



OPEN ACCESS

EDITED BY

Herman Hay-ming Lo,
Hong Kong Polytechnic University, Hong
Kong, SAR China

REVIEWED BY

Charles F. Harrington,
University of South Carolina Upstate, United
States
Tamara Perkins,
NPC Research, United States

*CORRESPONDENCE

Lisa Wexler
✉ lwexler@umich.edu

RECEIVED 15 October 2025

REVISED 05 January 2026

ACCEPTED 20 January 2026

PUBLISHED 30 January 2026

CITATION

Evans E, White L, Schmidt T, Zhong A,
McEachern D, Moto R, Garnie J, Issac L,
Chaliak J and Wexler L (2026) Promoting
Alaska native wellbeing and suicide
prevention in rural schools: a virtual learning
circle approach.

Front. Educ. 11:1726106.

doi: 10.3389/feduc.2026.1726106

COPYRIGHT

© 2026 Evans, White, Schmidt, Zhong,
McEachern, Moto, Garnie, Issac, Chaliak and
Wexler. This is an open-access article
distributed under the terms of the [Creative
Commons Attribution License \(CC BY\)](#). The
use, distribution or reproduction in other
forums is permitted, provided the original
author(s) and the copyright owner(s) are
credited and that the original publication in
this journal is cited, in accordance with
accepted academic practice. No use,
distribution or reproduction is permitted
which does not comply with these terms.

Promoting Alaska native wellbeing and suicide prevention in rural schools: a virtual learning circle approach

Elizabeth Evans¹, Lauren White², Tara Schmidt¹, Angel Zhong¹,
Diane McEachern³, Roberta Moto⁴, Josie Garnie⁵, Leanna Issac⁶,
Jim Chaliak³ and Lisa Wexler^{1*}

¹Institute for Social Research, University of Michigan, Ann Arbor, MI, United States, ²School of Social Work, University of Washington, Seattle, WA, United States, ³Kuskokwim Campus, University of Alaska Fairbanks, Bethel, AK, United States, ⁴Maniilaq Association, Kotzebue, AK, United States, ⁵Norton Sound Health Corporation, Teller, AK, United States, ⁶Yukon-Kuskokwim Health Corporation, Bethel, AK, United States

Introduction: Suicide is a leading cause of death among youth in the United States, with particularly high rates among American Indian and Alaska Native (AIAN) youth in rural areas. Schools can serve as critical settings for suicide prevention by fostering mental health and caring environments. This can be done by teaching and supporting staff and community adults to work together to reduce mental health risks and enhance student wellbeing. The Promoting Community Conversations about Research to End Suicide (PC CARES) program uses a series of community-based workshops to share research-based strategies and promote every day, culturally grounded actions that support mental wellness and prevent suicide. This study explores how participants engaged with PC CARES and describes their perceptions of research content, and ideas for applying the information in school settings.

Methods: Using qualitative data from virtual PC CARES sessions delivered with three rural Alaskan school districts from 2020 to 2022, this study shows how participants (school staff, administrators, and behavioral health professionals) who attended seven online facilitated sessions made sense of and used learning. Notes and written responses were deductively analyzed for themes.

Results: Across 28 sessions (56 h) over two academic years, participants discussed integrating Alaska Native Elders into school activities, modeling healthy behaviors, creating space for youth expressions, and incorporating cultural identity into programming. They emphasized the power of small acts of kindness and trusted relationships as protective factors for youth. Institutional challenges included inconsistent policies and limited resources.

Discussion: Participants engaged actively with the learning materials, considering how to adapt the information to their own school and community contexts. These findings suggest that PC CARES can serve as a strengths-based, culturally relevant platform for school-based suicide prevention, while highlighting the need for institutional support to sustain such efforts. Future research should explore long-term sustainability and student-level outcomes.

KEYWORDS

community-based intervention, community-engaged, mental health in schools, school-based suicide prevention, suicide prevention

1 Introduction

Suicide remains one of the leading causes of death for young people in the United States, with especially high rates among rural American Indian and Alaska Native (AIAN) youth (Saunders and Panchal, 2023). These deaths reflect an urgent health inequity rooted in the historical and ongoing consequences of colonization (Wispelewsky et al., 2023). National data show that suicide rates among AIAN populations have continued to increase steadily over the past two decades (Wispelewsky et al., 2023). Among Alaska Native (AN) populations, suicide remains one of the leading causes of death (Alaska Native Epidemiology Center, 2021). Rural AN teens (ages 15–19) living in remote communities experience suicide rates 17 times higher than the national average for their age group (Wexler and Gone, 2012). AIAN male youth (ages 15–24) have the highest suicide rates of any demographic in the U.S., and suicide is the leading cause of death for this group (Craig et al., 2015; State of Alaska, 2020). These trends underscore the need for suicide prevention efforts that are culturally responsive, community-driven, and tailored to the lived realities of AN youth.

For AIAN communities, schools have occupied a historically complex position. Educational institutions, including federally mandated boarding schools, have served as primary sites of cultural disruption, forcibly separating Native children from their families, languages, and traditions. These practices have had lasting consequences, contributing to intergenerational trauma and distrust in formal education systems (Hamby et al., 2021; Sharp and Hirshberg, 2005). However, despite this painful history, schools today have the potential to play a crucial role in fostering resilience, connecting and strengthening cultural identity, and supporting the mental health of AIAN students (Washington and Johnson, 2023).

Rural schools that serve AIAN students are well-positioned to engage in suicide prevention efforts, yet they face numerous structural challenges. Competing institutional mandates, staff shortages, fragmented services, and resource limitations often make it difficult for schools to provide adequate mental health programming (Eiraldi et al., 2015). Many schools rely on itinerant behavioral health professionals who rotate in and out of communities, leaving teachers, coaches, and other school staff as some of the most consistent and trusted adults in students' lives (Wexler and Gone, 2012; Markowski et al., 2023). Equipping these school staff with suicide prevention tools is critical to ensuring that students feel safe, supported, and connected to culturally meaningful protective factors.

National public health initiatives, such as Healthy People 2030 and the Institute of Medicine's suicide prevention recommendations, emphasize the importance of upstream, universal, and selective prevention strategies for high-risk populations (Office of Disease Prevention and Health Promotion, 2022; Institute of Medicine (US) Committee on Pathophysiology and Prevention of Adolescent and Adult Suicide, 2002). These approaches are grounded in prevention science and ecological theories that prioritize early, community-level intervention rather than crises-driven responses (Splett et al., 2020). In contrast, the dominant paradigm for US suicide prevention has largely prioritized individual risk factors, early identification, and clinical treatment—an orientation that has coincided with persistently rising suicide rates, especially among marginalized groups, including AIAN youth (Akhtar et al., 2025). Culturally responsive interventions that leverage cultural, familial, and community assets align more

closely with strength-based and ecological theories of prevention. (Cwik et al., 2022; Knipe et al., 2022; Rasmus et al., 2019; Wexler et al., 2024). This study seeks to build our knowledge of how interventions which draw from such prevention-oriented frameworks and theories can be carried out. Specifically, our findings demonstrate and describe how upstream, universal strategies are operationalized through participatory, community-led processes which shift mechanisms of intervention from individual pathology to collective capacity.

In response to these needs, the Promoting Community Conversations About Research to End Suicide (PC CARES) program was developed in partnership with Alaska Native communities (Wexler et al., 2016) and adapted for use in rural Alaskan school settings during the COVID-19 pandemic (Wells et al., 2022). Originally designed as a community-based suicide prevention initiative, PC CARES fosters locally driven discussions about suicide prevention, equipping trusted adults with “bite-sized” research-based best practices to promote mental wellness and reduce risk. In response to community needs during the COVID pandemic, the program was restructured for virtual delivery by the research team and implemented across three rural Alaskan school districts, Bering Strait, Northwest Arctic, and Nome, reaching 165 school staff from 21 communities between 2020 and 2022 (Wells et al., 2022). These schools serve two regional hub communities (pop. 3,000 to 5,000) and 19 remote villages with populations of 300–800 people. All school districts combined have approximately 4,300 students, predominantly (75%–80%) Iñupiaq and Yup'ik (Alaska Native) (Wells et al., 2022). PC CARES participation in each of these 21 schools ranged from one staff member to 15 school staff and service providers in the same community.

Unlike traditional gatekeeper training programs, which primarily focus on identifying individuals at risk of suicide and referring them to mental health professionals, PC CARES uses critical education to take an upstream, community-led approach that invites participants to identify current community and family strengths - programs, cultural values, expectations and activities, relationships—that support youth mental wellbeing and reduce suicide risk. It aims to build communities of practice (CoP) with groups of people they are in contact with in their daily or professional lives. By developing health-promoting CoP, PC CARES equips caring adults with both actionable information and collaborative relationships to prevent suicide interpersonally, institutionally, and organizationally. In this school-based study, the PC CARES research and training team, which includes Alaska Native and American Indians, aimed to build a CoP to expand collaboration between multiple sectors of the school community, including educators, administrators, coaches, classroom aides, and social supports outside of the school—including parents, service providers, Tribal leaders, and other adults key to collaboratively developing suicide prevention strategies. Through a structured series of virtual workshops called Learning Circles (LCs), participants engaged with practical tools and insights from research, discussed its relevance to their communities, institutions and families, and explored ways to integrate their learning into their schools, personal networks, and community.

PC CARES represents a shift in how suicide prevention is approached in rural AIAN school settings. By centering applied group learning, community participation, cultural strengths, and research translation, the program offers a promising model for sustainable, locally driven suicide prevention efforts. PC CARES fosters dialogue

and cultural responsiveness to help school staff not only support students in times of distress but also build a proactive and inclusive environment that reinforces wellbeing at individual, institutional, and community levels (U.S. Census Bureau, 2023; Hofstra et al., 2020; Iskander and Crosby, 2021; Pitman and Caine, 2012; Robinson et al., 2018; Steelesmith et al., 2019).

This study provides a descriptive account of a virtual implementation of PC CARES in schools, focusing on how participants engaged with the program, responded to its curriculum content, and explored opportunities to integrate suicide prevention into their own educational environments. While previous research has found evidence supporting the program's effectiveness in school settings (PC CARES, n.d.), this qualitative analysis describes participants' engagement with PC CARES, considering how they made sense of the material, and what actions they took after participating in PC CARES. Understanding these dynamics is crucial for refining and expanding community-based suicide prevention programs that honor and build upon AIAN knowledge and strengths (White et al., 2022).

2 Materials and methods

2.1 Study design and setting

This qualitative descriptive study explores how virtual participants engaged in PC CARES Learning Circles, responded to research-informed content, and translated insights into ideas for action. The virtual delivery of the PC CARES intervention to school audiences, referred to as "PC CARES at School," was accomplished through partnership with school districts, as schools were one of the only sites in many villages with consistent internet access. In 2020, schools closed and Tribes restricted travel in and out of the villages, disrupting in-person gatherings. Community members felt the need for suicide prevention programming while trying to manage a public health crisis. As one facilitator said during a support call, "It's been overwhelming trying to plan activities during COVID.... There was a suicide in [village]. COVID has... it's hard to explain. It's hard not to cry about it. It's important that people talk about it. I feel like I'm not strong enough to advocate for prevention." In response, the PC CARES team redesigned the curriculum for virtual delivery to educators, behavioral health professionals, and school administrators in three rural Alaskan school districts between 2020 and 2022. The adaptation maintained the core participatory features of the original model while incorporating content relevant to school systems, including postvention planning, culturally grounded engagement, and anti-racist reflection (Wells et al., 2022).

Each school-based cohort participated in seven two-hour LCs; one delivered each month over 7 months. The community-based PC CARES curriculum has five LCs, but two were added to specifically tailor content to non-Native school staff, who were most of the participants, including school postvention planning and community-building (Wells et al., 2022). The order of the LCs was also changed to better accommodate the school year. The sessions were held virtually using video conferencing. Each LC followed a foundational structure built around three key questions: (1) "What does the research show?" where actionable, memorable, and concise research-based tools, insights and information are shared with participants; (2) "What do

we think?" which sparks discussions in which participants respond to the action-oriented research content and consider it in the context of their personal experiences, cultural values, and community roles; and (3) "What do we want to do?" which offers space for participants to engage in collaborative brainstorming to identify strategies for applying the content to their everyday lives. These activities emphasize relationship-building, cultural and personal values, and practical change. Starting in the second learning circle, each session starts off with sharing about "What *did* you do?" where participants reflect on actions taken since the previous circle, reflecting on successes, challenges, and lessons learned. This structure (Figure 1) encourages reflection, open dialogue, shared learning, adaptation of research content to local contexts in real time, and actionable planning among trusted adults working in schools.

The PC CARES at School facilitators were a blended team of non-natives and Indigenous people, including several Alaska Native health professionals from the region who are master trainers and longstanding members of the PC CARES leadership team. Facilitators used structured prompts, breakout discussions, and collaborative notetaking (via Google Docs) to foster inclusive participation and build a community of practice (CoP) among participants. This virtual adaptation maintained the values of the original PC CARES model including dialogue, cultural humility, and community-led learning, while responding to the unique challenges and opportunities of delivering suicide prevention content in rural school settings virtually (Wells et al., 2022).

In addition to the virtual LCs, care packages were also distributed to participating regions as part of the broader PC CARES effort to promote universal suicide prevention. These packages, developed collaboratively with the Local Steering Committee, included culturally grounded materials such as information cards, affirmational "You Matter" messages, and practical items supporting everyday caring and safety (e.g., locking medication bags, reflective prompts for youth engagement). The mailed care packages were designed to reinforce prevention messages and small acts of kindness discussed during the LCs, extending the reach of PC CARES beyond the virtual sessions and maintaining community connection during pandemic restrictions (White et al., 2022; Kennedy et al., 2025).

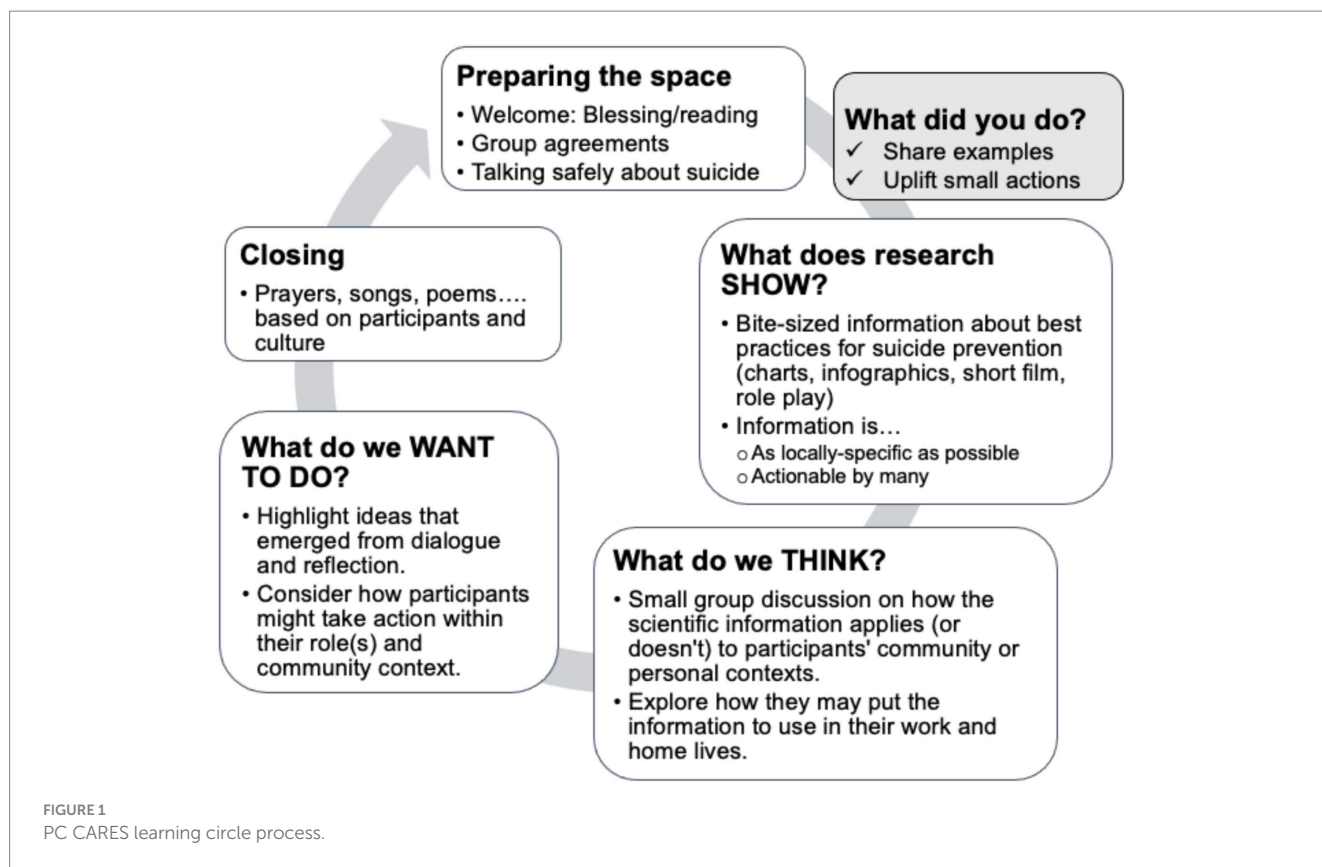
2.2 Data collection

Data for this study included notes recorded by participants, group members and small group facilitators in breakout groups via an online collaborative document editor (Google Docs).

2.2.1 Data analysis

Data were analyzed using Thematic Analysis (Braun and Clarke, 2006), following an interactive and reflexive process to identify key patterns and themes within the Learning Circle discussions. Analysis began with familiarization of the data, in which the lead author and a research assistant engaged in multiple readings of the notes to develop a comprehensive understanding of participants' responses. During this phase, researchers noted initial impressions and developed preliminary ideas for coding.

Following this, the two independently conducted initial coding. They identified meaningful excerpts that reflected participants' engagement with the LC prompts, their perceptions of the



research-based best practices or information, and their discussions on implementing new ideas within their schools or communities. The coding process was both deductive, using LC topics as an initial framework, and inductive, allowing for additional themes to emerge from participant discussions.

After independent coding, the team engaged in a collaborative review process, comparing coded excerpts and refining the codebook to ensure consistency and clarity. This interactive examination of the data allowed for the reorganization and consolidation of codes into broader thematic categories that capture participants' experiences and interpretations. The development of themes was an ongoing and reflective process that began after all learnings circles concluded, involving repeated engagement with the data and LC facilitators to ensure that themes accurately reflected participants' perspectives. Themes were reviewed to maintain coherence and thematic distinctiveness, ensuring they were meaningfully distinct yet collectively representative of a comprehensive understanding of the data.

To enhance trustworthiness, the research team discussed alternative interpretations and refined themes through consensus. For example, two codes, "modeling behavior" and "leading by example", were initially treated as distinct; however, through collaborative discussion, the team determined they reflected the same underlying concept and merged them into a single theme. This process aligns with best practices in thematic analysis, in which collaborative dialogue and interactive coding are used to increase credibility and analytic rigor (Braun and Clarke, 2006).

Throughout the analysis, excerpts from the notes were identified to highlight key themes and provide insights into participants'

perspectives. These quotes were selected to represent the diversity of perspectives within the LC and to show examples using the participants' own words. This analytical approach allowed for exploration into how participants thought about the PC CARES curriculum, made sense of the content, and how they shared and applied knowledge within their professional and community contexts. In keeping with a participatory research approach, preliminary findings were presented to the PC CARES Local Steering Committee, a group of local Elders, leaders, and community members, on August 21, 2024, and to the PC CARES Leadership Team, a group of locally based and academic partners closely involved in developing PC CARES, on April 22, 2025. Perspectives and contextual knowledge from these committees were incorporated to help refine themes, deepen interpretation, and generate new directions for inquiry.

3 Results

3.1 Participant demographics and attendance

Participants in this study included school staff, behavioral health professionals, school administration, and community members. While 52% of participants identified as teachers, the remaining sample represented school administrators, counselors, social workers, and teacher aides, reflecting a multidisciplinary approach to suicide prevention. Demographic characteristics of participants, including

TABLE 1 Paired participant racial/ethnic demographics, all regions and cohorts combined.

Category	Count (n)	Proportion (%)
Race/ethnicity¹		
White	78	47.3%
Race unknown	39	23.6%
Alaska native/American Indian	18	10.9%
Asian	11	6.7%
More than one race	8	4.8%
Hispanic/Latino	6	3.6%
Black/African American	5	3.0%
Total	165	100%
Gender		
Female	127	77.0%
Male	37	22.4%
Other	1	0.6%
Total	165	100%
Role		
Teacher	86	52.1%
Missing	22	13.3%
School administrator	16	9.7%
Other not listed	11	6.7%
Other tribal health employee	10	6.0%
Therapist	9	5.5%
Classroom aide	5	3.0%
Village-based counselor/behavioral health aide	5	3.0%
Other school staff (cafeteria worker/janitorial staff/front desk)	1	0.6%
Total	165	100%

¹Participants could select multiple categories for race/ethnicity.

race/ethnicity, gender, and role, are presented in Table 1. Some participated to receive suicide prevention CEUs, while others enrolled in the series as a 1-credit, master's level course that would help meet state requirements for licensure. The variation in professional roles provided a broad perspective on suicide prevention in different educational and community settings.

In both cohorts and regions, attendance was highest at the first LC. In the first year of the intervention, attendance dropped in the first three LCs, then remained consistent. In the second year of the intervention, attendance also tapered over time, with two marked drops in attendance for LC3 and LC7 (Figure 2), which coincided with semester-end deadlines, and winter storms interfering with holiday travel. Since the learning circles were not mandatory, attrition over time could be due to competing priorities, a lack of interest in the subject matter or other reasons.

3.2 Cross-cutting themes across learning circles

3.2.1 Participant engagement with learning circle prompts

Participants demonstrated active engagement with facilitator-led questions, frequently drawing from personal experiences, cultural teachings, and professional or educational training. Their reflections emphasized the importance of relationship-building, emotional openness, and cultural continuity in fostering youth wellness. Many participants highlighted the value of creating intentional spaces, within and beyond the school setting, for young people to express emotions and develop life skills. Insights underscored participants' awareness of their roles in modeling emotional intelligence, empathy, and community care, "Talking about our feelings, having time to sit and discuss how we have felt throughout the day, self-reflection, and sharing," and "We have to be role models for our youth, it starts with us."

Connections to Alaska Native (Iñupiaq and Yup'ik) culture was a recurring theme. Participants described after-school programs that included Native dance and storytelling as essential strategies for promoting self-awareness and cultural identity. Alaska Native Elders were frequently mentioned as important sources of guidance and positive influence, and activities such as culture camps and intergenerational storytelling were seen as opportunities to share life skills, instill pride, and foster resilience. The discussions also revealed a deep concern for Alaska Native youth who may feel disconnected or unsure about their futures. Participants spoke about the importance of normalizing diverse life goals and reducing stigma around uncertainty and emotional challenges, as one participant noted, "Many conversations with seniors in the schools who don't know what they want to do... [They] feel like a failure because of that. Normalizing this and saying that's okay."

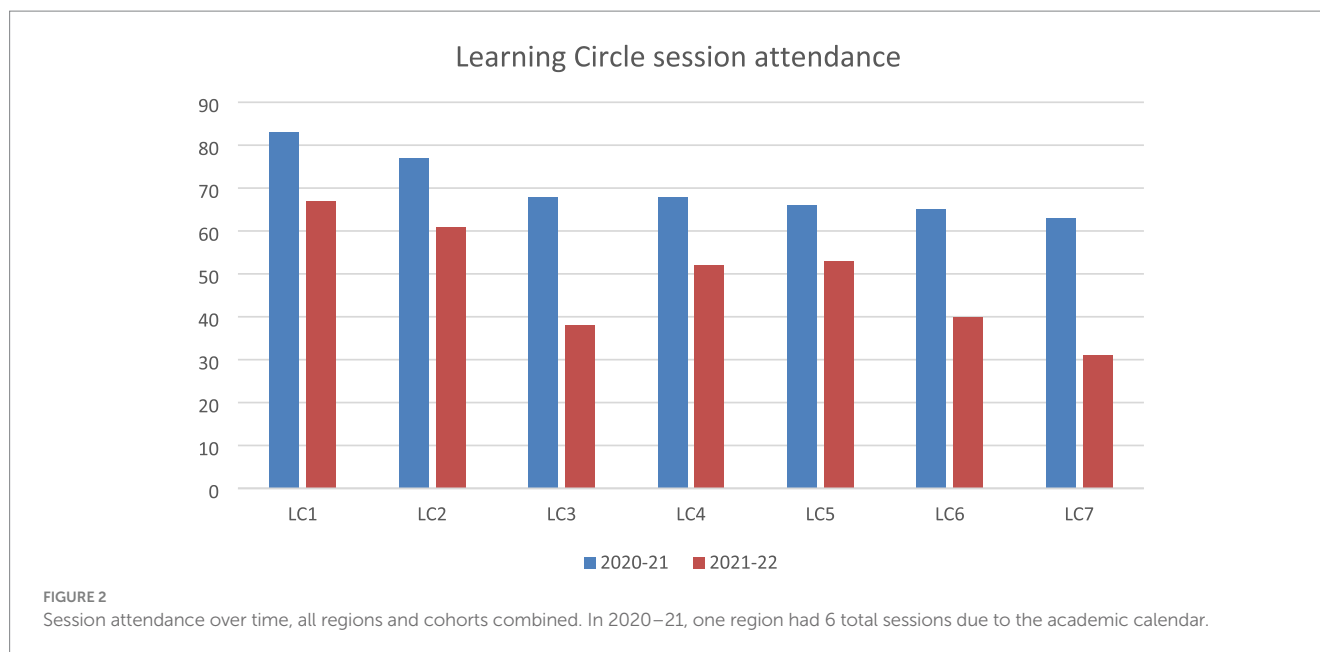
3.2.2 Perceptions of research content

Many participants described the bite-sized LC material as accessible, relatable and useful, particularly when it was immediately applicable to their professional or personal lives. Concepts such as "10 minutes can save a life" for lethal means reduction were especially resonant, prompting participants to reconsider how seemingly small proactive actions could make a critical difference in moments of crisis. Participants connected deeply with the cultural relevance of small acts of caring, describing practices such as sharing food or smiling at strangers as embedded within local traditions; as one participant shared, "A smile is a valuable thing. It's easy to do and see. You don't have to do a lot of talking to communicate 'nice to see you'..."

However, participants also identified challenges, particularly around the complexity of the issues. For example, the topic of postvention planning revealed a lack of clarity and consistency in school protocols. Some expressed uncertainty about how to honor a student's life without inadvertently glorifying suicide. Others struggled with how to talk about grief and loss in safe and supportive ways. Despite these challenges, participants seemed to consider the research content as a catalyst for meaningful reflection and community dialogue.

3.2.3 Ideas for practice and community use

Throughout the Learning Circles, participants generated a wide array of ideas to put PC CARES content into practice in their own



communities. A strong emphasis was placed on culturally relevant education. Suggestions included integrating Alaska Native Elders into classroom activities, organizing storytelling events, and offering hands-on learning outside the classroom through traditional practices such as cleaning fish. Participants also recommended strategies to enhance school-community partnerships. Ideas included school events like family nights that welcome grandparents and community members, and collaboration with local clinics and Tribal organizations to support student well-being.

Postvention planning generated several actionable recommendations. Participants advocated for conducting community readiness assessments, defining school and district-wide roles and responsibilities in response protocols, and developing safe messaging scripts for school staff. They also emphasized the importance of annual postvention plan reviews and the inclusion of community champions in school planning processes. In their reflections on youth support, participants stressed the importance of fostering student voice and agency. Creating space for youth to share their perspectives, teaching empathy through modeling, and validating the unique communication styles of young people were seen as essential steps toward cultivating healthier school environments.

3.3 Participant reflections from learning circles 1–7

3.3.1 Learning circle 1: cultural wellness and historical context ($n = 150$)

This Learning Circle (LC) examines the rise in Alaska Native suicide rates since the 1960s in relation to colonization and social disruption and highlights protective factors for youth. It also uses an evidence-based framework of the “river of development” to share practical ways families and communities can support wellness (PC CARES, 2022). During “What do we think” discussions, participants emphasized the importance of safe, intentional spaces for youth to develop self-awareness, emotional expression, and social

connectedness; as one participant noted, there is a need to, “Encourage others, as they work within the community, to be open to conversations around naming feelings, whether in the clinic, the school, or the office.”

Participants highlighted empowerment through mentorship, cultural engagement, and relationships with Elders. Trusted adult role models and positive behavioral modeling were consistently described as protective. In addition, participants discussed incorporating Alaska Native cultural practices, such as storytelling, traditional skills like whale hunting, and celebrations, as ways to strengthen identity, resilience, and belonging. When participants thought about “What do we want to do?”, participants planned to deepen connections with youth through intentional listening, encouragement, and informal engagement. They aimed to use the River of Development visual tool (S1) in offices and in restorative practices with a participant sharing, “Well, I’ve already printed the graphic and will post it on my office wall. The River of Development design is succinct and easy to grasp. I plan on using it when I have students referred to my office for restorative circles.” Community-level ideas included hosting culturally grounded family nights, involving community members in classrooms, and organizing school assemblies. School-based actions included forming committees to develop social-emotional learning curricula rooted in Alaska Native culture and values.

3.3.2 Learning circle 2: suicide prevention and protective factors ($n = 138$)

To reflect on the time between learning circles, participants were asked “What did you do?” based on actions participants identified in LC 1 during the “What do you want to do?” discussion. Participants described a range of follow-up actions reflecting LC 1 content, with one noting they had shared information with their colleagues and family stating, “I talked with my cousin about suicide prevention and how we can all make small differences in someone’s life.” They initiated conversations about suicide prevention and incorporating cultural and emotional wellness themes into their classroom activities. Others engaged in intentional relationship-building with youth, with one

participant sharing, “I gave him the fidget spinner from our PC CARES package with a note that said, ‘I’m so happy you’re here today.’ He was awake that day, playing with the fidget spinner!” They also practiced small acts of kindness, and reflected on how to better support students through empathy, listening, and cultural connection.

Learning Circle 2 focuses on simple steps individuals, families, and communities can take to reduce suicide risk through lethal means safety, an effective prevention strategy, and sharing that small, non-demanding acts of kindness can encourage help-seeking behavior. Using research-based strategies and interactive discussions, participants considered these effective prevention practices, reflected on personal and community experiences, and generated practical ways to show care and strengthen safety for youth (PC CARES, 2022).

During the “What do we think?” discussions on effective prevention strategies, participants recognized that delaying access to lethal means, such as guns, alcohol, and pills, can save lives. They emphasized the importance of developing safe storage habits, modeling responsible behavior, and having open conversations about safety. One participant explained, “With practice, locking up a gun and taking out the ammo becomes normal practice, and normalizing doing this can save lives.” Subsistence hunting imbues firearms with economic and cultural significance, and most rural Alaskan homes have multiple firearms (PC CARES, 2022). However, creating safer home environments was seen as both possible and impactful. In addition, participants reflected on the role of small acts of kindness. Simple gestures such as saying hello, offering a smile, or sharing food were seen as profound ways to show care, reduce feelings of isolation, and support mental wellness, “The smallest compliments can make the biggest difference in someone’s life.” These everyday actions were described as particularly powerful for youth who may not openly express their struggles.

When asked “What do we want to do?,” participants emphasized implementing effective prevention strategies by building safer environments, promoting everyday safety habits, such as locking up guns, separating ammunition, and securely storing medications and alcohol; one participant expressed, “As adults with medication, put them in a place that is secure, and count the number of pills...you might not notice one or two missing.” There was support to normalize conversations about lethal means safety, teach youth about responsible handling, and support families in adopting these practices. Participants highlighted the importance of raising awareness through education, school protocols, and visible resources like posters or emergency numbers. When it came to small acts of kindness, participants described the importance of intentionally practicing and modeling small, meaningful gestures, such as greeting students by name, checking in regularly, sharing food, or giving compliments, “I try to make small talk with kids who seem withdrawn, just to let them know, hey, I notice you.” These everyday actions were viewed as ways to foster connection, reduce isolation, and show young people they matter. Many participants committed to integrating such acts into their daily routines at school, home, and in the community.

3.3.3 Learning circle 3: grief, healing, and helpful responding ($n = 106$)

This Learning Circle provides an overview of the emotions tied to grief and how healing from suicide loss can unfold differently across the stages. Participants consider the importance of outreach, learning how small gestures of care can support those who are grieving, and

examine the ways individuals, communities, and institutions can either reduce or heighten risk after a suicide (PC CARES, 2022).

To reflect on actions taken between LC 2 and LC 3, participants were asked “What did you do?” Participants described reaching out to others through check-ins, affirmations, and small acts of kindness, such as baking, sharing encouraging words, or celebrating birthdays, “I had a student that was struggling. I made a conscious effort to use non-demanding language and gave her one of the ‘you matter’ cards that came in the PC CARES Package.” They also emphasized using non-demanding language, offering support to students and family members, and creating opportunities for dialogue about suicide and well-being. Some participants took steps to strengthen community systems of care, including formulating risk assessment protocols and displaying “You Matter” cards to reinforce messages of support evidenced by a participant noting they “Formulated a Suicide Risk Assessment & Follow Up form to ensure the counseling department has a specific, easy to follow, protocol to assess suicide risk.”

During the “What do we think?” segment of the Learning Circle, participants emphasized that suicide should be discussed openly yet carefully, balancing honesty with compassion and avoiding language or actions that could glamorize the death. The Learning Circle presented information about well-intentioned actions or comments, such as public memorials or phrases like “in a better place,” can sometimes harmfully glamorize or glorify a suicide death, and emphasized the need for school- and community-specific protocols, ongoing education, and modeling “safe” messaging that reduces the likelihood of suicide contagion, “Talking about people, ‘they are in a better place’ I have heard that a lot in general, I never thought about how that could be hurtful, but if death is seen as better than living, that [may] play it in a whole different way.” Participants generally agreed that strong, consistent relationships with youth and involvement of trusted adults, are key to breaking down stigma and supporting help-seeking and mental wellbeing.

When asking participants “What do we want to do?,” participants emphasized that, to prevent suicide in their village, the community and individuals should work to normalize the experience of grief—without normalizing suicide, and provide safe spaces for youth to share their feelings, and release emotions in healthy ways. They stressed that grief is non-linear, deeply personal, and enduring, so prevention efforts should avoid judgement, quick fixes, or prescriptive advice. Participants said they wanted to focus on being present, listening, and allowing for diverse expressions of loss, “It can sometimes cause harm if you are too quick to jump in and try and ‘FIX’ their hurt. Be there to listen and hold their hand.” Planned actions included reflecting on how supportive suicide prevention offers culturally appropriate care, respects local protocols, and fosters collaborative actions with teachers, students, community members, and appointed village helpers, “Respect local protocols in helping process...Work closely with village helpers, and recruit local helpers who may have been appointed by tribal governance.”

3.3.4 Learning circle 4: postvention ($n = 120$)

This Learning Circle outlines the key elements of a cohesive school postvention plan, including coordinated responses, activities, and roles across individuals, communities, and institutions. Participants learn how postvention efforts support coping after a suicide and why these plans are critical for preventing future deaths (PC CARES, 2022).

Between LC 3 and LC 4, during “What did you do?”, participants described putting their learning into action by having conversations about grief, suicide, and coping with students, friends, family, and coworkers. Many emphasized teaching self-advocacy and normalizing difficult emotions, reminding others that it is okay to be sad, to have bad days, and to seek help when needed, “I talked with a few students about how to handle having a bad day. I told them, ‘It’s okay to have a bad day, a bad hour, or a bad time. But you need to make sure you handle that ‘bad’ day in the correct way.’” Others incorporated grief and loss discussions into classrooms, drew on cultural teachings, and used tools like therapeutic games and conversational cards to support youth, “Talked with a friend about how it is important to talk about hurts inside. Native Culture Bearers teach that if I hold hurt to myself for too long, it can turn into an illness.” Participants also encouraged practices such as journal writing, listening with care, and exploring safer ways to respond to grief and suicide.

When asked “What do you think?” participants noted uncertainty about whether their schools had postvention plans, and some shared that existing plans may have been developed without community input, “If my school has a plan, I’d sure like to know what it is. Or like to create it.” They stressed the importance of supporting both students and staff, creating spaces for grief, and involving all stakeholders in the process. Several emphasized the need for scripts, safe messaging guidelines, and consistent practices across schools, “The safe messaging guidelines. It’s changing your paradigm, so it will take an effort to do that in ways of speaking about these events.” Others underscored the value of long-term support, thoughtful memorial practices, and collaboration with community members and youth leaders.

In response to the question, “What do you want to do?” participants described wanting to take concrete steps toward building school and community postvention plans by engaging administrators, staff, and community members in a task force, “Brainstorm strengths amongst partners and see where duties and planning can be clearly stated to each partner to get a suicide postvention plan implemented in our schools.” Others highlighted the importance of working directly with leadership, “Chat with [school] admin to get the ball rolling. They will know who in ou[r] community we can partner with to start the framework for a postvention plan.” Participants also emphasized sharing resources, learning from other schools or districts, and creating spaces for dialogue and support. They stressed the importance of relationships, inclusivity, and taking incremental steps while sharing responsibility across the school community.

3.3.5 Learning circle 5: support for youth and everyday caring ($n = 119$)

This Learning Circle shares data on youth and adult perspectives of what helps for suicide prevention and reviews regionally-specific survey results about youths’ self-reported supportive connections with caring adults. Participants interpret these findings in relation to their own experiences, practice listening skills, and assess how these skills can strengthen conversations with youth and others (PC CARES, 2022).

Between LC 4 and LC 5, when asked “What did you do?” participants reported working on or reviewing school and district postvention plans, coordinating with supervisors and colleagues, and checking what was already in place, “Spoke with a supervisor about our postvention policies. He gave us the policy, and we (other

co-workers and I) discussed ways to update it and improve it. I would still like to hear from community members more and am working on how to get that done.” Others described practicing safe messaging, talking with students about social media and texting, and sharing resources such as counseling and helpline numbers. Additional actions included engaging Tribal councils, joining school counselor groups, rereading postvention materials, and creating space for students to talk and be heard, “Since taking this I have felt more comfortable when the topic of suicide comes up.”

When considering “What do we think?” participants reflected that practicing “listening well” (reflective listening) gave them space to feel heard without judgment, advice, or interruption. They noted that listening in this way can be challenging, especially resisting the urge to give advice or fill silence, but it opens opportunities for trust and deeper sharing, “The auntie in me comes out. But the activity taught me that I need to listen and NOT give advice.” Others emphasized how important it is for young people to feel validated, “Validation/affirmation that their feelings/experiences are not just ‘youthful’ or silly, but that they are universal.” Participants agreed that being truly listened to may reassure youth that their emotions are real, important, and worth acknowledging.

During “What do we want to do?”, participants suggested actions focused on listening more deeply and practicing active, reflective listening, holding space for silence, and resisting the urge to offer quick advice. They emphasized validating feelings, being attuned through non-verbal communication, and using open-ended questions. One participant described their goal as, “Not just use active listening but also give my students more space and time to practice this skill moving forward and creating that expectation of wait time, validation, and acceptance.” Others discussed plans to integrate these skills into schools and with youth in their lives by checking in with quieter students and reviewing or improving available resources.

3.3.6 Learning circle 6: review and next steps ($n = 105$)

This Learning Circle reviews the suicide prevention topics covered in the previous Learning Circles and highlights changes participants experienced in their thoughts and behaviors as they attended PC CARES and used information from it. It concludes with participants sharing their ideas about next steps (PC CARES, 2022).

When asked “What did you do?” between LC 5 and LC 6, participants reported practicing active, reflective listening, checking in with students and adults, reflecting back what they heard, and holding non-demanding space while reducing advice-giving, “I have been sharing information about listening skills with my junior high health classes. Also, I have been practicing my own listening skills with students.” Others described teaching and modeling listening skills, encouraging help-seeking, and expanding safe spaces by being more available. Collaboration was also emphasized, “Spoke with [a] colleague who is also in the class with me about how we can better incorporate community in responses to youth suicides. Same colleague suggested I be involved with making a more explicit plan for our community.” Overall, participants highlighted a shift toward “listening more, talking less.”

In response to “What do we think?” participants discussed using their learning in public; speaking more openly about suicide to reduce stigma and sharing PC CARES information with others, “When we spoke on the word ‘suicide’ itself, the word still has plenty of stigma to

it, and it's still evolving in communities across the state. I'm starting to put the word out in the open and putting what I learn in PC CARES in the world here."

Reported challenges included uncertainty or absence of school and district postvention plans, limited resources and capacity, cultural acclimation for newcomers, time constraints in busy school settings, and discomfort using the word "suicide." Participants suggested creating or standardizing district and school postvention plans by coordinating with school and Tribal/community leadership. As one participant emphasized, "Figuring out a way to standardize this whole process so that 'this is what we do as a district, as a school' and then forming those relationships with community partners as well because it is going to take all of us." They also endorsed concrete strategies to support youth, including regular check-ins, cultural after-school activities, and updates to the Youth Leaders curriculum.

In thinking about "What do we want to do?" participants emphasized that they wanted to use what they learned from PC CARES to strengthen prevention, intervention, and postvention efforts in their schools and communities, "I can talk about ways to create barriers to suicide in your home. I can share examples of how to reflect statements back to youth without giving advice. I can post the question to my teaching team, 'Do we want to be proactive or reactive to suicide?'" They also described plans to educate and reduce stigma by sharing resources, integrating safe talk, and promoting home safety. They emphasized creating safe spaces for youth and adults, being consistently available to listen, and coordinating with colleagues and community partners to develop and standardize plans, identify next-steps partners, and build supports that last.

3.3.7 Learning circle 7: moving on with vision (n = 94)

This session highlights evidence-based approaches for applying learning in community, school, and individual contexts. Participants reviewed their learning group's changes in actions, according to the PC CARES Post-LC surveys, and explored forming working committees to advance suicide prevention at the local level and heard from peers in other communities who used PC CARES to strengthen community-driven suicide prevention strategies (PC CARES, 2022).

Between LC 6 and LC 7, when asked "What did you do?" participants described organizing groups and committees to develop postvention plans and identify next steps, "I hosted a team meeting with my coworkers to discuss postvention plan for our program. We have a future staff training planned for the fall and action steps for what we should do next." Others reported integrating course content into classes and discussion with students, using open-ended questions, and addressing grief and prevention topics with youth and adults. Practical steps were also highlighted, such as sharing information with coworkers and community partners, scheduling staff trainings and check-ins, and even developing new supports for students, with one noting, "We created a plan for a girls group for next year."

For Learning Circle 7, "What do we think?" and "What do we want to do?" were combined. In response to prompts about outlining a sustained community response, participants described a coordinated, multi-sector approach that brings together school administrators, counselors, Tribal health partners, youth leaders, Elders, and community members with clear point people and regular check-ins, "Different groups and entities have to come together." They proposed building or refining postvention plans and integrating them into

existing structures, with a suggestion of, "Incorporating prevention and postvention into our beginning of year on-site in-service in the fall." Youth-centered connection spaces: clubs, open gym, monthly "fun days," community walks, cultural sessions, and elder-youth mentoring, were prioritized to strengthen everyday support, "Having a group of elders listed to be able to contact that could be paired with struggling students as mentors." Practical steps included naming key roles, securing facilities and funding, sustaining efforts, and using recurring meetings and social media groups to share resources and stay connected.

This was the last session of PC CARES at School.

4 Discussion

The findings from this study provide compelling insight into the ways participants engaged with the PC CARES curriculum in school settings. Participants considered how the LC content aligned with their experiences and knowledge, engaging deeply with the format and responding to the research-based insights with culturally grounded reflections and practical applications for their schools. Strengthened relationships, heightened understanding of the importance of cultural values and strengths, and increased capacity to build upon family and community resilience represent some of the key benefits of PC CARES for educators and school staff working in rural AN contexts. These findings suggest that virtual PC CARES is not only feasible to do in geographically remote school settings, but also holds promise as a supportive approach for educators working with Alaska Native youth.

This work aligns with and extends existing literature on school-based suicide prevention with AIAN schools, which emphasizes the importance of culturally responsive, community-driven approaches (Alaska Native Epidemiology Center, 2021; Wexler et al., 2023). Whereas traditional school-based prevention models often focus on individual risk identification and referral, PC CARES fosters collective reflection, acknowledgement of cultural knowledge and strengths, and community action among school staff and potential outside collaborators. Participants' appreciation for small, everyday acts of kindness and intended actions related to culturally relevant storytelling supports the growing evidence base on the importance of protective factors such as connectedness, belonging, and cultural continuity (Brockie et al., 2023). Moreover, participants' ideas for applying their learning, such as incorporating Elders, developing postvention plans, and enhancing family engagement, align with the principles of postvention best practices (Chandler and Lalonde, 2008) and trauma-informed education (O'Neill et al., 2020).

A key strength of this study lies in its qualitative insights. Participants' reflections provide a window into how educators from multiple school districts and cultural backgrounds perceive and engage with suicide prevention content. The data are practical, grounded in real-world experiences that make them highly applicable to school practice. Still, there are important limitations. To ensure a sense of psychological safety for participants, discussions were not recorded. This study relied on written notes from the virtual LC discussions, not verbatim transcripts. This may have missed important nonverbal cues, such as tone, pauses, silences, and emotional nuance, limiting the intricacy of the data. Without speaker attributions, we could not explore differences in engagement or interpretation of the

material across roles (e.g., administrators, teachers, therapists). Participation was voluntary, and some participants were enrolled in this course for college credit, which may have introduced self-selection bias; those who chose to participate may have been more interested or invested in suicide prevention than their peers. Additionally, because the primary author was not directly present in the LCs and the coding began after the conclusion of the intervention, some contextual nuance may have been missed. This limitation was partially addressed by seeking interpretive input from facilitators who were directly engaged in the sessions and consulting “debriefing” notes with curriculum facilitators, which were written immediately after the LC sessions.

Our descriptive findings have important implications for school- and district-level policy. In Alaska, school staff serving grades 7–12 are required to complete 2 hours of suicide prevention training each school year to maintain teaching licensure. PC CARES is approved by the Alaska Department of Education and Early Development to fulfill this statutory training requirement. In practice, these requirements are often met through individual, asynchronous online modules, rather than through continuous, synchronous learning experiences that allow colleagues to test ideas, engage in dialogue, and build shared understanding around suicide prevention and wellbeing. Designed for both school staff and community members, the virtual delivery of PC CARES sought to influence the broader school environment by reshaping how suicide is discussed, pedagogically and relationally, with the aim of promoting multi-level safety and mental health support for students, both proactively and in the aftermath of a suicide.

While many universal prevention approaches are designed to engage all staff and community members, their relevance for AN students may be limited when cultural contexts and community strengths are not specifically centered. In contrast to approaches that emphasize individual knowledge and awareness alone, PC CARES is intentionally designed to strengthen both individual and collective knowledge for suicide prevention. Findings from this study highlight the importance of building a learning community that supports shared reflection, relationship-building, and locally grounded action. By engaging teachers, staff and community members in a shared learning experience, PC CARES offers a practical and potentially sustainable model for whole-school mobilization around suicide prevention. This approach may be particularly salient in communities facing persistent structural and cultural barriers to accessing mental health supports, where community-driven and culturally responsive strategies are essential.

Future research should explore the long-term impact of PC CARES in school settings, including how the program affects school climate, staff attitudes, and youth outcomes over time. Incorporating youth perspectives would provide important insight into how students experience the ripple effects of LCs and related initiatives. Given participants’ recognition of policy and practice gaps, future work should also assess how institutional policies and resources contribute to the implementation and sustainment of suicide prevention protocols, especially postvention planning, in schools. Research on implementation, adaptation, and sustainment across diverse settings will be critical as PC CARES is scaled to additional schools and communities.

In conclusion, this study highlights how the PC CARES model, adapted for virtual delivery during the COVID-19 pandemic,

supported meaningful engagement among participants across rural Alaskan school districts. In the LCs, participants talked about tools and insights as things they could use right away in their daily lives. The innovations they designed for their local contexts illustrates how research-based information can be translated into real-time action, a novel yet essential component of addressing complex challenges such as suicide using upstream, universal approaches (Tran, 2024; Wexler et al., 2019; Wexler et al., 2025; Wexler et al., 2017).

Together, these findings suggest that community-engaged education approaches, such as PC CARES, can be useful for translating suicide prevention research into locally meaningful suicide prevention actions in schools. By blending scientific insights with local knowledge through structured dialogue, the PC CARES approach functions as a critical education model (Tran, 2024; Wexler et al., 2019; Wexler et al., 2025; Wexler et al., 2017). Learning Circles created space for participants to reflect on their roles, share experiences, and foster a shared responsibility for suicide prevention. Rather than position information as a top-down transfer, the conversational, participatory nature of the LCs supported not only professional development but also personal reflection and cultural affirmation.

Due to pivoting to virtual LCs due to COVID-19, our findings highlight how PC CARES can operate virtually in school systems as a universal suicide prevention strategy, demonstrating the model could easily be adapted and implemented in a variety of settings where resources are limited. In Learning Circles, we observed educators, administrators, behavioral health professionals, and community members engage not only with research evidence but also with each other in ways that have potential to foster networks for local collective action on suicide prevention. As schools continue to seek approaches to student mental health that are responsive to cultural and structural realities, PC CARES offers a promising model for fostering collaboration, enhancing prevention efforts, and advancing health equity in school settings.

Authors’ note

The research team comprises a diverse and intergenerational group of Native[^] and non-Native* researchers, community practitioners, and experts based in Michigan and Alaska, many of whom have been in long-term research partnerships, and all who strive to center decoloniality, cultural humility, and reflexivity. The authors of this paper include researchers ([^]Evans, [^]White), co-developers and facilitators of the curriculum ([^]Moto, [^]Garnie, [^]Isaac, [^]Chaliak, *McEachern), PC CARES staff (*Schmidt, *Zhong), and the principal investigator (*Wexler).

Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Ethics statement

The studies involving humans were approved by University of Michigan Institutional Review Board. The studies were conducted in

accordance with the local legislation and institutional requirements. The participants provided their written informed consent to participate in this study.

Author contributions

EE: Conceptualization, Data curation, Formal analysis, Methodology, Writing – original draft, Writing – review & editing. LWh: Data curation, Formal analysis, Writing – original draft, Writing – review & editing. TS: Investigation, Writing – review & editing. AZ: Writing – review & editing. DM: Investigation, Writing – review & editing. RM: Investigation, Writing – review & editing. JG: Investigation, Writing – review & editing. LI: Investigation, Writing – review & editing. JC: Investigation, Writing – review & editing. LWe: Funding acquisition, Investigation, Supervision, Writing – review & editing.

Funding

The author(s) declared that financial support was received for this work and/or its publication. This research was funded through National Institute of Mental Health of the National Institutes for Health award numbers R34MH096884; R01MH112458; R0MH1136768. 1080 S. University Avenue, Ann Arbor, MI 48109-1106.

Acknowledgments

We would like to thank the online facilitators and notetakers during PC CARES at School—those not listed as coauthors include Tricia Ivanoff, Tanya Kirk, Suzanne Rataj and Caroline Bec. Thank you to the school district personnel who joined our Local Steering Committee during this pivot in the PC CARES project, including Sandra Kowalski, Susan Nedza, Roger Franklin, and Emily Murray. Thank you University of Alaska Fairbanks Kuskokwim Campus for

References

- Akhtar, M., Mughees, M., Faisal, N., Aamir, J., Rehman, K. A., Raza, M., et al. (2025). Racial disparities in suicide-related mortality in the US: examining trends before, during, and after the COVID-19 pandemic using the CDC WONDER database. *Psychiatry Res.*:116885. doi: 10.1016/j.psychres.2025.116885
- Alaska Native Epidemiology Center (2021). Alaska native mortality report: 1980–2018. Anchorage, AK: Alaska Native Tribal Health Consortium.
- Braun, V., and Clarke, V. (2006). Using thematic analysis in psychology. *Qual. Res. Psychol.* 3, 77–101. doi: 10.1191/1478088706qp0630a
- Brockie, T., Decker, E., Barlow, A., Cwik, M., Ricker, A., Aguilar, T., et al. (2023). Planning for implementation and sustainability of a community-based suicide surveillance system in a Native American community. *Implement. Sci. Commun.* 4:1. doi: 10.1186/s43058-022-00376-1
- Chandler, M. J., and Lalonde, C. (2008). “Cultural continuity as a moderator of suicide risk among Canada’s first nations” in *Healing traditions: the mental health of aboriginal peoples in Canada*. eds. L. Kirmayer and G. Valaskakis (Vancouver: UBC Press).
- Craig, J. A., Strayer, H. D., Asay, E., and Provost, E. (2015). Trends in suicide and suicide attempts among Alaska Native people. *Int. J. Epidemiol.* 44:i12. doi: 10.1093/ije/dyv097.034
- Cwik, M. F., Brockie, T., Edwards, S. M., Wilcox, H. C., and Campo, J. V. (2022). “Suicide prevention for American Indian and Alaska native youth: lessons learned and

hosting the class and for helping register students and award credit for their participation.

Conflict of interest

JG was/were employed by Norton Sound Health Corporation.

LI was/were employed by Yukon-Kuskokwim Health Corporation.

The remaining author(s) declared that this work was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Generative AI statement

The author(s) declared that Generative AI was not used in the creation of this manuscript.

Any alternative text (alt text) provided alongside figures in this article has been generated by Frontiers with the support of artificial intelligence and reasonable efforts have been made to ensure accuracy, including review by the authors wherever possible. If you identify any issues, please contact us.

Publisher’s note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

Supplementary material

The Supplementary material for this article can be found online at: <https://www.frontiersin.org/articles/10.3389/feduc.2026.1726106/full#supplementary-material>

implications for underserved communities” in *Youth suicide prevention and intervention*. eds. L. M. Horowitz and J. Ackerman (Cham: Springer).

Eiraldi, R., Wolk, C. B., Locke, J., and Beidas, R. (2015). Clearing hurdles: the challenges of implementation of mental health evidence-based practices in under-resourced schools. *Adv. Sch. Ment. Health Promot.* 8, 124–145. doi: 10.1080/1754730X.2015.1037848

Hamby, S., Elm, J. H. L., Howell, K. H., and Merrick, M. T. (2021). Recognizing the cumulative burden of childhood adversities transforms science and practice for trauma and resilience. *Am. Psychol.* 76, 230–242. doi: 10.1037/amp0000763

Hofstra, E., van Nieuwenhuizen, C., Bakker, M., Özgül, D., Elfeddali, I., de Jong, S. J., et al. (2020). Effectiveness of suicide prevention interventions: a systematic review and meta-analysis. *Gen. Hosp. Psychiatry* 63, 127–140. doi: 10.1016/j.genhosppsych.2019.04.011

Institute of Medicine (US) Committee on Pathophysiology and Prevention of Adolescent and Adult Suicide (2002) in *Reducing suicide: a national imperative*. eds. S. K. Goldsmith, T. C. Pellmar, A. M. Kleinman and W. E. Bunney (Washington, DC: National Academies Press).

Iskander, J. K., and Crosby, A. E. (2021). Implementing the national suicide prevention strategy: time for action to flatten the curve. *Prev. Med.* 152:106734. doi: 10.1016/j.ypmed.2021.106734

Kennedy, J., Wexler, L., Schmidt, T., Rataj, S., Garnie, J., Moto, R., et al. (2025). Care packaged to promote universal suicide prevention for remote Alaska Native communities: What worked? *J. Rural. Health* 41:e70032. doi: 10.1111/jrh.70032

- Knipe, D., Padmanathan, P., Newton-Howes, G., Chan, L. F., and Kapur, N. (2022). Suicide and self-harm. *Lancet* 399, 1903–1916. doi: 10.1016/S0140-6736(22)00173-8
- Markowski, K. L., White, L., Harvey, S. R., Schmidt, T., McEachern, D., Habecker, P., et al. (2023). What kinds of support are Alaska Native youth and young adults reporting? An examination of types, quantities, sources, and frequencies of support. *Health Promot. Pract.* 24, 863–872. doi: 10.1177/15248399221115065
- O'Neill, J. C., Cohen, J. S., Yeo, T. E., De Luca, S. M., Splett, J. W., and Pisani, A. R. (2020). Suicide prevention practices in schools: school psychologists' experiences, training, and knowledge. *School Psychol.* 35, 61–71. doi: 10.1037/spq0000331
- Office of Disease Prevention and Health Promotion (2022). Reduce the suicide rate-MHMD-01, healthy people 2030. Washington, DC: U.S. Department of Health and Human Services.
- PC CARES (2022). PC CARES at school: learning circle curriculum. Ann Arbor, MI: University of Michigan.
- PC CARES. Diffusion and change over time of attitudes and actions from the PC CARES suicide prevention program among school staff in Western Alaska. Alaska: PC CARES.
- Pitman, A., and Caine, E. (2012). The role of the high-risk approach in suicide prevention. *Br. J. Psychiatry* 201, 175–177. doi: 10.1192/bjp.bp.111.107805
- Rasmus, S. M., Trickett, E., Charles, B., John, S., and Allen, J. (2019). The qasgiq model as an indigenous intervention: using the cultural logic of contexts to build protective factors for Alaska native suicide and alcohol misuse prevention. *Cult. Divers. Ethn. Minor. Psychol.* 25, 44–54. doi: 10.1037/cdp0000243
- Robinson, J., Bailey, E., Witt, K., Stefanac, N., Milner, A., Currier, D., et al. (2018). What works in youth suicide prevention? A systematic review and meta-analysis. *EClinicalMedicine*. 4, 52–91. doi: 10.1016/j.eclinm.2018.10.004
- Saunders, H., and Panchal, N. (2023). A look at the latest suicide data and change over the last decade. San Francisco, CA: Kaiser Family Foundation.
- Sharp, S., and Hirshberg, D. (2005). Thirty years later: the long-term effect of boarding schools on Alaska Natives and their communities. Anchorage, AK: University of Alaska Anchorage.
- Splett, J. W., Dymnicki, A., Reinke, W. M., Herman, K. C., Trainor, K. M., and Robert, C. R. (2020). "Theories of prevention science" in Theories of school psychology. eds. S. R. Jimerson, M. K. Burns and A. M. VanDerHeyden (New York, NY: Routledge), 49–72.
- State of Alaska. 2020 Age-adjusted rates of intentional self-harm (suicide) mortality per 100,000 population by region, 2010–2019. Available online at: <https://health.alaska.gov/suicideprevention/pages/statistics.aspx> (Accessed August 26, 2025)
- Steelesmith, D. L., Fontanella, C. A., Campo, J. V., Bridge, J. A., Warren, K. L., and Root, E. D. (2019). Contextual factors associated with county-level suicide rates in the United States, 1999 to 2016. *JAMA Netw. Open* 2:e1910936. doi: 10.1001/jamanetworkopen.2019.10936
- Tran, A. N. (2024). Reconceptualizing learning loss: the need for trauma-informed and responsive care in K-12 education. *Routledge Open Res.* 3:31. doi: 10.12688/routledgeopenres.18474.1
- U.S. Census Bureau (2023). American community survey 1-year estimates. Evanston, IL: Census Reporter.
- Washington, S. A., and Johnson, L. (2023). Toward culturally sustaining/revitalizing indigenous family-school-community leadership. *Front. Educ.* 8:1222331. doi: 10.3389/feduc.2023.1192095
- Wells, C., White, L., Schmidt, T., Rataj, S., McEachern, D., Wisniewski, D., et al. (2022). Adapting PC CARES to continue suicide prevention in rural Alaska during the COVID-19 pandemic: narrative overview of an in-person community-based suicide prevention program moving online. *Am. Indian Alsk. Native Ment. Health Res.* 29, 1–18. doi: 10.5820/aian.2902.2022.126
- Wexler, L., Flaherty, A. A., Begum, F., White, L., Kouassi, L., Wisniewski, D., et al. (2023). Describing meanings and practices related to firearms, safety, and household storage in rural Alaska Native communities. *J. Rural Ment. Health* 47, 30–40. doi: 10.1037/rmh0000207
- Wexler, L. M., and Gone, J. P. (2012). Culturally responsive suicide prevention in indigenous communities: unexamined assumptions and new possibilities. *Am. J. Public Health* 102, 800–806. doi: 10.2105/AJPH.2011.300432a
- Wexler, L., McEachern, D., DiFulvio, G., Smith, C., Graham, L. F., and Dombrowski, K. (2016). Creating a community of practice to prevent suicide through multiple channels: describing the theoretical foundations and structured learning of PC CARES. *Int. Q. Community Health Educ.* 36, 115–122. doi: 10.1177/0272684X16630886
- Wexler, L., Rataj, S., Ivanich, J., Plavin, J., Mullany, A., Moto, R., et al. (2019). Community mobilization for rural suicide prevention: process, learning and behavioral outcomes from promoting community conversations about research to end suicide (PC CARES) in Northwest Alaska. *Soc. Sci. Med.* 232, 398–407. doi: 10.1016/j.socscimed.2019.05.028
- Wexler, L., Trout, L., Rataj, S., Kirk, T., Moto, R., and McEachern, D. (2017). Promoting community conversations about research to end suicide: learning and behavioural outcomes of a training-of-trainers model to facilitate grassroots community health education to address indigenous youth suicide prevention. *Int. J. Circumpolar Health* 76:1345277. doi: 10.1080/22423982.2017.1345277
- Wexler, L., White, L., Ginn, J., Schmidt, T., Rataj, S., Wells, C. C., et al. (2025). Developing self-efficacy and communities of practice between community and institutional partners to prevent suicide and increase mental health in under-resourced communities: expanding the research constructs for upstream prevention. *BMC Public Health* 25:1323. doi: 10.1186/s12889-025-22465-1
- Wexler, L., White, L. A., O'Keefe, V. M., Rasmus, S., Haroz, E. E., Cwik, M. F., et al. (2024). Centering community strengths and resisting structural racism to prevent youth suicide: learning from American Indian and Alaska Native communities. *Arch. Suicide Res.* 28, 1294–1309. doi: 10.1080/13811118.2023.2300321
- White, L. A., Wexler, L., Weaver, A., Moto, R., Kirk, T., Rataj, S., et al. (2022). Implementation beyond the clinic: community-driven utilization of research evidence from PC CARES, a suicide prevention program. *Am. J. Community Psychol.* 70, 365–378. doi: 10.1002/ajcp.12609
- Wispelwey, B., Tanous, O., Asi, Y., Hammoudeh, W., and Mills, D. (2023). Because its power remains naturalized: introducing the settler colonial determinants of health. *Front. Public Health* 11:1137428. doi: 10.3389/fpubh.2023.1137428