

TESTIMONY
OF
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U. S. DEPARTMENT OF THE INTERIOR
BEFORE THE
COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE
HEARING ON
THE ESTABLISHMENT OF
SUICIDE PREVENTION PROGRAMS AND THEIR APPLICATION IN INDIAN
COUNTRY

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Mr. Chairman, Mr. Vice Chairman and Members of the Committee, my name is Jerry Gidner and I am the Deputy Bureau Director for Tribal Services in the Bureau of Indian Affairs (BIA) at the Department of the Interior. I am pleased to be here today to provide the Department's testimony on suicide prevention programs and their application in Indian Country. Several of my BIA colleagues accompanied me today. They are Mr. Chet Eagleman, Acting Chief, Division of Human Services; Mr. Kevin Skenandore, Acting Director, Office of Indian Education Programs (OIEP); and Mr. Peter Maybee, Assistant to the Deputy Bureau Director, Law Enforcement Services (OLES). Each is a member of a federally recognized tribe, is a senior BIA program manager, and has invaluable field experience.

I would like to take the opportunity to share the BIA's concern about Indian teen suicide and the emotionally wrenching impact it has on Indian Country.

Teen suicide is a serious long-standing problem in Indian country. Research has shown that social factors such as poverty, alcoholism, gangs, and violence contribute in the manifestation of suicidal ideation, suicidal behavior and suicide attempts by Indian children and teenagers.

The Indian Health Service (IHS) data document that suicide is the 3rd leading cause of death in Indian children age 5 to 14, and the 2nd leading cause of death in Indian teenagers and young adults age 15 to 24. In addition, the IHS data indicate that Indian teenagers/young adults' suicide rate is 2.5 times greater than the nationwide U.S. rate. Young Indian men are more at risk to completed suicides, whereas young Indian women are more at risk to suicide ideation or thoughts.

In addition, data from the biennial BIA High School and Middle School Youth Risk Behavior Surveys (YRBS) provide insight into the progression Indian children and teens go through from feeling sad or hopeless, to seriously considering suicide, to making a suicide plan, to actually attempting suicide, to incurring serious injury requiring treatment by a medical professional. The data demonstrate that approximately one-third of Indian children and teens feel sad or hopeless, in a given year, which is an early stage in a suicidal event. The most recent BIA YRBS data for Indian students enrolled in 2003 show that for Indian high school students - -

- 21% seriously considered attempting suicide in the last year, and
- 18% actually attempted suicide one or more times in the last year.

For Indian middle school students, the data show that - -

- 26% seriously considered attempting suicide, at some time in their life, and
- 15% had attempted suicide.

Furthermore, statistics from the 2002 Annual Report of the Alaska Bureau of Vital Statistics show that between 1990 and 1999, Alaska Native teens committed suicide at a rate of 110 per 100,000 or over five times greater than the rate of 20 per 100,000 non-Native teenagers in Alaska.

Although national hard data are not available on Indian country residents, the professional literature strongly suggests a close association between parental alcohol and drug abuse, child abuse (whether emotional, physical or sexual), domestic violence and suicide in children and teens. Often suicide may be the only way a child or teen sees of extricating him/herself from a hostile or threatening environment. However, the following can help prevent suicide in Indian Country:

- improved housing conditions
- increased prevention and treatment services
- increased identification of at-risk individuals and families and referral to services
- enhanced community development and capacity building thru technical assistance and training for tribal leaders and staff

BIA programs assist tribal communities to develop their natural and social-economic infrastructures (i.e., tribal governments, tribal courts, cultural vitalization, community capabilities, etc.) or provide services to fill infrastructure gaps (i.e., education, law enforcement, social services, housing improvement, transportation and so on). For the BIA, suicidal events significantly impact law enforcement personnel since they are the most likely first responders and have a significant impact on BIA/tribal school teachers and students when the suicidal individual is a child or teenager.

BIA's Law Enforcement, Education and Tribal Services programs continually seek ways to collaborate and to support activities directed at suicide prevention and services coordination. An example of this type of coordination is the BIA Rocky Mountain Region (Montana and Wyoming) Native American Youth Suicide Prevention Health Initiative developed and presented by BIA, IHS and Indian Development and Education Alliance (IDEA). The region also hosted a workshop on Native American Youth Suicide Prevention Training of Trainers in 2005, which included "natural healers" to provide referral and support.

Within the BIA's OIEP school system all Bureau-funded schools receive supplemental program funds, through the U. S. Department of Education, to operate a Safe and Drug-free School program. Schools use these funds to address a myriad of issues to make their schools safe places for students and staff. BIA schools receive about \$92 per student enrolled and use these funds to address a myriad of issues to make their schools safe places for students and staff. Past initiatives included the Comprehensive School Health Program where OIEP partnered with IHS and the National Centers for Disease Control to assist schools in developing plans that brought together the involvement of their community partners such as local law enforcement, social services, and mental and physical health providers.

OIEP is committed to ensuring a safe and secure environment for our students. Our focus is the implementation of suicide prevention strategies. The OIEP's Center of School Improvement launched a Suicide Prevention Initiative using the IHS endorsed scientifically researched based Question Persuade Respond (QPR) model. QPR is an aggressive intervention program focused on suicide prevention. An initial training in QPR was held in Denver, Colorado in August of 2004 and provided training on the QPR model to all 184 BIA funded schools and dormitories.

Administrators at the school and dorm level were instructed to complete 100% training in the QPR suicide prevention model for staff at their respective schools. Additional sets of training material have been distributed to the schools and dorms through the Education Line Offices on an annual basis. In 2004, OIEP provided training opportunities for schools to establish crisis intervention teams to address potential suicide incidents, using the QPR model.

OIEP has provided training almost yearly on prevention of risky behaviors as well as preparation required to address almost any emergency situation. Most recently, OIEP sponsored a nationwide event whereby students were dismissed for the afternoon while staff met to review their policies and procedures addressing emergency situations. Just last week, the majority of Bureau-funded schools attended a two-day “Safe Schools” training in Denver, Colorado. The focus of the training was on emergency preparedness for any type of emergency situation that would include what to do in an attempted suicide or suicide incident.

In summary, the BIA, IHS, Substance Abuse and Mental Health Services Administration, other Federal agencies, and Indian tribes must continue to work together to address all aspects of suicidal events – both before and after the event happens. Because most Indian programs fall within the respective missions of the BIA or the IHS, it is essential that the programs, in each respective agency, that directly or indirectly relate to suicidal events are coordinated and function collaboratively. BIA invites other Federal, state and tribal organizations and agencies to contact BIA regarding programmatic information, to coordinate efforts and resources, and to collaborate in addressing suicidal Indian children, teens and young adults.

This concludes my statement. I want to thank you for your concern for the wellbeing of Indian children, teens and young adults. My BIA colleagues and I will be happy to answer any questions you may have.