

Building Resilience, Building Health



Cohort:
2017-2020

Team Members:
Kelly McGrady, RN
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Leolani Ah Quin, LCSW, DBH

Location:
New Town, North Dakota

Focus Areas:
Behavioral & Mental Health
School-based Health Care
Violence & Trauma

Background

In 2015 American Indians had the second highest suicide rate in the United States. Suicide is the second leading cause of death for Native Americans ages 10-34 years old. North Dakota ranks within the top twenty states for suicide and the current suicide rate for American Indians in North Dakota is three times the rate of the general population. Within the first week of 2017 the city of New Town, ND and the Elbowoods Memorial Health Center saw ten suicide attempts of community members. Several of the attempted suicides were adolescents and their parents, grandparents, and concerned family members are often at a loss on how to help their teens. Once adolescents are psychiatrically hospitalized there is a lack of communication between the inpatient treatment team, the outpatient providers and the families. Teens often prematurely stop their medications because neither they nor their families understand their diagnosis, medication, or how to reintegrate into the school environment. Families are at a loss to recognize warning signs of a relapse or decompensation. Poor access to care, discrimination, and adverse early life experiences combined with historical trauma have made it challenging to combat the rate of suicide attempts in the community.

Wicked Problem Description

The Three Affiliated Tribes also known as the Mandan, Hidatsa, Arikara Nation encompasses six different communities covering nearly one million acres. There are approximately 6,000 members living within the reservation members along with Native Americans from other tribes. We are presented with several gaps within the health system even though we seek to partner with Tribal Police, Tribal Courts, the Tribal Justice Center, Tribal Social Services, and the Tribal Health Departments, in addition to the New Town ambulance service, New Town Police Department and New Town Fire Department and local schools. Elbowoods Memorial Health Center continues to work with these agencies to develop early identification of those at risk for suicide and referrals for treatment. We recognize that survivors of suicide attempts require collaborative support. The North Dakota Suicide Prevention Plan reports that nationally, no exact figure exists, however, it is estimated that there are on average between 6 and 32 survivors for each suicide, depending on the definition used (Berman, A. L., 2011). This same plan reports conservatively, that in 2012 alone, there were approximately 642 North Dakotan survivors (120 suicides). At this time there are minimal services to address the survivors of suicide incidents and their families. Every suicide attempt and completion impacts the community and without education, mental health services, and the availability and access to care the suicide rate will continue to climb. The barriers to conversation about suicide within Native American communities include: guilt and shame, personal pain, collective grief, stigma and fear.

Project Strategies

The Building Resilience, Building Health psycho-educational intervention will seek to implement primary, secondary, and tertiary prevention. Adolescents with possible mental health diagnoses will be identified through the school environment by referrals to Kelly McGrady, RN and/or Dr. Leolani Ah Quin. Adolescents can also access this program through a referral by a Primary Care Provider or a pediatrician at the Elbowoods Memorial Health Care Center or one of their four satellite clinics. Referrals can also be made directly through the psychiatry clinic through Dr. Taylor-Desir at Elbowoods Memorial Health Care Center or any of the satellite clinics. Once an adolescent is referred they will receive a full mental health evaluation from Dr. Ah Quin, Dr. Taylor-Desir or one of the behavioral health personnel within the behavioral health department. Once the mental health diagnosis is determined the adolescent's parent/guardian will be contacted and invited to participate in Building Resilience, Building Health program.

The program is open to all members of an adolescent's household and the input of all household members is valued. The Building Resilience, Building Health program will have five sessions that focus on diagnosis, medication, reintegrating into the educational system, and two sessions on social support. The groups will be 60-90 minutes in length and will be multifamily groups. During our sessions we will build on the wisdom of the family and community to increase resilience within the individual and ultimately within the community.

Outcomes

Our ultimate goal is to reduce the rate of suicide attempts in the community. Each participant in Building Resilience, Building Health will become knowledgeable in the mental health diagnosis of their adolescent. Each participant will be able to identify three persons or agencies in the community that will support their mental health and the communication between adolescent and the adult care provider will improve.

Timeline

Year One

- Begin assessments and enrollments in weekly Building Resilience, Building Health Groups.
- Promote Building Resilience, Building Health group through community events
- Conduct pre and post assessments regarding communication between caregiver and adolescents.

Year Two

Continue Building Resilience, Building Health Groups. Identify needed topics for possible inclusion in group sessions. Plan for groups to be held in multiple segments of the community consistently.

Year Three

Based on evaluation of year one and year two, identify salient elements of resilience specific to the Mandan, Hidatsa, Arikara Nation. Continue Building Resilience, Building Health Groups with expansion to all segments of the community. Incorporate previous participants in the groups as community facilitators and beacons of health and resilience.

Partnerships

New Town Public Schools; White Shield Public Schools; Decoteau Trauma Informed-Care and Practice

Evaluation Strategies

We will evaluate the change in the level of communication of between the adolescent and parent. We will monitor the rate of suicide attempts in the community quarterly, and the rate of adolescent suicide attempts. We will identify the salient features of resilience within the adolescent patient population.