



## Fostering Resilience in Youth and Encouraging Youth Awareness of Mental Health

Research on youth resilience suggests risk factors of poverty, adverse childhood experiences, and trauma, including historical trauma, can be mitigated by the following experiences because they help build youths' resilience. These experiences include:

- a consistent relationship with at least one safe, caring, reliable, and competent adult who promotes high expectations and encourages self-improvement;
- opportunities for constructive engagement in family, community, school, and other social institutions and productive decision-making;
- adolescent voice, choice, and personal responsibility;
- the development of self-regulation, self-reflection, self-confidence, self-compassion, and character.<sup>1</sup>

Research likewise suggests mental health is essential to overall health but not everyone may understand this connection. It may not always be clear what is necessary to foster mental health in an individual or in a community. Interestingly, building youth resilience and promoting youth awareness of mental health intersect in key areas. The World Health Organization (WHO) has identified five action strategies of health promotion, which apply equally to mental health promotion. They are:

- Create supportive environments,
- Develop personal skills,
- Strengthen community action,
- Reorient health services, and
- Build healthy public policy.

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<sup>1</sup> Youth Resilience: Protective and Promotive Factors, Center for the Study of Social Policy, retrieved from [http://www.cssp.org/reform/child-welfare/youth-thrive/2013/YT\\_Youth-Resilience.pdf](http://www.cssp.org/reform/child-welfare/youth-thrive/2013/YT_Youth-Resilience.pdf)



WHO goes on to say, “In some communities, time-honored practices and ways of life maintain mental health even though mental health may not be identified as the outcome, or identified by name. In other communities, people need to be convinced that trying to improve mental health is realistic and worthwhile.”<sup>2</sup>

These health promotion strategies are reflected in the goals of the Native Connections grant. As Native Connections projects develop their strategic action plans, considering the intersection of these two important concepts, youth resilience and mental health promotion, can help in fulfilling the expectations of the grant and in choosing appropriate activities and interventions for your community. A look at these expectations shows how the grant activities will help build youth resilience while also promoting mental health. Following are some of these expectations.

- Identify and connect services and supports.
- Involve community members.
- Assess needs and strengths.
- Develop a plan.
- Use strategies shown to be effective.

When choosing strategies for your community, the Suicide Prevention Resource Center website has a Resources and Programs page (<https://www.sprc.org/resources-programs>) that might be helpful. It is a searchable repository that provides information on several types of suicide prevention programs and includes programs with evidence of effectiveness (sometimes also called evidence-based practices).<sup>3</sup>

Some suicide prevention programs with evidence of effectiveness in American Indian and Alaska Native (AI/AN) communities are **Question, Persuade, Refer (QPR) Gatekeeper Training**, a brief educational program to teach people to recognize and refer someone at risk of suicide and **Applied Suicide Intervention Skills Training (ASIST)**, a 2-day training program aimed at developing “suicide first aid” skills and competencies.

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<sup>2</sup> 2004, Promoting mental health: concepts, emerging evidence, practice: summary report / a report from WHO, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation (VicHealth) and the University of Melbourne.

<sup>3</sup> Please be aware that SAMHSA’s National Registry for Evidence-based Programs and Practices (NREPP) has been discontinued and SAMHSA is reconfiguring its approach to identifying and disseminating evidence-based practices.



**SOS Signs of Suicide Prevention Program** is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11–13 years) or high-school (ages 13–17 years) students. The **Model Adolescent Suicide Prevention Program** (MASPP) is a public health-oriented suicidal-behavior prevention and intervention program originally developed for a small tribe in the southwest. MASPP promotes adolescent suicide prevention through community education about suicide and related behavioral issues, such as child abuse and neglect, family violence, trauma, and alcohol and substance abuse.

Programs used in AI/AN communities that address other risk factors are **Project Venture**, an outdoor, experiential, youth development program for middle schoolers, which is guided by American Indian values and aimed at preventing substance use and promoting resilience and mental wellness. The **American Indian Life Skills Development Curriculum** (AILS) is a Native American-based framework for life skills development and suicide prevention. AILS strives to instill self-respect and self-esteem, teach communication and conflict management skills, encourage goal setting and future planning, and increase understanding of issues related to suicide awareness and prevention.

Programs with evidence of effectiveness specifically for adults and the larger community include: **Mental Health First Aid**, an adult public education program designed to improve participants' knowledge and modify their attitudes and perceptions about mental health and related issues, including how to respond to individuals who are experiencing a mental health crisis; and **Family Check-Up for Adolescents**, a strengths-based, family-centered intervention that motivates parents to use good parenting practices to support child competence, mental health, and reducing risks for substance use. Lastly, **Family Spirit** is a culturally tailored home-visiting intervention for American Indian teenage mothers from pregnancy through 36 months postpartum. This intervention is designed to increase parenting, reduce maternal psychosocial and behavioral risks, and promote healthy infant and toddler emotional and social adjustment (i.e., internalizing and externalizing behaviors).

For more information about suicide prevention efforts for AI/AN groups, refer to the SPRC Promising Prevention Practices web page: <https://www.sprc.org/aian/promising-prevention-practices>. For more information about evidence-based practices, visit the SAMHSA Evidence-Based Practices Resource Center website: <https://www.samhsa.gov/ebp-resource-center>.