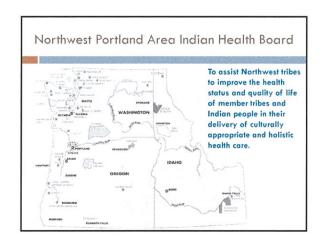
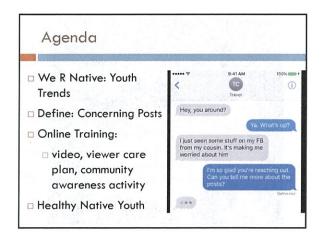
RESPONDING TO
CONCERNING POSTS ON
SOCIAL MEDIA: TIPS AND
TOOLS FOR ADULTS WHO
WORK WITH NATIVE YOUTH

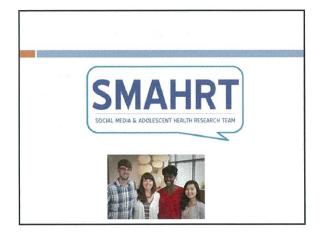








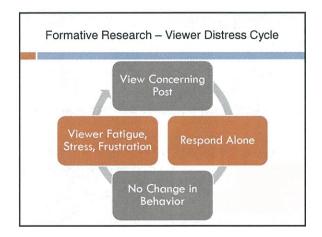


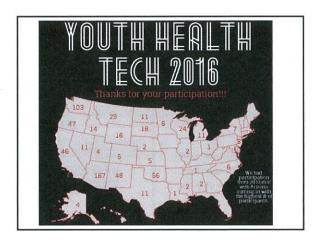


## Concerning Social Media Posts

Emerging research suggests that youth may disclose depression symptoms and suicidal ideation via social media, such as Facebook and Twitter.

These public disclosures may provide new **opportunities to identify youth at risk** and connect them to appropriate resources and support.







# Discussion: What trends are you seeing on social media and technology use?









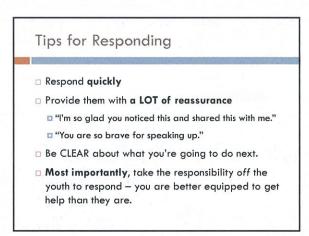




## Step 1: Start the Conversation Step 1: Normalize the Topic WHERE: School events, community Gatherings WHO: Youth you already know WHAT: Identify yourself as someone youth can trust







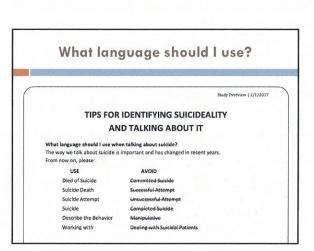
Responding to Concerning Posts on Social Media

- A training video for Adults who work with Native Youth 
Suicide prevention remains challenging among youth, as many do not disclose suicidal ideation to others before attempting suicide. However, emerging research suggests that youth may disclose depression symptoms and suicidal ideation via social media, such as Facebook and Twitter. These public social media disclosures may provide new opportunities to identify youth at risk and connect them to appropriate resources and support.

Over the last year, We R Native and THRIVE staff at the Northwest Portland Area Indian Health Board and the Social Media and Adolescent Health Research Team (SMAHRT) at Seattle Children's Hospital teamed up to design a video for adults who work with Native youth, to help them respond to concerning posts on social media.

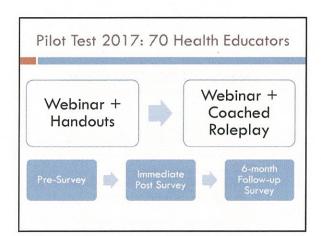
What are "Concerning Posts"?

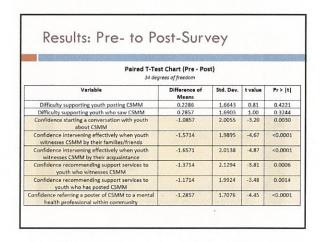
Concerning posts induct hose that express depression or intent to burt one's self or others, that have been posted on a social media site, such as Facebook, Instagram, Twitter, or Snapchat. Between 25% and 33% of young adults post references to depression symptoms on their Facebook profiles.





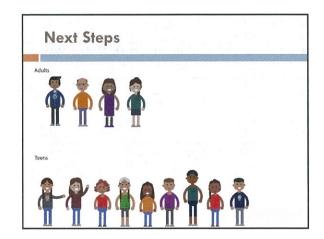
# Discussion: What is your experience seeing or responding to concerning social media posts? What's worked for you?





### Results: Pre- to 6-month Follow-up Paired T-Test Chart (Pre - 6Mo) Std. Dev. t value Pr > |t| In the last 6 months, how many times have you brought up CSMM with youth in your community. In the last 6 months, how many times have you brought up CSMM with adults in your community. What percentage of youth believe it's appropriate to intervene when some posts CSMM. What percentage of adults believe it's appropriate to intervene when some posts CSMM. Confidence contacting a poster of CSMM to assess their risk. In the last 6 months, how many times have you intervened when a youth witnessed CSMM in the last 6 months, how many times have you recommended support services to youth when they witnessed CSMM. -0.5385 1.1038 0.0199 -2.49 -1.0769 2.6218 -2.09 0.0465 -0.8846 0.1095 -1.3846 1.7453 0.0004 -4.05 0.5000 1.5811 1.61 0.1194 1.6538 3.3816 0.0196

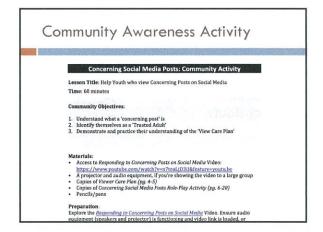
# Participants followed some of the Viewer Care Plan (VCP) guidelines more than others: 99% (N=16) of participants completed the "Clarify Your Role" step, while only 44% (N=8) shared tools and resources. Three main response styles emerged: Collaborative (61%), Directive (44%), and Nonlacusive (22%), with 22% of health educators using more than one. Approximately half (N=9) provided additional resources or advice beyond those included in the VCP.



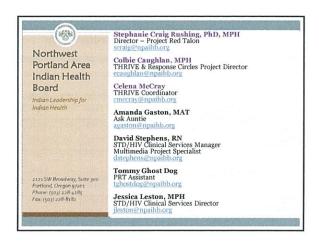
## Discussion:

What ideas do you have to share this training with trusted adults (parents, teachers, coaches) and youth in your community?









## Self-Care

If any part of this training brings up past or current emotions about a difficult time or experience, please talk with a trusted friend or family member, or a local mental health professional.

Dr. Ursula Whiteside

<u>ursulawhiteside@gmail.com</u> <u>www.nowmattersnow.org</u> This project is funded, in part, by the Indian Health Service HIV and behavioral health programs. This work is also supported in part with funds from the Secretary's Minority AIDS Initiative Fund.

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