But Is It Relevant?
Gatekeeper Education in Idaho's Rural, Frontier and Tribal Areas
Ann D. Kirkwood, MA
Senior Research Associate
Idaho State University Institute of Rural Health
December 2006

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.

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

- 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

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

Better Todays. 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
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

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!!!

Community Circle of Support
*Churches, daycare, friends, family, law enforcement, etc.
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

“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”

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 Todays. Access to free training statewide
- Encourage community collaborations to address access to care issues
Forming Community Partnerships

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

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!

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
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?

Ann D. Kirkwood, MA
kirkann@isu.edu
208-562-8646