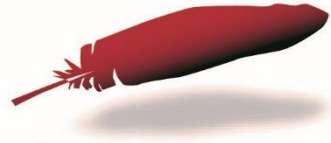


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# **SUICIDALITY & COVID-19: HOW TO HELP**

**Dr. Glorinda Segay & Courtney Wheeler**

**National Indian Health Board**

**NIHOE Training**

**June 25, 2020**

**3:00-4:00 pm EST**

# Disclaimer

- The views expressed in this training are those of the trainers and are based upon their extensive experience and expertise.
- This presentation is not meant to diagnose people or provide clinical advice.
- This presentation may cause emotional distress, please feel free to log off or step away, and talk to someone you trust if you need to process.



# Training Agenda

- 3:00 pm (EST)
- Welcome
- Opening prayer
- Webinar Housekeeping
- Introduction
- Suicidality and COVID-19
- Q & A
- Adjourn
- 4:00 pm (EST)



# Introduction

- Dr. Glorinda Segay & Courtney Wheeler
- Responsibility with NIHB
- Experience working with Indian Country



# How to Use the Chat Box

- Located in the chat box below the screen.
- A place to put
  - Questions you want to ask and
  - Comments you want to make.
- We will check it periodically and address.



# Housekeeping

- This will be recorded.
- We will follow agenda as closely as possible.
- Power point will be made available after presentation.
- Please ask questions.
  - We can all learn from each other.
- Complete your evaluations, it will be provided after the webinar.
- It is recommended to smudge yourself after the presentation.



# Learning Objectives

- By the end of this training, participants will be able to:
  - Describe elements leading to suicide seen in American Indian and Alaska Native (AI/AN) communities;
  - Comprehend the DSM-5 diagnostic criteria for Major Depressive Episode including suicide;
  - Identify the symptomologies of suicide;
  - How to help a suicidal person;
  - Comprehend management and treatment for suicide.



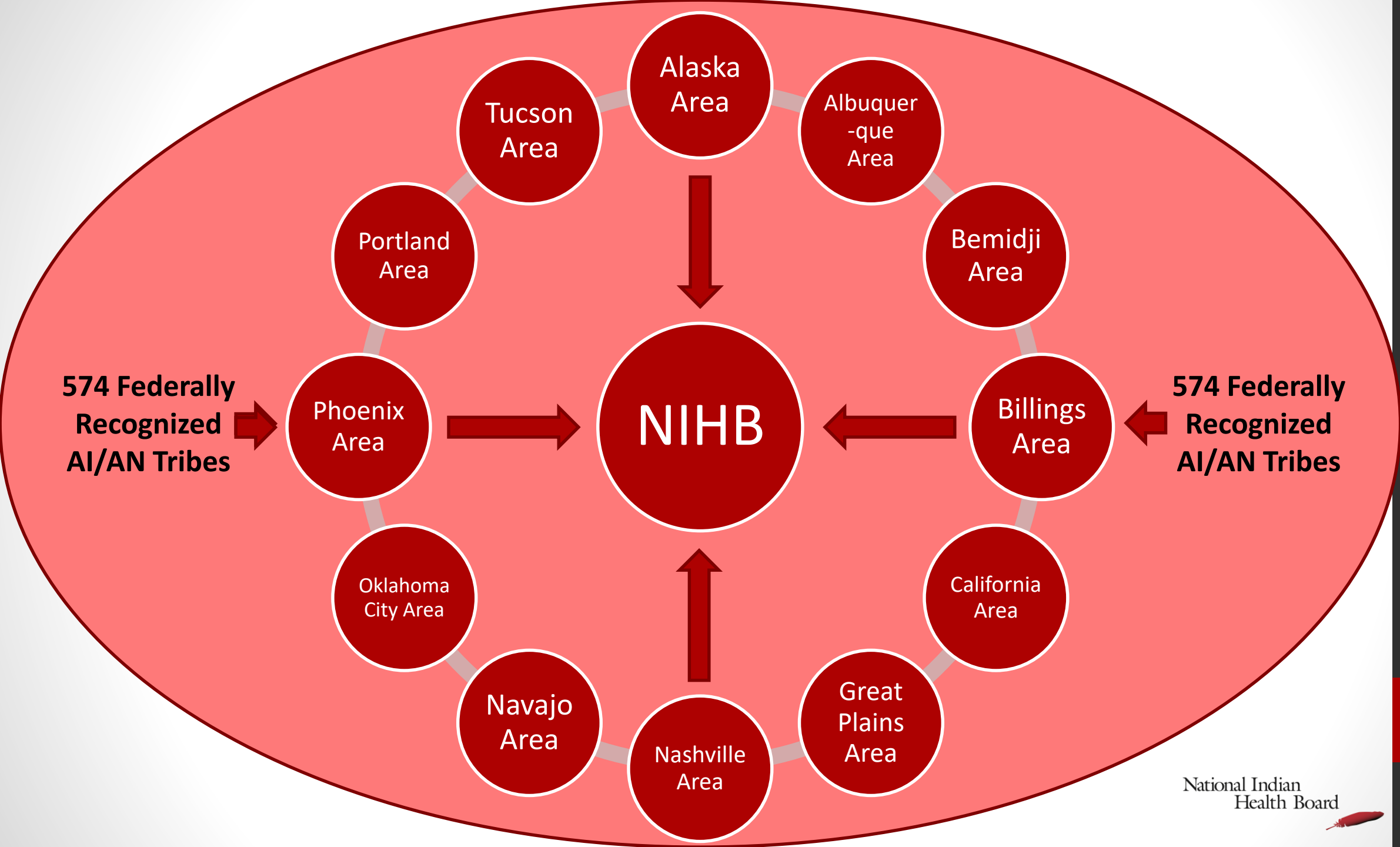
# National Indian Health Board

**Purpose:** To advocate on behalf of all federally recognized American Indian and Alaska Native Tribes to ensure the fulfillment of the trust responsibility to deliver health and public health services as assured through treaties, and reaffirmed in legislation, executive orders and Supreme Court cases.

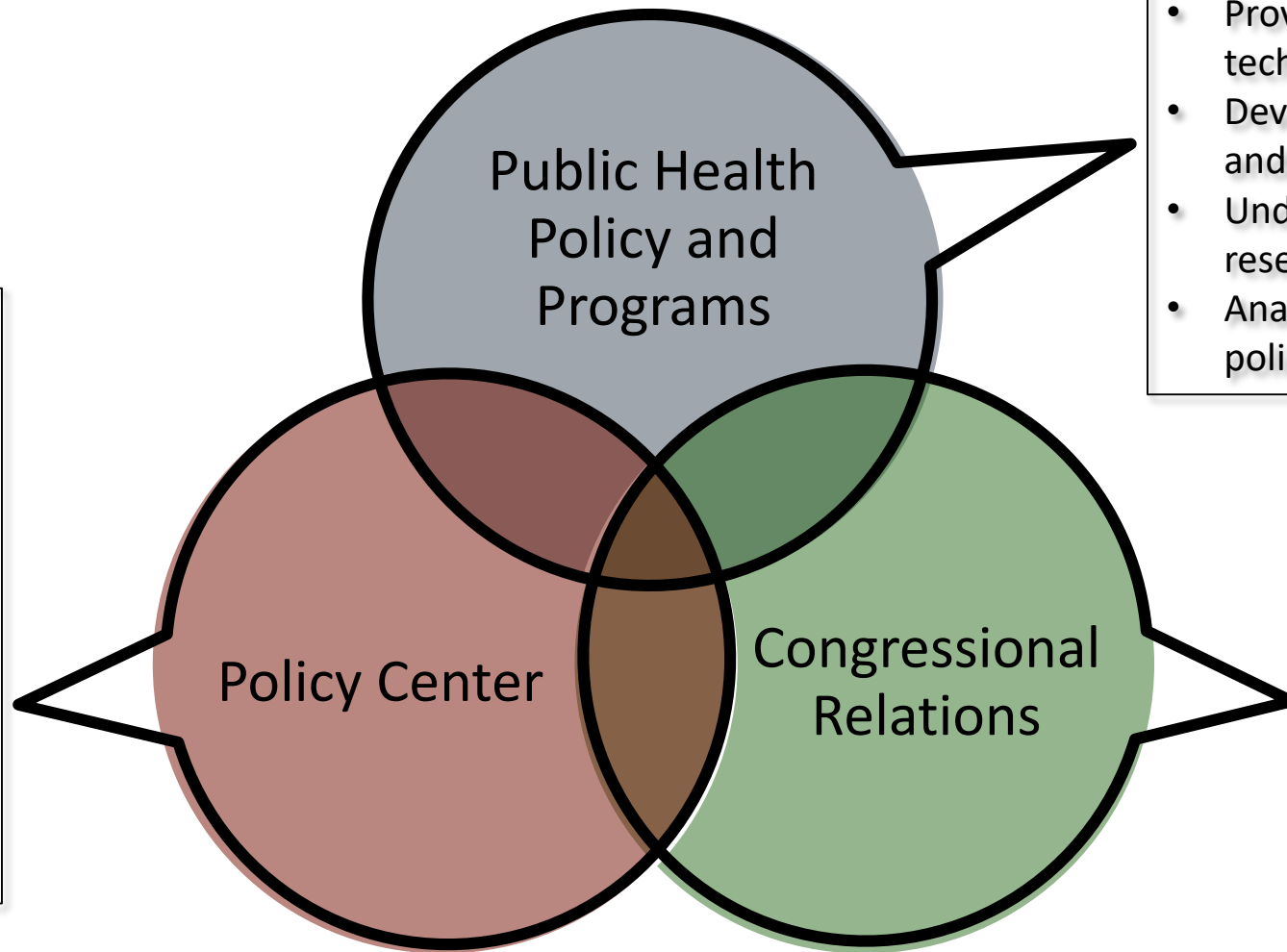
**Mission Statement:** One Voice affirming and empowering American Indian and Alaska Native Peoples to protect and improve health and reduce health disparities.







# What Does NIHB Do?



- Research, analyze, and make recommendations on policies, rules and regulations.
- Monitor judicial activity.
- Host and facilitation Tribal consultations.
- Provide technical assistance to Tribal advisory committees.

- Provide training and technical assistance.
- Develop programming and materials.
- Undertake public health research.
- Analyze public health policies and budgets.

- Monitor and propose bills.
- Educate members of Congress and staff.
- Analyze budgets.
- Advocate for favorable bills, edits, and resources.
- Provide testimony.

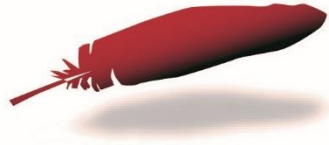


# Suicide Statistics

- Suicide among American Indians/Alaskan Natives in the United States, both attempted and ended their life by suicide, is more prevalent compared to other racial/ethnic group.
- American Indian/Alaskan Native youth show higher rates of suicide compared to American youths of other racial/ethnic group.
- American Indian/Alaskan Native men are more likely to die by suicide than Native American women,
- American Indian/Alaskan Native women show a higher prevalence of suicidal behaviors.
- Interpersonal relationships, community environment, spirituality, mental healthcare, and alcohol abuse interventions are among subjects of studies about the effectiveness of suicide prevention efforts



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WHAT IS SUICIDE?

# What is Suicide?

- The act of killing oneself purposefully.
- The DSM-5 (Diagnostic Statistical Manual) has no definition of suicide itself.
  - Suicide is categorized as a symptom for Major Depressive Episode.



# Symptoms for Major Depressive Episode

- The DSM-5 has their clinical criteria as follows for MDE:
- Fatigue or loss of energy practically everyday.
- Feelings of worthlessness or excessive or inappropriate guilt.
- Diminished ability to think or concentrate, or indecisiveness practically everyday.

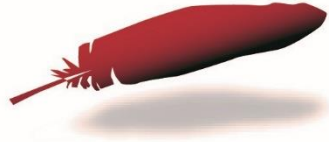


# Symptoms for MDE

- Recurrent thoughts of death, recurrent suicidal ideation with specific plan, or a suicide attempt, or a specific plan.



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# SYMPTOMOLOGIES OF SUICIDE



# Symptomologies

- Suicidal ideation/thoughts:
  - I don't want to feel this pain.
  - I want this pain to end.
  - How can I end this pain?
  - I wonder what it will be if I were dead.
  - I should kill myself.
- Suicidal verbalization/ideation with a specific plan”
  - “I don't want to live anymore.” (Indirect)
  - “I want to die.” (Direct)
  - “My plan is to .....



# Symptomologies

- Automatic Pilot
  - Person has the ideation/verbalized/plan, now walking in automatic mode.
  - A person “just” needs a trigger to carry out the death.





## SUICIDE AND COVID-19

How COVID 19 Plays out Suicide. (SCENARIO)

# HOW COVID 19 MIGHT PLAY OUT SUICIDE (SCENARIO)

- Background history of Jane Doe.
- Jane grew up in a two parent home with 7 siblings. They lived on the reservation in a secluded area in the desert. They lived in a rundown house studio style. They had no electricity or running water. Jane's parent's did not finish high school. Jane's father has a history of alcoholism but stopped after Jane was born. Jane was the second oldest child. Jane finished high school and went on to college. In grade school, she was bullied by others. She obtained her undergraduate and graduate degrees and began working. Jane has been divorced and is single parent. Jane has 5 children from her marriage. She has custody of her children. Jane has a history of intimate partner violence and suffers from a low self esteem. Jane was exposed to other types trauma from her marriage. Jane developed trust issues.



# CONTINUATION

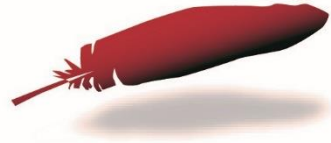
- Jane also does not have family support from her siblings. Jane lives in a Hogan.
- Jane has a history of suicidal ideation due to being depressed from her divorce. She never received professional help except through her friends.
- Since the COVID-19 outbreak, Jane has tested positive for coronavirus. She informs her family, they blame her for contracting the virus and spreading to the community including to her mother. Jane is unsure of her plan for isolation and recovery. Jane has lost her job. Jane has no income except she applied for SNAP and Medicaid. Her unemployment is pending. Jane fell behind on her bills. Jane's self worth drops and she feels worthless. Jane also was recently contacted by her ex-husband, who now wants his family back. Jane has an emotional relapse. Jane also finds out her ex-husband is expecting a baby. This becomes her trigger.



# CONTINUATION

- Jane becomes furious and becomes suicidal. Jane does not have a specific plan yet. Jane has verbalized to two of her close friends she has been having feelings of suicide. Her friends encourage her to get professional help. Jane denies due to being labeled. Jane becomes stable after several days, then the ex-husband show up uninvited. Jane falls back into her depression, she decides she will shoot herself with a gun. She is able to obtain a gun. She acknowledges she needs help, but continues with her plan. Once she gets to her location of carry out her plan, she breaks down hysterically. She points the gun to her head, then puts it down still crying. She calls her friend. Her friend is able to talk her out of her plan and able to agree to get help. The friend calls the Crisis Response Team. The Team find Jane and take her to the Emergency Department. Her integrated behavioral health care begins.





DISCUSSION:  
BASED ON WHAT HAS BEEN PRESENTED ON  
SUICIDE, WAS JANE EXHIBITING SUICIDE, IF  
SO IN WHAT WAYS?

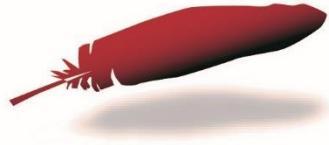
# MDE Symptoms Exhibited by Jane Doe

- Feelings of worthlessness or excessive or inappropriate guilt.
- Recurrent thoughts of death, recurrent suicidal ideation with specific plan, or a suicide attempt, or a specific plan.





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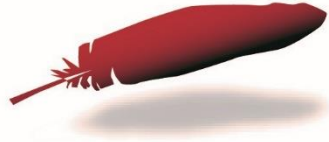
SO WHAT DOES THIS MEAN?

# QUESTIONS SOMEONE MIGHT ASK

- Is something wrong with me?
- Is this normal?
- How long will I feel this way?
- How do I cope with this?
- What do I do?
- Where do I get help?
- What will people think of me?
- Will people blame me for what I was going to do?
- What is the treatment for what I have?



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# COPING WITH ADVERSTIES TO PREVENT SUICIDE

# Possible Coping Skills

- Educate yourself on Covid-19 and how to care for yourself when exposed.
- Educated yourself on suicide.
- Take care of your body.
  - Take deep breaths or stretch.
  - Eat healthy well balanced meals.
  - Exercise daily on a regular basis.
  - Get plenty of rest at night, including naps.
  - Avoid alcohol and drug use.
- Make time to relax with activities you enjoy.
- Connect and stay in touch with your circle of friends and family. Talk with those you trust.
- Practice your cultural and spiritual practices.
- Seek behavioral or mental health professional.



# Possible Coping Skills

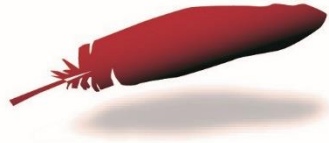
- Please share ways to prevent suicide.



# Possible Activities to Help Others to Prevent Suicidal Thoughts

- Exercise daily
- Getting recommended 8 hours of sleep and naps if necessary.
- Do an activity (crafts, beadwork, feather work, knitting, etc.)
- Spend time with pets or animals
- Journaling emotions
- Meditation
- Listen and play positive music
- Spend time with family and friends while physical distancing via phone, video calls, talking through the window.
- Breathing exercises
- Self Prayer
- Self Smudging
- Self Tobacco offering





# RECOMMENDED WAYS TO ASSIST A SUICIDAL PERSON

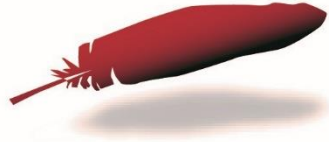
# Recommendations

- When a person approaches you and indicates he/she is suicidal, stop what you're doing and listen.
- Listen with your heart and give full attention.
- Once the person is done, thank the person for trusting you.
- Tell the person you are concerned and would like to get them some help if it's okay. (Most of the time person will agree),
- Stay with person and arrange for help through system set up.
- Responders will take this case over.
- It is recommended to keep information confidential including identity.
- Smudge yourself after you are done with helping the person.





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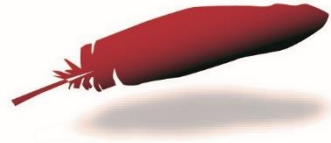


## FACTS ABOUT SUICIDE

# Facts About Suicide

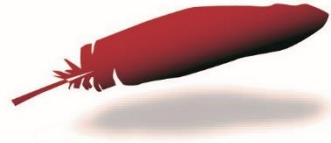
- A person has to meet certain number of clinical symptoms in a certain time frame to be diagnosed with MDE, per the DSM-5.
- If treatment is not sought, it can get worse.
- The most beneficial for of treatment is Cognitive Behavioral Therapy and medication management.
- Please get professional help if you are concerned about the possibility of becoming suicidal.
- Interpersonal relationships, community environment, spirituality, mental healthcare, and alcohol abuse interventions are among subjects of studies about the effectiveness of suicide prevention efforts.
- Suicide is the 2nd leading cause of death among American Indians/Alaskan Natives ages 15–24, and the 3rd among ages 5–14 and 25–44.
- American Indian/Alaskan Natives who had lived two-thirds of their lives in an urban areas had lower suicidal ideation than those who had lived two-thirds of their lives on a reservation.
- Urban youth suicide is linked to history of physical abuse, attempt or suicide death by a friend, and family history of suicide.
- Reservation youth suicide is linked to depression, conduct disorder, cigarette smoking, family history of substance abuse, and perceived discrimination.





**GROUP DISCUSSION:  
WHY IS IT IMPORTANT TO KNOW ABOUT  
SUICIDE?**

What value does knowing this information have beyond being educated?



## QUESTIONS AND COMMENTS



# Take Home Messages

- This public health education will:
  - help you understand basic knowledge of how suicide comes to be;
  - help you to advocate for those who suffer from suicide; and
  - how to recognize suicide.
  - how to help a suicidal person.



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CLOSING

# Resources

- nihb.org
- Learn more about [taking care of your emotional health](#) during a stressful event like the COVID-19 outbreak.
- People [at higher risk for severe illness](#), such as older adults, and people with underlying health conditions are also at increased risk of stress due to COVID-19.
- See [SAMHSA Coronavirus \(COVID-19\) Resources and Information](#)[external icon](#)
- [Coping with Stress During an Infectious Disease Outbreak](#)[pdf](#)[icon](#)[external icon](#)
- [Taking Care of Your Behavioral Health during an Infectious Disease Outbreak](#)[pdf](#)[icon](#)[external icon](#)

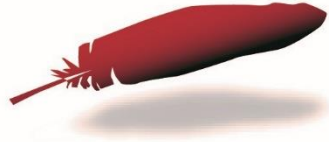


# REFERENCES

- National Indian Health Board
- Diagnostic Statistical Manual-IV
- Center for Disease Control Preventive Health
- Substance Abuse & Mental Health Services Administration
- Indian Health Services







## FINAL QUESTIONS AND COMMENTS



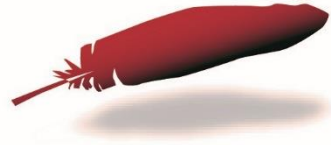
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## PLEASE COMPLETE YOUR EVALUATIONS

Courtney will send you a link and this is where you complete and submit.





# Ahehee (Thank you!)

Dr. Glorinda Segay  
gsegay@nihb.org

Courtney Wheeler  
cwheeler@nihb.org

