



Substance Abuse and Mental Health
Services Administration

5600 Fishers Lane • Rockville, MD 20857

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



June 7, 2024

Dear Tribal Leaders:

The U.S. Department of Health and Human Services' (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) hosted a virtual tribal listening session on January 4th, on a draft [2024 National Strategy for Suicide Prevention \(NSSP\) and Federal Action Plan](#). [We engaged](#) with tribal leaders and tribal behavioral health professionals on critical issues related to suicide prevention among American Indian and Alaska Natives they would like to see represented in the new strategy, as well as to receive guidance on essential communication and implementation considerations for the strategy's release. More than 70 tribal leaders attended the session, providing guidance to SAMHSA and HHS on the importance of reflecting the impacts of intergenerational trauma as well as tailoring approaches and messaging to resonate with tribal communities.

The information gathered from both the National Strategy Needs Assessment and listening sessions informed the content, organization, and format of the 2024 NSSP. You can find a [Listening Session Executive Summary](#) on our website.

On April 23rd, the Biden Harris Administration, through HHS, released the final 2024 [NSSP and accompanying Federal Action Plan](#). SAMHSA and the Centers for Disease Control and Prevention (CDC), in partnership with the National Action Alliance for Suicide Prevention (Action Alliance), led the development of these critical deliverables which support the Biden-Harris Administration's priorities to address the overdose and mental health crises, key pillars of the Biden-Harris Unity Agenda. An Interagency Work Group (IWG), comprised of over 20 agencies in 10 federal departments across the government, contributed to the development of the NSSP.

The 2024 NSSP builds upon the previous 2012 NSSP. It addresses gaps and incorporates advances in the field. It specifically addresses health equity, youth and social media, and the intersection of suicide and substance use. Other examples of new content include discussion of the 988 Suicide and Crisis Lifeline, expanded workplace suicide prevention, and an increased focus on social determinants of health. These topics are addressed within the NSSP's four Strategic Directions—Community-Based Suicide Prevention; Treatment and Crisis Services; Surveillance, Quality Improvement, and Research; and Health Equity in Suicide Prevention—and related Goals.

SAMHSA wants to thank you for your valuable input into this process and to highlight certain recommendations incorporated after discussion of tribal issues in relation to the new NSSP.

Additional information on these recommendations can be found in the NSSP Federal Action Plan.

- **Further investment and focus on trauma informed care and services for victims and survivors; improved cultural education, awareness, and empowerment on all levels of healthcare**
 - Goal 13 outlines the need for comprehensive suicide prevention strategies specifically developed for a range of populations disproportionately impacted by suicide and historically marginalized populations at risk. Specific populations need effective interventions that consider their unique strengths, community barriers, and resources (NSSP, Page 85).
 - To support upstream comprehensive community-based suicide prevention, SAMHSA and CDC will translate and promote research findings on evidence-based programs and strategies (particularly related to disproportionately affected and underserved populations), and provide grantees, states, tribes, and communities with technical assistance and tools for capacity building and implementation (Federal Action Plan, Page 14).
 - Tribal communities have received expanded funding through SAMHSA, the Indian Health Service, the National Institutes of Health (NIH), and CDC. Many of these efforts address behavioral health conditions (i.e., mental health and substance use disorders). Strengths-based and other culturally aligned approaches seek to develop needed infrastructure and sustainable efforts to maintain gains and progress in suicide prevention (NSSP, Page 18).
 - Expanded funding has gone to states and communities through a variety of programs, including SAMHSA's Garrett Lee Smith State and Tribal Grant Program and its Campus Suicide Prevention program. These programs help identify people at risk for suicide, enhance mental health services, increase protective factors, reduce risk factors, and ultimately reduce suicide and suicidal behaviors. The NSSP grant programs help implement the NSSP, with particular focus on suicide prevention and intervention among older adults, adults in rural areas, and American Indian and Alaska Native adults (NSSP, Page 18).
 - In order to integrate suicide prevention into the culture of the workplace and into other community settings, CDC will continue to identify, create, disseminate, and evaluate resources for evidence-based and promising prevention programs and practices for industries and occupational groups at higher risk for suicide. Current and near-term efforts focus on health care providers, public health workers, educators, the construction industry, and agriculture workers, with a focus on reducing risk factors and enhancing protective factors at the structural/cultural level of the work environment. Persons with lived experiences will be included in

projects whenever appropriate and feasible. Longer-term initiatives, contingent on funding, will expand these efforts and broaden to address other industries (Federal Action Plan, Page 21).

- SAMHSA, in consultation with the Health Resources and Services Administration (HRSA), will develop suicide care pathways appropriate for specific care settings including critical access hospitals, federally qualified health centers, certified community behavioral health clinics, and rural health clinics (Federal Action Plan, Page 29).
- Supporting the needs of crisis care providers, including attention to their health and mental health, will support them in their vital roles working with people experiencing suicide risk. Support begins with the professional and paraprofessional training programs and continues with agencies and institutions that recruit potential counselors. Improving aspects of equity and diversity within the workforce starts with improving the pipeline for crisis counselors. Additionally, cross-training crisis counselors and professionals addressing suicide prevention and substance use will promote holistic care and will allow individuals to receive appropriate support regardless of their entry point into the system. At the agency or organization level, counselors need equitable compensation and ongoing training opportunities. Changes at the system level can create broad and lasting improvements to strengthen the crisis care workforce (NSSP, Page 64).
- **Ensure Tribal lived experience, including peer community support, is incorporated into the narrative development**
 - The new NSSP addresses the needs and protection of our citizens, workplaces, and communities impacted by suicide, especially among special and historically marginalized populations, those with lived experience, and suicide loss survivors (NSSP, Page viii).
 - Input and feedback from outside of the federal government came from a national needs assessment reaching more than 2,000 respondents and multiple listening sessions with people with lived experience, populations disproportionately affected by suicide, community members, practitioners, and suicide prevention experts (NSSP, Page x).
 - Goal 13 outlines the need for comprehensive suicide prevention strategies specifically developed for a range of populations disproportionately impacted by suicide and historically marginalized populations at risk. Specific populations need effective interventions that consider their unique strengths, community barriers, and resources (NSSP, Page 85).
 - In the Tribal Population Considerations section on Pages 85-86, the strategy reaffirms that multiple federal agencies (e.g., SAMHSA, NIH, CDC) support studies in which tribes are strengthening culturally relevant practices in order to reduce suicidal thoughts and attempts, as well as substance use, in their communities.

- **Increased collaboration and coordination of first responders**

- Integrating and coordinating suicide prevention into and across community settings and sectors can help reach people who may be at risk, wherever they live, work, learn, play, and/or worship, for the greatest impact. It is important to involve a wide range of partners (NSSP, Page 23).

Goal 4 calls to conduct postvention and support people with suicide-centered lived experience. Within this goal, four out of the five objectives describe approaching suicide prevention through a response that is community-led and delivering care that is community-based (NSSP, Page 110). Objective 4.5 was developed to support suicide prevention and whole person health among health care workers and other occupational groups who experience traumatic exposure to suicide risk, such as first responders, health care providers, and crisis workers (NSSP, Page 110).

- **Consider the effect of environmental interventions and policies targeting alcohol on suicide prevention**

- Interventions that address the relationship between alcohol and suicide include policies such as alcohol taxes, zoning, or restrictions on alcohol availability that serve to decrease alcohol use and alcohol use disorder (AUD)¹. Clinical policy interventions include targeting AUD and addressing the importance of AUD screening and suicide prevention efforts during treatment of AUD^{2,3,4}. Assessing the motivation for drinking and the amount consumed prior to an attempt can be used to develop a personalized distress safety plan. This plan can address high-risk periods and warning signs and includes strategies for avoiding alcohol (NSSP, Page 31).

- **Increased capacity for suicide prevention, intervention, and postvention.**

- SAMHSA will expand the National Strategy for Suicide Prevention grant program, which is a grant program focused on expanding community-based suicide prevention for adults, to include suicide prevention activities among older adults, pending future funding (Federal Action Plan, Page 23).
- Suicide prevention initiatives will reflect the characteristics and circumstances of specific populations, build on their strengths, and address their unique barriers

¹ Substance Abuse and Mental Health Services Administration. (2022). Implementing community-level policies to prevent alcohol misuse (SAMHSA Publication No. PEP22-06-01 006). National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration.
<https://store.samhsa.gov/product/implementing-community-level-policies-prevent-alcohol-misuse/pep22-06-01-006>

² Arakelian, M., Barnett, B., and Weleff, J. (2023). The Zero Suicide model in addiction treatment settings: recognizing the need for feasibility and implementation data. *Psychiatric Services*.
<https://ps.psychiatryonline.org/doi/10.1176/appi.ps.20230175>

³ Glasner, S., Wei, A. X., Ryan, P. C., Michero, D. N., Monico, L. B., Pielsticker, P. E., and Horowitz, L. M. (2023). Implementing suicide risk screening in a virtual addiction clinic. *Community Mental Health Journal*, 60, 98–107.
<https://link.springer.com/article/10.1007/s10597-023-01181-3>

⁴ Substance Abuse and Mental Health Services Administration. (2016). Substance use and suicide: A nexus requiring a public health approach. In Brief. <https://store.samhsa.gov/sites/default/files/sma16-4935.pdf>

and challenges. The result will be tailored interventions that directly address community needs and decrease suicide risk (NSSP, Page 91).

- **Ensure that the implementation of the NSSP is done properly in the months and years to come, it is essential for SAMHSA to regularly engage with the tribal communities through Virtual Listening Sessions, Tribal Consultations, Dear Tribal Leader letters, funding opportunities and informational emails**
 - This is SAMHSA's first step in ensuring Tribes are aware of the new NSSP. SAMHSA will continue to engage and find ways to support Tribes in the implementation.

If you have any questions or would like more information, please reach out to SAMHSA's Office of Tribal Affairs and Policy staff at OTAP@samhsa.hhs.gov.

Sincerely,

/Miriam E. Delphin-Rittmon, Ph.D./
Assistant Secretary for Mental Health
and Substance Use