Maniilaq’s Approach to Wellness:

Qargi Model
The center or the circle where everyone comes together to promote wellness and solve problems in their village

City or Tribal Leader's
School
VPSO/Troopers
Church Leaders
Elder's Council
Health and Behavior services
Qargi: moving towards self-determination for our communities

Qargi System of Care for Wellness Support in Northwest Alaska

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Manilaq's Wellness Program

Manilaq's Wellness Program uses Qargi as an organizing principle to develop an improved, collaborative, and community-based mental health system. This integrated system will include village-based wellness and health education programs, health and behavioral health collaboration to increase culturally-responsive care with the aim of reducing mental health disparities through innovation and collaboration across sectors of Northwest Alaska's tribal health system. The Qargi approach includes both community-based and clinic-based efforts.

Qargi for Village-Based Services and Community Wellness: A Qargi community model aims to strengthen informal support networks to prevent suicidal behavior and increase wellness and care and support for vulnerable people in the community.

Qargi in the Regional Health System: A Qargi committee is aimed at improving services through: Interdepartmental collaboration and coordination of services, referrals, and records; health systems strengthening, including improving empowerment system and primary care-based suicide prevention and substance abuse intervention.
• About 10 years ago, at the request of the Board of Directors, Maniilaq Wellness focused our programs on building local capacity for leadership in the area of community well being

• We began with retreats to bring leaders from the community together to develop action plans for their communities for wellness activities

• What we learned from these retreats was there was a lack of informal support for people wanting to be well, a way to gather to promote wellness as a community on a regular basis, and manpower to keep the action plans going

• So the Wellness Program started to develop programs in response to the lack of informal networks of support and leadership capacity
Maniilaq Wellness components:
Maniilaq Wellness Program funds:

Recovery Support Leaders
• Our RSL volunteers provide an informal network of support for people recovering from addictions
• Hold weekly wellness activities
• Trained to do talking circles

Tribal Youth Program Mentors
• Our TYP Mentors work with at risk youth on life skills
• They serve as positive role models for youth in their communities
• Hold weekly wellness activities

PCCARES facilitators
• Promoting Community Conversations Around Research to End Suicide
• Brings people together for monthly learning circles to discuss solutions for their community problems
Promoting Community Conversations About Research to End Suicide (PC CARES): Transferring Research to Self-Determined Prevention Practices in Rural Alaska Native Villages as part of Maniilaq’s Qargi Model

Developed by Lisa Wexler, Diane McEachern, Evon Peter, Bridie Trainor, Roberta Moto, Tanya Kirk, Panganga Pungawiyi, Lisa Ellana, Lucas Trout, Cris Smith, Suzanne Rataj, and with input from community members from villages in Northwest Alaska and Bering Straits.
Suicide prevention information & resources

Local knowledge of the social and cultural context.

Building local capacity and creating community space to share information, increase hope & possibilities.

Sharing ‘What We Know’
Underlying Ideas:

• It takes a village – and all organizations within it -- to prevent suicide.
• Community members are best able to prevent suicide and promote wellness.
• Scientific research can strengthen and guide village efforts.
Values & Principles

• Everyone is a learner and teacher
• Works within cultural & community practices and values (Elder involved, prayer to begin/close...)
• Sessions are welcoming, respectful & productive
• People know what to expect and are clear about the purpose of each session and PC CARES overall
• Aims to build a *Community of Practice* among village service providers, parents, teachers, etc
Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.
Using Indigenous Pedagogy learn about prevention and find ways to work together

- Learn what we know about suicide prevention
- Build working relations across sectors
- Take action & reflect to continue to improve
- Adapt & apply knowledge to meet local needs

Collaborate to:
- Identify/support people **before** they are suicidal.
- Work within various domains to reduce risk.
- Create policies & conditions that support safety, help seeking, & wellness.
- Reduce suicide & associated adverse events.
All Learning Circles

• Start with prayer
• Agreements for how we work together
• Reflections about last meeting
• Purpose of PC CARES and of particular session (each one is different)

• **WHAT DO WE KNOW?** Bite size information from research about what works to prevent suicide (charts, pictures, short films, quotes, stories…) (5-10 minutes) (next slide describes)

• **WHAT DO WE THINK?** Talk about and think about how the information applies to our community, our jobs, our families and our lives (45-60 minutes)

• **WHAT DO WE WANT TO DO?:** Think about how we might want to use this information and insights in our community, work, family and personal lives. (20 minutes)

• End with a Prayer
Learning about ‘What We Know’ to Come Together to Prevent Suicide

1. Film: historical trauma & youth suicide started in 1960s
2. Chart: Protective factors for youth suicide prevention
3. Figure: Seasonality and protective factors for suicide
4. Charts: Community protective factors
5. Film: Supportive counseling as prevention – Just listen
6. Image: Restricting lethal means
7. Case: Following up after suicide attempts
8. Chart: Postvention: What to do /not to do to
9. Posters: Review and moving forward – What do communities want to do next?

*Sources of Information: Local (1,2,3,5); Indigenous (4); Other (6,7,8)
Purpose of PC CARES Session: Today we will look at how youth suicidal behavior increases at certain times of the year

“What information Does this graph give us?”
“Why do you think suicidal behaviors are more frequent for young people in the summer months?”

Small group discussion:
  i. What do you think of this information? How would you explain it?
  ii. What is your experience or knowledge about these factors?
  iii. What does this information mean to you?
  iv. Is this information relevant in and for your community?

Share small group responses and look for similarities across

“How can we—as individuals and as a community—use this information?”
(Everyone has a chance to share.)
What do WE Think?
What do WE want to do?

• Goal: People who attend PC-CARES have clear and practical ideas about what can be done, who they can rely on (and for what), and how they can act now to prevent suicide.

→ LC3 generated ideas about summer youth activities, bringing kids camping, making sure youth get enough sleep in the summer....
12 Months after starting PC CARES in Maniilaq’s Service Area

- 40-hour Training of Facilitators in November 2015 with 34 people attending from 11 villages
- Facilitators from 9 of these villages have offered 54 Learning Circles
- There have been 465 people attending PC CARES in Northwest Alaska to date with 309 unique participants.
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<thead>
<tr>
<th>Survey Questions</th>
<th>Agree!</th>
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<tbody>
<tr>
<td>This session gave me clear ideas for how I can work to prevent suicide and promote wellness</td>
<td>86%</td>
</tr>
<tr>
<td>The information shared today fits with what I know</td>
<td>83%</td>
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<tr>
<td>My ideas were respected while participating in this learning circle</td>
<td>88%</td>
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<tr>
<td>This learning circle gave me ideas about who in my community I can work with to prevent suicide and promote wellness.</td>
<td>80%</td>
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<td>This learning circle made me more aware of what resources are in my community for preventing suicide and promoting wellness.</td>
<td>80%</td>
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<tr>
<td>After this learning circle, I can think of at least one thing I can do right away for prevention.</td>
<td>86%</td>
</tr>
<tr>
<td>The information we talked about today was easy to understand.</td>
<td>90%</td>
</tr>
<tr>
<td>During this learning circle, time was used well.</td>
<td>90%</td>
</tr>
<tr>
<td>The discussions we had during this learning circle are valuable</td>
<td>94%</td>
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Village Member Comments

• 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
Thank You!

- Roberta Moto
- Tanya Kirk
- Bridie Trainor
- Evon Peter
- Panganga Pungawiyi
- Lucas Trout
- Suzanne Rataj
- Cris Crispin Smith
- Diane McEachern
- Maniilaq Association, Wellness and Behavioral Health
- Northwest Arctic Wellness Initiative
- Kawerak, Inc, Wellness
- Norton Sound, Behavioral Health
- University of Massachusetts Amherst
- University of Alaska Fairbanks/Kuskokwim campus
- National Institutes of Mental Health (NIMH R34 096884)
- Substance Abuse and Mental Health Administration
- Especially...All the people in Northwest Alaska and Bering Straits that contributed to what we know about suicide prevention!