Indigenous Suicide Prevention Research and Programs in Canada and the United States Conference

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"Welcoming Remarks"

by

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Good morning, and welcome to the first-ever conference on Indigenous Suicide Prevention Research and Programs in Canada and the United States. You are all part of an historical event today; this conference is the first of its kind anywhere, bringing in some of the best minds in the world to chart a course for the understanding and prevention of suicide among indigenous peoples. It marks a milestone for indigenous researchers, service providers, and communities because this is the first time this level of attention has been focused on this issue. It is also the first time this large of a group of international players have gathered to help us map a long-term research and service strategy, as well as form groups to turn that strategy into action. It has been 2 years in the making, resulting from collaborations among tribal communities and villages, Health Canada, the Canadian Institutes of Health Research, the Indian Health Service (IHS), and the National Institute of Mental Health.

This conference is unprecedented and I think will serve as the stepping stone to further efforts to bring people together from around the globe to address the terrible problem of indigenous suicide. Our main charge for this conference is to share the most current information on indigenous suicide, find ways to continue that communication and collaboration, and to form and support workgroups to bring substantive research and prevention efforts forward in a multiyear effort. I hope this conference will be the first of ongoing annual gatherings to share information and the results of the two working groups.

I see this as an important adjunct to the IHS National Suicide Initiative, which I established for the Indian Health Service in September 2003 as a multiyear, multifaceted approach to suicide intervention, education, and prevention. This initiative is complemented by our Behavioral Health initiative, which seeks to address suicide prevention through a holistic, community-centered approach.

The text is the basis of Dr. Grim's oral remarks at the Indigenous Suicide Prevention Research and Programs in Canada and the United States conference on February 7, 2006, in Phoenix, Arizona. It should be used with the understanding that some material may have been added or omitted during presentation.

Guided by an IHS national suicide prevention committee composed primarily of community members from across Indian Country, the National Suicide Initiative has resulted in the development of guiding strategies and several programs to address suicide prevention activities. We have recognized that developing resources, data systems, and promising programs, as well as sharing information across the system, requires national coordination and leadership. That is why I have targeted four specific areas of support:

1. To respond with emergency personnel, programming, and logistical support to communities experiencing significant suicide crises, most recently in the Standing Rock, Red Lake, and Fort Thompson IHS services areas.

2. To develop and deploy suicide prevention and community mobilization training, personnel, and tool kits across Indian Country.

3. To develop and deploy improved technology and suicide surveillance capability, particularly telemedicine, electronic charting, and suicide monitoring technology to IHS and tribal programs.

4. The fourth objective, I am pleased to say, is being met here today: to collaborate with NIMH, Health Canada, and the Canadian Institutes of Health Research to convene this conference.

The IHS was eager to take the lead in promoting this conference because we have for some time been acutely aware of the great need for more research on suicide among American Indians and Alaska Natives, as well as on other indigenous populations.

To appropriately guide suicide prevention services and interventions among indigenous people, we need to develop a robust data base on all aspects of the problem, by strengthening our records and data gathering systems, and through sharing of information on effective monitoring, prevention, and treatment programs that have reduced suicide morbidity and mortality in indigenous populations around the world.

The Indian Health Service has long recognized the need for improved data gathering instruments, which is why we developed our electronic Clinical Reporting System, one of 60 components of our Resource Patient Management System, to make use of computer technology to capture clinical and public health data. I am very proud to say that our Clinical Reporting System was recently selected by the Healthcare Information and Management Systems Society as a recipient of the prestigious National Public Health Davies Award.

I do believe that effective electronic health information gathering systems are critical to building a significant data base for our research efforts. And I invite of all you here today to consider the use of such systems, if you do already have them. The IHS would be happy to share our knowledge of electronic health records and the overall system, the Records Patient and Management System, with you. That is why we are all here, to share and learn from one another.

Two other focus areas I have established for the IHS that are closely linked to our behavioral health program are our *Disease Prevention and Health Promotion* and *Chronic Disease Management* initiatives I feel these are worth sharing and is very pertinent to the suicide prevention issue. All of these initiatives seek to address the underlying causes of poor

physical and mental health, rather than just treating the symptoms. And they stress the empowerment and full engagement of individuals, families, and communities in health care.

I believe it is important to develop age-specific community-level suicide prevention programs that are targeted toward those at highest risk. Among our population, that unfortunately seems to be our youth, as the tragic shooting spree and deaths at Red Lake High School so horribly illustrated. Suicide is in fact the second leading cause of death for Indian youth aged 15-24, and is 2½ times higher than the national average. Those of us who have worked for years in the Indian health system all agree, and would like to share with you, that addressing suicide effectively requires the involvement of the community, schools, and all health care components, working in concert.

I would like to close by thanking all of you for joining us at this conference to share your knowledge, your wisdom, and you expertise in addressing the heart-breaking problem of suicide among indigenous people. We have a lot to share with each other, and a lot to learn from each other.

Thank you.