



**UNIVERSITY OF HAWAII SYSTEM**

**‘ŌNAEHANA KULANUI O HAWAII**

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

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HB 622 HD2 SD1 – RELATING TO SUICIDE PREVENTION

Chairs Rhoads and Dela Cruz, Vice Chairs Gabbard and Keith-Agaran, and Members of the Committees:

Thank you for the opportunity to provide testimony in **strong support of HB 622 HD2 SD1**, which establishes a Prevent Suicide Hawai'i working group within the Office of Wellness and Resilience. The task force is required to focus on reducing the suicide rate among Native Hawaiians and Pacific Islanders and other vulnerable populations in the state, as well as implementing the recommendations in the Prevent Suicide Hawai'i Task Force's interim report, and reporting to the legislature before the Regular Session of 2025.

The Prevent Suicide Hawai'i Task Force (PSHTF) is a state, public, and private partnership of individuals, organizations, and community groups working in the area of suicide prevention. PSHTF members collaborate to provide leadership, set goals and objectives, develop strategies, coordinate activities, and monitor the progress of suicide prevention efforts in Hawai'i. It was established in 2006 and in 2017 to reduce suicide by 25% by 2025. JABSOM has participated in task force activities since its inception and currently has a faculty member serving as co-chair, and welcomes the opportunity to participate on the working group established through this bill.

Members of the PSHTF published an article looking at hope (primary prevention), help (crisis intervention and treatment, and healing (support after a suicide death) from a cultural perspective to capture local efforts in suicide prevention. (Attached.) We agree more needs to be done.

Native Hawaiian and Pacific Islander groups in Hawai'i are at increased risk of suicide deaths, behaviors and thoughts, especially among youth. According to data from the Department of Health, EMS & Injury Prevention Branch, 10-year suicide death rates by primary ethnicity are 516.8 per 100,000 for Native Hawaiians and 374.4 for Micronesians compared to 241.0 for Caucasians, 139.6 for Japanese, and 101.8 for Filipinos between 2010-2019.

The 2019 Youth Risk Behavior Survey for Hawaii showed that 15.9% of Native Hawaiian high school students and 15.2% of other Pacific Islander students made a plan for suicide in the past 12 months, compared to 14.5% of Filipino students, 11.9% of Caucasian students, and 8.5% of Japanese students. Suicide has lasting and profound impacts on families and communities.

This measure would be beneficial in making progress into hope, help, and healing steps that could be taken in order to reduce the number of suicide deaths, as well as seeking solutions to prevent suicide by the application of models, practices and policies.

Thank you for the opportunity to provide testimony on this bill.

# Hope, Help, and Healing: Culturally Embedded Approaches to Suicide Prevention, Intervention and Postvention Services With Native Hawaiian Youth

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Mahalo to the youth, families and communities that have been touched by suicide and shared their struggles, insights, time, energy and ideas about suicide prevention. Mahalo to the youth leaders, community partners, and staff of the Hawaii's Caring Communities Initiative for their dedication to suicide prevention and mental wellness and inspiring work. This article was developed, in part, under grant U79SM060394 from the Substance Abuse and Mental Health Services Administration (SAMHSA), Mental Health America of Hawai'i, The Queen's Medical Center, and the University of Hawai'i at Mānoa, SEED Inclusion, Diversity, Equity, Access and Success Initiative. The views, opinions and content of this publication are those of the authors and contributors, and do not necessarily reflect the views, opinions, or policies of our funders, and should not be construed as such.

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Suicide rates have reached their highest documented levels in the United States with the greatest increases among indigenous youth, including Native Hawaiians. Culturally informed, effective prevention and treatment services are needed now more than ever for Native communities to heal and flourish. Multicomponent prevention and service strategies rooted in indigenous values and approaches show the most promise. Native Hawaiian communities are united around a common goal of suicide prevention, intervention and postvention, linking cultural meanings to improve understanding and guide local efforts. This paper highlights important cultural values to consider when developing and implementing suicide prevention, intervention and postvention. Strategies build upon the strengths of Native Hawaiian youth and their respective communities. Native Hawaiian sayings anchor each level and serve to organize a set of culturally informed and culturally embedded programs and approaches along the continuum of prevention, intervention and postvention. Application of indigenization to suicide prevention enhances connections to people and place, inspiring hope among Native Hawaiian youth, their families and their communities.

*Keywords:* youth suicide, Native Hawaiian, culture, prevention, postvention

Suicide is a serious and preventable public health problem worldwide with indigenous youth having significantly higher rates than nonindigenous youth (Harlow, Bohanna, & Clough, 2014). In the United States, suicide rates have reached their highest documented levels with the greatest increases among indigenous groups (Curtin, Warner, & Hedegaard, 2016). Recent reviews emphasize the need for studies to comprehensively examine the impact of culture (Colucci & Martin, 2007; Harlow et al., 2014). Cultural norms, used in purposeful ways, facilitate a positive sense of belonging to a valued community (Kana'iaupuni, 2005). A review of prevention programs for Native communities concluded that the best programs are culturally relevant and developed with community input (Middlebrook, LeMaster, Beals, Novins, & Manson, 2001). Community involvement makes a significant difference in well-being because it reinforces the contemporary discourse in Native communities that *our culture is our treatment* (Kral et al., 2009). Multicomponent prevention strategies that incorporate indigenous involvement in the development, cultural tailoring, and delivery, show the most promise.

### Native Hawaiian Suicide

Locally, suicide is the most common cause of fatal injuries among Hawai'i residents, accounting for 26% of all fatal injuries—outpacing car crashes and drowning (Galanis, 2016). Youth suicide death and attempt rates are highest among Native Hawaiians, having a profound impact on their communities (Else, Andrade, & Nahulu, 2007; Galanis, 2016). Native Hawaiian youth and emerging adults (15–24 years of age) were 2.3 times more likely to die by suicide compared to Caucasian youth in Hawai'i (14.0 per 100,000 vs. 6.2, respectively; Galanis, 2016). Furthermore, Native Hawaiian youth were 2 times more likely to have made a suicide attempt in the last year compared to their Caucasian peers (14.1% vs. 7.1% respectively; Hawai'i Health Data Warehouse, 2017).

Recent theories of health behaviors have moved away from reinforcing victim-blaming and stigmatizing attitudes to examining historical trauma response and colonization as a determinant of health for indigenous peoples (Brave Heart, Chase, Elkins, & Altschul, 2011). Policies rooted in colonization severed indigenous groups from their language, families and communities as well as their cultural knowledge, protocols and norms that maintain wellness. For example, U.S. missionaries confiscated Native Hawaiian lands in 1848, followed by U.S. land seizures from 1893 to 1898.

During the same period, restrictions on language, hula and traditional medicine were enacted, stripping Native Hawaiians of natural resources relied upon for subsistence as well as their cultural practices. Therefore, it is not surprising that in pre-European contact Hawai'i, suicide was rare (Pukui, Haertig, Lee, & McDermott, 1972). However, since Hawai'i began collecting suicide statistics in 1908, rates for Native Hawaiians have been increasing and are among the highest in the world for youth (Else et al., 2007; Wong, Sugimoto-Matsuda, Chang, & Hishinuma, 2012).

While efforts are being made to revitalize indigenous cultural practices, youth often find themselves having to navigate their native culture at home and the dominant Western culture at school and work. Native Hawaiian youth with high levels of Hawaiian cultural affiliation and low levels of assimilation to the dominant Western culture were more likely to attempt suicide (Yuen, Nahulu, Hishinuma, & Miyamoto, 2000). Sexual activity, having sex with both males and females, experiencing family conflict, witnessing family violence and poor family support were also risk factors for youth suicide attempts (Else et al., 2007). Local longitudinal research indicated that suicidal ideation, anxiety and parent expectation were the best predictors of suicide attempts for Native Hawaiians and non-Hawaiians with no interaction by ethnic identity (Hishinuma et al., 2017). However, significant differences were found between groups in hope and help-seeking, with Native Hawaiian youth increasing help-seeking and decreasing hope to a greater degree (Goebert, Hamagami, Hishinuma, Chung-Do, & Sugimoto-Matsuda, in press).

Despite exposure to adversity, most Native Hawaiian youth do not develop suicidality (Carlton et al., 2006; Goebert et al., 2000). Protective factors for preventing suicidality include talking with parents, higher levels of family cohesion, family organization and parental bonding (Else et al., 2007). Community members provide a tremendous amount of support, enhancing youth well-being and identification with their community (Chung-Do et al., 2014). A strong sense of community identity can increase feelings of self-efficacy, connectedness and purpose (CDC, n.d.; McCabe, 2007; Whitbeck, Chen, Hoyt, & Adams, 2004). From a Native Hawaiian perspective, strengths-based approaches enhance existing assets and relationships in these families and communities (Yahata & Kaninau, 2009). Communities unite around a common goal of suicide prevention, linking cultural meanings that maintain and strengthen their group, social morals and ethics (Yuen et al., 2000; Yuen, Yahata, & Nahulu, 2006).

Nearly a decade ago, a needs assessment of community concerns was conducted about youth suicide, bullying and violence (Yahata & Kaninau, 2009). Key informants serving Native Hawaiian youth ages 15 to 24 provided insight on the relevancy and accuracy of existing reports for these youth; made recommendations to enhance strengths-based programs; determined assets, resources and needs of Native Hawaiian communities; and identified strategies for moving prevention efforts forward. Overall, their findings contributed to the growing body of evidence supporting the importance of developing and sustaining culturally informed Native Hawaiian youth programs. The themes that emerged indicated the need to: develop, implement, and evaluate culturally appropriate strategies in the context of their families and broader community; utilizing natural leaders within communities; and supporting both youth and community wellbeing. Comprehensive and integrated approaches are more successful in addressing youth suicide prevention (Garraza, Walrath, Goldston, Reid, & McKeon, 2015). Furthermore, a study of local community members engaged in youth suicide prevention demonstrated that youth-led programs enhance youth participation and lead to improved self-concept, connectedness and improved mental health and wellness (Chung-Do et al., 2015). Programs must include processes that allow space for sharing thoughts, beliefs, values and relationships to be expressed in actions, words and the intricacies of the way we live. Effective suicide prevention programs require sufficient time to form meaningful relationships to access, exchange and transform understanding and action among program participants. Native Hawaiian communities enthusiastically support strengths-based approaches. This paper highlights cultural aspects of suicide prevention strategies that build upon the strengths of Native Hawaiian youth and their respective communities.

### Overarching Principles

Native Hawaiians and those with whom they work, such as many of the authors, strive for excellence in community-level systems for families—past, present and future. Members of this research and clinical team, henceforth referred to as we, share common goals and have developed robust understandings of approaches to healing and wellness rooted in our sense of place. Our community and clinical work, academic research and policy advocacy are informed by Native Hawaiian practices, beliefs and traditions. We provide training to community and clinical service providers on the prevention of suicide. We develop, implement and monitor effective programs that promote wellness, balance, resilience and hope. We encourage suicide prevention as a core component of health, endorsing and implementing effective clinical practices for assessing and treating those identified as being at risk for suicidal behavior.

Native Hawaiian values are at the forefront of our suicide prevention work, providing a deeper meaning and process. Four Native Hawaiian values repeatedly came up in our respective work and now serve to guide our collective efforts—*aloha*, *ola*, *mālama* and *pilina*. The first value, *aloha*, means to love unconditionally, to give without the expectation of reciprocity, to be empathic and compassionate. It represents the unselfish kindly concern for the good of another without expecting anything in return from them. Hawaiian wisdom indicates “*Ua ola loko i ke aloha*,” meaning “love is imperative to one’s mental and physical welfare.” Our second value, *ola*, translates to “life.” In daily cultural practice, *ola*

is the spiritual connectedness between a person’s sense of being or identity with others and with the *mana* (life force) that flows through all animate and inanimate things. To be connected is to be filled with the renewing vibrancy of life as compared to *ka’ele make* (an emptiness within that may make one vulnerable to defeat, resignation and death). The third value, *mālama*, is commonly translated as to take care of, tend, attend, care for and show reverence. *Mālama* has many contexts relevant to suicide prevention (e.g., *e mālama ola*—care for all life, without being told or asked; *e mālama kekahi i kekahi*—care for each other). However, the concept of *mālama* begins with each of us (Kawa’ā, 2009a). To care for life, care for others and take care of our *kuleana* (responsibility), we must first *mālama* ourselves (take good care of ourselves). When we are off balance, it is challenging, if not impossible to care for others.

Our fourth value, *pilina*, refers to connectivity and relationships. The importance of connectivity in times of need is frequently expressed by those who have attempted suicide as well as by those dedicated to preventing suicide in our communities. The metaphor of the intertwining of the ‘ie’ie (*vine*) and *koa* (prized, native hardwood tree) as shared by Native Hawaiian cultural specialist Luana Kawa’ā (2010) captures this value.

The ‘ie’ie is a crawling vine that would cling to the *koa* tree. Let’s consider the *pilina* or relationship between the *koa* and the ‘ie’ie. *The koa* stands mighty and tall while the ‘ie’ie is much more delicate and fragile, yet one compliments the other. So it is our *pilina* with each other. Good relationships have this kind of [empathic, complementary] balance. When one person is weak, the other is strong. When one needs protection, the other provides a safe place. When one person is growing and learning the other provides the stable foundation allowing the growth to take place. At times we may need to be the *koa*, strong, tall, steadfast and immovable. In our vulnerable times, we may be like the ‘ie’ie, creeping and crawling along, clinging to those around us as we make our way. *This is what makes pilina*, relationships in our lives so important, so essential, as we find our way through this journey called life.

By building and maintaining of these relationships, we enhance resilience. To put this metaphor into practice, one of our youth groups learned to weave the ‘ie’ie, that they harvested, cleaned, and dried. *The ‘ie’ie*, while fragile at time, can be a source of strength when woven together into a basket and transformed to serve as a vessel for life.

These four values are integrated into our collective efforts to promote hope, help and healing for youth suicide prevention. We believe that hope, help and healing are interconnected in suicide prevention as help-seeking cannot occur without hope and healing, and healing cannot truly happen without hope and help from others. We share ‘*ōlelo no’eau*, which are Native Hawaiian sayings that reflect our values, convey wisdom to guide thinking and action and serve to frame our strategies.

### Hope: Primary Prevention and Early Intervention

‘O ka hilina’i ka ‘imi ‘ana i kahi pohihihi a ka puka aku ‘ana me ka ‘ike.

To possess an undaunting Hope: Believe that in the midst of confusion and bewilderment, one is capable of seeking and holding onto the way toward a future possessing insight and vision.

~‘Ike Pono ‘Oe, 2016

*Hilina'i* translates to believe in hope or to believe that things will get better. It also means to trust and lean on. These words express a *mana'o* (thought, belief or theory) toward life and health (Kawa'a, 2009b). In trying times, we need to lean on others and believe in hope. While hope is integral to all aspects of suicide prevention, intervention and postvention, it is the focus of primary prevention. The following are other essential values for primary prevention:

- *Ho'olohe pono*: listen well or "be there" (active and attentive listening) and *ho'olono*: listen deeply and go beyond what is being said.
- *Ma ka hana ka 'ike* (from doing one learns) and *hana lima* (work with the hands) (Pukui & Elbert, 1986). These approaches offer youth an experiential learning format that integrates their thoughts and feelings. Youth are able to find something they are good at and cultivate that skill (Duponte, Martin, Mokuau, & Paglinawan, 2010).

### Hawaii's Caring Communities Youth Leadership Program for Suicide Prevention

Increasing evidence shows community-based injury prevention programs for youth are successful as well as youth leadership programs that involve youth as key stakeholders (Dalton, Elias, & Wandersman, 2007). Embedded within a community-based approach is the recognition that health is disproportionately impacted among marginalized groups, such as rural and minority populations (Freire, 1998). Local youth leadership programs in Hawai'i have been developed with these fundamental values as the foundation. One of these programs is the Hawaii's Caring Communities Initiative (HCCI) for Youth Suicide Prevention. It used an innovative youth and community-mobilization model to collaborate with six youth-serving and community health organizations in rural communities across Hawai'i (Chung-Do et al., 2014, 2015, 2016a, 2016b). Youth and community members were trained as trainers to develop awareness projects and activities that incorporated evidence-based practices, ensuring these projects were culturally relevant and met the unique needs of the community. Having indigenous youth included in the planning, development, implementation and evaluation of local youth suicide prevention efforts increases the likelihood of positive impacts (Reitz & Banerjee, 2014). Indigenous youth provide valuable cultural insight and creativity, informing youth suicide prevention initiatives so that they become strong models of prevention in the community (CDC, n.d.). HCCI used a youth leadership model that focused on developing youth leaders in suicide prevention through training, youth empowerment and team-building activities. This increased their sense of belonging and attachment to place. In alignment with community-based participatory principles, this model provided a framework for organizations to develop their unique plan to not only address the community's needs but also to utilize the strengths of the organization and the community.

Our approach requires youth-adult partnerships (Camino, 2005). We have found that not only do youth frequently indicate that they turn to their grandparents in a crisis, that their interactions with *kūpuna* (elders) and other supportive adults, role models and mentors are critical to program success. We have also learned that it is important to *ho'opono* (set and understand expectations) for youth-adult partnerships. This helps to identify what is happening in everyone's lives beyond their concerns for suicide and facilitates a greater understanding of youth and supportive adult needs,

defines youth voice, and enables the fusion of Native culture in a way that supports one's social and generational cultural values. Interventions based on a strengths-based model of positive youth development can promote healing and facilitate a sense of belonging to a valued community (Kral et al., 2009; Trinidad, 2009). Our partnerships seek to promote protective factors among youth by providing opportunities to take leadership roles and to connect them to culturally grounded activities, increasing their knowledge and comfort as leaders, encouraging health promotion, validating the youth's role in the community, while fostering social and community connectedness. The aim is to instill hope for self, peers, families and community. Pathways are generated for other youth to have hope, connect to help, survive and begin the healing to thrive. As one HCCI youth leader described "When you want to do something with your life, you'll figure out that you want to do something for your community, people in your community, outside, this and that. I realized that."

### Hawai'i Youth Leadership Council for Suicide Prevention

The Hawai'i Youth Leadership Council for Suicide Prevention provides a youth voice for statewide suicide prevention work, leadership development and training on suicide prevention, civic engagement and community service opportunities. It also connects members with supportive adults who help them champion suicide prevention in their home communities. These socially engaged young leaders will have the knowledge that their actions can effect positive change (Martin, Pittman, Ferber, & McMahan, 2007). They already possess an awareness and motivation to make positive change in their world. They have the skills and capacity to make a contribution; are resourceful, connected and experienced; they can access and navigate their way through different settings and institutions, creating opportunities to be engaged in purposeful action that can lead to positive social change and improvements in conditions for themselves and their communities. Youth councils are an effective means to engage youth voices in community decision-making (Checkoway & Gutierrez, 2006). Successful youth councils lay a foundation by addressing: (1) membership diversity (e.g., community representation, gender, ethnocultural identity, socioeconomic status, sexual orientation, and suicide attempt survivors), which helps ensure a variety of viewpoints and encourages creativity in discussions; (2) infrastructure; and (3) work environment. Youth council mentors deliberately support meaningful youth action by building youth capacity, deepening youth motivation and negotiating opportunities for access to policymakers and other constituents. It is powerful to see how their voices emerge when they take ownership. The Hawai'i Youth Leadership Council for Suicide Prevention is the heart of our efforts. Youth serve as ambassadors for their communities across the state and act as the authentic voice in our activities.

### Help: Intervention

*'Ike aku, 'ike mai, kokua aku kokua mai; pela iho la ka nohana 'ohana.*

Recognize others (watch), be recognized (observe), help others, be helped; such is the family/community way.

~'Ōlelo Noe'au Pukui (1983), No. 1200

The words expressed in this *'olelo no'eau* reflect a fundamental philosophy necessary for creating and sustaining a system for

suicide prevention. Many Native Hawaiians and others living in Hawai'i consider everyone in their community a part of their extended family. In the 'ohana (family), you know others and they know you; you help others and know you will be helped.

### Connect Suicide Prevention Program (Gatekeeper Training)

Suicide prevention programs employ gatekeeper training strategies to educate natural helpers to recognize warning signs for suicide and know how to respond appropriately. Four broad themes of cultural needs were identified by community leaders in suicide prevention during focus groups held in 2012 as a first step to developing youth suicide prevention programs in the community, emphasizing the importance of honoring community knowledge and prioritizing relationship (Chung-Do et al., 2016). The themes included: (1) training curriculum must provide an intentional space for relationship-building; (2) program trainers from outside of the community must get to know the community, cultural protocols and level of community readiness before initiating a program; (3) training programs must incorporate local examples; and (4) an interactive environment must encourage trainees to be active participants in the learning process. Adherence with these themes will facilitate acceptance of culturally tailored, evidence-informed programs. Furthermore, it is important for the person who self-identifies as being connected to the community also to be recognized and accepted by the community. This is also an opportunity for the community trainers to show appreciation for their connection(s) to the community with humbleness and cleanse any "reconnect" that may be needed. This strengthens the connection with the community and respectfully acknowledges the responsibility the trainer has in regards to the community. Uncle Ish Stagner, *kupuna* and psychologist, referred to our need to connect to and be connected with the whole being through PINK: *pu'uwai* (heart), *ike* (mind), *na'auao* (gut intuition), *kino* (body).

Our youth with lived experience who strive for understanding and a better tomorrow selected the following 'ōlelo no'eau (saying) to express the wisdom of their ancestors in overcoming adversity.

Loa'a ke ola I Hālau-a-ola.

Life is obtained in the House-of-life: One is safe, well again. A play on ola (life, health, hope, healing, contentment, and peace after a struggle).

~'Ōlelo Noe'au Pukui (1983), No. 2017

Additionally, the importance of change in reframing an event, resolving a conflict or restoring a developmental deficit is critical. Two essential values pertain to this:

- *Ho'ohuli*: To turn, reverse, curl over like a breaking wave, change an opinion; to shift your thinking; to physically and emotionally turn from or to something; to look for, search, explore, investigate; to seek the truth.
- *Ho'ololi*: To amend, alter, transform; to take a new form or to change or modify one's thoughts, feelings, or behaviors.

### Emergency Department Training

Emergency departments play a fundamental role in suicide prevention and may be a primary or sole source of health care, especially among rural and indigenous populations (Matsu et al., 2013; Sugimoto-Matsuda & Rehuher, 2014). We found that youth in rural, primarily Native Hawaiian communities were nearly four times more likely to use an emergency for mental health care at a higher level of acuity. While all emergency department providers are in a position to communicate with family and friends, facilitate engagement in outpatient care and prevent future suicide attempts, those serving our Native Hawaiian communities place greater emphasis on the importance of relationships, demonstrating cultural humility. Rather than restricting the *Connect* training to their discipline, our rural providers encourage integration with the community, thereby increasing their outreach, enhancing trust and willingness to seek care. The value expressed by *kekahi i kekahi* (everything/everyone is connected) signifies their approach. We are community/family members first.

### Family Treatment Center's Cultural Integration Program

The Queen's Medical Center's Family Treatment Center promotes the health and well-being of Hawai'i's adolescents and their families, providing inpatient mental health services for youth of whom the vast majority suffer suicidality. Core treatment strategies include cognitive-behavioral approaches (e.g., educational competence, constructive thinking, age-appropriate behavior and appropriate judgment in social situations); developing emotional competence (e.g., developing coping skills, building a capacity for empathy, developing positive regard for self and others); family strengthening; promoting well-being; developing a sense of community (e.g., enriched and balanced life experiences; cultural, spiritual and social awareness; Hawaiian concepts of community and relationships to people and the environment). The cultural integration program considers values as a central component of well-being (Carlton et al., 2011). Adolescents with prosocial values have a foundational guide for beliefs, social behavior and attitudes that can lead to honest, respectful and responsible decision making. The goals of the cultural integration program are to have the values reinforced in class, in therapy (individual, group and family), and throughout the treatment milieu. For example, values are introduced in class and their definitions discussed briefly. Youth then journal with writing and/or drawings, reflecting on what it means to them. Later that day, the value is revisited in group and individual therapy during which youth share their interpretations. In the early stages of treatment, many youth discuss their life experiences and how these values have been violated by family members, severing their identity with their Native Hawaiian culture. Using values in therapy allows the therapist to have awareness and understanding of the youth's thoughts, views, and perspectives; emotional and cognitive capacities; interpersonal relatedness and morality that they may not have otherwise. It is believed that by living the values, the youth will become more resilient and cope better with future adversity. This program includes concepts of values, relationships, actions and the intricacies of the way youth live, creating a more effective program.

Therapeutic progress can be gauged during individual therapy as illustrated by the composite case of Kaimana, Power of the Ocean Boy, and two values he explored during individual therapy

(Chock, Carlton, Andrade, & Goebert, 2014). Kaimana was admitted to the Family Treatment Center with suicidality. His mother had died from an alcohol related illness when he was younger, and he was living in his fourth foster care home. Kaimana was an avid body surfer, smart and maintained a sustained relationship with an adult mentor. Initially, he selected the value *olu'olu* (pleasing state of calm, pleasure, comfort). His therapy session focused on the role the ocean played in relieving stress. The ocean proved a place to surf and spearfish. He was able to appreciate its practical uses for play and work. As he focused on his emotions, Kaimana shared that, when he would jump into the ocean, he would feel that all of his problems would disappear and his anger and frustration with life would subside. It became his focus for mentalization, as he moved from needing to physically be in the ocean to relax to being there symbolically. Kaimana also revisited the Hawaiian value *hō'ihī* (something sacred, to be respected, dignified, spoken of). He claimed that when it came to relationships, only the ocean was always there for him. As he delved into his connection to the culture, he discussed his mother and his feelings toward her. He believed that the ocean is most sacred place on earth. His mother's ashes were scattered in the ocean, and his mother's *'aumakua* (ancestral spirit) was the turtle. He had a special connection with turtles because they hold his mother's spiritual energy. Kaimana began to identify with his culture through past generations, strengthening his sense of self and reaching out to reconnect with relatives.

Most recently, the unit began a collaborative project on healing through art, in which murals along its walls reflect Native Hawaiian cultural values (Consillio, 2016). The project started with the treatment team and mural artists from the community discussing goals and implementation. The vision of the mural concentrated on the medical center's royal Founders, Queen Emma and King Kamehameha IV and their son, Crown Prince Albert Kamehameha. The mural attempted to capture the *'ano* (nature, meaning, quality) conveyed in the story of how the young Queen dealt with the death of her 4-year-old son, followed by her 29-year-old husband 15 months later. Following her devastating losses, she embarked on a transformative journey up to the summit of Mauna Kea, to become one of Hawai'i's great monarchs. Youth on the unit went to the *kalo* (taro) field, where they helped to care for the *kalo* and discussed values. They continued the cultural component of the treatment with *mo'olelo* (story) and *'ōlelo no'eau* (sayings) to reinforce the values previously taught. Relationships and actions were then seen in the interactions with each other and on the wall of the unit. Overall, youth and staff worked together to continue to develop prosocial behaviors. This combined treatment of experiential cultural immersion and artistic expression vicariously teaches these adolescents to sublimate powerful emotions of devastating loss and sorrow that can be transformed into hope and positive action. It is a powerful heuristic healing approach that incorporates indigenous Hawaiian culture and mythic ancestral narratives. Notably, this indigenous culture treatment approach is based on the epistemology of our four overarching principles (i.e., *aloha*, *ola*, *mālama* and *pilina*) that are refined into specific values (e.g., *ho'ohuli* and *ho'ololi*) that meet the needs of the treatment context clinicians must creatively work within. As with primary prevention, this has also allowed youth to utilize their strengths and connected to others around shared values.

## Heal: Postvention

*Mālama ola no na lei.*

A rainbow is waiting: In moments when darkness is all around, and it's hard to see beyond it, a rainbow or preserver of life for youth is waiting.

~ *Kapuna* Uncle Val Kepilino and Aunty Malia Craver

*Mālama ola no na lei* is an excerpt taken from the song *Pu'uhonua Nani*, (Beautiful Refuge) (Queen Lili'uokalani Children's Center, 2013). Aunty Malia Craver helped to guide Hawaiian children and families toward cultural pride as source of nourishment, healing and strength. There are moments in life filled with darkness, confusion, doubt and uncertainty, especially after a significant loss. They can also include feelings of shame, guilt and blame. Such tragic moments can contribute to contagion and further increase suffering and feelings of hopelessness among youth, their families and the community. We assist youth in understanding what resilience is and how they identify it in their life. We also use a resilience framework to support the community and help them through the grieving and healing process. Influenced by community support and a sense of belonging and cultural respect, our indigenous Hawaiian youth and families have demonstrated resilience. Our experience has repeatedly shown that Native Hawaiian communities desire coming together to grieve and heal. Therefore, there is a need for family/extended family grief groups to be available after a death. Additionally, community postvention work needs to use small community meetings, prevention training with emphasis on process to be led by locals and have local community members who are willing to serve as resource people to the greatest degree possible. This demonstrates honor and respect for cultural tradition and recognition of leaders. Native Hawaiian community members share a willingness to speak openly and graphically within family/extended family about suicide because they see value in not hiding the death. However, when this is combined with not understanding safe messaging, others who may be at risk can contribute to contagion. When we have shared prevention and postvention information after a suicide death, it has been welcomed due to the need to encourage healing, hope and help-seeking as a natural progression. Passing life forward is essential for restoring hope. It reinforces the need for early involvement in primary prevention, as contagion levels are high in our island communities. We must create change as well as reaffirm connections with family and community. Trained facilitators foster a safe, nurturing place for youth and families to express their emotions and share their stories, honestly, passionately and without judgment. To be able to focus on the strengths and gifts within the youth, families and communities, the partnerships of youth and adults, *kapuna* wisdom and community leaders in collaboration with skilled community people with aloha and cultural understanding. Additionally, community members want gate-keeper information shared with natural helpers, traditional healers, schools and medical providers. The following values are integral to postvention efforts:

- *Ho'okala*: The act of releasing or forgiving. Used as a stage of the *ho'oponopono*, (conflict resolution that forgives and frees one from the negative energy that perpetuates the trauma or wrong that was done by you or to you by someone else).

- *Manawa*: The proper or right time or opportunity for a change. Readiness depends on community—for most, immediate needs are one day to two weeks after a death while others need a much longer period of adjustment.
- *Hō‘ihi*: To treat everyone with dignity and respect. It is essential to partner with those who have shown care and continuity in the community. It emphasizes relationship building and connectivity.
- *Hāloa*: To care for and honor our *kūpuna*, as we look to our ancestors, moving forward for divine guidance and spiritual connection. *Hāloa* (long breath or eternal life), is the first Native Hawaiian and is the younger brother of *Kalo* (taro). The story of *Hāloa* reminds Native Hawaiians of the life cycle, and that we are part of nature and all connected, rooted in traditions and spirituality. It is symbolic, and to our people and culture, it is real.

The process we have developed, employ and describe began with the traditional knowledge and approaches of our *kūpuna* and ancestral narratives, which we have furthered by the contemporary needs and disciplined innovation of our youth, parents and elders.

### Conclusion

Effective suicide prevention for indigenous youth requires a broad-based community commitment with many layers, occurring simultaneously. Innovative strategies rooted in community problem-solving use the transformative power of indigenization and community involvement. Comprehension of local, traditional indigenous perspectives of suicide and well-being enhances the knowledge of existing evidence (Else et al., 2007; Yuen et al., 2000). Native American studies show a relationship between attenuated suicide rates and community ties to traditional values and community involvement in health, education and cultural services (Chandler & Lalonde, 1998). Prevention programs in indigenous communities work best if they are culturally relevant and developed with local input (Middlebrook et al., 2001). Such programs create supportive community, strengthen families and give individuals tools to be healthy and resilient. Indigenous epistemology centers on youth programs, encouraging production and teaching of knowledge and social voice (Trinidad, 2009). It engenders indigenization, and thereby empowers communities to tell their stories, traditions and practices of past and present; communities, cultures and social practices, once seen as marginalized, become sources of hope (Trinidad, 2009). Indigenization represents a paradigm shift in developing Native programs; it links intervention to a sense of community (Meyer, 2001; Trinidad, 2009). Our prevention and clinical work are examples of applying indigenization to suicide prevention; contemporary approaches underpinned by ancestral traditions that resonate and thereby strengthen the resolve of youth to wait out with hope, ultimately defying thoughts of giving up on one's self, family, community and life. Relationships are built through connections to people and place. Through indigenization, involved communities can evoke their history and traditions, then develop culturally relevant, locally directed healing interventions that integrate scientific principles that determine effectiveness and efficacy with technical consultation from academic researchers and community advisors. Suicide prevention and intervention efforts for Native Hawaiian communities must be culturally guided.

### References

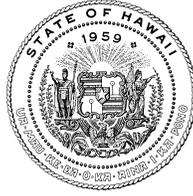
- Brave Heart, M. Y., Chase, J., Elkins, J., & Altschul, D. B. (2011). Historical trauma among Indigenous Peoples of the Americas: Concepts, research, and clinical considerations. *Journal of Psychoactive Drugs*, *43*, 282–290. <http://dx.doi.org/10.1080/02791072.2011.628913>
- Camino, L. (2005). Pitfalls and promising practices of youth–adult partnerships: An evaluator's reflections. *Journal of Community Psychology*, *33*, 75–85. <http://dx.doi.org/10.1002/jcop.20043>
- Carlton, B., Goebert, D., Bell, C., Horton, M., Else, I., Marcinowski, M., & Yamada, L. (2011). An illustration of integrating cultural values into mental health treatment. *Hulili: A Multidisciplinary Journal on Hawaiian Well-being*, *7*, 159–184.
- Carlton, B. S., Goebert, D. A., Miyamoto, R. H., Andrade, N. N., Hishinuma, E. S., Makini, G. K., Jr., . . . Nishimura, S. T. (2006). Resilience, family adversity and well-being among Hawaiian and non-Hawaiian adolescents. *International Journal of Social Psychiatry*, *52*, 291–308. <http://dx.doi.org/10.1177/0020764006065136>
- Centers for Disease Control and Prevention. (CDC). (n.d.). Connectedness as a strategic direction for the prevention of suicidal behavior. Retrieved September 27, 2013 from [http://www.cdc.gov/violenceprevention/pdf/Suicide\\_Strategic\\_Directio\\_-\\_One-Pager-a.pdf](http://www.cdc.gov/violenceprevention/pdf/Suicide_Strategic_Directio_-_One-Pager-a.pdf)
- Chandler, M. J., & Lalonde, C. E. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, *35*, 191–221. <http://dx.doi.org/10.1177/136346159803500202>
- Checkoway, B. N., & Gutierrez, L. M. (2006). Youth participation and community change: An introduction. *Journal of Community Practice*, *14*(1–2), 1–9. [http://dx.doi.org/10.1300/J125v14n01\\_01](http://dx.doi.org/10.1300/J125v14n01_01)
- Chock, S., Carlton, B., Andrade, N. N., & Goebert, D. (September 16, 2014). *Indigenous Hawaiian cultural values in child and adolescent inpatient treatment*. Oral presentation at the XVI World Congress of Psychiatry in Madrid, Spain.
- Chung-Do, J. J., Bifulco, K., Antonio, M., Tydingco, T., Helm, S., & Goebert, D. A. (2016a). A cultural analysis of the NAMI-NH Connect Suicide Prevention Program by rural community leaders in Hawai'i. *Journal of Rural Mental Health*, *40*, 87–102. <http://dx.doi.org/10.1037/rmh0000044>
- Chung-Do, J. J., Goebert, D. A., Bifulco, K., Sugimoto-Matsuda, J., Balberde-Kamali'i, J., Ka'ae, D., . . . Walter, L. (2016b). Insights in Public Health: Safe Messaging for Youth-Led Suicide Prevention Awareness: Examples from Hawai'i. *Hawai'i Journal of Medicine & Public Health: A Journal of Asia Pacific Medicine & Public Health*, *75*, 144–147.
- Chung-Do, J., Goebert, D., Bifulco, K., Tydingco, T., Wilcox, S., Aea, D., . . . Alvarez, A. (2015). Mobilizing communities at-risk to prevent youth suicides. *Journal of Health Disparities Research and Practice*, *8*, 108–123.
- Chung-Do, J. J., Napoli, S. B., Hooper, K., Tydingco, T., Bifulco, K., & Goebert, D. (2014). Youth-led Suicide Prevention in an Indigenous Rural Community. *The Psychiatric Times*, *12*, 1–4. Retrieved from <http://www.psychiatrictimes.com/cultural-psychiatry/youth-led-suicide-prevention-indigenous-rural-community>
- Colucci, E., & Martin, G. (2007). Ethnocultural aspects of suicide in young people: A systematic literature review Pt. 2: Risk factors, precipitating agents, and attitudes toward suicide. *Suicide and Life-Threatening Behavior*, *37*, 222–237. <http://dx.doi.org/10.1521/suli.2007.37.2.222>
- Consillio, K. (2016). *Healing Through Art, a collaborative project among FTC, 808URBAN, Kamehameha Schools and UH Department of Psychiatry*. Retrieved from <http://www.pressreader.com/usa/honolulu-star-advertiser/20161205/281767038845133>
- Curtin, S. C., Warner, M., & Hedegaard, H. (2016). Increase in Suicide in the United States, 1999–2014. *NCHS Data Brief*, *241*, 1–8.
- Dalton, J. H., Elias, M. J., & Wandersman, A. (2007). *Community psychology: Linking individuals and community* (2nd ed.). Belmont, CA: Thomson-Wadsworth.

- Duponte, K., Martin, T., Mokuau, N., & Paglinawan, L. (2010). *Ike Hawai'i—A training program for working with Native Hawaiians*. Honolulu, HI: Author.
- Else, I. R. N., Andrade, N. N., & Nahulu, L. B. (2007). Suicide and suicidal-related behaviors among indigenous Pacific Islanders in the United States. *Death Studies, 31*, 479–501. <http://dx.doi.org/10.1080/07481180701244595>
- Freire, P. (1998). *Pedagogy of the Oppressed*. (20th anniversary ed.). New York, NY: Continuum.
- Galanis, D. (2016). *Overview of suicides in Hawai'i*. Honolulu, HI: Hawai'i Department of Health.
- Garraza, L. G., Walrath, C., Goldston, D. B., Reid, H., & McKeon, R. (2015). Effect of the Garrett Lee Smith Memorial suicide prevention program on suicide attempts among youths. *Journal of the American Medical Association Psychiatry, 72*, 1143–1149. <http://dx.doi.org/10.1001/jamapsychiatry.2015.1933>
- Goebert, D., Nahulu, L., Hishinuma, E., Bell, C., Yuen, N., Carlton, B., . . . Johnson, R. (2000). Cumulative effect of family environment on psychiatric symptomatology among multiethnic adolescents. *Journal of Adolescent Health, 27*, 34–42. [http://dx.doi.org/10.1016/S1054-139X\(00\)00108-7](http://dx.doi.org/10.1016/S1054-139X(00)00108-7)
- Goebert, D., Hamagami, F., Hishinuma, E., Chung-Do, J. J., & Sugimoto-Matsuda, J. J. (in press). Change pathways in indigenous and non-indigenous youth suicide. *Suicide & Life-Threatening Behavior*.
- Harlow, A. F., Bohanna, I., & Clough, A. (2014). A systematic review of evaluated suicide prevention programs targeting indigenous youth. *Crisis, 35*, 310–321. <http://dx.doi.org/10.1027/0227-5910/a000265>
- Hawai'i Health Data Warehouse. (2017). *Query builder for Hawaii's Youth Risk Behavior Survey (YRBS) data* [Data file]. Retrieved from [http://ibis.hhdw.org/ibisph-view/query/builder/yrbs/SuicideTried12M/SuicideTried12M\\_HS\\_ST.html](http://ibis.hhdw.org/ibisph-view/query/builder/yrbs/SuicideTried12M/SuicideTried12M_HS_ST.html)
- Hishinuma, E. S., Smith, M. D., McCarthy, K., Lee, M., Goebert, D. A., Sugimoto-Matsuda, J., . . . Andrade, J. K. L. (2017). Longitudinal prediction of suicide attempts for a diverse adolescent sample of Native Hawaiians, Pacific Peoples, and Asian Americans. *Archives of Suicide Research*. Advance online publication. <http://dx.doi.org/10.1080/13811118.2016.1275992>
- Kana'iaupuni, S. M. (2005). Ka'akālai Kū Kanaka: A call for strengths-based approaches from a Native Hawaiian perspective. *Educational Researcher, 34*, 32–38.
- Kawa'a, L. (2009a). *Morning mana'o: Malama, take care*. Retrieved from <http://morningmanao.blogspot.com/2009/04/malama-take-care.html>
- Kawa'a, L. (2009b). *Morning mana'o: Believe*. Retrieved from <http://morningmanao.blogspot.com/2009/04/hilina-i-believe.html>
- Kawa'a, L. (2010). *Morning mana'o: Ieie and koa*. Retrieved from <http://morningmanao.blogspot.com/2010/03/ieie-and-koa.html>
- Kral, M., Wiebe, P. K., Nisbet, K., Dallas, C., Okalik, L., Enuaraq, N., & Cinotta, J. (2009). Canadian Inuit community engagement in suicide prevention. *International Journal of Circumpolar Health, 68*, 292–308. <http://dx.doi.org/10.3402/ijch.v68i3.18330>
- Martin, S., Pittman, K., Ferber, T., & McMahan, A. (2007). *Building Effective Youth Councils: A practical guide to engaging youth in policy making*. Washington, DC: The Forum for Youth Investment.
- Matsu, C. R., Goebert, D., Chung-Do, J. J., Carlton, B., Sugimoto-Matsuda, J., & Nishimura, S. (2013). Disparities in psychiatric emergency department visits among youth in Hawai'i, 2000–2010. *The Journal of Pediatrics, 162*, 618–623. <http://dx.doi.org/10.1016/j.jpeds.2012.09.006>
- McCabe, G. H. (2007). The healing path: A culture and community-derived indigenous therapy model. *Psychotherapy: Theory, Research, Practice, Training, 44*, 148–160. <http://dx.doi.org/10.1037/0033-3204.44.2.148>
- Meyer, M. A. (2001). Our own liberation: Reflections on Hawaiian epistemology. *The Contemporary Pacific, 13*, 124–148. <http://dx.doi.org/10.1353/cp.2001.0024>
- Middlebrook, D. L., LeMaster, P. L., Beals, J., Novins, D. K., & Manson, S. M. (2001). Suicide prevention in American Indian and Alaska Native communities: A critical review of programs. *Suicide and Life-Threatening Behavior, 31*(Suppl.), 132–149. <http://dx.doi.org/10.1521/suli.31.1.5.132.24225>
- Pukui, M. K. (1983). *Ōlelo No 'eau: Hawaiian Proverbs & Poetical Sayings*. Honolulu, HI: Bishop Museum Press.
- Pukui, M. K., & Elbert, S. H. (1986). *Hawaiian dictionary: Hawaiian-English, English-Hawaiian*. Honolulu, HI: University of Hawaii Press.
- Pukui, M. K., Haertig, E. W., Lee, C. A., & McDermott, J. F. (1972). *Nānā i ke kumu* (pp. 117–118). Honolulu, HI: Queen Lili'uokalani Children's Center.
- Queen Lili'uokalani Children's Center. (2013). Annual report. Retrieved from <http://onipaa.org/media/W1siZiIsIjIwMTUvMDIvMTEvMjBfMzdfNDRfMzYwXzIwMTNfQW5udWFsX1JlcG9ydF9GaW5hbC5wZGZYiXV0/2013%20Annual%20Report%20-Final.pdf?sha=32377e8e>
- Reitz, J., & Banerjee, R. (2014). The growing case for youth engagement through culture. *Metropolis, 145*.
- Sugimoto-Matsuda, J., & Rehuher, D. (2014, November 3). Suicide prevention in diverse populations: A systems and readiness approach for emergency settings. *The Psychiatric Times, 40G–40H*.
- Trinidad, A. M. O. (2009). Toward kuleana (responsibility): A case study of a contextually grounded intervention for Native Hawaiian youth and young adults. *Aggression and Violent Behavior, 14*, 488–498. <http://dx.doi.org/10.1016/j.avb.2009.07.008>
- Whitbeck, B., Chen, X., Hoyt, D. R., & Adams, G. W. (2004). Discrimination, historical loss and enculturation: Culturally specific risk and resiliency factors for alcohol abuse among American Indians. *Journal of Studies on Alcohol, 65*, 409–418. <http://dx.doi.org/10.15288/jsa.2004.65.409>
- Wong, S. S., Sugimoto-Matsuda, J. J., Chang, J. Y., & Hishinuma, E. S. (2012). Ethnic differences in risk factors for suicide among American high school students, 2009: The vulnerability of multiracial and Pacific Islander adolescents. *Archives of Suicide Research, 16*, 159–173. <http://dx.doi.org/10.1080/13811118.2012.667334>
- Yahata, D., & Kaninau, P. (2009). *2009 Native Hawaiian Youth Violence, Bullying, and Suicide Needs Assessment Report*. Honolulu, HI: Papa Ola Lokahi.
- Yuen, N. Y. C., Nahulu, L. B., Hishinuma, E. S., & Miyamoto, R. H. (2000). Cultural identification and attempted suicide in Native Hawaiian adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry, 39*, 360–367. <http://dx.doi.org/10.1097/00004583-200003000-00019>
- Yuen, N., Yahata, D., & Nahulu, L. B. (2006). *Native Hawaiian Youth Suicide Prevention Project*. Honolulu, HI: Hawaii Department of Health.

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EXECUTIVE CHAMBERS  
KE KE'ENA O KE KIA'ĀINA

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA

SENATE COMMITTEES ON JUDICIARY AND WAYS & MEANS  
Tuesday, April 4, 2023, 10:00 a.m.  
State Capitol, Conference Room 211 & Videoconference  
**In Support of**  
**H.B. No. 622, HD2, SD1 – Relating to Suicide Prevention**

Aloha, Chairs Rhoads and Dela Cruz, Vice Chairs Gabbard and Keith-Agaran, and Members of the Committees:

The Office of the Wellness and Resilience in the Governor's Office is in **SUPPORT** of H.B. No. 622, HD2, SD1, Relating to Suicide Prevention.

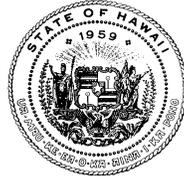
The Office of Wellness and Resilience (OWR) is tasked with addressing and implementing trauma-informed care within our state systems, across the lifespan – from keiki to kūpuna.

Suicide has long been a public health issue in Hawai'i, and we support all efforts to prevent the tragic deaths by suicide we see far too often in our communities. According to the Centers for Disease Control and Prevention (CDC), suicide is a leading cause of death for all Hawai'i residents aged 10-44. Our rates of suicide now consistently rank above the national average, both for our overall suicide rate and youth suicide rate.

The OWR supports the purpose of HB 622, HD2, SD1, to establish a Prevent Suicide Hawai'i Working Group or similar body consisting of state and federal agencies, as well as community organizations, with the overall goal of building increased resiliency in Hawai'i's people and lowering our state suicide rate.

Mahalo nui loa,

Tia L. R. Hartsock, MSW, MSCJA  
Director, Office of Wellness & Resilience  
Office of the Governor



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DEPARTMENT OF HEALTH  
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**Testimony COMMENTING on HB622 HD2 SD1  
RELATING TO RELATING TO SUICIDE PREVENTION.**

SENATOR KARL RHOADS, CHAIR  
SENATE COMMITTEE ON JUDICIARY

SENATOR DONOVAN M. DELA CRUZ  
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: April 4, 2023

Room Number: 211

1 **Fiscal Implications:** N/A.

2 **Department Testimony:** The existing Prevent Suicide Hawaii Task Force (PSHTF), created by  
3 House Concurrent Resolution (HCR) 66, Session Laws of Hawaii (SLH) 2016, has met bi-  
4 monthly to produce its interim report in 2019 (attached).

5 The department recommends a serious examination of how the plan's findings can be  
6 implemented and sustained, in particular as a program in the Executive Branch. Codification of a  
7 task force adds little value to prevention efforts and adds administrative burden due to chapter  
8 92, Hawaii Revised Statutes.

9 There is a single suicide prevention coordinator in DOH, but multiple activities, including:.

- 10
- 11 • The Joint Military Suicide Prevention Task Force - represents all branches of the military,  
including reserves, National Guard, and Coast Guard.
  - 12 • The Hawaii Governor's Challenge to Reduce Suicide among Service Members, Veterans,  
13 and their Families - a statewide initiative in partnership with the Substance Abuse and  
14 Mental Health Services Administration (SAMHSA), the Department of Veterans Affairs,  
15 all branches of the military, and state and community suicide prevention partners.
  - 16 • Individual county suicide prevention task forces - Hawaii, Kauai, and Maui.

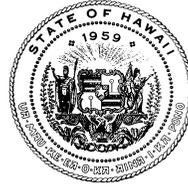
1 Hawaii averaged 196 suicide deaths per year, approximately 22% of all fatal injuries in the state.  
2 Attempts outnumber deaths by 5-to-1. For the same time period, suicidal deaths in Native  
3 Hawaiians averaged 35 per year and 13 per year in Pacific Islanders (Micronesians, Samoans,  
4 and others). In the 15-24 age group, Native Hawaiian suicide deaths averaged 6 per year and  
5 Pacific Islander deaths averaged 4 per year.

6 Thank you for the opportunity to testify.

7 **Offered Amendments:**

8

JOSH B. GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA  
MOKU'ĀINA 'O HAWAI'I



RICHARD RIES, Psy.D., M.Ed.  
COUNCIL CHAIRPERSON  
LUNA HO'OMALU O KA PAPA

STATE OF HAWAI'I  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
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WRITTEN  
TESTIMONY ONLY

**STATE COUNCIL ON MENTAL HEALTH**  
**Testimony to the**  
**Senate Committee on Judiciary, and**  
**Senate Committee on Ways and Means**  
**in SUPPORT of H.B. 622 H.D. 2 S.D. 1**  
**RELATING TO SUICIDE PREVENTION**

**Tuesday, April 4, 2023 at 10:00 a.m.**

**CHAIRPERSON**

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Chairs Rhoads and Dela Cruz, Vice-Chairs Gabbard and Keith-Agaran, and  
Members of the Committees:

Hawaii law, HRS §334-10, establishes the State Council on Mental Health (SCMH) as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid, social services, vocational rehabilitation, and education. Members include representatives from the Hawaii advisory commission on drug abuse and controlled substances and county service area boards on mental health and substance abuse.

The SCMH supports the intent of this measure to advance suicide prevention and appropriate postvention for survivors and affected communities across the islands.

Thank you for the opportunity to testify. Should you have any questions, please contact us at [DOH.SCMHChairperson@doh.hawaii.gov](mailto:DOH.SCMHChairperson@doh.hawaii.gov).

VISION : A Hawaii where people of all ages with mental health challenges can enjoy recovery in the community of their choice.

MISSION: To advocate for a Hawaii where all persons affected by mental illness can access necessary treatment and support to live full lives in the community of their choice.

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



CATHY BETTS  
DIRECTOR  
KA LUNA HO'OKELE

JOSEPH CAMPOS II  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

STATE OF HAWAII  
KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF HUMAN SERVICES**  
KA 'OIHANA MĀLAMA LAWELAWE KANAKA  
Office of the Director  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

April 2, 2023

TO: The Honorable Senator Karl Rhoads, Chair  
Senate Committee on Judiciary

The Honorable Senator Donovan Dela Cruz, Chair  
Senate Committee on Ways & Means

FROM: Cathy Betts, Director

SUBJECT: [HB 622 HD2 SD1](#) - RELATING TO SUICIDE PREVENTION.

Hearing: April 4, 2023, 10:00 a.m.  
Conference Room 225 & Via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the bill's intent, provides comments, and defers to the Office of Wellness & Resilience regarding resources it will need to facilitate the work of this workgroup. However, DHS expresses concern about the SD1 amendment of section 2, paragraph (f), which exempts workgroup members from Chapter 84, Hawaii Revised Statutes, Standards of Conduct, which includes the State's Code of Ethics. The particular provisions of the ethics code should be articulated, or the paragraph should be deleted.

**PURPOSE:** This measure establishes a prevent Suicide Hawai'i Working Group within the Office of Wellness and Resilience. Requires the working group to: focus on preventing suicides in the State, particularly among Native Hawaiians, Pacific Islanders, farmers, youth, LGBTQIA+, veterans, and other populations identified by the federal Centers for Disease Control and Prevention as a high-risk population for suicide; implement recommendations in the

Prevent Suicide Hawai'i Task Force's interim report; and report to the Legislature before the Regular Session of 2025. Effective 6/30/2050. (SD1)

The HD1 amended the measure by:

- (1) Deleting the substantive contents of this measure, which would have established a task force within the Department of Health to reduce the suicide rate among Native Hawaiians and Pacific Islanders in the State;
- (2) Inserting language codifying the existing Prevent Suicide Hawaii Task Force;
- (3) Amending the composition of Prevent Suicide Hawaii Task Force;
- (4) Amending the focus of the Prevent Suicide Hawaii Task Force to include the prevention of suicide among Native Hawaiians and Pacific Islanders;
- (5) Clarifying certain other operational requirements for the Prevent Suicide Hawaii Task Force;
- (6) Changing the effective date to June 30, 3000, to encourage further discussion; and
- (7) Making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style.

The HD2 further amended the measure by:

- (1) Clarifying the members to be appointed from the Department of Health;
- (2) Clarifying that a member be appointed by the Governor from a Native Hawaiian health and well-being organization;
- (3) Specifying that the members are to select the chairperson of the Task Force; and
- (4) Making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style.

The SD1 made significant amendments:

- (1) Deleting language that would have made permanent the Prevent Suicide Hawaii Task Force within the Department of Health;
- (2) Inserting language that:
  - (A) Creates a Prevent Suicide Hawaii Working Group within the Office of Wellness and Resilience;
  - (B) Designates the Executive Director of the Office of Wellness and Resilience to serve as the chair of the working group;
  - (C) Requires the working group to examine, evaluate, and determine methods to improve education, awareness, support services, and outreach to best prevent suicides in the State, particularly among Native Hawaiians, Pacific Islanders, farmers, youth, LGBTQIA+, veterans, and other populations identified by the federal Centers for Disease Control and Prevention as a high-risk population for suicide;

- (D) Requires the working group to implement the recommendations in the interim report issued by the Prevent Suicide Hawaii Task Force pursuant to H.C.R. No. 66, S.D. 1 (2016);
  - (E) Sets forth the members of the working group; and
  - (F) Requires the working group to report to the Legislature before the Regular Session of 2025;
- (3) Deleting section 1;
  - (4) Inserting an effective date of June 30, 2050, to encourage further discussion; and
  - (5) Making technical, nonsubstantive amendments for the purposes of clarity and consistency.

DHS appreciates the Legislature's attention to increasing access to mental and behavioral health services in Hawaii and supporting the necessary work with communities to reduce the risks of suicide. Accordingly, DHS will serve as a member of the task force.

Thank you for the opportunity to provide comments on this measure.



**Testimony to the Senate Joint Committee on Judiciary and Ways and Means  
Tuesday, April 4, 2023; 10:00 a.m.  
State Capitol; Conference Room 211  
Via Videoconference**

**RE: HOUSE BILL NO. 0622, HOUSE DRAFT 2, SENATE DRAFT 1, RELATING TO SUICIDE PREVENTION.**

Chair Rhoads, Chair Dela Cruz, and Members of the Joint Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 0622, House Draft 2, Senate Draft 1, RELATING TO SUICIDE PREVENTION.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This measure, as received by your Committee, would, among other things:

- (1) Create a Prevent Suicide Hawaii Working Group (Working Group) within the Office of Wellness and Resilience;
- (2) Require the Working Group to examine, evaluate, and determine methods to improve education, awareness, support services, and outreach to best prevent suicides in the State;
- (3) Direct the Working Group to implement the recommendations in the interim report issued by the Prevent Suicide Hawaii Task Force pursuant to House Concurrent Resolution No. 66, Senate Draft 1, Regular Session of 2016, and report findings and recommendations to the 2025 Legislature;
- (4) Take effect on June 30, 2050.

**Testimony on House Bill No. 0622, House Draft 2, Senate Draft 1**  
**Tuesday, April 4, 2023; 10:00 a.m.**  
**Page 2**

The HPCA recognizes that the mental health needs of the State continue to outweigh present capacity. These needs were greatly exacerbated due to the profound level of stress placed on individuals, families, and entire communities as economic hardships, disruptions in normalcy, and the stark isolation of quarantine have greatly complicated daily life. This has led to an increase in suicides in Hawaii and across our Nation.

Because the HPCA is embedded in Hawaii's most underprivileged and isolated communities throughout the State, we believe we can greatly help in this cause. We can offer our expertise, daily interaction with key demographic cohorts, and trust with communities from decades of providing primary care to Medicaid recipients.

**The HPCA stands ready and willing to assist in this effort.**

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or [eabe@hawaiipca.net](mailto:eabe@hawaiipca.net).

**HB-622-SD-1**

Submitted on: 4/2/2023 1:58:02 PM

Testimony for JDC on 4/4/2023 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Michael Golojuch Jr	Testifying for Stonewall Caucus of the Democratic Party of Hawai'i	Support	Written Testimony Only

Comments:

Aloha Senators,

The Stonewall Caucus of the Democratic Party of Hawai'i; Hawai'i's oldest and largest policy and political LGBTQIA+ focused organization fully supports HB 622 HD 2 SD 1.

We hope you all will support this important piece of legislation.

Mahalo nui loa,

Michael Golojuch, Jr.  
Chair and SCC Representative  
Stonewall Caucus for the DPH



Submitted Online: April 3, 2023

**HEARING:** Tuesday, April 4, 2023

**TO:** Senate Committee on Judiciary                      Senate Committee on Ways & Means  
Sen. Karl Rhoads, Chair                                      Sen. Donovan Dela Cruz, Chair  
Sen. Mike Gabbard, Vice-Chair                              Sen. Gilbert Keith Agaran, Vice Chair

**FROM:** Eva Andrade, President

**RE:** Support for HB 622 SD1 Relating to Suicide Prevention

Hawai'i Family Forum is a non-profit, pro-family education organization committed to preserving and promoting life, family and religious freedom in Hawai'i. We are very concerned about suicide, because it affects the vulnerable people in our community, especially our youth, elderly and those who are incarcerated.

A report to the 2018 Hawai'i Legislature indicated that between 2012-2016, suicide was the most common cause of fatal injuries among Hawai'i residents, accounting for one-quarter of all fatal injuries. According to the U.S. Department of Health and Human Services, in 2019, suicide was the leading cause of death for Native Hawaiians/Pacific Islanders ages 15-24. They are also three times less likely to receive mental health services or to receive prescription medications for mental health treatment as compared to non-Hispanic whites.<sup>1</sup>

Experts in Hawai'i rightly point out that suicidal behaviors, for people of any age, are usually rooted in many different factors, with mental health issues playing an important role in the overall mix. It is a "perfect storm" of emotional issues and the only way to begin making a difference, is by identifying and treating each person. And the good news, is that it is fixable by awareness and treatment.

We want to ensure that a strategic plan is developed and maintained in order to reduce suicides within the Native Hawai'i community and to provide accurate information to the wider community is an effort we applaud. It is important to bring a range of personal and professional perspectives to these efforts. Through our work with churches over the past twenty-five years, we have come to believe that collaboration and understanding are critical to improving the lives of Hawai'i's people. Like all of the partners, colleagues, and supporters that work together to reduce suicides in Hawai'i, we feel deeply that suicide is preventable. It will be the spirit of collaboration – from policy-makers and advocates to clinicians and clients – that will make suicide prevention possible in our communities.

Mahalo for the opportunity to submit testimony in support of this measure.

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<sup>1</sup> <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=172> (accessed January 30, 2023)



## 'Ahahui o nā Kauka

677 Ala Moana Blvd., Suite 1015

Honolulu HI 96813

Phone 808.548.0270

E-mail [huikauka@gmail.com](mailto:huikauka@gmail.com)

### 2022-2023 Advocacy Committee

Marcus Kāwika Iwane, MD  
President

Martina Kamaka, MD  
Vice-President

Mahealani Lum, DO  
Secretary

Kara Wong Ramsey, MD  
Treasurer

Kapono Chong-Hanssen, MD  
Advocacy Chair

H. Nalani Blaisdell-Brennan, MD

S. Ku'ulei Christensen, MD

April 3, 2023

### COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair

Senator Mike Gabbard, Vice Chair

### COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair

Senator Gilbert S.C. Keith-Agaran, Vice Chair

### Group Testimony in Support of HB 622 HD2 SD1 RELATING TO SUICIDE PREVENTION

'Ahahui o nā Kauka is an organization of Native Hawaiian physicians dedicated to the health of the people of Hawai'i and Native Hawaiians in particular. Acknowledging the alarming suicide statistics related to Native Hawaiians and Pacific Islanders mentioned in this bill, we voice our support for this measure in general but must advocate for better inclusion of organizations and physicians with experience working with the Native Hawaiian and Pacific Islander communities. Specially we suggest the inclusion of at least one Native Hawaiian physician in this task force, and we offer to recommend a physician to fill this role.



**Prevent Suicide Hawai'i Taskforce**  
*Hawaii's Statewide Public-Private Network  
promoting hope, help, and healing  
and passing life forward in our local communities*



April 3, 2023

Chair Karl Rhoads and Vice Chair Mike Gabbard  
Senate Committee on Judiciary  
Chair Donovan M. Dela Cruz and Vice Chair Gilbert S.C. Keith-Agaran  
Senate Committee on Ways and Means  
Hawai'i State Legislature  
415 South Beretania Street  
Honolulu, HI 96813

**RE: support and important comments for HB622 HD2 SD1 – relating to suicide prevention**

*Establishes a Prevent Suicide Hawai'i Working Group within the Office of Wellness and Resilience. Requires the working group to focus on preventing suicides in the State, particularly among Native Hawaiians, Pacific Islanders, farmers, youth, LGBTQIA+, veterans, and other populations identified by the federal Centers for Disease Control and Prevention as a high-risk population for suicide; implement recommendations in the Prevent Suicide Hawai'i Task Force's interim report; and report to the Legislature before the Regular Session of 2025. Effective 6/30/2050. (SD1)*

*For Senate Committee on Judiciary, and Senate Committee on Ways and Means – joint hearing on April 4, 2023 at 10:00 a.m. in conference room 211 and via videoconference*

---

Chair Rhoads, Vice Chair Gabbard, and distinguished members of The Senate Committee on Judiciary; and Chair Dela Cruz, Vice Chair Keith-Agaran, and distinguished members of The Senate Committee on Ways and Means:

The Steering (Leadership) Committee of the Prevent Suicide Hawai'i Taskforce wishes to affirm our **support of HB 622 HD2 SD1**. Our testimony offers key points as to why your favorable vote is so critical, and also respectfully outlines important amendments for your consideration.

The issue of suicide

In Hawai'i, one of our loved ones dies by suicide every other day. This dire public health issue unfortunately affects all, though disproportionately impacts vulnerable communities such as our Native and Indigenous peoples, our rural residents, and our youth and young adults. What's more, the immense stigma around mental health and suicidality increases the challenge that faces us when encouraging people to seek help.

The Prevent Suicide Hawai'i Taskforce (see attachment for more information):

First convened in 1999, the Taskforce has grown and evolved ever since, an incredible demonstration of staying power and partnership. Many inaugural members continue to play key roles. Today, we are Hawaii's largest and longest-standing grassroots (volunteer-based) collaborative focused on suicide prevention.

- **The Taskforce authored Hawaii's Suicide Prevention Strategic Plan, a document requested by and reported to the Hawai'i State Legislature:** <https://go.hawaii.edu/k8k>.
- Our partners are diverse (brief listing below, with new collaborators always engaging and welcome):
  - Representatives from all counties, with sub-groups in each county that work with their respective communities;
  - Major state agencies, including Health, Education, Public Safety, Human Services, and the University System;
  - The Joint Military Suicide Prevention Taskforce, a sub-group which coalesces all military branches (active duty and reserves), as well as the Veterans Administration;
  - Professionals and social service agencies representing sectors such as healthcare and mental health, Native Hawaiian and Pacific Islander communities, harm reduction, the LGBTQ+ community, faith-based organizations, law enforcement; and
  - Most importantly, those who have been personally impacted by suicide (e.g., those who have lost a loved one to suicide, those with personal struggles, etc.).

**Please hear our most important bill amendment for your consideration:**

**We strongly urge return to the HD2 verbiage of the bill, which would codify the existing Taskforce, in lieu of establishing a new (duplicative) workgroup.** The bill's SD1 edits were reflective of an inaccurate description of the State Strategic Plan's timeline and implementation. The following are the correct series of events:

- 2016 Legislative Session – HCR 66 requested the Prevent Suicide Hawai'i Taskforce recommend a strategic plan to reduce suicides in Hawai'i.
- 2017 (December) – completed State Strategic Plan formally reported (in writing and via informational briefing) to the Legislature. The final document is a comprehensive compilation of data, best practices, and feedback from many stakeholders. Several recommendations have already been translated to action (e.g., 2019's Act 270, championed by Senator Dela Cruz, requiring suicide prevention training within our public and charter schools).
- 2018 to present – though not formally required by the Legislature, the Taskforce has since spearheaded monitoring of the State Strategic Plan. We have also begun the process to update the Plan, assessing accomplishments and remaining gap areas. What's more, other states and countries are looking to Hawai'i as a model for development of their own strategic plans. For example, the International Association of Suicide Prevention has invited the Taskforce to share our process with other nations.

**Therefore, in lieu of a duplicative workgroup, what is needed is formal support for the existing Taskforce to monitor, implement, and evaluate the State Plan.** As the Plan's original authors, we are intimately familiar with its intended design and use, and so are in a unique position to facilitate implementation and evaluation.

**For those thinking, "There is a lot of work associated with codification":**

We are aware that some may be concerned about workload; our core members validate these concerns and also empathize, given that we all voluntarily serve in our roles beyond our required professional and personal responsibilities. In response, we ask the Committees to reflect on such a statement (i.e., "prioritizing suicide prevention is too much work"), and what type of message that sends to the community. In addition, be assured the Taskforce is already self-driven and organized. This includes elements such as internal bylaws, regularly scheduled public meetings, communication mechanisms, and a core leadership (Steering Committee). We are ready. This is the next step not only for the network, but also for the suicide prevention movement in Hawai'i.

**Finally, for those wondering, "Will codifying the Taskforce do anything to further suicide prevention in Hawai'i?":**

While we all acknowledge there is still much work to be done, we disagree that codifying the existing Taskforce will have no impact. **Maintenance of a formal suicide prevention coalition is a strategy recommended by national and international leaders in this area. In peer-reviewed research, formal coalitions are shown to bolster suicide prevention efforts. In particular, coalitions with both grassroots and policy-level support are shown to be most effective at community and organizational change. Having a formal coalition and Strategic Plan also opens doors to more grants and funding opportunities.** Finally, codifying the existing Taskforce is the highest honor for those who set the foundation for our work and whose shoulders we stand on, AND provides a visual and meaningful path forward for those looking to the Taskforce and our State leadership (YOU!). We have our blueprint and partners...now is the time for IMPLEMENTATION AND ACTION!

Should you have questions or require additional information about our testimony, or any resources related to suicide prevention, please do not hesitate to reach out to us. Dr. Jeanelle Sugimoto-Matsuda is the Taskforce's advocacy liaison, and can be reached at [junesugi88@gmail.com](mailto:junesugi88@gmail.com) or (808) 291-9930.

Thank you, once again, for prioritizing suicide prevention in our local communities; promoting hope, help and healing; and most importantly, *PASSING LIFE FORWARD.*

With Deepest Aloha,



Deborah Goebert, DrPH – Current Co-Chair, State PSHTF  
(*expertise in mental health research, youth/adolescent health, community and cultural interventions, community engagement; Inaugural Taskforce member*)



Jeanelle Sugimoto-Matsuda, DrPH – Immediate Past Co-Chair, State PSHTF;  
Taskforce Advocacy Liaison  
(*expertise in mental health research, policy/advocacy, health systems*)



Madeleine Hiraga-Nuccio – Co-Chair, Prevent Suicide Kaua'i Taskforce  
(*expertise in mental health, adolescent health, community health*)



H. Yolisa Duley, PhD – Co-Chair, Hawai'i Island Prevent Suicide Taskforce  
(*expertise in awareness and training, higher education*)



Danielle Bergan – Co-Chair, E Ola Hou Prevent Suicide Maui County  
Taskforce (*expertise in awareness and training, community health and engagement*)



Kathleen Merriam, LCSW, CSAC – Board Co-Chair, Hawai'i Chapter of the  
American Foundation for Suicide Prevention (*expertise in mental health systems, engagement with consumers, crisis services, postvention*)



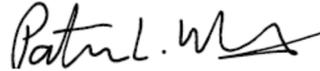
Bryan L. Talisayan  
Executive Director, Mental Health America of Hawai'i



Gina Kaulukukui – Current Co-Chair, State PSHTF  
(*expertise in postvention, grief/bereavement, domestic violence; Inaugural Taskforce member*)



Brent Oto, MA, CPS – Immediate Past Co-Chair, State PSHTF; Taskforce  
military representative (*expertise in awareness and training, military/veterans affairs, substance abuse counseling*)



Patricia Wistinghausen – Co-Chair, Prevent Suicide Kaua'i Taskforce  
(*expertise in awareness and training, media, community engagement*)



Joy Hohnstine, MA, MEd – Co-Chair, Hawai'i Island Prevent Suicide  
Taskforce (*expertise in behavioral health, awareness and training, K-12 education*)



Pua Kaninau-Santos, MSW – Liaison, O'ahu Prevent Suicide Hawai'i  
Taskforce (*expertise in postvention, bereavement training and services for families, Native Hawaiian health, community engagement; Inaugural Taskforce member*)



Mestisa Gass, PsyD – Board Co-Chair, Hawai'i Chapter of the American  
Foundation for Suicide Prevention (*expertise in clinical psychology and therapies, awareness and training*)



# Aloha from the Prevent Suicide Hawai'i Taskforce (PSHTF)!



## Suicide in Hawai'i

- Suicide is the 2<sup>nd</sup>-leading cause of fatal injury in Hawai'i (the leading cause for 16-44 year olds). For every death, another two people are hospitalized for suicide attempts, and another three are treated in emergency departments. [data source: Hawai'i State Department of Health]
- About 1 in 7 Hawai'i high school youth consider suicide, 1 in 6 make a suicide plan, and 1 in 9 attempt suicide. [data source: 2019 Hawai'i Youth Risk Behavior Survey]

## The Taskforce

- We are a community-based, grassroots **network of agencies and individuals** who work in and/or care about suicide prevention. The Taskforce aims to be the “hub” that coordinates suicide prevention activities and communication.
- Convened in 1999, community passion has kept the Taskforce going ever since. Today, partners include state agencies (e.g., Health, Education, Public Safety, University of Hawai'i), healthcare entities, non-profits, and community organizations. Many also come to the table as loss survivors (lost a loved one to suicide) or those who struggle personally.
- The Taskforce is the **author of Hawaii's Suicide Prevention Strategic Plan** (<https://go.hawaii.edu/k8k>), requested by and reported to the Hawai'i State Legislature. We lead and support various suicide prevention activities – awareness, trainings, research, advocacy, supports for those personally impacted by suicide – all of which align with the Strategic Plan.



## Other things to know

- We are here as a resource/hub for the community. Though suicide is complex and there is still much to be done, there is also a lot of great work and partnerships to be proud of.
- When speaking or writing about suicide, keep safe messaging in mind. For example, don't glamorize or sensationalize suicide. We also discourage publicizing details on how and where a suicide took place. We recommend terms like “died by suicide” instead of “completed/committed suicide.” See <https://reportingonsuicide.org/> for more details.
- **Download a copy of our comprehensive resource directory at this link** (<https://go.hawaii.edu/k8X>), or via the QR code. →



**THANK YOU FOR ALL THAT YOU DO FOR HAWAII'S COMMUNITIES!!!**

Direct questions about this handout to the Taskforce, via Jeanelle Sugimoto-Matsuda at [preventsuicidehi@gmail.com](mailto:preventsuicidehi@gmail.com).

Version 1/18/2023

# PREVENT SUICIDE HAWAII TASKFORCE

## STRATEGIC PLAN



To reduce suicide in Hawai'i by at least 25% by the year 2025.

To provide a systematic way of developing a response to suicide.

To reflect both communities' and government's intention to address suicide.

To increase the number of people in Hawai'i who are healthy and safe.

To inspire hope, promote wellness, increase protection, reduce risk, ensure effective treatment, and support healing.

**Suicide prevention is everyone's kuleana.**

### HOPE

#### Community Awareness

Increase community awareness and communication around suicide prevention as a public health problem that is preventable.

#### Training

Increase statewide capacity for training across multiple levels and disciplines, including a focus on cultural humility with diverse populations.



### HELP

#### System of Care

Promote suicide prevention as a core component of Hawaii's overall system of care by encouraging help-seeking in multiple sectors and settings, implementing of Zero Suicide approach, expanding crisis services, implementing systems and protocols to enable follow-up and continuity of care, expanding postvention response, and ensuring supportive policy and regulatory changes.



### HEAL

#### Survivor Support

Increase Hope, Help, Healing, and Wellbeing among those personally touched by suicide and among those with lived experience.

#### Survivor Outreach

Increase State and Community capacity to effectively and efficiently respond to individuals and communities affected by suicide and those with mental health challenges.



### RESEARCH AND EVALUATION

#### Effective and Innovative

Conduct and support high-quality research and evaluation to inform suicide prevention programs, interventions, policies, and overall Statewide direction through data systems and sharing, evaluation of local programs, quality improvement efforts, inclusion of culture and diversity and pursuing new opportunities.



### POLICY AND ADVOCACY

#### Lay the Foundation

Ensure policies and protocols set the proper foundation for suicide prevention initiatives including general funding; advocacy skills and capacity; organizational protocols and policy; and codifying the Prevent Suicide Hawai'i Taskforce.



#### Strategic Plan for Suicide Prevention

- REPORT TO THE HAWAII STATE LEGISLATURE TWENTY-NINTH LEGISLATURE, 2018 STATE OF HAWAII IN RESPONSE TO: HOUSE CONCURRENT RESOLUTION (HCR) 66, H.D. 1, S.D. 1 of the Twenty-Eighth Legislature, 2016 (requesting the Prevent Suicide Hawai'i Taskforce to recommend a strategic plan to reduce suicides in Hawai'i by at least twenty-five percent by 2025). Available at: [https://health.hawaii.gov/opppd/files/2018/01/HCR66-stratplan\\_report\\_180109\\_final2\\_with-appendix.pdf](https://health.hawaii.gov/opppd/files/2018/01/HCR66-stratplan_report_180109_final2_with-appendix.pdf)
- Hawai'i Injury Prevention Plan 2018-2022. Suicide Prevention. Available at: <https://health.hawaii.gov/hipp/focus-areas/suicide-prevention/>



# CORE VALUES

"Ike aku, 'ike mai, kokua aku kokua mai; pela iho la ka nohana'ohana.

Recognize others (watch), be recognized (observe), help others, be helped; such is the family/community way.

~ 'Ōlelo No'eau 1200

## ALOHA

Aloha, unconditional love, is essential for all relationships and imperative to suicide prevention. It is embedded in the work of suicide prevention and slogans such as, "Passing life forward," and "No blame, no shame, just Aloha."

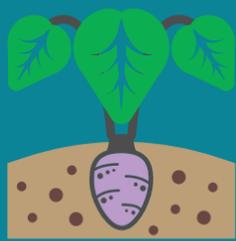
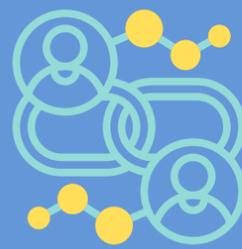


## OLA

Ola refers to life, health, hope, healing, contentment, and peace after a struggle, creating both a personal and spiritual sense of connectedness to others and place.

## CONNECTIVITY

The importance of connectivity in times of need is frequently expressed by those who have attempted suicide, as well as by those dedicated to preventing suicide in our communities. By building and maintaining relationships and connectivity, we enhance resilience.



## CULTURE

Culture refers to the values, traditions, and practices, of any group and is an important consideration in suicide prevention, particularly with our diverse communities.



The five strategies and four values make up the strategic plan's guiding framework, all of which center around the health, safety, and empowerment of our communities.

# Understanding the Extent of the Problem

Suicide is a serious, complex, preventable public health problem that can have lasting harmful effects on individuals, families, and communities.

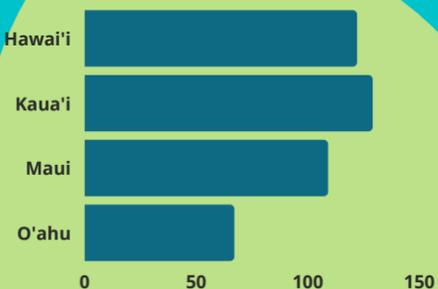
## Suicide is a leading cause of death in Hawai'i.

There is one suicide death every other day in Hawai'i. For every death, 450 members of the community are impacted.



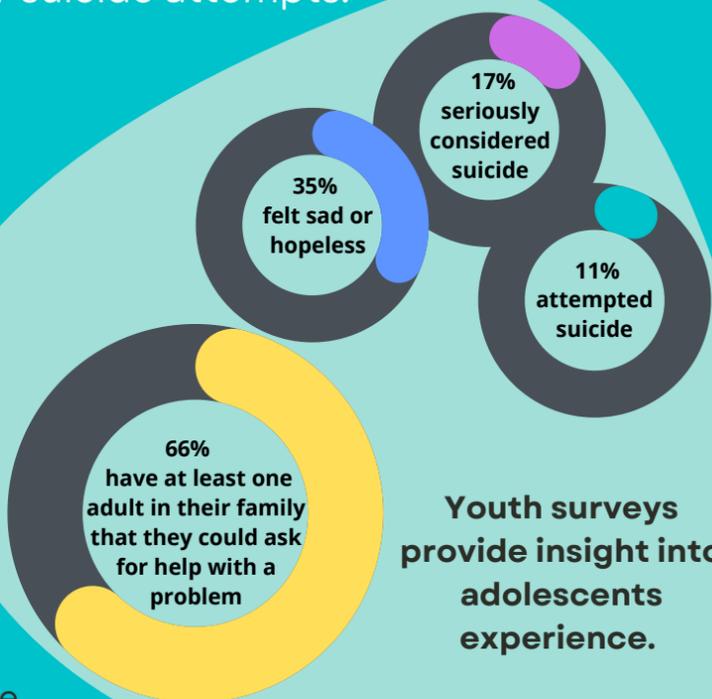
## Non-fatal suicide attempts have been increasing in Hawai'i.

For every suicide death, there are 2 hospitalizations and 3 emergency department visits for suicide attempts.



Age-adjusted rate of fatal suicides in Hawai'i by county of residence 2016-2020

While O'ahu has more absolute numbers of suicide deaths (averaging 107/year), Neighbor Islands have higher rates of fatal suicides. Suicide attempt rates are also higher on Neighbor Islands compared to O'ahu, though to a lesser degree.

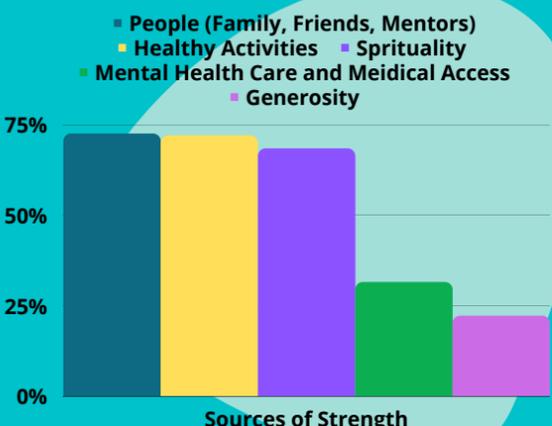


## Tell Someone

Training and awareness activities help community members learn what to look for. Most people considering suicide tell someone, usually indirectly.

Adults 65%

Youth 85%



## Community Strengths

In a recent study, numerous strengths were identified in the community, supporting resilience.

## Making an Impact--Together

Last year, more than 3,000 community members receive gatekeeper training and more than 2,500 attended awareness events held across the State.





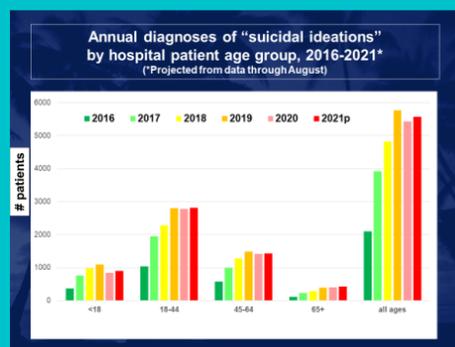
# PROGRESS 2018-2021

## SMART Objectives



To reduce suicide in Hawai'i by at least 25% by the year 2025.

- The suicide death rate among Hawai'i residents was 63.51/100,000 in 2013-2017. However, rates have been relatively stable since 2010.
- Annual hospitalization rates have been steadily rising over the years. This is due, in part, to better screening.



## HOPE

Community trainings and awareness activities continue to thrive. The Prevent Suicide Hawai'i Taskforce has increased the number and types of trainings offered. Taskforce partners showed creativity and adaptability during the pandemic, offering gatekeeper trainings, hosting virtual events and expanding offerings in resilience and self-care to meet community need. The Taskforce would like to revamp social media efforts using safe messaging to be relatable and accessible at multigenerational levels.



## HELP



Improvements have been noted given the increased emphasis on protocol and transitions within the education and medical arenas spurred by policy requirements such as ACT 270 and Joint Commission on Accreditation of Healthcare Organizations (JACHO), and the anticipated 9-8-8 crisis line. Hawai'i CARES offers an opportunity to improve accessibility. Mental health providers remains a shortage area.

## HEAL

The Prevent Suicide Hawai'i Taskforce partners have many events to help survivors of suicide loss heal when they are ready to connect with other survivors. "...because it speaks loudly to putting a face to suicide, it increases the awareness that this issue is urgent and that this issue is preventable. And when it does that, it can really touch others to take an active step in moving to suicide prevention forward, passing life forward." Members are responding to deaths and there is a need to create community teams. Such survivor support and outreach must take into account that this is a period of grief and uncertainty.



## RESEARCH AND EVALUATION



Formal and informal evaluations currently exist capturing efforts and cultural innovations. There are opportunities for improvement in creating standard evaluations and disseminating findings. "...there's a way for us to kind of start collecting those stories and they do it in a way, through that organization, they're actually helping people tell their stories in a safe way..."

## POLICY AND ADVOCACY

There's an important need for more funding for the taskforce to carry out research, evaluation, trainings, events, activities, compensate volunteers, hire staff, and outreach. Policy is crucial to the advancement of the suicide prevention movement and there has been much progress. There is a need for more voices and leaders in advocacy. Codifying the Prevent Suicide Hawai'i Taskforce is a priority to bring attention to the needs and make progress on the strategic plan.



**"We [the Prevent Suicide Hawai'i Task Force] all come out as a collective impact. We do not do things individually. It's strict collaboration, so, and that's what the Taskforce is all about... We work collaboratively, we work as partners collectively, and we support each other."**

### Assets and Needs Assessment for Suicide Prevention

Assets & Needs Assessment for the Prevent Suicide Hawai'i Taskforce Report to the PSHTF at its December, 2021 meeting by Eric Agluba, Saikaew Dudla, Tricia Khun, Tarin Tanji, Shivani Trivedi Available at on request by contacting the co-chair, Dr. Deborah Goebert at goebertd@dop.hawaii.edu



Papa Ola Lokahi  
Nana I Ka Pono Na Ma

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**Senate Committee on Judiciary**

Senator Karl Rhoads, Chair  
Senator Mike Gabbard, Vice Chair

**Senate Committee on Ways and Means**

Senator Donovan M. Dela Cruz, Chair  
Senator Gilbert S.C. Keith-Agaran, Vice Chair

**Tuesday, April 3, 2023, 10:00 AM, Conference Room 211 & Videoconference**

**RE: HB 622 HD 2 SD 1 – RELATING TO SUICIDE PREVENTION**

**Position: IN SUPPORT with COMMENT**

Dear Chairs Rhoads and Dela Cruz, Vice-Chairs Gabbard, and Keith-Agaran, and Members of the Committees on Judiciary and Ways and Means,

Papa Ola Lokahi testifies **IN SUPPORT** of **HB 622 HD 2 SD 1** and offers the **COMMENT** that to address suicide reduction among NHPI communities, a Pacific Islander organization must be included on the task force. Although many Native Hawaiians are also Pacific Islanders, this does not mean that Native Hawaiian representation equals Pacific Islander representation.

Papa Ola Lokahi supports efforts that aim to be culturally responsive to address health disparities that impact Native Hawaiians. We appreciate that this bill intends to focus on suicide reduction among the NHPI community and seeks to incorporate culturally appropriate prevention models, which attend to the holistic way Native Hawaiians view health. Further, we appreciate the State Legislature's thoughtfulness in this task force's membership.

Papa Ola Lokahi has an established track record in Native Hawaiian health education, which helped to address the disparities Native Hawaiian communities faced during the height of the COVID-19 pandemic, and as it continues to evolve. Additionally, Papa Ola Lokahi supports and facilitates the dissemination of traditional ways of healing in our communities that encompasses the mind, body, and spirit connection, which is the basis of Native Hawaiian health. Our work aims to address the social and cultural determinants of health that contribute to the dire health statistics, such as those described in this bill. We work closely with the five Native Hawaiian Health Care Systems, which provide direct and enabling services, and other providers across the state that serve Native Hawaiian communities.

Papa Ola Lokahi supports this measure and affirms that attention to suicide prevention is critical to our people and Native Hawaiian health.

Thank you for the opportunity to testify in **SUPPORT with AMENDMENTS** of **HB 622 HD 2 SD 1**.

*Papa Ola Lōkahi, the Native Hawaiian Health Board, authorized by the federal Native Hawaiian Health Care Improvement Act, is charged with raising the health status of Native Hawaiians to the highest possible level, which we achieve through strategic partnerships, programs, and public policy.*



## Samaritan Counseling Center Hawaii

**Testimony to the House Committee on Judiciary and the Committee on Ways and Means**

**Tuesday, April 4, 2023, 10:00 a.m.**

**Conference Room 211 & Videoconference**

**HB 622, HD2, SD1, Relating to Suicide Prevention**

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Chair Rhoads, Vice Chair Gabbard, and distinguished members of The Senate Committee on Judiciary; and Chair Dela Cruz, Vice Chair Keith-Agaran, and distinguished members of The Senate Committee on Ways and Means:

We are in **strong support** of HB 622, HD2, SD1 to make permanent the existing Prevent Suicide Hawai'i Taskforce. First convened in 1999, the Taskforce has grown and evolved ever since, an incredible demonstration of staying power and partnership. Many inaugural members continue to play key roles. Today, the Taskforce is Hawaii's largest and longest-standing grassroots (volunteer-based) collaborative focused on suicide prevention.

In Hawai'i, one of our loved ones dies by suicide every other day. This dire public health issue unfortunately affects all, though disproportionately impacts vulnerable communities such as our Native and Indigenous peoples, our rural residents, and our youth and young adults. What's more, the immense stigma around mental health and suicidality increases the challenge that faces us when encouraging people to seek help.

Samaritan Counseling Center Hawaii is a Hawaii nonprofit that was founded in 1989. Our mission is to provide professional, accessible behavioral health counseling sensitive to the spiritual traditions of individuals, families, and communities in Hawaii, regardless of their ability to pay. We participate in the Prevent Suicide Hawai'i Taskforce and sponsor workshops/webinars to provide mental health education and suicide prevention training to help reduce the stigma of mental illness and support those with suicidal ideation.

**We strongly urge return to the HD2 verbiage of the bill, which would codify the existing Taskforce.**

In lieu of a duplicative workgroup, what is needed is formal support for the existing Taskforce to monitor, implement, and evaluate the State Plan.

We strongly urge you to codify the Prevent Suicide Hawai'i Taskforce. Thank you for the opportunity to voice our support.

Mahalo,

Rachelle Chang  
Executive Director

**Celebrating Over 30 Years of Service**

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**HB-622-SD-1**

Submitted on: 4/2/2023 12:29:55 PM

Testimony for JDC on 4/4/2023 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Will Caron	Individual	Support	Written Testimony Only

Comments:

In 2019, suicide was the leading cause of death for Native Hawaiians and Pacific Islanders between the ages of 15–24. That same year, Native Hawaiians and Pacific Islanders were three times less likely to receive mental health services or prescription medications for mental health treatment, compared to white youth. This is a public health emergency and its tied directly to systemic racism and a history of colonial violence that is still impacting Native peoples of the Pacific in Hawai‘i today.

Other at-risk populations, such as farmers, veterans, young people and members of the LGBTQIA+ community also need support from the state to help reduce instances of harm. Making the Prevent Suicide Hawai‘i Task Force within the Department of Health permanent and directing it to focus its efforts to address this problem on these at-risk groups makes sense. Please pass HB622 HD2 SD1.

**HB-622-SD-1**

Submitted on: 4/2/2023 8:14:59 PM

Testimony for JDC on 4/4/2023 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dara Yatsushiro	Individual	Support	Written Testimony Only

Comments:

Support

**HB-622-SD-1**

Submitted on: 4/3/2023 4:14:10 AM

Testimony for JDC on 4/4/2023 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Shannon Rudolph	Individual	Support	Written Testimony Only

Comments:

Support

**HB-622-SD-1**

Submitted on: 4/3/2023 9:32:43 AM

Testimony for JDC on 4/4/2023 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Maki Morinoue	Individual	Support	Written Testimony Only

Comments:

Aloha Chair, Vice Chair and members of this committee,

In 2019, suicide was the leading cause of death for Native Hawaiians and Pacific Islanders between the ages of 15–24. That same year, Native Hawaiians and Pacific Islanders were three times less likely to receive mental health services or prescription medications for mental health treatment, compared to white youth. This is a public health emergency, and it's tied directly to systemic racism and a history of colonial violence that is still impacting Native peoples of the Pacific in Hawai‘i today.

Other at-risk populations, such as farmers, veterans, young people, and members of the LGBTQIA+ community, also need support from the state to help reduce instances of harm.

Making the Prevent Suicide Hawai‘i Task Force within the Department of Health permanent and directing it to focus its efforts to address this problem on these at-risk groups makes sense. Please pass HB622 HD2 SD1.

Maki Morinoue  
96725

**HB-622-SD-1**

Submitted on: 4/3/2023 10:07:48 AM

Testimony for JDC on 4/4/2023 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Nanea Lo	Individual	Support	Written Testimony Only

Comments:

Hello,

My name is Nanea Lo. I'm born and raised in the Hawaiian Kingdom a Kanaka Maoli.

I'm writing in SUPPORT of HB622 HD2 SD1.

In 2019, suicide was the leading cause of death for Native Hawaiians and Pacific Islanders between the ages of 15–24. That same year, Native Hawaiians and Pacific Islanders were three times less likely to receive mental health services or prescription medications for mental health treatment, compared to white youth. This is a public health emergency and its tied directly to systemic racism and a history of colonial violence that is still impacting Native peoples of the Pacific in Hawai‘i today.

Other at-risk populations, such as farmers, veterans, young people and members of the LGBTQIA+ community also need support from the state to help reduce instances of harm.

Making the Prevent Suicide Hawai‘i Task Force within the Department of Health permanent and directing it to focus its efforts to address this problem on these at-risk groups makes sense. Please pass HB622 HD2 SD1.

me ke aloha ‘āina,

Nanea Lo, Mō‘ili‘ili

**HB-622-SD-1**

Submitted on: 4/3/2023 12:37:05 PM

Testimony for JDC on 4/4/2023 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Abby Simmons	Individual	Support	Written Testimony Only

Comments:

Aloha Chair, Vice Chair and Esteemed Committee Members,

I, Abby Simmons, from Honolulu, support this measure.

Thank you for considering my testimony.

Abby Simmons

**HB-622-SD-1**

Submitted on: 4/3/2023 2:45:15 PM

Testimony for JDC on 4/4/2023 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Janette Lee	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Rhoads and Dela Cruz, Vice Chair Gabbard and Keith-Agaran, and Committee Members,

I am testifying in support of HB600 to request the establishment of a Prevent Suicide Hawaii Working Group within the Office of Wellness and Resilience. Furthermore, for the bill to require the working group to focus on preventing suicides from marginalized and high-risk communities in the State; including but not limited to Native Hawaiians, Pacific Islanders, farmers, youth, LGBTQIA+, veterans, and other populations.

I support this because I identify as an individual working within the mental health sector, and have personally dealt with individuals who have taken their lives through suicide. I believe that suicide can be prevented through education, especially through education on mental health resources and knowing that help is available and can be reached out to via a professional. As someone who has also had training on suicide prevention, I think it is a viable asset to working professionals who will be working with high-risk populations.

Mahalo for the opportunity to testify in support of this bill.

**HB-622-SD-1**

Submitted on: 4/3/2023 9:33:08 PM

Testimony for JDC on 4/4/2023 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
jeanne wheeler	Individual	Support	Written Testimony Only

Comments:

PLEASE pass this bill - Mahalo, JW

Senate Committee on Judiciary  
Senator Karl Rhoads, Chair  
Senator Mike Gabbard, Vice Chair

Senate Committee on Ways and Means  
Senator Donovan M. Dela Cruz, Chair  
Senator Gilbert S.C. Keith-Agaran, Vice Chair

Hearing Date: April 4, 2023  
From: Jade Shibata

**Support** for H.B. No. 622 HD2 SD1, Relating to Suicide Prevention

Suicide is a serious public health issue that affects people regardless of their race, ethnicity, age, or gender. However, CDC data shows that those who are Native Hawaiian, Pacific Islander, farmers, youth, LGBTQIA+, and/or veterans are disproportionately at-risk for committing suicide. These communities experience a wide range of socioeconomic disparities that may include poor access to adequate health care and education and higher rates of substance abuse and mental health conditions. It is critical that we take action to reduce and prevent suicide within these communities by identifying and addressing the root cause of the issue.

Furthermore, there is a significant need to develop and maintain statewide resources, support, and education surrounding suicide. Suicide prevention and intervention strategies must be culturally appropriate and trauma-informed to properly address the inequities experienced by these communities. The Prevent Suicide Hawaii Working Group is a much-needed dedicated effort to improve suicide prevention efforts for the people of Hawaii.

As a social work graduate student, I see first-hand the great need to bring light to those who are in a dark place. It is extremely important that we prioritize suicide prevention efforts in Hawaii, specifically for at-risk local communities. This bill not only promotes the well-being of those at-risk for suicide, but it ultimately promotes the livelihood of all diverse communities in Hawaii.

**I support H.B. No. 622 HD2 SD1.** Thank you for this opportunity to testify.