

## An Exploration of Culturally Grounded Youth Suicide Prevention Programs for Native American and African American Youth

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**Abstract.** This exploratory paper recounts how students and faculty from multicultural graduate programs in psychology conducted intensive studies of youth suicide prevention programs and discovered that the manual known as the *EBI Manual* or the *Task Force on Evidence-Based Interventions in School Psychology* is an excellent research tool for studying prevention programs, but it has limitations. The manual illustrates how to evaluate whether or not an intervention program is scientifically sound, but not if it is culturally grounded. Our students and faculty want to be able to recommend to schools and agencies effective interventions for preventing youth suicide, but unfortunately, most evidence based-interventions have been designed for European-American, middle-class youth and most take a “one-size-fits-all approach.” Although a few prevention programs seek to culturally “tailor” existing programs to fit the needs of a specific youth population, tailoring programs for Native American and African American youth is not sufficient. It is necessary to use suicide prevention approaches that are community-derived and culturally grounded. In this exploratory study, we identify important themes in culturally grounded prevention programs; the themes include acknowledging historical trauma, encouraging spirituality, identifying risk and protective factors, and promoting cultural identity and community involvement.

**Keywords:** Youth suicide prevention, Native American, African American.

“...this debris of historical trauma, family trauma, you know, stuff that can kill your spirit, is actually raw material to make things with and to build a bridge. You can use those materials to build a bridge over that which would destroy you.”

From *Crazy Brave* by Joy Harjo, Mvskoke Nation poet

“...i found god in myself and i loved her i loved her fiercely”  
 From “*For Colored Girls who have considered suicide when the rainbow is enuf*” by Ntozake Shange, African American poet

Poets such as Joy Harjo and Ntozake Shange recognize the connections between suicidal ideation and cultural trauma and loss; they know about the importance of culture, spirituality, and community support in promoting wellness, healing, and suicide prevention. In contrast, psychologists, psychiatrists, and public health researchers often overlook or minimize the importance of these factors. They are more likely to focus on the rigor of scientific studies and ignore cultural issues in youth suicide.

The insights of Harjo and Shange about suicide and suicide prevention may be derived from their imaginations, observations, and cultural experiences; the insights of psychologists and other scientists may be derived from new research studies as well as systematic reviews and meta-analyses of existing scientific studies; however, there appears to be *one variable* which is not systematically integrated into these one-size-fits-all approaches. That one variable is culture.

It is, of course, important for scientists to conduct studies, review studies and then identify evidence-based suicide prevention programs because adolescent suicide is a major health concern and the third leading cause of death for adolescents and the second leading cause of death for adolescents who are Native American. Although not as high as the rates for American Indians, we also need to be concerned about African Americans because suicide rates among young African Americans have increased in recent years (Bennett & Joe, 2015; Matlin, Molock, & Tebes, 2011).

Although not systematically integrated into the research literature, a few articles do recognize the importance of cultural differences. For instance, a 2008 article in the *American Psychologist* called for the exploration of “the implications of culture for the development of suicide prevention and treatment interventions” (Goldston, Molock, Whitbeck, Murakami, Zayas, Nagayama, & Hall, 2008, p. 14). A 2011 article titled, “Suicidality and Depression Among African American Adolescents: The Role of Family and Peer Support and Community Connectedness” found that “very few studies... have examined the relationship of peer support and suicidality among ethnic minority adolescents” (Matlin et al., 2011, p. 110). A 2016 book chapter, “A Culturally Informed Approach to American Indian/Alaskan Native Youth Suicide Prevention” found that some scientifically sound suicide prevention programs fail to bring about lasting change because they are culturally disconnected (LaFromboise & Malik, 2016).

### **Our Graduate Program’s Interest in Youth Suicide Prevention**

The authors of this article are graduate students and faculty associated with applied educational psychology and school psychology programs that study evidence-based interventions for social, emotional, and behavioral challenges. In this article we *explore* the topic of culturally grounded suicide prevention programs and we also chronicle how we began to question the standard approach to youth suicide prevention.

**Our graduate course studying suicide prevention programs.** For several years, Webster University's applied educational psychology and school psychology programs have offered a one-credit hour graduate course in which students carefully examine suicide prevention programs. The course prepares students to research and evaluate evidence-based interventions and to make recommendations for program adoption to schools and agencies. Within the content of the course, the authors, who have enrolled in or lectured in the course, examined and rated the effectiveness of programs using the methods described in the course readings, especially an article on suicide prevention programs by Miller, Eckert, and Mazza (2009).

The article by Miller and colleagues (2009) takes a public health perspective and reviews thirteen studies using a four-point scale to rate the evidence on eight methodological indicators. These are "measurement, comparison group, statistically significant outcomes, educational/clinical significance, identifiable components, implementation fidelity, replication, site of implementation" (Miller et al., 2009, p. 172).

In their article, Miller and colleagues gave one of the studies - the Zuni Life Skills Development Program study - high praise because it was multi-method, provided strong evidence for outcome measures, *and* was culturally tailored. This study was one of two "universal suicide prevention programs" they reviewed that "demonstrated the highest methodological rigor" and this was "the only study to adopt a culturally tailored approach to developing a school-based suicide prevention program for us among Native American youth" (Miller et al., 2009, p. 178).

We at Webster University were pleased with ourselves and our collaborative efforts to come together as a class to address the sensitive topic of youth suicide. We were pleased with ourselves because we thought we were teaching and learning about best practices in the graduate course. In our suicide prevention programs course, we thought we were being culturally aware and sensitive because course readings included the entire article, "The Zuni Life Skills Development Program: A School/Community-Based Suicide Prevention Intervention" (LaFramboise & Lewis, 2008). We also "patted ourselves on the back" because a guest speaker for the course introduced an article, "School-Based Suicide Prevention with African American Youth in an Urban Setting" (Brown and Grumet, 2009).

**Questioning our graduate course studying suicide prevention programs.** For the first two times that we taught the suicide prevention course, it went as planned. The course changed in 2013, when our graduate student and first author of this article, Rhonda Bluehen-Unger, enrolled in the suicide prevention course. She expressed concerns about the culturally "tailored" approach in the Zuni Life Skills Development Program. Since that time, she has convinced all of us that suicide prevention programs need to be culturally grounded, not culturally tailored.

## Methods

As a result of comments from Rhonda Bluehen-Unger, Webster University's applied educational psychology and school psychology programs began to think about best practices in suicide prevention programs in a different light. We began rereading the course materials, especially the *Evidence-Based Intervention (EBI) Manual*, the *Procedural and Coding Manual of Division 16* and the *Society for the Study of School Psychology Task Force*. We also expanded our course readings to include more systematic review articles, more articles about culture and suicide prevention, two participatory action research (PAR) articles, and some non-scientific, but culture-specific articles and websites devoted to suicide prevention for Native American and African American youth.

### Redoing the Literature Review

Three of the authors worked on identifying more studies about youth suicide prevention. We conducted bibliographic searches using the PsycINFO and ERIC databases. We conducted multiple searches in these databases with the following terms: suicide, suicide prevention, culture, cultural, African American, Black, Native American, American Indian, Ethnic Minority.

In addition to the computerized searches, we looked at the reference lists for all of the useful studies we found. We also reviewed the following journals: *Suicide and Life-Threatening Behavior*, *American Journal of Public Health*, *Journal of Adolescent Research*, *Journal of Black Psychology*, *American Indian and Alaska Native Mental Health Research*. Another excellent source for us was the *Suicide Prevention Resource Center, Library & Resources* ([http://www.sprc.org/library\\_resources/items/diversity-suicidal-behavior](http://www.sprc.org/library_resources/items/diversity-suicidal-behavior)).

We also investigated articles and books about culture and youth suicide that are not part of the mainstream, evidence-based scientific literature.

## Results and Discussion

### Preferred Reporting Items for Systematic Reviews and Meta-Analyses

We found that most scientific studies about youth suicide prevention do not even mention cultural considerations and have no insights for Native American and African American populations. One example is "Hot Idea or Hot Air: A Systematic Review of Evidence for Two Widely Marketed Youth Suicide Prevention Programs and Recommendations for Implementation" (Wei, Kutcher, and LeBlanc, 2015). We studied this rigorous review of the following youth suicide prevention programs: Signs of Suicide and Yellow Ribbon. The review used scientific evaluation techniques and was guided by Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). According to its website, "PRISMA focuses on the reporting of reviews

evaluating randomized trials, but it can also be used as a basis for reporting systematic reviews of other types of research, particularly evaluations of interventions” (See <http://www.prisma-statement.org/Default.aspx>). The review by Wei and colleagues was systematic and comprehensive and yet there is not one mention of culture, cultural identity, or culturally informed practice.

### **Task Force on Evidence-Based Interventions in School Psychology (EBI Manual (2<sup>nd</sup> edition, 2009))**

We decided to more carefully study the second edition of the *EBI Manual*. The second edition has twelve methodological indicators (rather than eight) and includes the addition of cultural validity to existing types of research validity. Unlike the PRISMA checklist, which does not include culture, the *EBI Manual (2<sup>nd</sup> edition)* includes the importance of cultural considerations in psychoeducational interventions.

The *EBI Manual* describes cultural considerations, but “prevention science” research in the United States has focused on White/European American populations. “Despite evidence of considerable racial/ethnic variation in adolescent suicidal behavior in the United States, research on youth of European American descent accounts for much of what is known about preventing adolescent suicide” (Joe, Canetto & Romer, 2008, p. 354).

In contrast to the earlier (1<sup>st</sup>) edition, the *EBI Manual (2<sup>nd</sup> edition)* emphasizes multicultural and diversity issues. A search for “cultur\*” in the *EBI Manual (2<sup>nd</sup> edition)* yielded 141 results. The word culture(s) appears 31 times, cultural(ly) appears 97 times, acculturation appears 9 times, social-cultural 3 times, and multicultural 1 time. Page 7 of the second edition of the *EBI Manual* states, “Thus, cultural validity features are included within this revision of the *Manual*. Intervention studies will be evaluated to the extent that they provide deeper descriptions of the cultures and values of those involved with the research, including the participants, collectors of data, and researchers.” The *EBI Manual (2<sup>nd</sup> edition)*, p. 7) requests “reviewers of the empirical literature be especially sensitive to cultural diversity and issues surrounding the context of intervention implementation in schools and community settings.” The *EBI Manual (2<sup>nd</sup> edition)* does include culture, but regrettably it omits the consideration of these central aspects of culture: religion, spirituality, and historical trauma.

Our study is an *exploration* of the effectiveness of culturally grounded suicide prevention programs. During our explorations, we discovered that even though the second edition of the *Task Force on Evidence-Based Interventions in School Psychology (EBI Manual (2009))* omits spirituality, religion, and history, it does provide some useful methods for evaluating the effectiveness of culturally grounded suicide prevention programs for Native American and African American youth.

## One-Size-Fits-All Approach

We read five articles that appear to take a “one-size-fits-all approach” to suicide prevention. These articles were written by Cooper, Clements, and Holt (2011), Freedenthal (2010), Robinson, Cox, Malone, Williamson, Baldwin, Fletcher, and O’Brien (2012), Wei and others (2015), and Wyman, Brown, LoMurray, Schmeelk-Cone, Petrova, Yu, Walsh, Tu, Wang, and others (2010). The “one-size-fits-all approach” assumes that any youth suicide prevention program might be appropriate, meaningful, and effective for many youth populations.

The article by Robinson and others (2012) does not discuss culture at all, but their systematic review includes reviews of programs from other countries and the review notes that, “Black or African American” was the race/ethnicity of the participants in one of the studies. In fairness, the article by Cooper and others (2011, p. 697) does mention the, “important factors that contribute to teen suicide include issues such race.” And yet, merely mentioning the that race is an important factor is not sufficient; according the *EBI Manual 2<sup>nd</sup> edition* (2009, p.36), “*Culture* is defined as the shared norms, values, beliefs, practices, and behaviors relevant to the target population; and reflects cultural experiences that extend beyond the traditional categories of race, ethnicity, and language to encompass the shared experiences of any group.” Cultural values have a huge impact on how one thinks about life and death. Culture impacts how individuals give meaning to factors that contribute to suicidal behavior.

In addition to omitting discussions of cultural factors, the five articles that appear to take a “one-size-fits-all approach” to suicide prevention also omit any discussion of religion or spirituality. (In fairness, Cooper et al. includes the words *religion* and *religious*, but there is no discussion). These topics would not be especially relevant for most prevention programs, but they do seem to have relevance for the choice to take one’s own life. “Spirituality/religion, as one aspect of culture, is a frame that gives meaning (about life and death). To uncover reasons for living is crucial to suicide prevention” (Bullock, Nadeau, & Renaud, 2012, p. 1912).

## Culturally Tailored Approaches

In our explorations, we attempted to follow best practices for the literature review process. Although we know that there is ongoing research on the topic of youth suicide prevention programs for Native American and African American youth, we only found one published scientific study of the effectiveness of a culturally tailored suicide prevention program for Native American youth (the Zuni Life Skills Development Program) and we could not find any published, evidence-based articles that establish the effectiveness of a culturally grounded suicide prevention program for African American youth.

LaFramboise and Lewis (2008, p. 347) described the cultural tailoring as a “unique feature and strength” of the Zuni Life Skills Development Program. This program is listed as an evidence-based program on the website of the

Suicide Prevention Resource Center and the U.S. Department of Health and Human Services, Substances Abuse and Mental Health Services Administration (SAMHSA). (<http://www.sprc.org/bpr/section-i-evidence-based-programs#sec1listings>)

On the website list of evidence-based suicide prevention programs and practices, the Zuni Life Skills Development Program is the only program with “Adaptations.” All of the other evidence-based programs have the following words under “Adaptations”: “No population- or culture-specific adaptations were identified by the developer.” Another listed evidence-based program, the Model Adolescent Suicide Prevention Program (MASPP), was developed for a “small American Indian tribe in rural New Mexico”; unfortunately MASPP has the following words on the website, “Adaptations: No population- or culture-specific adaptations were identified by the developer.”

Molock and others (2008, p. 323) noted that, “To date, there appear to be no published studies of effective suicide prevention programs or treatments specifically tailored for African American youth.” We couldn’t find any published studies of evidence-based prevention programs, although we do know that there is ongoing research on this topic.

### **Culturally Destructive Research, Prevention, and Intervention Programs**

“One-size-fits-all” and “tailored” are terms that describe how clothing fit. One-size-fits-all approaches and cultural tailoring work on the surface. They are the “outer clothing” of suicide prevention and not the “deeper descriptions of the cultures and values” described in the *EBI Manual (2<sup>nd</sup> edition)*. These surface approaches, which are often developed by researchers and interventionists who are not part of these cultures, can be harmful to Native American and African American communities.

In her writings, anthropologist Dr. Beatrice Medicine criticizes much of the research that has been done by “other people” on Native Americans. “[American] Indian communities have not significantly profited from other people’s research because its focus has been on problems [such as] suicides... The uncritical proliferation of ‘helping programs’ limits knowledge and comprehension of Indian families even more. It has been, and is, profitable for universities, service agencies, and tribal groups to obtain funds to intervene and attempt to change the ‘pathological’ character of Indians and their life-styles... Previous natural helping service systems - curing societies (Iroquois) and women’s craft guilds (Cheyenne)... no longer function as mutual aid societies” (Medicine, 2001, p. 256).

There is evidence that not only do the needs of Native American youth differ from the general population, but also there is variation among Native American tribes. A study conducted by Bolton and colleagues titled “A Comparison of the Prevalence and Risk Factors of Suicidal Ideation and Suicide Attempts in Two American Indian Population Samples and in a General Population Sample” found that, “Suicide attempts without suicidal ideation

were found to be more common in the American Indian samples than in the general population" (Bolton, Elias, Enns, Sareen, Beals & Novins, 2014, p.4). As stated by Goldston et al, 2008, p. 21), "There are major cultural differences between different Native American groups." Not surprisingly, Bolton and colleagues (2014) also discovered differences in suicidal behaviors, including ideation and attempts among the Northern Plains and the Southwest tribes they studied. In comparison, the Southwest tribe was significantly more likely to report suicide attempts than the Northern Plains tribe. Culturally specific programs are needed. According to Medicine (2001), Native Americans should not be categorized as a single group. With more than 562 federally recognized tribes in the United States and Canada, the "one-size-fits-all" approach to suicide prevention will not work for all Native American youth.

Some scientists have raised concerns about research and interventions that target African Americans. "Cultural mistrust must be considered when designing suicide prevention initiatives for ethnic minority populations... A case in point, African Americans with high levels of cultural mistrust will expect that members or institutions of the dominant culture will not treat them [fairly]" (Joe et al, 2008, p. 360). "Decades of individual and institutional racism affecting the black community, along with failed social efforts to eliminate discrimination, may contribute to the perception that race-related obstacles will prevent goal attainment" (Hirsch, Visser, Chang, & Jeglic, 2012, p. 123). When developing programs "the roles of racism, segregation, neighborhood influences, and other forms of discrimination" must be acknowledged. (Joe et al., 2008, p. 358).

### **Culturally Grounded Suicide Prevention Programs**

Although we did not find any empirical, scientific studies of the effectiveness of the culturally grounded approach, we did find several studies that indicated what might be important in culturally grounded suicide prevention programs for Native American and African American youth. As suggested by the poets Joy Harjo and Ntozake Shange, cultural trauma and loss are important considerations, as well as community, hope, and spirituality. Harjo (2012) acknowledges the significance of trauma and suggests that it can become the "raw material to make things with and to build a bridge." In Shange's poem (1977, p. 63) "the lady in red" decides not to commit suicide and explains "i found god in myself & I loved her/ I loved her fiercely [sic]".

The 2008 article by Goldston and others (p. 14) includes these cultural considerations that are similar to those highlighted by the poets Joy Harjo and Ntozake Shange, "Several cross-cutting issues are discussed, including acculturative stress and protective factors within cultures; the roles of religion and spirituality and the family in culturally sensitive interventions; different manifestations and interpretations of distress in different cultures; and the impact of stigma and cultural distrust on help-seeking." As suggested in the 2014 article by White and Kral, we are rethinking youth suicide and "embracing multiple frameworks for making sense of youth distress and suicide" (p. 131).

## **Acknowledging Trauma, Encouraging Community Efforts and Finding Spiritual Solutions**

While stressful events occur daily for most individuals, the word “trauma” is used to describe emotionally painful and distressing experiences or situations that overwhelm people’s ability to cope, leaving them powerless (American Psychiatric Association, 2000). Although the terms “intergenerational trauma” and “historical trauma” have been used interchangeably, community health experts make distinctions. Both forms of trauma span multiple generations, but intergenerational trauma refers to familial trauma and historical trauma is on a larger scale. Experiences and events associated with history’s traumatic impact are the experiences of American Indians after European colonization and the experiences of African Americans during slavery (Coyle, 2014; Mohatt, Thompson, Thai, & Tebes, 2014). Historical trauma theory proposes that “populations historically subjected to long-term, mass trauma – colonialism, slavery, war, genocide – exhibit a higher prevalence of disease even several generations after the original trauma occurred” (Sotero, 2006, p. 93).

**Native Americans.** “The effects of these historical injustices are still apparent in Indian Country today” (Gray & McCullagh, 2014). A participatory action research (PAR) study of Inupiat youth, suicide, and cultural loss found that historical trauma and racist policies have negatively impacted the Inupiat youth and led to one of the highest suicide rates in the world. Through community meetings involving elders and youth, new understandings of youth suicide and suicide prevention were developed. In the future, suicide preventions programs and practices will be based on “collective resistance and cultural re-creation” (Wexler, 2006, p. 2947).

Working in collaboration with the University of Washington, the Suquamish Tribe and Port Gamble S’Kallam Tribe also used a participatory research approach. This university/community/tribal research group also acknowledged that historical trauma was a contributing factor to mental health challenges faced by American Indian and Alaska Native people (Donavan, Thomas, Sigo, Price, Lonczak, Lawrence, Ahvakana, Austin, Lawrence, Price, Purser, & Bagley, 2015). The group created a culturally grounded social skills intervention for substance abuse and wrote an article titled, “Healing of the canoe: Preliminary results of a culturally grounded intervention to prevent substance abuse and promote tribal identity for Native youth in two Pacific Northwest Tribes.” According to the authors (2015), preliminary results suggest that the program increased the participants’ sense of hope and optimism and knowledge of substance abuse.

For Native Americans, cultural spirituality, but not Christianity, may be a protective factor. A study of spirituality and attempted suicide among American Indians found that a commitment to Christianity was not associated with suicide attempts, but a high level of commitment to cultural spiritual orientation was associated with a reduction in self-reported attempted suicides (Garrouette, Goldberg, Beals, Herell, Manson, 2003).

According to the Suicide Prevention Resource Center, “The Sweet Grass Suicide Prevention Project on the Oglala Lakota Nation includes Culture, Collaboration, and Coaching” (See <http://www.sprc.org/grantees/oglala-sioux-tribe>). In article in the *Lakota Country Times* by Amanda Takes War Bonnet (2009) describes the Sweet Grass Project as a culturally grounded suicide prevention program ([http://www.lakotacountrytimes.com/news/2009-09-01/front\\_page/001.html](http://www.lakotacountrytimes.com/news/2009-09-01/front_page/001.html)). According to the article, “the name 'Sweet Grass' came from Jess Taken Alive, Hunkpapa Lakota, ‘who said the answers for our youth are amongst us within our culture. Understanding the use of sweet grass with prayer alone could save a youth, by teaching them to acknowledge oneself and the world we are in through prayer.” The Sweet Grass Project almost lost federal funding because the Project has not significantly reduced youth suicide. According to an article written by Brandon Ecoffey in 2015, the Sweet Grass Suicide Prevention Project was given a one-year extension by the Substance Abuse and Mental Health Services Administration (SAMSHA). The U.S. Department of Education states that the Sweet Grass Project officially ended on December 31, 2015 (Elaine Janis, personal communication, March 6, 2017). Sweet Grass continues largely because of the efforts of locals such as Elaine Janis, formerly of the Sweet Grass Project. Elaine Janis volunteers her own time and money to help and work with children at-risk for suicide on the Pine Ridge Reservation. The Sweet Grass Project has evolved to include even more traditional healing practices and more involvement of teenagers in youth suicide prevention.

For American Indian/ Alaskan Native youth, LaFromboise and Malik (2016, p. 235) recommend the American Indian Life Skills Development Curriculum (AILS). “Rather than being a one-size-fits-all intervention, the AILS encourages interventionists to incorporate traditional and contemporary worldviews of the tribes and communities they work with into the curriculum without compromising the core psychological components of the program or displacing the skills training outlined in the manual.” The AILS program also seeks to identify culturally unique protective factors as well as risks factors.

**African Americans.** Urban African American youth have many risk factors for suicidal behavior: “poverty, exposure to violence, high rates of depression and irritability, and substance abuse” (Brown & Grumet, p. 116). Understanding the culture and/or cultural issues when examining the suicidal behavior allows an increase in the ability to provide better and more appropriate services (Joe et al., 2008). Religion and spirituality are central to African American culture (Chatters, Taylor, Lincoln, Nguyen, & Joe, 2011; Taylor, Chatters, & Joe, 2011). In the article “Developing Suicide Prevention Programs for African American Youth in African American Churches”, Molock and her colleagues discuss the important role that the Black Church could play in suicide prevention programming for African American youth (Molock, Matlin, Barksdale, Puri, & Lyles, 2008). “The Black Church refers to those independent, historic, and totally African American controlled denominations that constitute the core religious experience of the majority of African American Christians” (Molock et al., 2008, p. 325). The Black Church could play an important role in

prevention for three reasons. First, African American churches have a long history of helping community members. Second, African Americans report that they are highly religious and religiousness is associated with positive mental health outcomes. Third, the Black Church is influential and can engage and retain families. “Churches are the sociocultural context in which many African Americans already engage in help-seeking behaviors (Molock et al., 2008, p. 326). In churches youth receive moral direction, access to important role models, and opportunities to enhance social skills. In addition, “sermons, listening to religious music, and reading religious texts, all provide messages of optimism, hope, existential meaning, and personal worth and salvation which may help individuals cope with difficult life circumstances and protect against suicidality” (Chatters et al., 2011, p. 349).

In addition to serving as a cultural foundation of African-American culture, the Black Church “provides youth with moral direction, normative bearings, spiritual experiences, [and] access to role models” (Molock et al., 2008, p. 324). Nevertheless, it is important to recognize that the Black Church is not monolithic; nor is it the sole social support for African American youth. Although the Black Church can fill important roles in suicide prevention, a “one-size-fits-all” approach to suicide prevention will not work for all African American youth.

The protective effects of social support for African American youth are well documented. A mixed methods study of African American male adolescents found that, “social support among African American boys may play an important role in lowering depressive symptoms, particularly when these youth face stigma regarding mental illness and service use” (Lindsey, Joe, & Von Nebbit, 2010, p. 9). Key protective factors for suicidal behavior in Black adolescents include family support, peer support, and community connectedness (Matlin et al., 2011). Better mental health and psychosocial well being for Black adolescents are predicted by family, school, and religious integration (Rose, Joe, Shields, & Caldwell, 2014).

## **Conclusion**

Several years ago Surgeon General David Satcher described the increasing rate of suicide among ethnic/racial minority groups as an emerging public health problem (U.S. Department of Health and Human Services, 1999). In 2017 we still need to respond to the Surgeon General’s “Call to Action to Prevent Suicide.” We find that suicide prevention programs for Native American and African American youth must be culturally grounded, not just culturally tailored. We also find that prevention programs must be designed by those who know the culture and who are familiar with culturally specific beliefs and practices. All suicide prevention programs must address mental health concerns and involve peers, family, and community members. Suicide prevention programs for Native American and African American youth must also incorporate culturally relevant religion/spirituality, which are the frame that gives meaning to big issues such as life and death, historical trauma, resilience, and transformation.

Acknowledgements: The authors wish to thank Jessica A. Meyer for her assistance with preparing this manuscript for publication. Jessica Meyer assisted with numerous aspects of the research, especially the thorough study of most of the cited references.

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