







RESEARCH PROJECT REPORT AMERICAN INDIAN / ALASKA NATIVE YOUTH ACADEMY PROJECT April 2023

Project:	American Indian/Alaska Native TAY Academy Program
Lead Facilitator:	United American Indian Involvement - Dr. Carrie Johnson, Ph.D Nicole Crow (Cheyenne-Arapaho Tribes), UAII Seven Generations Care Coordinator - Lead Facilitator
Facilitators:	Sam Gelerman, MSW Intern - Secondary Facilitator Gina Willis (Cocopah), UAII 7G's Subcontractor - Third Facilitator Virginia Carmelo (Tongva) - Cultural Facilitator Philip Hale (Dine) - Cultural Facilitator Farrah Ferris, MSW, (Hupa,Yurok,Karuk) - Invited Speaker Christian Wassana (Cheyenne-Arapaho) - Invited Speaker Analisa Garcia (Dine) - Yoga Facilitator
Stakeholder:	LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH UNDERSERVED CULTURAL COMMUNITIES (UsCC) UNIT MENTAL HEALTH SERVICES ACT (MHSA)
Project Manager:	Kelly Wilkerson, LCSW
Prepared by:	Nicole Crow (Cheyenne-Arapaho Tribes)

AI/AN TAY ACADEMY PURPOSE:

The purpose of the AI/AN Youth Academy Project was to identify mental health access barriers for AI/AN Transition Age Youth (TAY) (aged 16-24) by engaging this population in advocacy and activism around mental health all while building capacity using traditional forms of healing.

OBJECTIVES:

To promote mental health services, reduce stigma, and increase the capacity of the public mental health system in Los Angeles County, as well as increase community member engagement in the LACDMH stakeholder process.

The Youth Academy should include a mental health stigma reduction program, art breakouts focused on traditional forms of healing, and athletic workshops. At the end of the Youth Academy, the youth and facilitator will host a Community Forum to showcase their work.

BACKGROUND AND CONTEXT:

The transition from adolescence to adulthood is an important life stage that is characterized by major developmental changes and challenges.

Group Population:	American Indian/Alaska Natives, 16-24 year olds, at least 20 participants,
	mixed gender, from all over Los Angeles county
Planned Project Dates:	Thursday, December 29, 2022 - February 2, 2023
Scheduled Time:	5:00 PM - 7:30 PM PST

PROJECT RESEARCH QUESTIONS:

The project examines the major questions:

- 1. What barriers/challenges do our AI/AN TAY population in Los Angeles county face when trying to access resources/services?
- 2. Do our AI/AN TAY in Los Angeles county feel that they have a voice/are heard?
- 3. How can we support and engage our AI/AN TAY in Los Angeles county in mental health advocacy within their local community?

ABSTRACT:

Our AI/AN TAY population, which are Generation Z, face several challenges when it comes to discussing mental health with their parents/elders/caregivers. Some of the key challenges include:

- 1. Stigma: Mental health is still a taboo subject in many households, and some parents may not understand or accept their child's mental health struggles. This can lead to stigma and shame around discussing mental health, making it difficult for our youth to open up to their parents.
- 2. Lack of knowledge: Some parents/caregivers may not have a good understanding of mental health issues, which can make it difficult for them to provide support and guidance to their children. This can leave our youth feeling frustrated or unsupported, especially if their parents dismiss their concerns or minimize their symptoms.
- 3. Communication barriers: Communication styles can vary widely between generations, and our AI/AN TAY (Gen Z) may struggle to find the right words to express themselves to their parents. In some cases, parents may also have difficulty understanding their child's language or perspective, which can make it difficult to have productive conversations about mental health.
- 4. Fear of judgment: AI/AN TAY (Gen Z) may worry that their parents will judge them or be disappointed in them if they reveal their struggles with mental health. This fear can be exacerbated if the child has grown up in an environment where mental health was not discussed openly or if their parents have expressed negative opinions about mental health in the past.

For the AI/AN community to evolve, there needs to be shared responsibility in destigmatizing mental health among community members and generations. Our AI/AN youth feel the burden of having to educate older generations about their mental health issues when seeking out help or within conversations. The high possibility of being misunderstood and/or not being taken seriously, causes this population to not speak up and feel that their voices are not generally heard from older generations.

METHODS:

Focus Group 7/30/2022:

A focus group was suggested by Dr. Carrie Johnson to gather information from some of the AI/AN TAY population to see what they would want from the Academy. There was a pre-focus group strategy

meeting followed by the American Indian/Alaska Native Youth Academy focus group which consisted of 8 participants. The task was to gather the needs, desires, and possible concerns of an American Indian/Alaska Native population by creating a focus group containing eight 16-24 year-old mixed gender youth and young adults for the purpose of establishing a five-session virtual American Indian/Alaska Native Youth Academy Program.

Focus group facilitators presented some preliminary Academy programming ideas which elicited responses and suggestions. Some of the participants' comments were spoken. Others were generated in Zoom typed chat responses. The focus group was conducted by a lead facilitator. A secondary facilitator took notes and added in some follow-up questions.

The focus group participants were open to the 5-session American Indian/Alaska Native Youth Academy Program proposal. They provided insightful responses to questions and suggestions on the topic. Participants cooperatively came up with creative programming, suggesting topics to be covered in Academy sessions. These incorporated topics relating to positive mental health, dealing with school related stress, inclusion of traditional medicines, art projects, music, additional activities, and how the Academy might include the sharing of elders' wisdom and knowledge while bridging anticipated generational communication gaps.

Facilitators posed questions and gave some examples of proposed Academy programming. If a high level of interest was demonstrated by the group participants through their responses, additional creative brainstorming was encouraged by the participants. This helped organically direct the flow of the focus group. Through a cooperative synergy of participants working in unison with facilitators, the group provided valuable insight into what would appeal to them, the intended Academy population. The Academy concept was well received. Issues relating to participant availability and potential scheduling availability for the Academy were also explored with workable solutions arrived at.

Highlighted Synopsis With Critical Reflection:

Nicole Crow and Sam Gelerman, met to strategize and go over the flow of the 1-hour focus group that N. Crow had prepared. Ms. Farrah Ferris, the UAII Prevention and Aftercare Coordinator, also contributed by helping establish a social engagement exercise as an icebreaker to encourage focus group participation. Dr. Carrie Johnson, UAII Vice President of Behavioral Health, reinforced program parameters that the Academy would meet virtually. As lead and secondary facilitators, N. Crow and Mr. Gelerman discussed how the focus group would be conducted, utilizing both open-ended and directed questions. The emphasis to be placed on partnering with the participants to hear their needs, desires, and possible concerns to cooperatively and creatively come up with solutions and youth generated program ideas.

Focus Group strategic planning meeting. Highlighted formation goals, concerns, and responses:

- Goal/Concern: Identifying potential issues that a focus group composed of teens and young adults may not sufficiently open up and talk freely, based on the population's culture, customs, age, and being in an online focus group setting. Ways were discussed to minimize this potential outcome. Response: Establish icebreaker / social engagement exercises to help the participants feel comfortable.
- Goal/Concern: Learning the population's needs, desires, and what areas should be addressed when forming the Academy.

Response: Establish open-ended questions that elicit ideas from the population. Provide directed questions covering presented UAII program elements for group consideration and response. Encourage brainstorming and creative cooperative involvement by participants related to both types of facilitator inquiry.

- 1. Group participants brainstormed on some traditional Native American approaches to deal with mental health issues that the Academy might cover in its programming and suggested the following:
 - Presentations on certain traditional herbs for anxiety. Also mentioned, inclusion of other traditional medicines.
 - Inclusion of multi-generation opinions would be helpful. Younger and older generations could have an exchange of ideas without it being a lecture. Before meeting with Academy participants, have parents or grandparents debriefed by a peer. A person in their own generation who had knowledge, understanding, and empathy towards young people's issues – someone who could put their concerns in perspective – so elders would hear and appreciate them.
 - An opportunity for elders to discuss issues, problems, or beliefs they had as young people which might be considered mental health concerns today. Also, have elders share about issues they had as young people, which they felt at that time uncomfortable sharing with their own elders. Ones which their elders and parents may not have understood.
 - Establish a body of youth resources to which young people can then bring their parents.
 - Resources to help with the transition from high school to college. There was mention of no native clubs nor native faculty at certain local colleges. Nor any resources at certain colleges that helped students fresh out of high school to be successful in college.
 - If there were college mentors, they had heavy caseloads. There were also no native mentors. One-on-one native mentorship would be desired.
 - Managing school life and extracurricular activities was difficult. While not using the exact terminology, Tay would benefit with time management skills and guidance.
- 2. Additional activities the focus group participants would like to suggest. Question: What are some art or traditional activities you might be interested in doing?
 - Traditional herbs and medicines.
 - Cooking.
 - Collaborative music playlist (2 or 3 songs contributed by each Academy participant).
 - Learn more about [American Indian] culture. A cultural exchange would be interesting, discussing various tribes' cultural practices.
 - Coverage of indigenous women orgs [organizations]. An in-person forum to discuss different related events and organizations. The personal sharing of that information in a group with other women was desirable.

Question: What would be a good length for each Academy session?

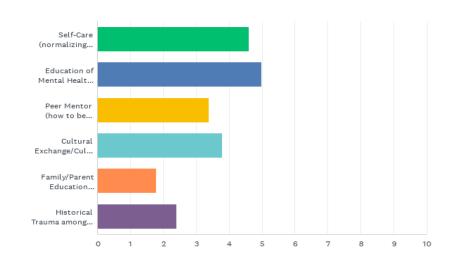
- 1 ½ to 2 hours
- 2 hours
- 2 to 3 hours
- 3. In closing the focus group, there was a general warm feeling demonstrated by all of the participants. The American Indian/Alaska Native Youth Academy Program concept seemed well received. A final comment was made by one member:

"I don't usually like Zoom or online groups, but this was fun."

Focus Group Results:

Facilitators analyzed data from post - surveys conducted among AI/AN youth following the Focus Group to help plan the Academy agenda.

Q2 Please rank which topics you are most interested in being covered/discussed during the Academy.



Q3. Please rank in order which activities you would like to do at the Academy?

	1	2	3	4	5	6	7	TOTAL	SCORE
Beading (Beginner project)	60.00% 3	40.00% 2	0.00%	0.00%	0.00%	0.00%	0.00%	5	6.60
Nature Hike	40.00% 2	0.00%	20.00% 1	20.00% 1	0.00%	20.00% 1	0.00%	5	5.00
Yoga/Breathwork	0.00% 0	20.00% 1	0.00%	0.00%	20.00% 1	0.00%	60.00% 3	5	2.40
Traditional Medicines	0.00% 0	20.00% 1	20.00% 1	40.00% 2	0.00%	0.00%	20.00% 1	5	4.00
Art (painting, drawing, clay, etc.)	0.00% 0	0.00%	20.00% 1	0.00%	60.00% 3	20.00% 1	0.00%	5	3.20
Music Playlist	0.00% 0	0.00%	0.00% 0	0.00%	20.00% 1	60.00% 3	20.00% 1	5	2.00
Quill work (beginners project)	0.00%	20.00% 1	40.00%	40.00%	0.00%	0.00%	0.00%	5	4.80

AI/AN TAY ACADEMY PROJECT

The AI/AN TAY Academy:

Academy Site and Participants:

Between August 1st, 2022, and November 30th, 2022, lead facilitator N. Crow utilized social media and community networking to recruit participants, including those from the Focus Group, who self-identify as American Indian/Alaska Native, aged between 16 and 24, from across Los Angeles county. They were invited to enroll in the virtual Academy comprising 5 workshops and 1 community forum. Of those, at least ten (10) should identify as having lived experience either personally or as a family member/caregiver for someone with mental health conditions and will have some experience utilizing public mental health services.

The virtual location was chosen due to ongoing Covid-19 concerns, and the transportation limitations of the Academy participants.

The Academy was held via Zoom on 5 consecutive Thursdays from December 29, 2022, to January 26, 2023, with a make-up session on February 2, 2023. Despite recruiting 20 participants, only 9 attended the first session on December 29th, with an additional 5 stating that they missed the session due to the holidays or a misunderstanding of the start date but joined on January 5, 2023. However, the 14 group members who joined the 2nd session demonstrated full commitment to the Academy. The final cohort consisted of 14 American Indian/Alaska Native participants aged 16-24, with a gender mix of 9 females and 5 males:

Name	Age	Gender	Tribe	Location
1. Brianna	23	Female	Chumash	Palmdale
2. Alexandria	22	Female	Tongva/Chumas	Palmdale
3. Amber "Daisy"	16	Female	Navajo-Inupiaq	Los Angeles
4. Miles	21	Male	Muscogee Creek	South Gate
5. Christopher	22	Male	Muscogee Creek	South Gate
6. Derek	16	Female	Tongva/Chumash	South Gate
7. Jacklyn	20	Female	Cheyenne/Chumash	Long Beach
8. Olivia	17	Female	Cheyenne/Omaha	Long Beach
9. Storm	20	Male	Cherokee	Lancaster
10. Wolf	23	Male	Cherokee, Creek,	Lancaster
			Choctaw	
11. Cody	23	Male	Cherokee, Creek,	Lancaster
			Choctaw	
12. Caitlin	19	Female	Dine	Palmdale
13. Kayla	17	Female	Pascua Yaqui	Covina
14. Danielle	18	Female	Navajo-Inupiaq	Los Angeles

Academy Design:

The Academy comprised five workshops and a curriculum consisting of two aspects. Firstly, the topics and activities for the Academy were designed based on the feedback obtained from the post survey conducted on the Focus Group. Secondly, the Academy's model was loosely shaped around the medicine wheel (not specific to any tribe), with each workshop linked to a direction on the wheel.

The Medicine Wheel

The Medicine Wheel teachings provide guidance for wellness & balance in our lives, Spiritually, Emotionally, Mentally & Physically.

They teach us about:

- Culture
- Identity
- Pride
- Confidence
- Empowerment
- Success
- Relationships
- Responsibility





It was extremely important to try to incorporate all suggested topics and activities suggested in the Focus Group and from its survey results into the Academy. From the beginning, facilitators were intentional in letting the youth know that this was "*their*" Academy and their space, in order to keep with the project's overall goal of promoting advocacy and activism among this population.

Workshop	Medicine Wheel Direction	Topic/Medicine	Objective
Workshop #1	Mental Element	Destigmatizing Self Medicine Teaching: Cedar	A primary goal of mental health education is to increase awareness. This involves teaching youth what mental health means, and how to maintain positive mental health. It is vital that youth understand the concept of self-care and that they are responsible for their own mental health. In addition, emphasis should be placed on the idea that mental health is an integral part of overall health and well-being.
Workshop #2	Spiritual/Physical Element	Self Care Medicine Teaching: Sage	Mental health includes emotional, psychological, and social well-being. It affects how we think, feel, act, make choices, and relate to others. Mental health is more than the absence of a mental illness—it's essential to your overall health and quality of life. Self- care can play a role in maintaining your mental health and help support your treatment and recovery if you have a mental illness.
Workshop #3	Emotional Element	Mental Health Education	Trying to tell the difference between what expected behaviors are and what might be the signs of a mental

		Starting a conversation with others re: mental health (checking in on peers)/ Normalizing Mental Health / How to Ask for Health Medicine Teaching: Sweetgrass	illness isn't always easy. There's no easy test that can let someone know if there is mental illness or if actions and thoughts might be typical behaviors of a person or the result of a physical illness. Fighting <u>stigma</u> is all about supporting the mental health community. Stereotypes and misinformation about mental illnesses have made it difficult for some people to seek help for treatable issues. However, allies can create safe spaces where people feel comfortable discussing their mental state, seeking treatment, and sharing their stories with others. Luckily, there are plenty of ways you can be an ally and advocate for mental health in your community.
Workshop #4	Self (Center of Medicine Wheel)	Giving Back - Commitment to community Medicine Teaching: Natural Tobacco	Mental health is everyone's concern, which means you can get involved at every level. From engaging in conversations at home about how mental health is portrayed on a TV show to writing your representatives and advocating for policy changes at the government level, to hosting a talking circle at your school, there's plenty you can do to break down barriers.
Workshop #5	Self (Center of Medicine Wheel)	Creating a Safe Space	Healing Communities: Extending a Healing Hand, Then and Now - Community is an essential aspect of Native conceptions of health. Wellness of the individual is inseparable from harmony within the family and community and pride in one's heritage.

INDIVIDUAL WORKSHOP STRUCTURE:

1. Social Engagement Exercise - An icebreaker was conducted upon participants' entry into Zoom meeting or shortly after all participants had entered. Slido was utilized during multiple sessions to submit participants' answers that could be seen on the screen in real time as they were answered.

The number of responses indicated the group was engaged and willing to actively participate in the focus group discussion.

2. Prayer/Land Acknowledgement - Each weekly session began with a prayer led by Tongva Community Leader and Elder Virginia Carmelo.

3. Topic(s) discussion/Guest Speaker

4. Art/Activity Breakout

5. Natural/Traditional Medicine Teaching - Phil Hale discussed the use of traditional medicines (plants) to promote well-being.

6. Closing

ACADEMY HIGHLIGHTS:

WORKSHOP #1 Mental Element Topic: Destigmatizing Self A primary goal of mental health education is to increase awareness. This involves teaching youth what mental health means, and how to maintain positive mental health.

What is mental health to you?

"State of mind"

"Mental well-being, positive mindset"

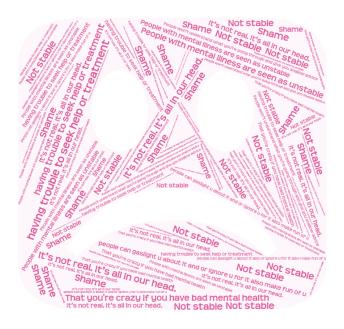
"Mental health is related to the mind, and thinking"

"It affects our moods, our days, etc."

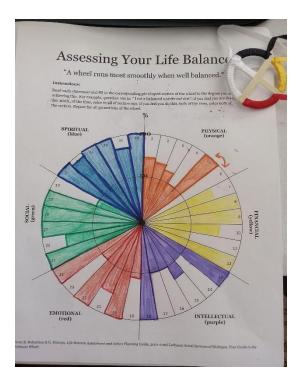
"I also think of it as our mind's feelings"

What are some stigmas?

"It's not real. It's all in your head." "Why are you crying? You're not physically hurt?" "That you're crazy if you have bad mental health"

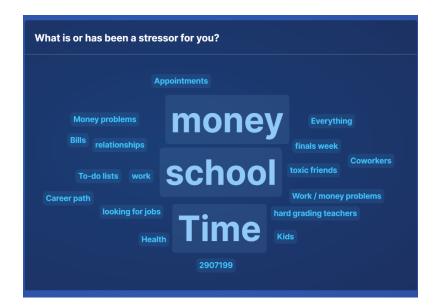


It is vital that youth understand the concept of self-care and that they are responsible for their own mental health. In addition, emphasis should be placed on the idea that mental health is an integral part of overall health and well-being.



WORKSHOP #2 Spiritual/Physical Element of Wheel Topic: Self Care

What are the biggest stressors of our AI/AN TAY population in Los Angeles County?



What do you do for self care?

Slido Poll Results*

What do you do for self care?								
		Go in n	ature	Read *fic	tion/fantasy			
		Spa day	art	lis	ten to elivs	Wate	ch Serialkiller	Gym
Mani/Pe		ooking at		Yoga	read	SLE	EP exercise	
READING	lister	ning to mu	sic	.ister	n to m	usio	taking na	ps Tiktock
Tha	i Mass	age vi	deo gan	nes	music	watch	criminal minds	Ride Bike
	Shiat	su Massag	je fa	ace masks	talk to fri	ends	crying	
	Mak	e healthy f	oods	Read	fa Watch	anime	Roller Skating	

* The answer: "Serialkiller" was clarified as reading books on the subject

**During the session on self-care, facilitator N. Crow had an epiphany that actively engaging in self-care rather than just discussing it would be more beneficial. As a result, she changed the program to a series of virtual group games. The participants of the Academy responded with great enthusiasm to the new format, and ended up remaining in the Zoom workshop for an extra 45 minutes even after the scheduled end time. The facilitator was forced to finally end the session due to the participants' sustained interest.

WORKSHOP #3 Emotional Element of Medicine Wheel Topic: Mental Health Education

Would you reach out to someone if you thought they needed help? How to start the conversation?

"Sometimes. It's tricky knowing how to approach certain people"

"I try to talk with them about something they like and ease into talking with them or I just hug them and let them know I'm here to talk"

"Depends on the scenario for me. If they don't want to talk sometimes I still bug lol and thankfully it's worked"

"My little 14 year old brother calls and talks to me. Sometimes he'll say something a little too personal but I still listen because he's talking to me because he knows I'm listening and he can be heard. He's comfortable." " I randomly text my sister 'I love you sister' and she will reply 'I love you too. Is everything okay?" and if something is wrong I tell her and then we go from there. If nothing is wrong then I tell her 'everything is good. How are you?' and we go from there.

WORKSHOP #4 Self (Center of Medicine Wheel) Topic: Giving Back - Commitment to community

How will you fight mental health stigma?



(Wolf M.)

Art Activity (from A Window Between Worlds: Art Transforming Trauma) -Touchstone creation to signify commitment to self

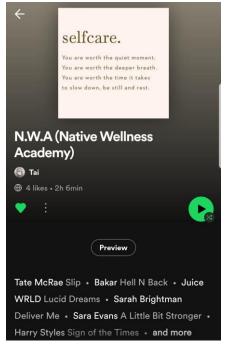
WORKSHOP #5 - (Center of Medicine Wheel)

TOPIC: Creating a Safe Space

Healing Communities: Extending a Healing Hand, Then and Now - Community is an essential aspect of Native conceptions of health. Wellness of the individual is inseparable from harmony within the family and community and pride in one's heritage.

To further support the goal of autonomy for this group, the facilitators encouraged the youth to brainstorm a name for their Academy. Participants submitted their suggestions and the Academy put it to a vote. Ultimately, the TAY Academy was renamed:

N.W.A. (Native Wellness Academy)



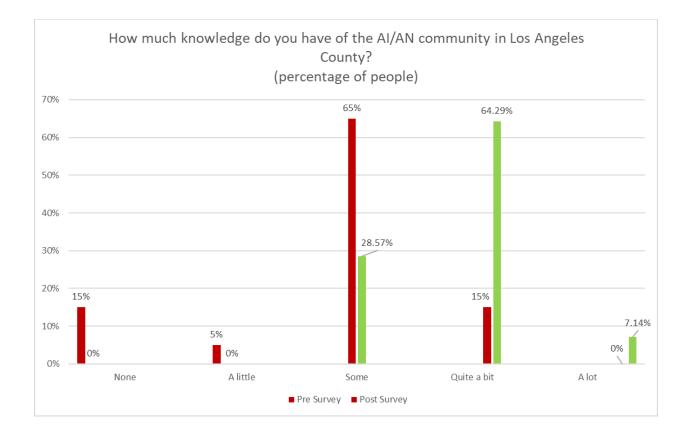
Spotify Music Playlist created by N.W.A.

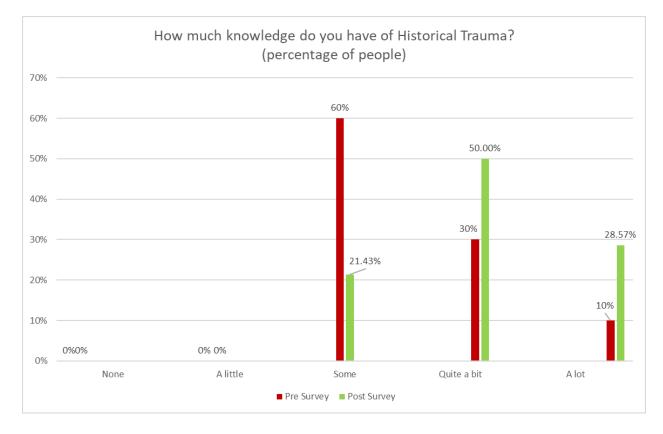
Data Collection and Management

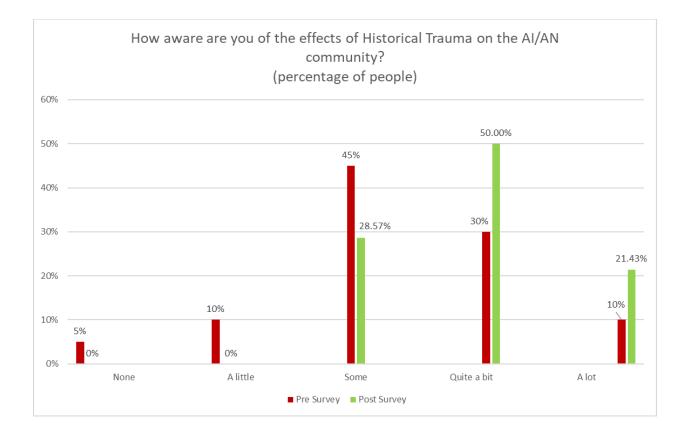
Data collection from TAY participants was a central component of the evaluation design. The evaluation used both quantitative methods (surveys) and qualitative methods (focus groups, note taking, interview and observation) to address the main evaluation questions (see below). Recognizing the need to minimize the burden on participants' time and increase the efficiency of the collection process, the data collection took advantage of natural points in the service cycle and coordinated with existing data collection measures and processes (e.g. Survey Monkey).

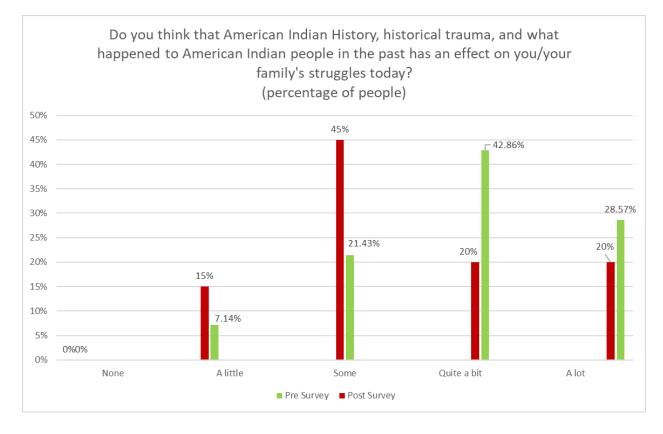
The surveys were received via Survey Monkey from all 14 youth who participated in the Academy. The pre and post survey using the Likert scale assessed the following:

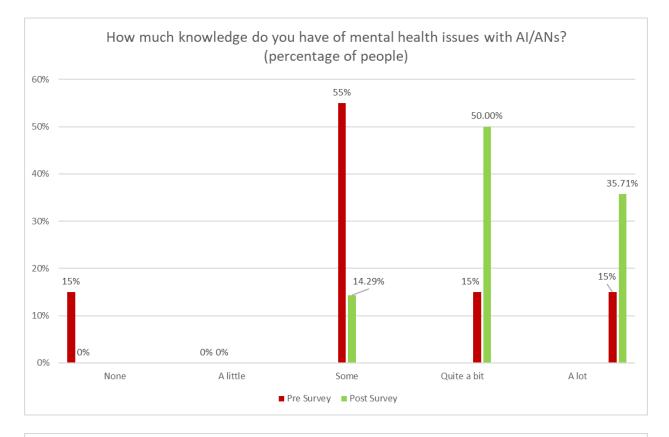
- 1. How much knowledge do you have of the AI/AN community in Los Angeles County?
- 2. How much knowledge do you have of Historical Trauma?
- 3. How aware are you of the effects of Historical Trauma on the AI/AN community?
- 4. Do you think that American Indian History, historical trauma, and what happened to American Indian people in the past has an effect on you/your family's struggles today?
- 5. How much knowledge do you have of mental health issues with AIANs?
- 6. How comfortable are you with seeking/receiving mental health services for you and/or your family?
- 7. How much knowledge do you have of the spiritual and traditional practices with AI/ANs?
- 8. How aware are you of services available in Los Angeles County for AIANs?
- 9. How important is it that mental health services received by you/your family include AI/AN spiritual and traditional practices?
- 10. Do you feel that you have a voice/are heard by others?

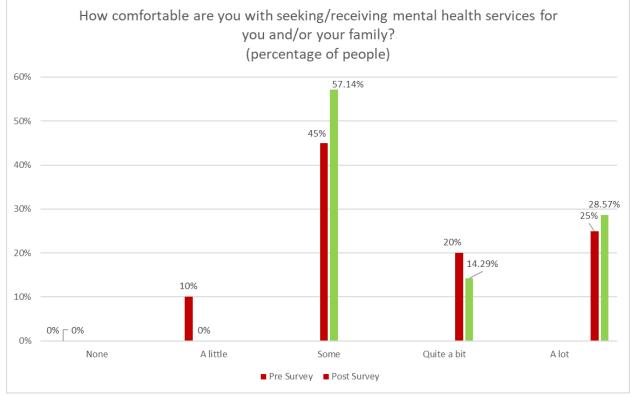


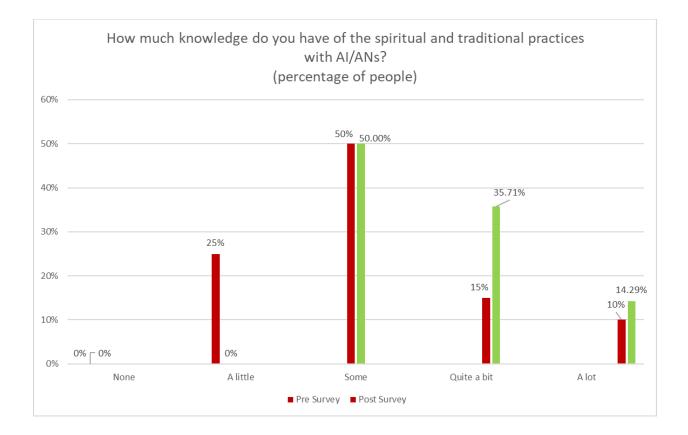


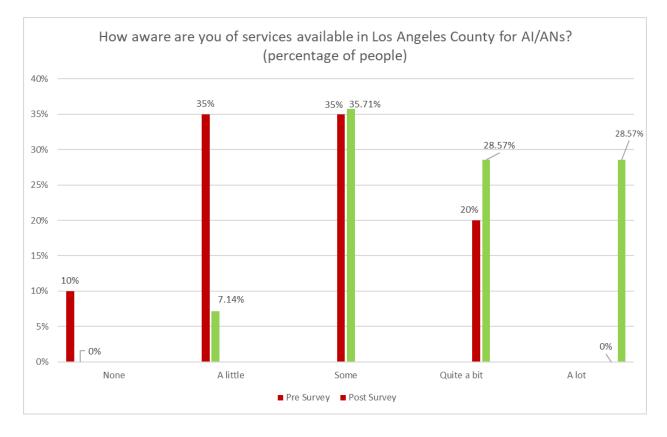


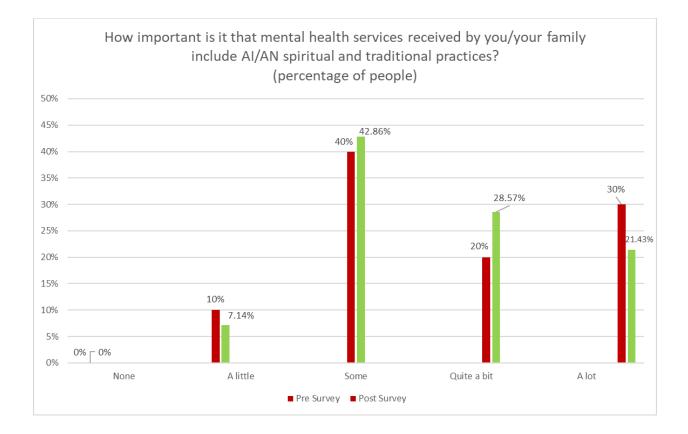


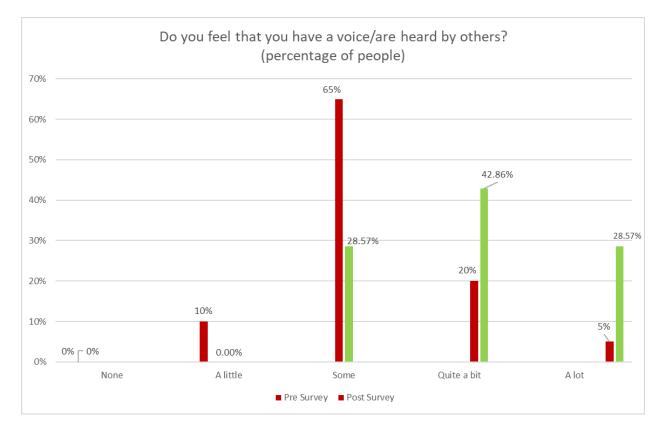












*Post survey results suggested a significant increase by the end of the Academy in awareness and knowledge of the historical trauma and struggles faced by the AI/AN community and the effects that has on the mental health of AI/ANs today, the services available for AI/ANs in Los Angeles county, and the options for traditional and spiritual practices and/or culturally specific services. Notably, the post survey results also suggested that the surveyed participants felt empowered to voice their views and felt heard by others at the conclusion of the Academy.

Strengths/barriers of the Youth Academy and the Community Forum.

Barriers:

- Focus Group members that expressed interest in the Academy did not initially respond when recruitment emails were sent.
- Youth did not respond in general to emails after registering for the Academy. Some youth in this age range still rely on parents for email communications/reminders and most stated later that they prefer text and do not check their emails regularly.
- Supplies needed to be delivered to participants across Los Angeles county as not all youth had transportation to pick up if distributed from one central location.
- 50% of participants missed the first workshop on Thursday, December 29th stating they got the dates confused.
- Time limitations. Facilitator felt there was not enough time to cover everything in the scheduled workshop time.
- Creating a curriculum that would be engaging to all participants within the established age range (e.g. some may be parents, some may still be in high school)

Strengths:

- → Out of the 20 participants recruited, 14 made a commitment to attend all 5 consecutive workshops, with many having to make adjustments to their work, school, or home schedules in order to do so.
- → The AI/AN TAY Population is knowledgeable of and more open to discussing the mental health struggles that they and their peers face. They also prioritize it and recognize the importance of mental wellness.
- → The AI/AN TAY Population is aware of and already changing the stigma surrounding mental health.
- → AI/AN are comfortable seeking help and reaching out to peers. Asking for help for mental health is viewed as a strength rather than a weakness.
- → AI/AN TAY Population are eager to learn more about their culture and community.
- → All 14 participants expressed their desire to continue attending future academies and to refer others to participate as well.
- → Facilitators were able to connect to teens/young adults who are not traditionally open or comfortable sharing with adults. The youth spoke very candidly and were transparent in their discussions.
- → The art activities served as a helpful tool for enhancing their ability to express themselves.

Community Forum:

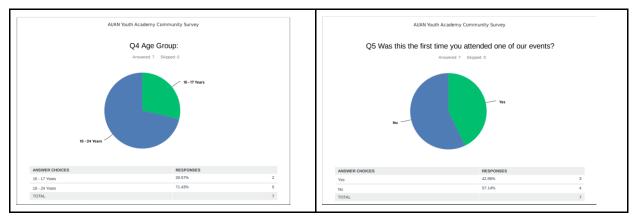
Challenges/Barriers:

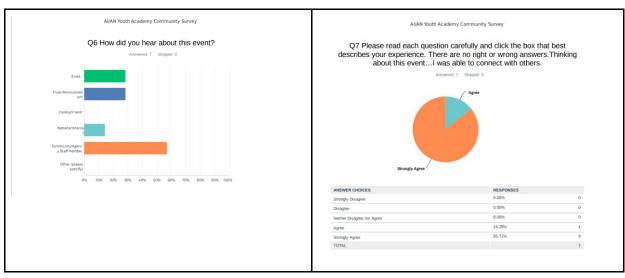
- Facilitator experienced difficulty recruiting the proposed number of participants.
- Summarizing and showcasing all of the work of the TAY Academy participants in the allotted time

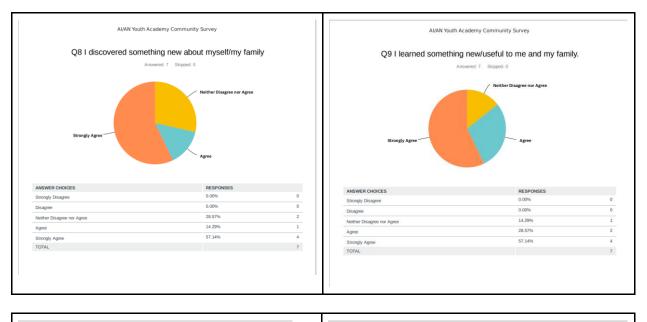
Strengths:

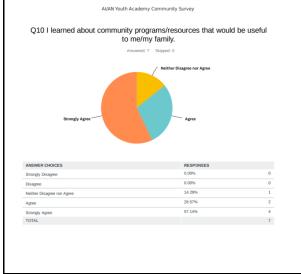
- → The elders in attendance expressed an interest in learning from the Academy members and appeared to really listen to what they had to say.
- → The forum bridged the conversation that needs to be had between multiple generations in regards to mental health
- → The youth were able to express themselves freely without being dismissed or talked "down to" by the older attendees.
- → A youth community forum participant aged 13, reached out to the lead facilitator N. Crow immediately after, asking to participate in the N.W.A.

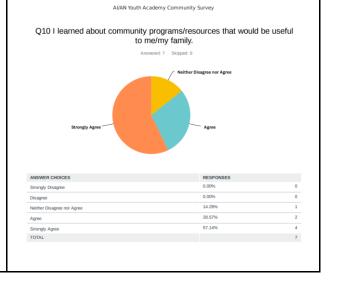
A post survey was conducted among the participants in attendance at the Community Forum. **Community Forum Survey Results:**

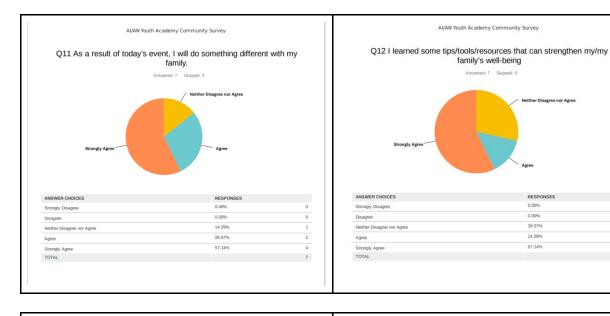


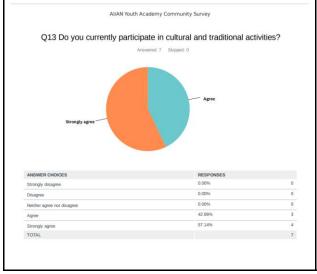


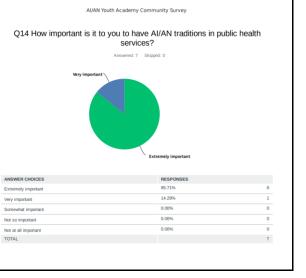


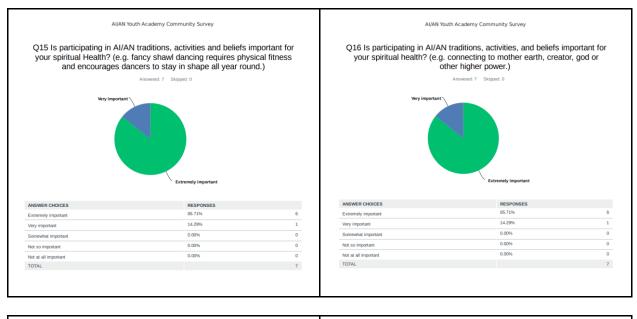








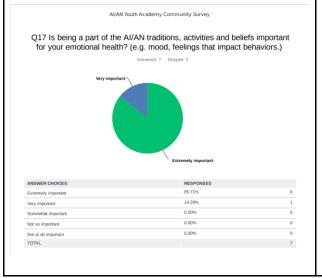




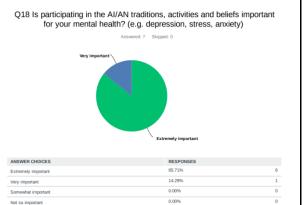
Not so important

Not at all important

TOTAL





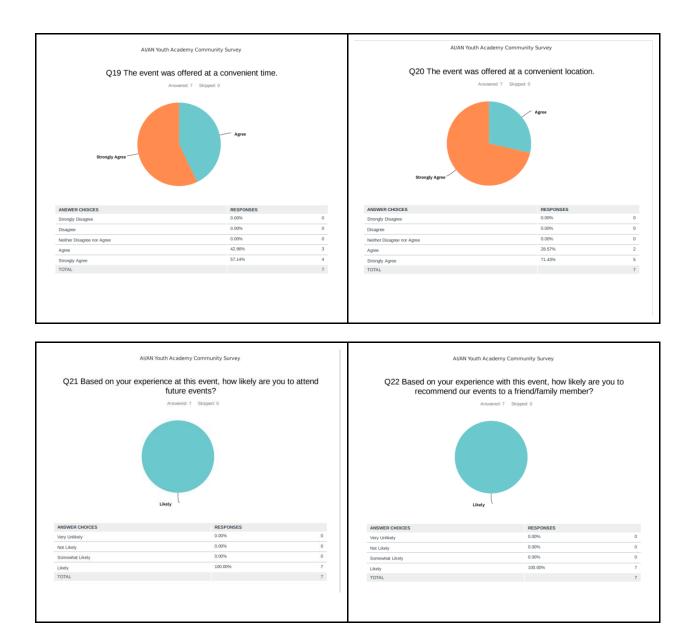


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Summary:

The Community Forum, which aimed to facilitate an intergenerational discussion about the mental health challenges faced by our AI/AN Transition Aged Youth in Los Angeles county, was promoted through various social media channels and community networks. However, despite these efforts, the facilitator faced difficulties in attracting a large number of participants, highlighting the lack of interest older generations have in discussing mental health issues, as previously expressed by the youth.

Results from the Community Surveys show 57.14% of participants strongly agreed the event provided new information and resources that would be useful to their families, learned something new about themselves/their family, were able to connect with others, and as a result of the event will do something different with their family.

85.71% of the participants felt that it is extremely important to participate in AI/AN traditional activities and beliefs, and participating in these are important for their spiritual, emotional and physical health.

The same 85.71% felt that it is extremely important for AI/AN traditions to be offered in public health services.

Additional Project Findings:

Accessing Services:

1. While 85% of our youth stated that they are comfortable seeking help for themselves or others, they also expressed that services are not usually immediately available. When services do become available, the crisis has passed and/or they have worked through the issue that caused them to seek help.

* This may have been evidenced in the planning of this Academy. It appears that too much time lapsed in between the focus group, recruitment and the actual start of the Academy and participants either lost interest or had schedule changes.

- 2. SMS/text messaging is the preferred method of communication with the AI/AN TAY population in Los Angeles county and should be utilized when possible.
- 3. Many of the youth participants expressed that school counselors do not seem to understand their needs and generalize all
- 4. TAY Youth were not generally aware of the services specific to their age range.
- 5. Providers did not seem in touch with their stressors (i.e. school performance, money)

For Providers:

1. Youth expressed interest in the following activities for future groups, workshops, etc.

Traditional medicines teachings	Cultural Exchange
Workshops/Groups for just TAY community (cooking, beading, games, art)	Peer meetups (safe space to connect with other AI/AN TAY
Talking Circles (non-hierarchical space to share/have regular discussion)	Organized nature outings (hikes, parks, etc.)

- 2. Staying up to date with the social media platforms that are used by our youth is necessary when trying to promote and reach this population. For example, Facebook is not used by this generation and is considered an "old-person's app".
- 3. The AI/AN TAY community requires prompt action on service requests and will lose interest or not respond at all if their needs are not met during their time of need. The youth expressed that they will often figure things out for themselves or "have moved on from their crisis" by the time service providers respond to them.
- 4. Different modalities appealed to this group incorporating psychoeducation in mini-games, actually engaging in self-practice activities as opposed to just teaching them seemed to gain a greater response.
- 5. The youth request groups, workshops, and activities exclusively designed for this age group, as they believe their voices would be suppressed by more senior generations or perhaps receive condescending treatment in groups consisting of older individuals.

PROJECT RESEARCH ANSWERS:

What barriers/challenges do our AI/AN TAY population in Los Angeles county face when trying to access resources/services?

The younger generation conveyed that they lack sufficient culturally targeted facilities in proximity to them, such as those located in university campuses. Additionally, they highlighted experiencing prolonged waiting periods after seeking help, starting from the initial point of contact until actual consultation.

When young people required assistance from services with the involvement of their parents, their appeals were frequently ignored due to a deficiency in parental or caregiver understanding about mental health, as well as associated stigmas.

Do our AI/AN TAY in Los Angeles county feel that they have a voice/are heard?

While some of the youth have tried to make their voices heard, many expressed that they have "given up" trying to explain their concerns because they have been told to "get over it". The attitudes and beliefs towards mental health that the older generations still possess have not made it easy for our AI/AN TAY to express themselves.

How can we support and engage our AI/AN TAY in Los Angeles county in mental health advocacy within their local community?

AI/AN TAY may need a mentor that is well respected by or is a peer of their parents/caregivers who can bridge the communication gap when having conversations with them about mental health. In a sense, the AI/AN TAY community feels on their own when it comes to dealing with mental health issues.

Key Takeaways:

- 1. How can adults/parents/caregivers/elders come alongside our youth to talk about mental health?
- 2. How can adults/parents/caregivers/elders take responsibility for our own stigma surrounding mental health?
- 3. How do the TAY population go to people (adults/elders/parents/caregivers) who don't understand or validate their experiences?
- 4. How can our youth take care of themselves when they have to educate adults/parents/elders/caregivers at the same time?

Critical Reflection:

The lead facilitator, N. Crow started off with a very structured agenda that included a large portion of mental health psychoeducation. This facilitator quickly discovered that the TAY participants were already knowledgeable in the topics of mental health, self care and stigma. Moreso, it quickly became evident that the youth want older generations to catch up to them in terms of their knowledge and acceptance. Work also needs to be done in the previous generations and the biggest barrier expressed for the youth is that their parents and caregivers do not understand or validate their experiences and still have a lot of stigma towards mental health.

AI/AN TAY may need a mentor for their parents/caregivers that is well respected by or a peer of theirs who can bridge the communication gap when having conversations with them about mental health. In a sense, the AI/AN TAY community feels on their own when it comes to dealing with mental health issues. The AI/AN TAY in Los Angeles county want cultural connections within their community and responded to the traditional teachings structure. The artwork breakout sessions provided a bridge for further expression.

The Academy and Community Forum were a response to the TAY community's plea for assistance in overcoming the mental health stigma that still exists among their parents, caregivers, and elders. This forum was one of several discussions that must occur across generations to diminish the stigma and demolish the barriers. Additionally, the forum indicated to the AI/AN TAY community that they can engage in honest and nurturing dialogues with their previous generations. However, the younger generation alone should not be held accountable for this duty and responsibility. With the support of community leaders, parent peers, or respected elders, the TAY are more likely to express themselves without the fear of being repressed.

Tongva elder Virginia Carmelo and peer guest speaker Christian Wassana offered counsel to the youth, encouraging them not to be discouraged or give up. Christian exhorted his peers to "continue speaking out. Talk until someone listens, it will eventually take place." He also reminded the Academy that "the stigma surrounding mental health is diminishing with each new generation. It is already advancing for this generation and will continue to improve for the subsequent one. Your actions today will benefit future generations. I realize that it can be tough at times, but please remember that."

Both the Academy and Community Forum provided American Indian/Alaska Native Transition Age Youth participants a platform to have their voices heard.



PARTICIPANT TESTIMONIALS:

- "Thank you so much Nikki for today's session and just sharing your thoughts and encouragement and your words in general." Caitlin A.
- "Thank you all for sharing your knowledge and time with us" Alexandria

- "Thank you guys. I appreciate it and how well it was done" Chris M.
- "This was nice." Jacklyn G.
- "Hope to see you guys again. It's been real" Wolf M.
- "I'm going to miss these classes" Olivia G.
- I'm an overachiever when I enjoy something so I completed every worksheet in the folder. I loved them all and they really helped me get in touch with myself. I really enjoyed this Academy. Thank you." Brianna G.