Garrett Lee Smith Suicide Prevention Program Evaluation

The Garrett Lee Smith Memorial Act (GLSMA) was enacted in 2004 to provide coordination and support for community-based suicide prevention programs for states and tribes nationwide.



Suicide is the second leading cause of death among American Indian and Alaska Native youth and young adults between the ages of 10 - 24 years.¹

What are some results of the GLS program?

Support Native Youth

SUPPORT



Tribal communities and Native villages receive funding, through GLSMA, to work locally with schools & other youth-serving agencies to support and identify youth at risk.

ADAPT



Organizations modify and create referral protocols and tracking systems to identify youth at risk and connect them with services. The adaptation is unique to each community.

TECHNICAL ASSISTANCE



Communities engage in training and with quality technical assistance tribal communities can develop and access data systems to properly track the identification & referral of youth at risk for suicide.

CAPACITY



Tribal suicide prevention programs submit data from their adapted systems into a national evaluation. This allows a community's capacity to connect youth in crisis with mental health services.

YOUTH SUICIDE PREVENTION AS A COLLABORATIVE EFFORT

Tribal communities use a variety of methods to identify youth at risk for suicide and ensure they are connected with services including: training community members as 'gatekeepers', conducting mental health screening at schools, collecting information through existing surveillance systems, and following up with youth identified by peers on electronic media (such as Facebook or text messages).









26 TRIBES

have submitted data on youth at risk into the national evaluation

>35,000 NATIVE YOUTH

ages 10 - 24 years have been identified as at risk

73% of IDENTIFIED YOUTH

were referred to mental health services

67% of REFERRED YOUTH

showed receipt of mental health services

Tailored technical assistance supports development of local tracking systems appropriate for each tribal suicide prevention program, and improves the community's capacity to connect with youth in crisis with mental health services.



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Note: Those who did not receive a referral were typically either already receiving mental health services, or the youth or parent refused the services.

Reference:

¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Webbased Injury Statistics Query and Reporting System (WISQARS) [online]. (2010) [cited 2013 Nov 4]. Available from URL: www.cdc.gov/ncipc/wisqars