparities>

- [Suicide Clusters Among American Indian and Alaska Native Communities](#) = Literature Review and Recommendations from SAMHSA 2017

A suicide prevention and mental health wellness curriculum for Indigenous teens is needed to heal historical harm, encourage traditional ways of healing, reduce shame associated with mental health concerns, and facilitate connection to community and peers. All of these outcomes are resiliency factors against suicide, extreme risk taking behaviors that lead to injury and death, and substance use, which as evidenced in the report quoted below are all current concerns for Indigenous youth in the US.

- [US Health & Human Services- Minority Health Report](#)
 - In 2019, suicide was the second leading cause of death for American Indian/Alaska Natives between the ages of 10 and 34.^{[1](#)}
 - American Indian/Alaska Natives are 60 percent more likely to experience the feeling that everything is an effort, all or most of the time, as compared to non-Hispanic whites.
 - The overall death rate from suicide for American Indian/Alaska Native adults is about 20 percent higher as compared to the non-Hispanic white population.
 - In 2019, adolescent American Indian/Alaska Native females, ages 15-19, had a death rate that was five times higher than non-Hispanic white females in the same age group.
 - In 2018, American Indian/Alaska Native males, ages 15-24, had a death rate that was twice that of non-Hispanic white males in the same age group.
 - Violent deaths, unintentional injuries, homicide, and suicide, account for 75 percent of all mortality in the second decade of life for American Indian/Alaska Natives.^{[2](#)}

Why a curriculum presented by non-clinical facilitators?

- US culture in general is very grief and death phobic, challenging these norms increases internal resiliency. It also normalize the experience of depression symptoms including thoughts of suicide, in turn reducing loneliness, hopelessness, shame, and isolation.
- To meet the goal of reducing teen deaths by suicide, it is essential to increase awareness of suicide prevention and intervention steps among the people teens are most likely to confide in, e.g. family, friends, teachers, after-school program staff, community center staff, and peers.

- “Efforts are needed to address disparities in youth suicide risk:
 - To equitably address suicide prevention in community and school settings, it is critical to recognize and address disparities in how mental health symptoms and behavioral problems are recognized and managed.
 - Youth have disparate opportunities and experiences in school and community settings, due to wide variation in social factors, community resources, and structural forces such as systemic racism and discrimination.”
- ["Strategies for Community and School Settings for Youth Suicide Prevention" by American Academy for Pediatric](#)

What are known emotional aspects of suicide?

Helplessness, worthlessness, hopelessness, pain that seems never ending, shame/guilt, and lack of feeling in control of your life and circumstances.

People choose suicide because it is a way they can end their pain. In suicide prevention, frame that recognizes suicide is not the problem in the mind of most folks with thoughts of suicide, but the solution to a problem.

The legacy of the white supremacist settler colonial project creates a unique pain for Indigenous Americans that cannot be healed by Western mental health approaches alone. Culturally specific recovery and prevention services are essential to healing for the next generations. Individualism exacerbates pain, especially hopelessness, shame, and lack of control, that leads to suicide being a viable option for people.

We can take lessons from suicide prevention research:

[The National Institute for Mental Health](#) found that some essential steps that clinicians can take in reducing the risk of suicide are casting a wide net, integrating interventions, laying out a roadmap, and utilizing current research and evidenced-based interventions especially culturally specific services.

From this we can take the following prompts:

Casting a wide net: getting information about suicide to everyone.

Integrating interventions: preparing the facilitator to be a connector, either to the school social worker or a community resource.

Integrating current research with culturally relevant care: utilizing evidenced-based modalities for suicide prevention curriculum allows us to challenge the cultural of silence and fear around suicide that is clearly not effective in preventing death by suicide.