

REDUCING RISKS BY RAISING RESILIENCY: SUICIDAL PREVENTION EDUCATION AMONG URBAN NATIVE YOUTH

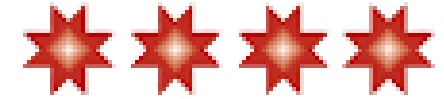
LAUREN E. MILLER, MSC, MSW, LSW



American Indian
Health Service of Chicago, Inc.

ACKNOWLEDGEMENTS

CHICAGO



CPS AMERICAN INDIAN EDUCATION PROGRAM

- I would like to thank (Mvto) the Methamphetamine and Suicide Prevention Initiative (MSPI), through Indian Health Service, the Chicago Public Schools' American Indian Education Program and American Indian Health Services of Chicago, Inc, for their support and assistance regarding the development of this program.



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BIOGRAPHY AND BACKGROUND ON AGENCIES

- Lauren E. Miller, LSW (Mvskoke-Creek) is the Director of Youth Programs and Youth Social Worker for American Indian Health Service of Chicago, Inc. Lauren is also a Licensed Social Worker. To learn more about Lauren, see this link: <http://aihschgo.org/team/17/lauren-e-miller>
- American Indian Health Service of Chicago, Inc (AIHSC) was incorporated in the State of Illinois, City of Chicago on December 23, 1974. The organization's mission is dedicated to providing quality healthcare to the American Indian community and other underserved populations. AIHSC was organized and operates exclusively as a non-profit charitable organization with IRS tax exempt status 501c3. AIHSC is the only American Indian operated medical and behavioral health clinic in the state of Illinois. To learn more about AIHSC, see this link: <http://aihschgo.org/>
- American Indian Health Services of Chicago, Inc's Youth Development Program (YDP) provides services and programming to: urban, Native identified youth (ages 13 through 24 years of age), living in Chicago and the Chicagoland area. AIHSC's Youth Development Program strives to be a safe and inclusive environment for Native youth. As a result, AIHSC's Youth Development Program welcomes: Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Native youth of Chicagoland. To learn more about AIHSC's Youth Development Program, see this link: <http://aihschgo.org/program/5/youth-development-program>
- The Chicago Public Schools' American Indian Education Program ensures that each American Indian and Alaska Native child within CPS has equal access to educational opportunities citywide. To learn more about CPS's AIEP, see this link: <https://t7kids.wordpress.com/>

POPULATION (MACRO CONTEXT)

- As of 2010, there were over 2.1 million American Indians and Alaska Natives (AI/AN) under the age of 24 living in the US (Native American Youth 101, 2010).
- According to the US Department of Health and Human Services Office of Minority Health (2016), 60% of AI/ANs lived in metropolitan areas.
- According to IHS's 'Suicide Prevention and Care Program' (2018) suicide is the third leading cause of death for Americans between the ages of 10 and 24, and the Native American/Alaska Native (AI/AN) population has the highest rate of death by suicide of all cultural groups.
- In the US, 1 in 5 AI/AN youth report attempting suicide each year (Suicide Prevention Resource Center, 2010).

POPULATION (MICRO CONTEXT)

- Chicago's Native youth comprise 25% of the Native population, which is slightly higher than the overall youth population in Chicago (23%).
- 93 tribes are serviced by our organization
- Majority of AIHSC clients are from the following tribes:
 - Lac Du Flambeau
 - Navajo
 - Mississippi Choctaw
 - Ho-chunk
 - Rosebud Sioux
 - Oneida Nation of Wisconsin
 - Menominee
 - Prairie Band of Potawatami Nation
 - Yankton Sioux
 - Lac Courte Oreilles
 - Sisseton Wahpeton Oyate

YOUTH POPULATION

- Two youth groups: one with incarcerated youth residing in a Illinois Juvenile Detention facility, and the other with non-incarcerated youth through CPS AIEP
- Cherokee, Dakota, Navajo, Ojibwe, Oklahoma Choctaw and Northern Cheyenne Tribe
- Cisgendered boys, cisgendered girls and two transgendered boys
- All live in the Chicagoland area
- Ages 12 to 15 yrs
- All participants identified as having some awareness of suicide

INTERVENTION (PRACTICE-BASED APPROACH)

- Applied Suicide Intervention Skills Training (ASIST): ASIST is an internationally recognized youth suicide prevention program developed by LivingWorks Education, Inc. ASIST is a gatekeeper and skills-building training program that aims to prevent suicide by raising awareness of societal attitudes about suicide; enhancing communication, identification, and intervention skills; and increasing knowledge of resources for both caregivers and people at risk. Although it is not yet considered an EBP, ASIST is included on the Suicide Prevention Resource Center's Best Practices Registry. ASIST training prepares participants to integrate intervention principles into everyday practice. The two-day workshop provides principles that can be applied to young people, middle age adults or elders.
- Changed to one-day workshop for each group (time constraints)

INTERVENTION PROCESS/ACTIVITIES

- Same activities for both groups and both groups occurred in the same week
 - Introductions and safe space rules
 - Web activity icebreaker
 - The neurobiology of trauma activity
 - Group discussion on understanding the ways that personal and societal attitudes affect views on suicide; suicide safety planning; suicide safety resources and self-care
 - Facilitator brought fidget toys for youth to play with during group discussions
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OUTCOMES

- Youth in both settings really enjoyed the neurobiology of trauma activities
- Youth in both settings were very comfortable talking about suicide in a group setting
- Youth in both settings were very aware of suicide and the effects of suicide, but not as knowledgeable about resources
- Non-incarcerated youth related suicide to bullying from peers at school. Whereas incarcerated youth related bullying to family dynamics
- Youth in both settings did not know about Mandated Reporting

CONCLUSIONS

- Facilitator was invited back by both youth and the partner agencies to hold workshops on different mental health topics
- Youth's steady retention and participation in group, highlighted resiliency
- Great peer support and peer encouragement among youth in both settings
- More information and programming around suicide safety planning is needed
- Greater understanding of traditional practices around suicide prevention is needed