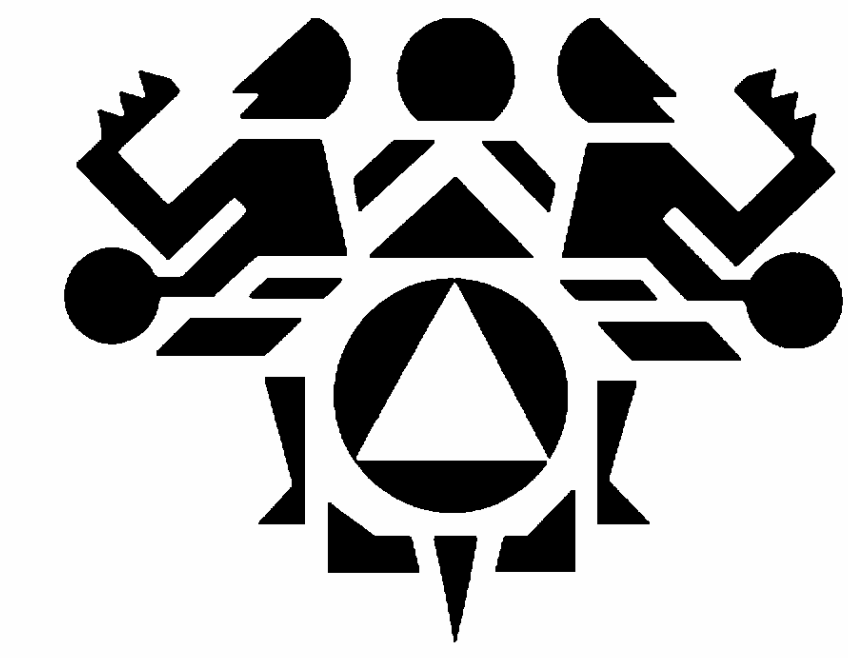




# 3-Site Healing of the Canoe Survey Results, 2018-2019

Perkins, T., Mackin, J. R., Ho, T., Partipilo, C., Caughlan, C.,  
Craig Rushing, S., & McCray, C.



## Abstract

- AI/AN youth are disproportionately impacted by high rates of depression and suicide, which heightens their need for programs that align with their cultural and social context
- The Healing of the Canoe (HOC) curriculum addresses risks and protective factors of AI/AN youth in the Pacific Northwest. The Northwest Portland Area Indian Health Board (NPAIHB) GLS grant paid for two mental health and suicide prevention modules to be added to HOC
- The HOC Pre- and Post-Surveys measure youth optimism, self-efficacy, resilience, & cultural connection, in addition to the risk factors (i.e., depression, risky behaviors, ACEs).
- Results provide insights into the types of youth who might most benefit from the HOC curriculum

## Purpose

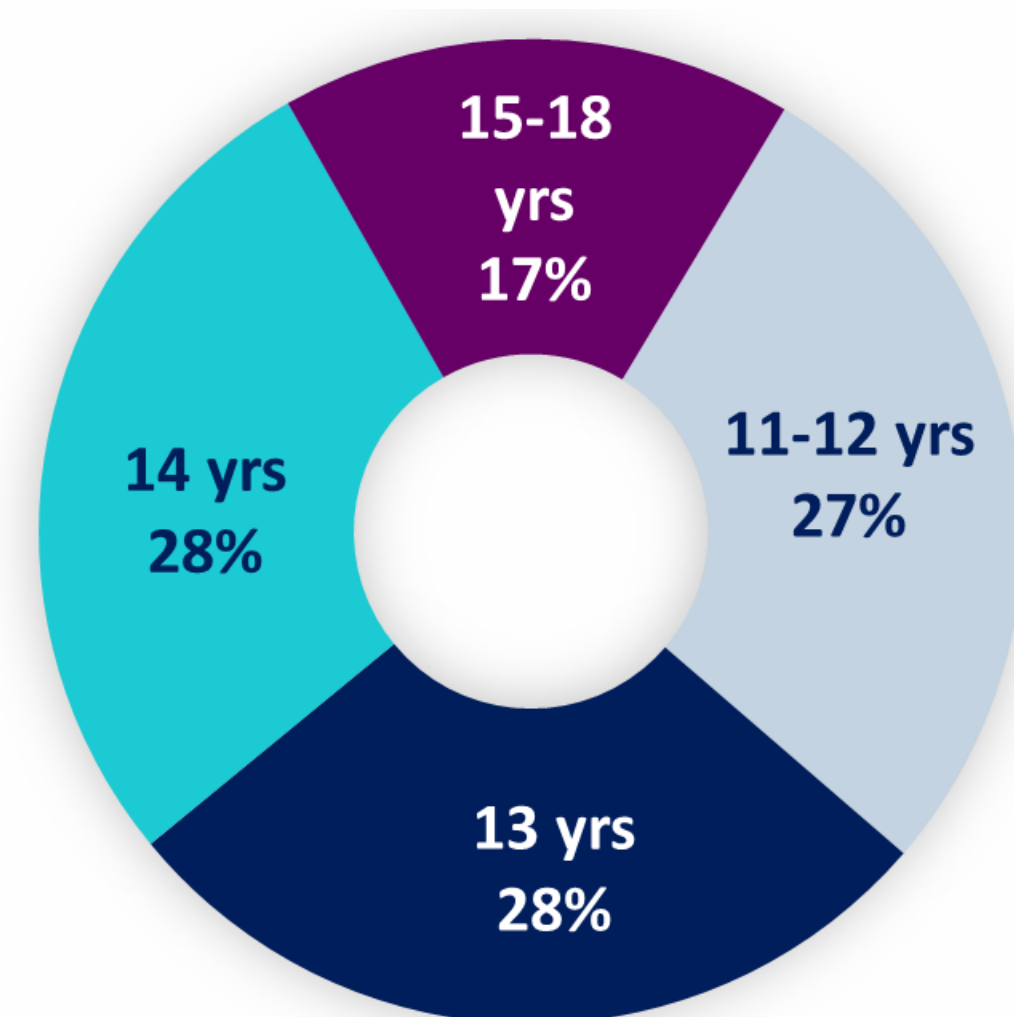
The purpose of this study was 1) to understand the impact of the Healing of the Canoe curriculum on risk and protective factors in general and, 2) specifically, to assess the HOC modules related to managing emotions and suicide prevention.

## Characteristics of Youth Respondents

50% female, 44% male

98% AI/AN

54% 11-13 years old



Key Survey Topics	
Demographics	Age, gender, race/ethnicity, sexual orientation
Social-Ecological Levels	Individual, Family, School, Community, and Peer
Protective Factors	Children's Hope Scale, connection to culture, Cross-Cultural Youth Resilience Measure 12 Item scale (CYRM-12), help-seeking
Risk Factors	Adverse Childhood Experiences, harassment, bullying, negative events in the past year, substance use, depression, and suicide ideation
Open-Ended Questions	What makes you smile? What is your favorite time of year? What is your favorite thing to do during the day? What are you grateful for?

## Methods

- Healing of the Canoe Pre- and Post-Surveys administered to youth receiving the Healing of the Canoe (HOC) curriculum
- Paper and pencil survey administered by trained tribal staff
- Youth in three tribal communities filled out the survey at two time points: immediately before the implementation of the HOC program and again immediately after the last HOC session
- Curriculum: One Tribe held its HOC curriculum on 3 weekends in April and May 2018, one Tribe held its HOC over 1-2 weeks in the summer 2018 and 2019, and one Tribe provided the curriculum to middle school youth during school hours over a semester in 2019
- N = 48 completed both the Pre- and Post-Survey; however, 63 unique youths responded to at least one administration of the survey



We want to extend a hearty thank you to the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians, who graciously agreed to let us use this photo.

## Analysis

- Frequencies & percentages
- Chi-Square
- T-tests

## Pre-Survey Results

- Youth with mental health issues at Pre-Survey scored lower than peers who did not report mental health issues on these protective factor scales: the Children's Hope, School, and Resilience scales

## Pre to Post Results

- Older youth (14-18) increased in how confident they were that they could help a friend or family member who was thinking about suicide, while younger youth (11-13) showed a decrease
- Youth who reported having mental health issues reported an increase in their overall mental health from Pre-Survey to Post-Survey while youth without mental health issues had an average decrease in overall mental health

## Quantitative Results

Table 1. Change in Help Seeking Between Pre- and Post-Survey by Age Group

	11-13 years old		14-18 years old	
	N	Mean	N	Mean
Do you feel confident that that you could help a friend or family member who is thinking about suicide?	24	-0.4*	20	0.2
How likely would you be to seek help if you were feeling depressed or suicidal?	26	0.1	19	-0.1
How likely would you be to seek help for a friend who you thought might be depressed or suicidal?	26	0.1	20	0.0

\* t(42) = 2.046, p < .05

Table 2. Demographic Characteristics of Youth with Mental Health Issues (Pre-Survey)

	No mental health issues (n = 30)	Mental health issues (n = 17)
11-13 years of age	53%	59%
14-18 years of age	47%	41%
Age (average in years)	13.4	13.3
Male	57%	24%
Female	40%	71%
Other Gender	3%	6%

One youth reporting mental health issues did not report their age or gender.

Table 3. Average Scale Scores at Pre-Survey by Mental Health Issues

	No mental health issues			Mental health issues		
	Range	N	Mean	Range	N	Mean
Children's Hope Scale	1 – 6	30	4.4	1 – 6	18	3.7
Cultural Connection	1 – 4	30	3.3	1 – 4	17	3.6
Family	1 – 4	30	3.4	1 – 4	18	3.3
Community	1 – 4	30	2.9	1 – 4	18	2.9
School	1 – 4	30	3.1	1 – 4	18	2.6
Resilience	1 – 5	30	4.2	1 – 5	17	3.5

Hope, t(46) = 2.793, p < .01; School, t(46) = 2.909, p < .01; Resilience, t(45) = 2.696, p < .01

Table 4. Average Health Differences from Pre- to Post-Survey by Mental Health Issues\*

	No mental health issues		Mental health issues	
	N	Mean	N	Mean
Sleep (average hours per night)	19	0.05	11	0.09
Breakfast (number of days in past week)	30	0.10	18	0.60
Exercise (number of days in past week)	19	0.52	11	-0.45
Physical Health	29	-0.14	18	-0.22
Mental Health	29	-0.24*	18	0.61*

\*Shaded measures indicate that these items were not included on the Intensive Post-Survey. \*t(45) = 3.228, p < .01.

## Qualitative Results

- “[In HOC] I learned how to deal with someone if they are feeling depressed.”
- “[HOC] helped me learn patience. It also brought me closer to people and gave me new friends.”

## Conclusions & Program Recommendations

- Although we do not have a comparison group of youth *not* receiving the HOC curriculum, we are particularly interested in any evidence, however tentative, about the impact of the HOC implementation on participating youth
- Youth with mental health issues had statistically significant increases in their self-reported mental health from Pre- to Post-Survey, which may indicate this curriculum is appropriate for youth facing mental health challenges
- The decreases in self-reported mental health ratings for youth *without* mental health indicators at the Pre-Survey also could indicate that they were reporting their mental health concerns more honestly or completely at the Post-Survey
- The suicide prevention-related components of this curriculum might be more appropriate for older youth, since they had significant increases in confidence that they could help suicidal friends or family members, compared to younger youth

The original report and this poster presentation was developed, in part, under Northwest Portland Area Indian Health Board (NPAIHB) GLS grant numbers SM061780 and SM082106 from SAMHSA. The views, opinions, and content of this publication are those of the authors and contributors, and do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS, and should not be construed as such.