

Meeting the Mental Health Care Needs of American Indian and Alaskan Native Communities

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The devastating impact of mental illness on American Indian and Alaskan Native (A.I./A.N.) individuals, families, and communities is evident throughout the United States. Significantly high rates of poverty, unemployment, violence, suicide, and substance abuse continue to plague the once tranquil and healthy indigenous communities. Historically, A.I./A.N. communities have faced significant struggles and almost insurmountable challenges stemming from a history of multiple injustices. Forced relocations, forced cultural assimilation, and multiple broken treaties, in addition to various social, economic, and political injustices, have helped to set the stage for a disenfranchised, impoverished population. As a result of these "historical traumas," many American Indian and Alaskan groups continue to reside in areas where mental health care services are often inadequate to meet their needs.

The delivery of adequate mental health care services to A.I./A.N. populations is very complex and challenging. With 562 federally recognized tribes residing within and among the general American population, organizing and creating an adequate mental health care system to provide for the needs of this population is difficult. In order to address this unique public health care dilemma, in 1955, the Indian Health Service (IHS) was created to manage and address the health care needs of Native Americans. Formal IHS mental health clinics, consequently, were first established in 1965. As a result of the efforts of the IHS, the overall delivery of medical and mental health care services was significantly improved.

In 1975, the Indian Self-Determination and Education Assistance Act was enacted, giving tribes the opportunity to take over responsibility of their own health care delivery systems. Tribes were then able to design and finance their own health care systems and address mental health care service and treatment priorities without "restrictions" from the federal jurisdictions of the Indian Health Service. In actuality, tribal-run health care systems have been encouraged by the IHS in recognition of the many differences in tribal communities and specific health care needs.

A.I./A.N. communities face unique and complex challenges with regards to their mental health care needs. Large-scale epidemiological studies and research of the mental health care needs of American Indians and Alaskan Natives are grossly lacking. There have been some studies to determine why American Indians do not utilize available services. Frequently mentioned reasons were a lack of knowledge of availability of services, a lack of understanding of the processes or resource agencies, discouragement due to bureaucratic morass, and perceptions of agency unresponsiveness.

These communities are faced with a number of mental health care concerns that deserve attention. Suicide, for example, represents the second-leading cause of death among Native American youths aged 15 to 24 years. Enhanced suicide-prevention programs, as well as more efficient debriefing and post-trauma

counseling in response to suicides on remote Indian reservations and Alaskan villages, need to be addressed further. The tragedy on the Minnesota Red Lake reservation in March 2005, in which a high school student shot and killed five students, a teacher, and security guard at his high school, as well as his grandfather and his grandfather's companion, before turning the gun on himself, is just one example of how suicide and violence can devastate families and communities on rural reservations.

Another very important concern is the need for additional substance abuse treatment options for American Indians and Alaskan Natives. Accessible and adequate inpatient rehabilitation programs, outpatient treatment programs, and smoking cessation programs are often unavailable or lacking. Also, attracting and retaining staff to isolated tribal locations, budgetary constraints, and a shortage of child specialists in Native communities are additional challenges that A.I./A.N. mental health care systems face.

People living with mental illness often face insurmountable obstacles as they navigate a health care system and seek combinations of treatment strategies in support of recovery. People of color living with mental illness often face additional barriers, life-threatening disparities in access to mental healthcare unique to their culture and situation.

As a community psychiatrist, I have attended NAMI meetings and have observed the benefits of the community and family support, education, and advocacy that NAMI provides. Also, the American Psychiatric Association's Committee for American Indian, Alaska Native, and Hawaiian Native Psychiatrists fully endorses NAMI as an important advocacy group for American Indian reservations, Alaskan villages, and urban Indian clinics.

Advocacy for addressing the mental health care needs of A.I./A.N. communities is clearly needed. The need for more research, improved access to treatment, and more comprehensive treatment strategies is significant. In 2001, NAMI announced a new commitment to address the needs of special populations and minorities. Further collaboration with NAMI and A.I./A.N. communities can bring these important issues to the attention of appropriate government leaders, health care organizations, and other health care leaders.

In response to this national crisis, NAMI created its Multicultural Action Center. This Center works to focus attention on system reform to ensure access to culturally competent services and treatment for all Americans and to help and support families of color who are dealing with mental illness.

As with all Americans, A.I./A.N. families, friends, and consumers need NAMI. As NAMI expands its reach to all communities, NAMI leaders are encouraged to look to diverse cultural leaders, including tribal leaders in A.I./A.N. communities, as they develop community relationships. Forging these relationships and expanding outreach efforts will offer support, education, and advocacy to families, friends, and consumers in all corners of our country.