

Collaborative and Cultural Responsible Suicide Prevention

Programming: *Promoting Community Conversations about
Research to End Suicide (PC CARES)*



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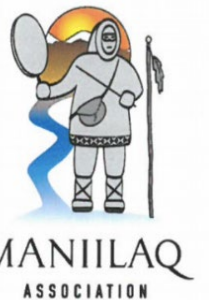
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CAROLINE WELLS

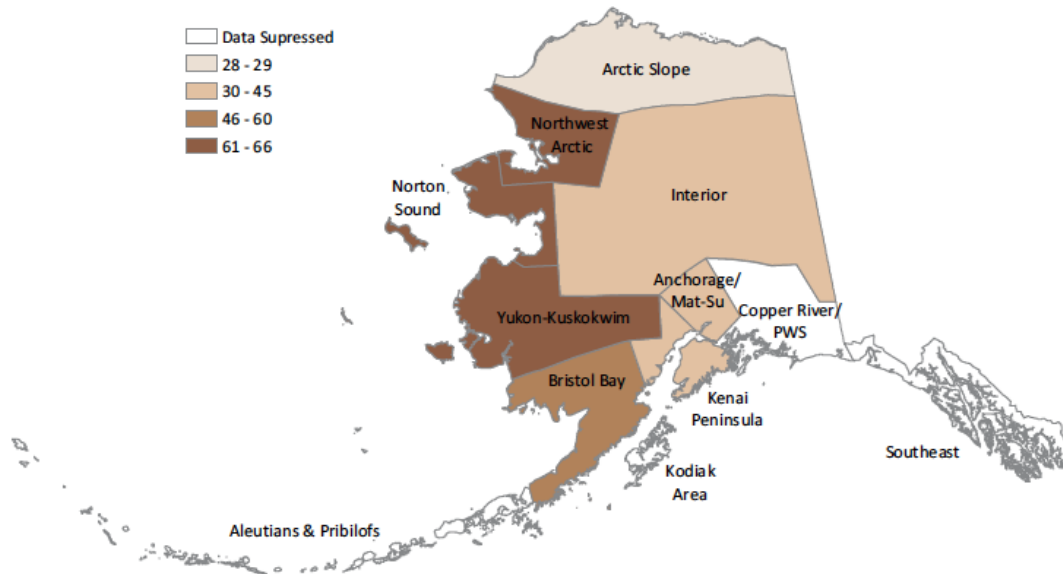


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INDIGENOUS YOUTH SUICIDE CONTEXT FOR DISPARITIES

Age-Adjusted Alaska Native Suicide Mortality Rate Per 100,000 by Tribal Health Region, 2012-2015

Data Source: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section
Appendix Table C-43



- Suicide is the leading cause of death for American Indian/Alaska Native young people ages 15-29
- In some Alaska Native villages, youth suicide rates are up to 18 times the national average
- This disparity has emerged only in the last 50-100 years
- Indigenous youth experience the highest disparities – this may be linked to community marginalization and experiences of discrimination during formative periods of identity development

Individual ☐ Community

Suicide Misconceptions



Rachel Levit

Barnhorst, Amy. April 26, 2019. The Empty Promise of Suicide Prevention New York Times

- 54% of suicide attempts happen among persons not with previously known mental health condition¹
- 2/3 of people who attempt suicide are not receiving consistent mental health care
- About half suicide attempts are impulsive
- Our assessment for near-term risk are poor⁴
 - 95% of patients classified as “high risk” do not die by suicide
 - 50% of suicide deaths were patients classified as “low risk”

1. CDC, National Violent Death Reporting System, 18 States, 2014. Morb Mortal Wkly Rep. 2018;67(8):237.
 2. Luoma, J. B., Martin, C. E., & Pearson, J. L. (2002). Contact with mental health and primary care providers before review of the evidence. American Journal of Psychiatry, 159(6), 999.
 3. Lim M, Lee S, Park JI. Differences between Impulsive and Non-impulsive Suicide Attempts among Individuals Treated in Emergency Rooms of South Korea. Psychiatry Investig. 2016;13(4):389 doi:10.4306/pi.2016.13.4.389
 4. Large, M., Kaneson, M., Myles, N., Myles, H., Gunaratne, P., & Ryan, C. (2016). Analysis of longitudinal cohort studies of suicide risk assessment among psychiatric patients: heterogeneity in results and lack of improvement over time. PloS one, 11(6), e0156322.

Context for Suicide

- Impulsivity plays a huge role in suicidal behavior, several studies report that up to 50%+ of attempters spend less than one hour contemplating suicide prior to an attempt (Harvard SPH, 2019)
- Suicide is highly correlated with circumstances such as:
 - Breakup of relationship
 - Death of a loved one
 - Academic struggles
 - Injuries while misusing substances
 - Legal and financial difficulties
 - Incarceration
 - Chronic physical illness & Chronic pain

How can we partner with Alaska Native Communities & Families to prevent suicide?

- Move from risk only to also understand protection
- Context : HOW
- Work with informal helping systems as well as behavioral health services.



INDIGENOUS COMMUNITY IS THE HEARTBEAT OF PREVENTION



Photo Credit: Choctaw Nation of Oklahoma

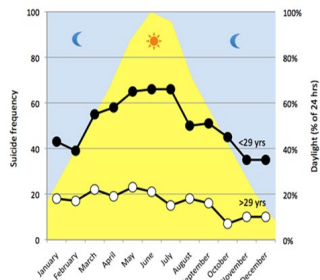
- Indigenous concepts of “resilience” understand strengths as arising from social relations, collective identities, and traditional practices (Kading et al., 2015; Kirmayer et al., 2014)
- Research reinforces this approach – strengthening social and emotional support is protective against AIAN suicide attempts. (Bush and Qeadan, 2020; Beaudoin et al., 2018)
- Some of the most successful suicide prevention efforts have been developed using a community building lens

Individual ☐ Community

Balancing Between Different Ways of Knowing



Photos by L. Wexler



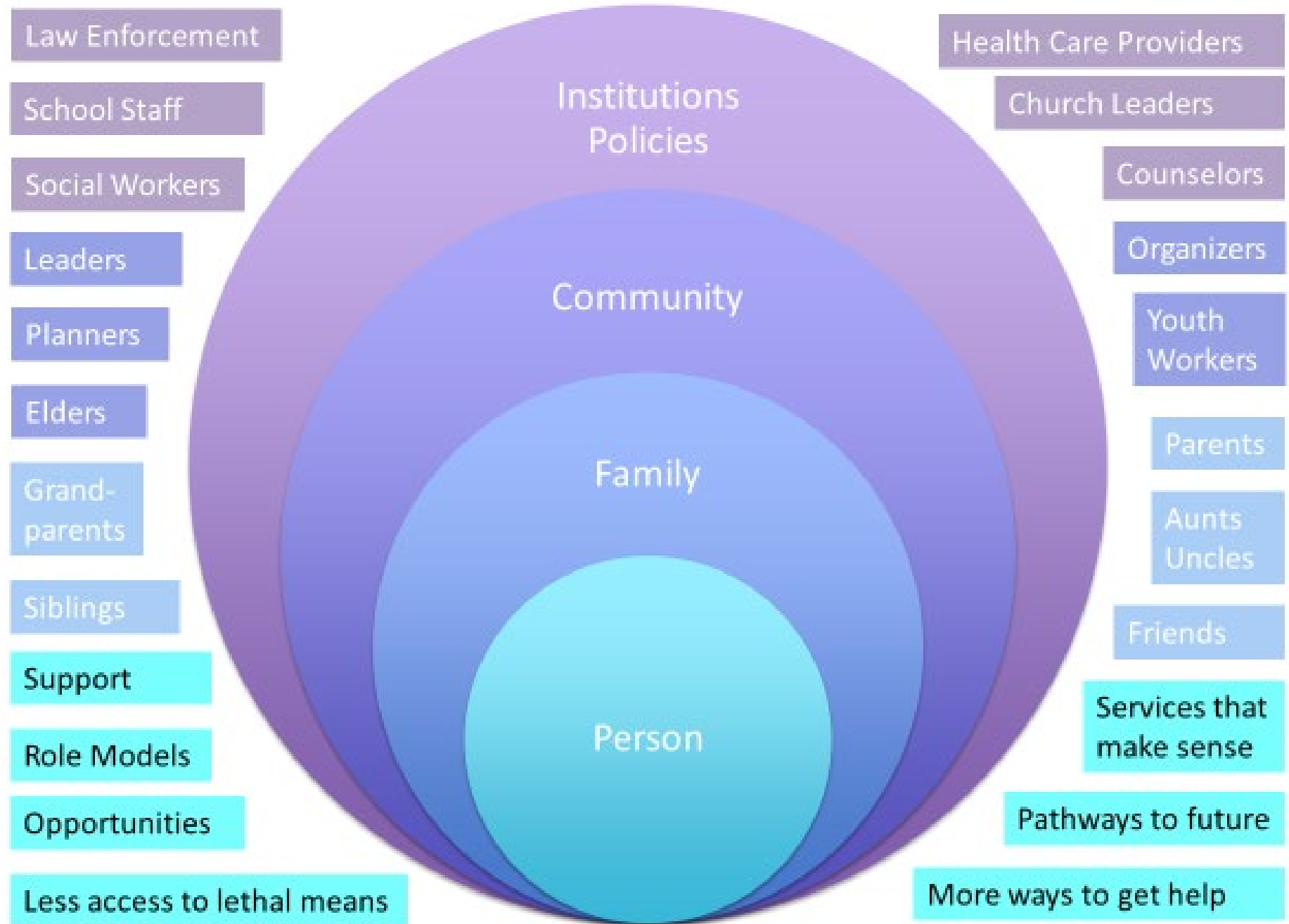
Suicide prevention
information &
resources

Community
Learning
Circles:
*Research
Informed &
Community Led*

Local knowledge of
the social and
cultural context.



Learning Circle Facilitators invite everyone to show up as their whole selves and to participate at the different levels they are connected with.



Learning Circle structure



Preparing the space

- Welcome
- Blessing/prayer/ reading
- Group agreements
- Talking safely about suicide

****What did you do?**

- ✓ Share examples
- ✓ Uplift small actions

Closing

- Prayers, songs, meditations, poem or other selections based on participants and culture

What do we KNOW?

- Bite-sized pieces of information about best practices to prevent suicide (means restriction, epidemiology, survey results)
- Information is as locally specific as possible

What do we want TO DO?

- Group discussion and/or personal reflection about how community and individuals can take actions with the information discussed

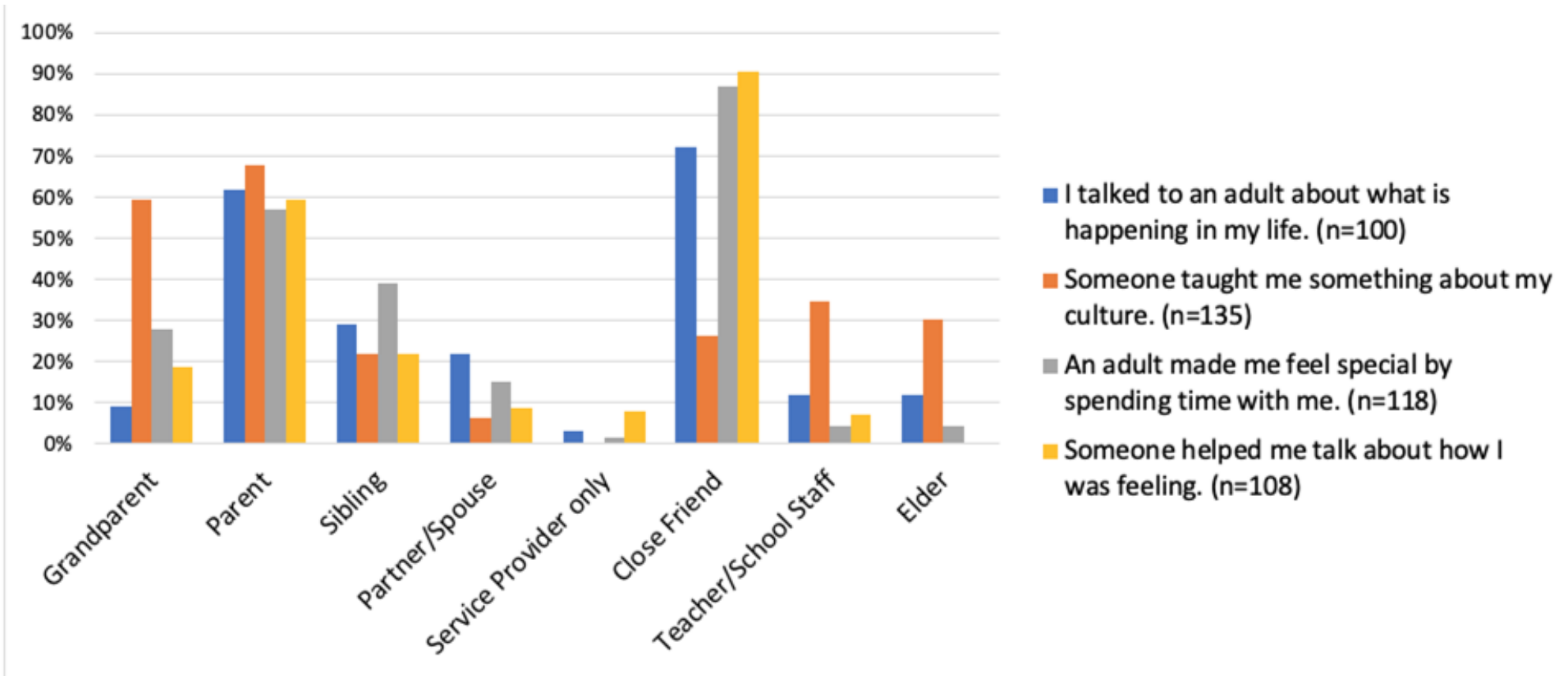
What do we THINK?

- Small group discussion on how the scientific information applies (or doesn't) to participants' community or personal contexts

PC CARES “WHAT DOES THE SCIENCE SHOW”

SPECIFIC SOURCES for GENERAL WELLNESS

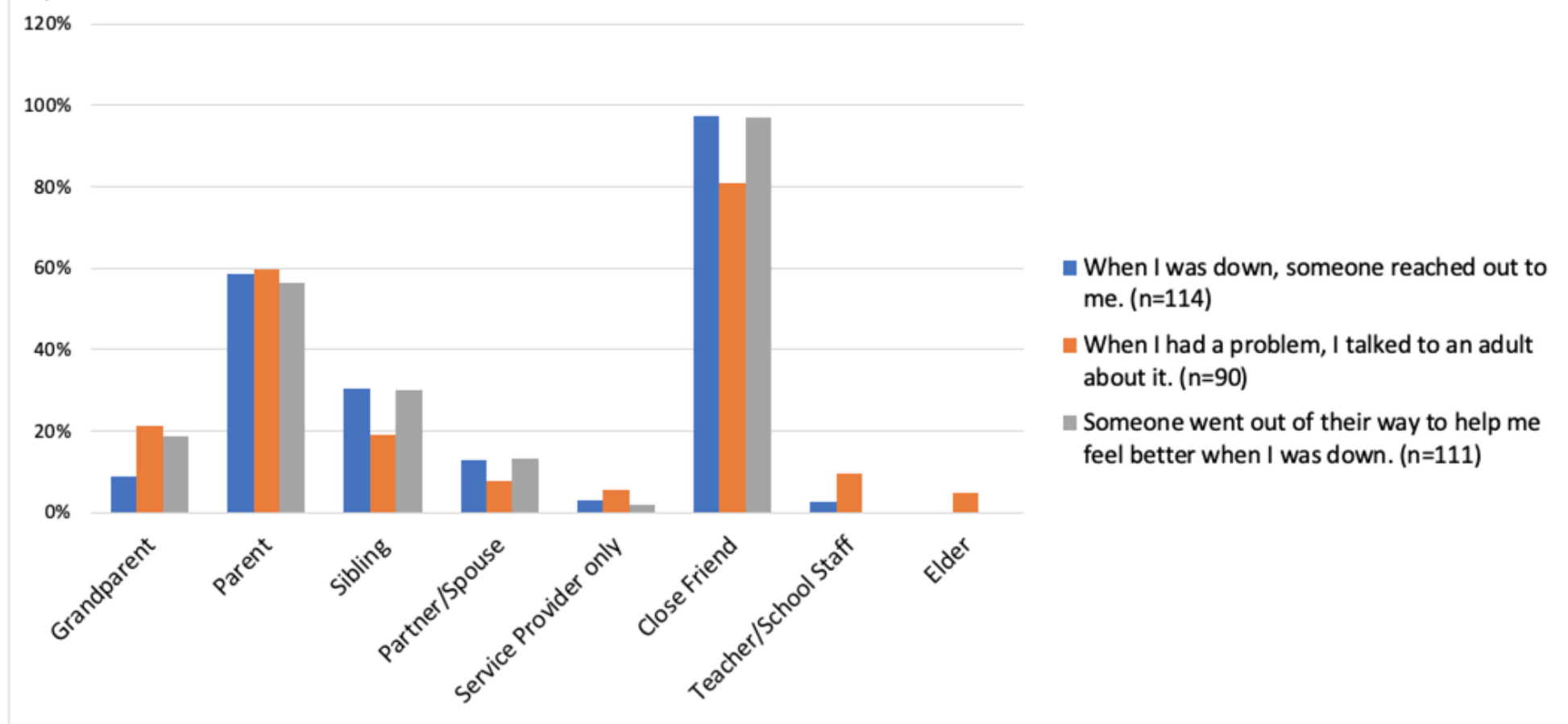
Figure 1: Sources of Support for General Wellness



PC CARES “WHAT DOES THE SCIENCE SHOW”

SPECIFIC SOURCES for TIMES OF STRESS

Figure 2: Sources of Support for Times of Stress



PC CARES Pilot Outcomes 2015-17

- Process outcomes Participation (59 LCs, 535 attendees (376 unique), satisfaction, LC fidelity and accuracy
- Learning outcomes Do PC CARES participants gain knowledge, skills and beliefs to support prevention?
- Community of Practice Outcomes Do PC CARES participants strengthen relationships and develop a community of practice for suicide prevention?
- Behavioral Outcomes Are participants taking action and working to prevent suicide in their daily lives?
- Social Network Outcomes Are people who are 'close to' PC CARES participants changing what they do to promote wellness and prevent suicide risk?



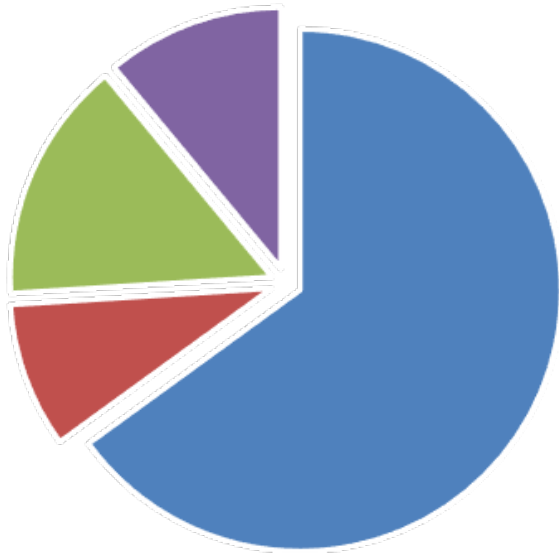
PC CARES Village Member Comments

2015-17

- *I was pleased to see different people from the sections of the region getting together and trying to rely on each other to talk about the monster in the room [suicide].*
- *Just to hear every one of you guys speak...there is just a little flame flickering, but never know how big the flame will get from session one.*
- *I am not alone and we could all do this as a community. For all of us to heal and for everyone else to also.*
- *It's great to see people in the villages being in charge of their own. It's a great model for us to work with. It has a lot of cultural pieces to it when we do our work and want to get well.*
- *If we want things to change, we need to step up and do it as a team...and it will get together. That is a good thing we get together today. Taiku*

Virtual PC CARES 2020 -2021

- 74 attended at least 4 of the 7 learning circles
- 65% teachers and 9% school administrators
- 62% Female
- 55%- White
- 8% Alaska Native/American Indian)



■ Teachers
 ■ Administrators
 ■ THO 'Other'
 ■ Other

	NWA	Bering Strait
Baseline Survey	215	191
PostLC surveys	LC1 - 83 LC2 - 67 LC3 - 56 LC4 - 52 LC5 - 46 LC6 - 49	
Follow up Survey (paired)	125	114

Virtual PC CARES

2020-2021



90%
worked with others to
increase wellness in the
school community



87%
said their relationships
with the people in this
session are better
because of the
discussions.



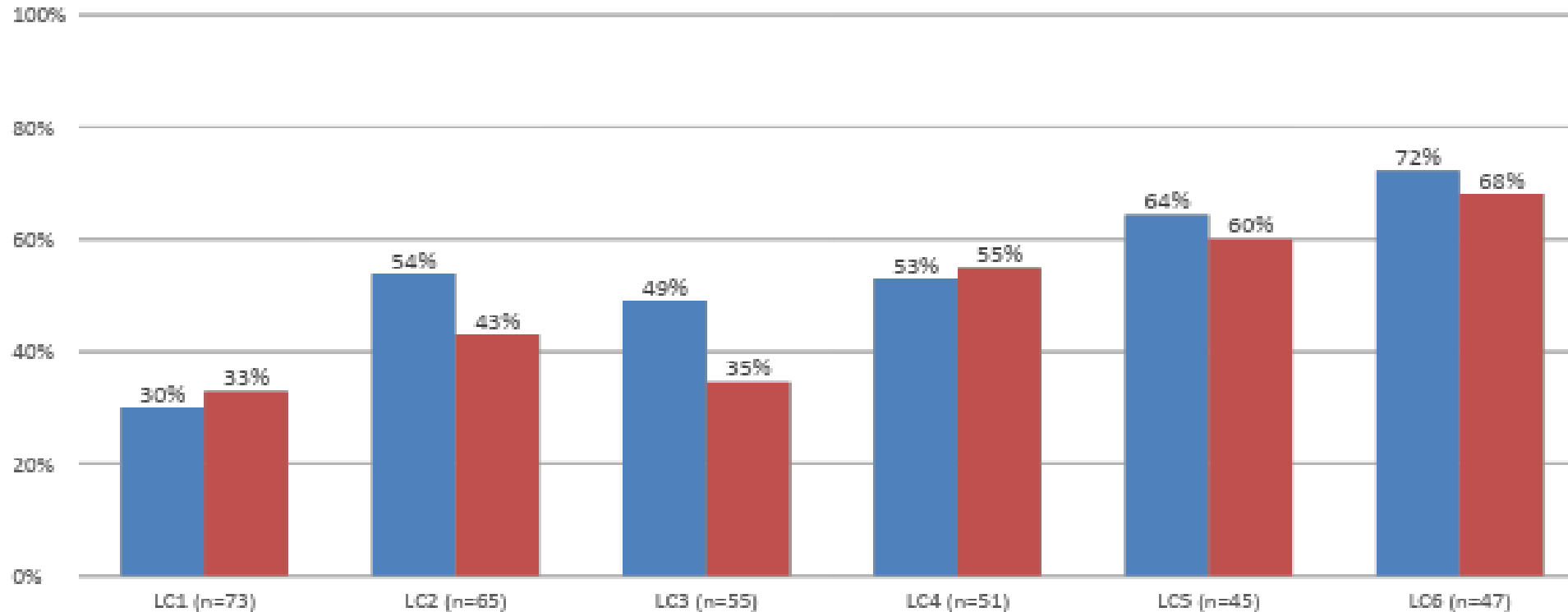
72%
said they spoke up
about what the school
can do to reduce the
risk of youth suicide

90%
agreed that they have
more ways to promote
wellness after the PC
CARES session



Virtual PC CARES Post -Learning Circle Surveys 2020-2021

Post-LC survey: Postvention



■ I spoke to someone about how to talk safely after a suicide.

■ I encouraged someone in my school to have a response plan for what to do if there is a suicide death.

Virtual PC CARES Community Intervention



Surveys from teachers, school administrators, village service providers report increased actions to **promote wellness and help prevent suicide** across all 19 questions (n = 225 surveys). Here are a few examples:

	Baseline	Follow Up
I found ways for a child/teen to give back to their school, community, or family	29%	+9%
I helped a teen or child talk about their feelings of grief	28%	+17%
I talked about how we can help prevent further harm after a suicide happens	9%	+13%
I quietly listened to a youth (child or teen) who had a problem, reflecting back to them what I heard	58%	+18%
I talked with a young person (teen or child) about what is happening in their life	68%	+9%

Virtual PC CARES Community Intervention



Survey results also seemed to show **increase in collaboration** or coordination with others to create healthy environments for youth.

	Baseline	Follow Up
I worked with others to increase wellness in the school community	48%	+8%
I worked with others to prevent suicide	19%	+14%

“Truthfully, I was very impressed because it really brought a lot of the villages together with the suicide prevention and it was focused more on the villages... So I was really grateful to see that it was more directed to that subject and helped us teachers really be able to find a plan and focus on a plan for not only the school but the community as well.”

- Focus group participant, 2021

Communities of Practice



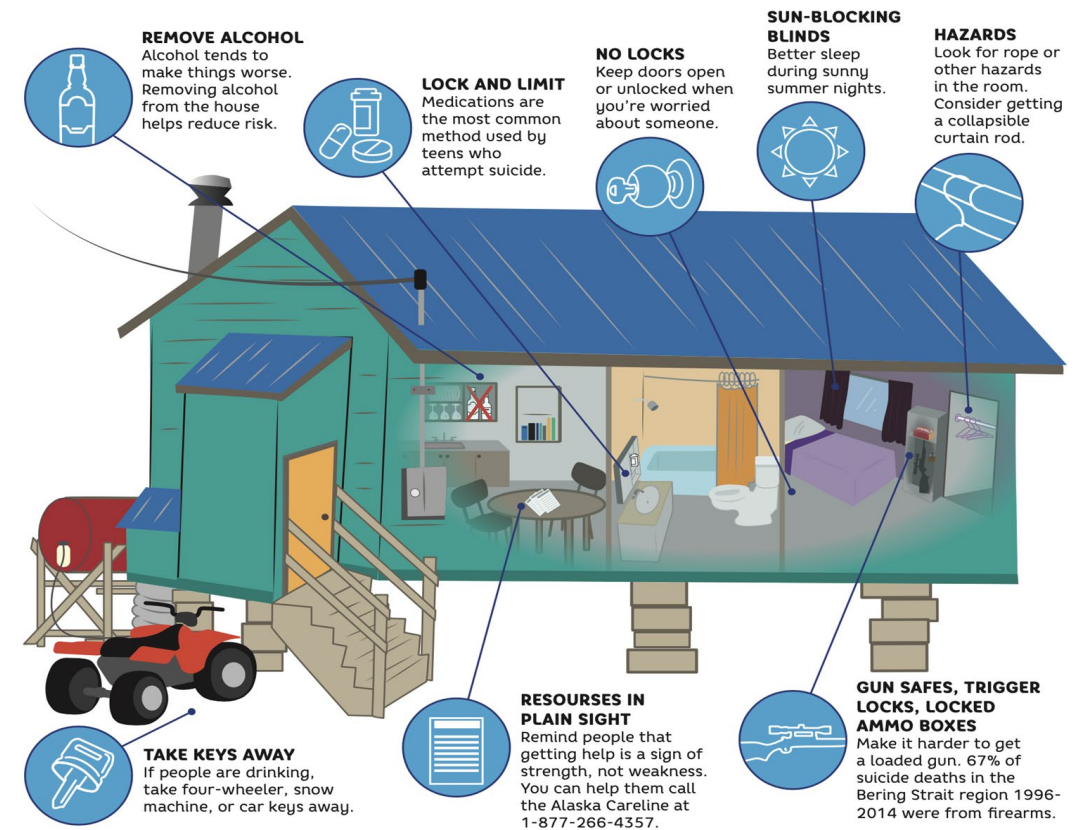
Decide What
to Work on
Next

Collaborate to
Make Changes

Build Trust

Share
Knowledge
Skills and
Ideas

People
come
together



Thank you!

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