

**But Is It Relevant?**  
**Gatekeeper Education in Idaho's Rural,  
 Frontier and Tribal Areas**  
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### About Idaho

- 1.4 million population
- 17 persons per square mile (83,000 sq. mi)
- 1/3 of population children 0-18
- 98 mental health profession shortage areas
- Est 11 child psychiatrists statewide
- Est 40-60% of youth in custody have a mental health and/or substance abuse disorder
- Many receive their first care when entering juvenile justice system

• 90% of the state's population lives on est 20% of its land mass

• Mountain ranges cover Southeast, Central, North Central and North Idaho.

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### Suicide: About Idaho

- Suicide is the second leading cause of death for Idaho young people
- Idaho consistently ranks in the top 10 states for rate of suicide with an average 16 per 100,000
- Idaho consistently ranks in the bottom 3 states for funding of public mental health services
- Use of weapons is present in 60% of suicides
- Suicide rates among Native American teen males are highest, attempts highest among Hispanics



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## Better Today's. Better Tomorrow's.

- Children's mental health and suicide prevention gatekeeper training
- 2000-present
- 2,700 trained
- 189 of Idaho's rural and frontier towns
- 2/3 of Idaho rural and frontier school districts



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## Goals

- Decrease stigma by sharing scientific data
- Increase knowledge about signs and symptoms of mental disorders and suicide risk
- Increase knowledge about trauma and consequences for suicide risk and future victimization and delinquency
- Increase knowledge of culture, esp rural culture
- Increase knowledge of national models that can be adapted for use in rural and frontier areas
- Increase timely and appropriate treatment-seeking

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## Better Today's. Program

- Started as a "packaged" school-based depression awareness for gatekeepers on behalf of junior high students
- Did not meet needs of Rural/Frontier trainees
- Content now focuses on all school-age children and all mental disorders and suicide risk identification
- Modified training to a community wide approach



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## Why Community Wide?

- Schools are a community gathering place in rural and frontier areas
- Training only teachers provides a limited circle of support
- Children/youth touch the lives of most adults in a community
- Community wide ensures children/youth are cared for across life areas
- Approach encourages and enhances community assets

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## Who Attends Our Trainings?

- Police & other first responders
- Nurses
- 4-H, Scout leaders
- City recreation staff
- Clergy
- Teachers/School counselors
- Paraprofessionals/bus drivers
- Public health
- Mayors
- Social Workers
- Juvenile justice workers
- Hospital staff
- Advocates
- Grandparents, aunts, uncles
- PARENTS!!!



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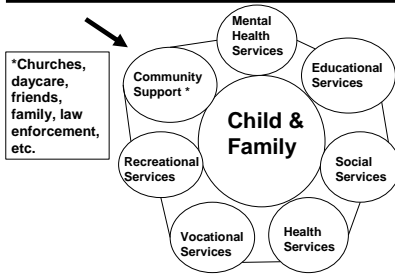
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## Community Circle of Support



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## Challenges in Rural and Frontier Areas

- Stigma is worse in rural areas, creating challenges for treatment-seeking
- Labels may be placed on individuals throughout their lives
- Mental health clinics are “suspect”
- “Everybody knows your business”
- Access to training is very limited
- Care is located far away

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## “Cowboy Up!”

### Cultural Considerations:

- Isolated
- Skepticism of mental health experts
- “If I just tried harder”
- “I can do it alone”
- “People will think I’m weak”
- “I don’t want everyone to know”

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## Addressing the Challenges

- Training component on stigma (how it develops, how it looks and feels)
- Emphasize language-attitude-social act continuum – sociology of labeling
- Turn “everybody knows your business” into a community asset
- Better Today’s. Access to free training statewide
- Encourage community collaborations to address access to care issues

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## Forming Community Partnerships

- Better Today's. A statewide program
- Building relevance for each unique community
  - Community assessments
- Ask
- Listen
- Collaborate
- Act

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## Partnerships with Rural and Frontier Communities

- Do they care about your issue?
- Do you have credibility in their community?
- Are community leaders willing to support your project?
- Are you willing to find a way to work together that meets your needs and theirs?
- Can you commit to joint decision making?
- Do you agree to move at the speed of the community?
- Are you willing to organize your program to serve the needs of communities.... Not the other way around!

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## Meaningful Partnerships

- Sharing the work
- Sharing the credit
- Improving access to resources
- Pull together resources & share with local community:
  - SAMHSA
  - National Child Traumatic Stress Network
  - National Institute of Mental Health Constituency Outreach Program
  - National Alliance for Mental Illness Child and Adolescent Resource Center & NAMI Idaho
  - Idaho Federation of Families for Children's Mental Health
  - SPAN Idaho
  - Governor's Executive Office for Families and Children

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### What Rural and Frontier Communities Think is Important:

- Are you a flash in the pan?
- Is the program about them, or about you?
- Are you willing to shift gears if things aren't working out for them?



- Do you really listen?
- Do you share your resources with them?
- Do you really care?

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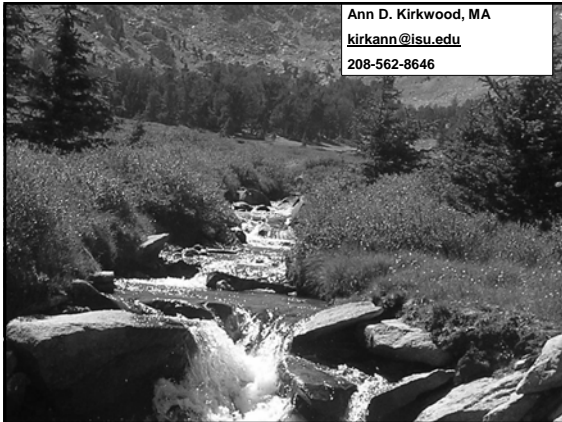
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