



PC CARES Local Steering Committee Bulletin

April 28, 2021

Greetings LSC,

This winter in particular has tested our tenacity, adaptability, and ability to hope. We've been humbled by the continuous support and direction you've given us despite all the challenges that come with the spring season. Breakup is right around the corner, and with it, all new trials, rhythms, tasks and rituals. Before transitioning into new phases of the project, we wanted to take a moment to celebrate its successes with you, and acknowledge that you have been an integral part of such accomplishments. Here are just a few:

- You nominated almost 200 people in your regions and communities to receive PC CARES care packages
- You guided the co-authorship of an academic journal article entitled, *What Kinds of Support are Alaska Native Youth Reporting? An Examination of Types, Quantities, Sources, and Frequencies of Support Receipt*
- You helped develop two entirely new care packages: 1) centered on emotional identification, regulation, and active listening, and 2) talking about the importance of restful sleep in decreasing impulsivity and improving mood.

Highlights from *An Examination of Types, Quantities, Sources, and Frequencies of Support Receipt*

Using data from the Baseline Steps toward Prevention Survey, we found that the vast majority of youth (aged 15-29) report receiving nearly all of the seven interpersonal supportive actions under consideration (e.g., "An adult made me feel special by spending time with me," "When I was down, someone reached out to me," "Someone taught me something about my culture"). Only a small minority of youth reported little or no support.

The most popular form of support was being taught something about their culture (85% of youth 15-29, n=165). The least-often received form of support reported was talking to an adult when they had a problem (58%).

Compared to females, males received fewer of these supports on average, especially teenage males aged 15-19.

When support was received, very few significant differences existed in the sources or frequency of support received from each source. Youth most often identified their parents, close friends and siblings as the sources for the support they received—except for teaching culture, which was most often with Elders (including familial) and school staff.

PC CARES at School: What did we learn?

November 2020 Learning Circle 1 (LC1): Cultural Wellness	December 2020 LC2: Prevention
<ul style="list-style-type: none"> • Alaska Native and Inuit youth suicide used to be rare in the past and now it is too common. • Rates of suicide have increased since the 1960’s and are tied to colonization. • Even though a lot has changed in our communities, what youth need for healthy personal development has not changed. • Youth need environments that foster learning, positive relationships, self-awareness, awareness of others, and hope. • Just like we take care of the rivers and land, families, organizations, and community groups all have roles for creating this healthy environment for youth to grow up in. 	<ul style="list-style-type: none"> • Research shows that making one’s home safer by keeping bullets located separately from guns and both locked away can prevent suicide. • Time matters! One of the most important first steps if you are worried about someone is to make sure they cannot easily get a loaded gun. • Suicide is often impulsive. If you can make it 10 minutes harder for someone to take suicidal action, you can save a life. • Small, non-demanding messages and acts of kindness can also reduce risk. For example, “I am thinking of you and I want you to know I care.” • Research shows you don't have to be close to someone for them to benefit from a small act of kindness.
January 2021 LC3: Grief and Healing	February 2021 LC4: Postvention in Schools
<ul style="list-style-type: none"> • After a suicide happens, everyone—especially young people—are at higher risk for suicide. • Giving youth and adults a non-judgmental place like a support group to talk about what they’re feeling helps people heal. Blaming, pretending it didn’t happen can be harmful. • Remembering the person who died Talking safely about suicide means sharing only the basic facts, rather than talking about how or why someone killed themselves. • Everyone experiences the stages of grief differently. • Grief after a suicide can take a long time to heal from, is more 	<ul style="list-style-type: none"> • Postvention plans are most effective when they are established before a tragedy occurs, rather than in response to a student’s suicide death. • Schools, as key youth-serving institutions, need to partner with tribal, city and church leaders, Elders, mental health workers, school board members, survivors of suicide loss, and others when developing postvention plans. • In order to be sustainable, postvention plans should be crafted carefully, and be based on community insights as well as scientific best practices. • Postvention plans should be revisited regularly to teach new staff, remind

<p>complicated, and requires non-demanding kindness and support for months and years after a suicide death.</p>	<p>others and improve upon the existing processes as needed.</p>
<p style="text-align: center;">March 2021 LC5: Support for Youth & Everyday Caring</p>	<p style="text-align: center;">April 2021 LC6: Review and Next Steps</p>
<ul style="list-style-type: none"> • Youth and adults were asked what adults can do to prevent suicide, and many youth simply said, “talk to us.” • Over half of students in your district have 3 or more trusted adults that can go to with an important problem. • Youth in the region are most likely to get support from their parents. Young women and girls (ages 15-29) report getting more support than males of the same ages group. • Listening for wellness means showing acceptance and willingness to listen, without interrupting or trying to cheer someone up. • You can help someone feel understood by reflecting back what you heard, and asking open-ended questions rather than giving advice. 	<p>Looking back across learning circles and participants’ ideas about how to use this information, we asked participants to reflect together on the following questions:</p> <ul style="list-style-type: none"> • <i>Which learning circle (LC) meant the most to you? Why?</i> • <i>Which LC is/was the most challenging? What made it hard?</i> • <i>What questions related to your learning in PC CARES do you still have?</i> • <i>Are there groups or other organizations in your community that you think could benefit from knowing something we learned about preventing suicide and/or promoting wellness?</i> • <i>Given what was shared, what are some next steps you could take?</i> <p>Then, we asked that before our last learning circle, each participant take some action to share something you learned with someone else and invited participants to bring 3 ideas for “next steps” to share the information, build plans or protocols, or just establish and maintain supportive relationships within your homes, schools and communities.</p>

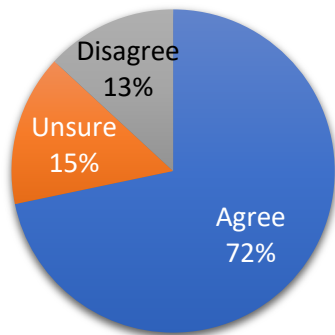
PC CARES at School: Participants' feedback

After every learning circle, attendees are sent a link to an optional survey that tells us what they thought about that month's class.

LC1: Cultural Wellness

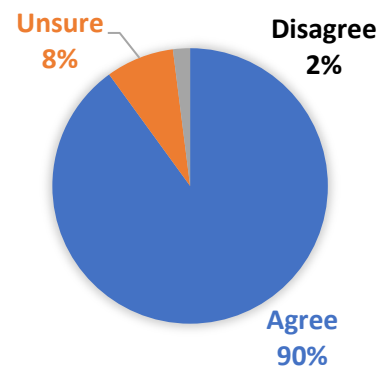
Most everyone agreed that the discussions were valuable, time was used well, and the information made sense.

When asked, "To what degree do you agree to the following statement: *I know how to talk about suicide, in ways that help with prevention,*" participants (n=65) said...



LC2: Prevention

When asked, "To what degree do you agree to the following statement: *People who came to PC CARES today are more likely to take action for wellness,*" participants (n=64) said...



LC3: Grief and Healing

Most people who answered the question, "What went well in this session?" (n=23) mentioned that they really like the discussions in the breakout rooms.

Four different participants commented that handout with *What Helps vs What Hurts* was very useful and informative.

"I really felt like I knew much better how to interact with grieving children a specifically how to respond to suicide better." – PC CARES at School Participant

LC4: Postvention in Schools

100% of those who responded to the survey (n=50) agreed or strongly agreed that *"The session gave me useful ideas."*

"I liked the break out sessions once we got to them. We were able to talk about how to effectively implement this in the community for future issues. We also realize we need to establish a well thought out response to incase suicide happens at school. Rather than be reactionary we should have a plan firmly established in case any death happens in the community." – PC CARES at School Participant

LC5: Support for Youth & Everyday Caring

81% of participants (n=42) Strongly Agreed or Agreed that *I have more ways to promote wellness after this PC CARES session.*

PC CARES At Home: Care packages

Special thanks to Diane Schneeberger, Josh Kennedy, and Olivia Waechili for helping assemble a total of 366 care packages in the past month!

Care packages so far have covered:

Time sent	Package theme	Number of recipients
June 2020	<i>Small Acts of Kindness</i>	138
August 2020	<i>Talk with Youth</i>	140 (added 2 LSC members)
October 2020	<i>Small Acts of Kindness</i>	8 (for VBCs)
March 2021	<i>Listening Well</i>	168
March 2021	<i>Small Acts of Kindness</i>	198 (for adults who work with schools nominated by Local Steering Committee members)
May 2021	<i>Restful Sleep</i>	65 (switching to sending only to recipients who opted in to keep receiving care packages; this number may increase as we receive more requests for packages)



Welcome baby Rataj!

We are happy to celebrate with Suzanne and her family the arrival of Anna Colleen Rataj, who was born at 12:39pm on February 27th, weighing 6 lbs, 10 ounces and 19 inches long.

As always, thanks for reading, and thank you for your service on our Local Steering Committee.