



Native American Mental Health

Claire Clark, MS

Agenda

- Purpose
- Disparities in Mental Health
- What can we do?

WHY

- Why is this important to me?

Oakland 3124 - NAHC

- Dental
- Therapy
- HIV services
- Groups
- Medical
 - Perinatal, teen health, women's health

San Francisco

- Friendship House
- NAHC

Santa Jose

- Indian Health Center of Santa Clara County

San Mateo?

Mental Health Services | San Mateo Health System

smchealth.org/mentalhealth ▼

We provide mental health services to individuals who are eligible for Medi-Cal and/or members of the Health Plan of San Mateo through outpatient clinics in ...

Behavioral Health & Recovery Services Contacts | San ...

smchealth.org/bhrs ▼

San Mateo County Behavioral Health and Recovery Services. ACCESS Call Center. For information, referrals and assessments for local mental health and ...

You visited this page.

Indian Health Center of Santa Clara Valley - Healing ...

www.indianhealthcenter.org/ ▼

The Indian Health Center of Santa Clara Valley is located in San Jose, California and is a 501(c)3, non-profit, Urban Indian Health Center funded by the Indian ...

Member Community Health Centers

www.chpscc.org/member-clinics.html ▼

Santa Clara and San Mateo Counties' nonprofit community health centers have ... mission is to improve the health, mental health, and well-being of individuals and ... Besides having a highly talented medical and dental department, the Indian ...

Sonia Singhal, MFT - CLOSED - Counseling & Mental ... - Yelp

www.yelp.com > Health & Medical > Counseling & Mental Health ▼ Yelp ▼

I am a Licensed Marriage & Family Therapist in private practice in San Mateo, CA with ... struggling with multicultural/cross-cultural issues especially related to the Indian culture. Report. Best of Yelp San Mateo – Counseling & Mental Health.

Indian Health Center of Santa Clara Valley, Inc. | SMC ...

<https://www.smc-connect.org/.../indian-health-center-of-santa-clara-valle...> ▼

Find community services in San Mateo County ... Indian Health Center ... Also provides services in substance abuse, mental health counseling, nutrition, WIC, ...

[PDF] Prana Psychotherapy Resources

www.pamf.org/.../pranatherapists.pdf ▼ Palo Alto Medical Foundation ▼

Jul 8, 2014 - 3821 23rd St, San Francisco, CA 94114 the Mental Health field in India. My background in Indian Sociology and knowledge of multicultural ...

Help-Seeking

- The majority of US population does not seek help for mental health problems
 - Stigma and access issues
 - Issues of access increased for NA population

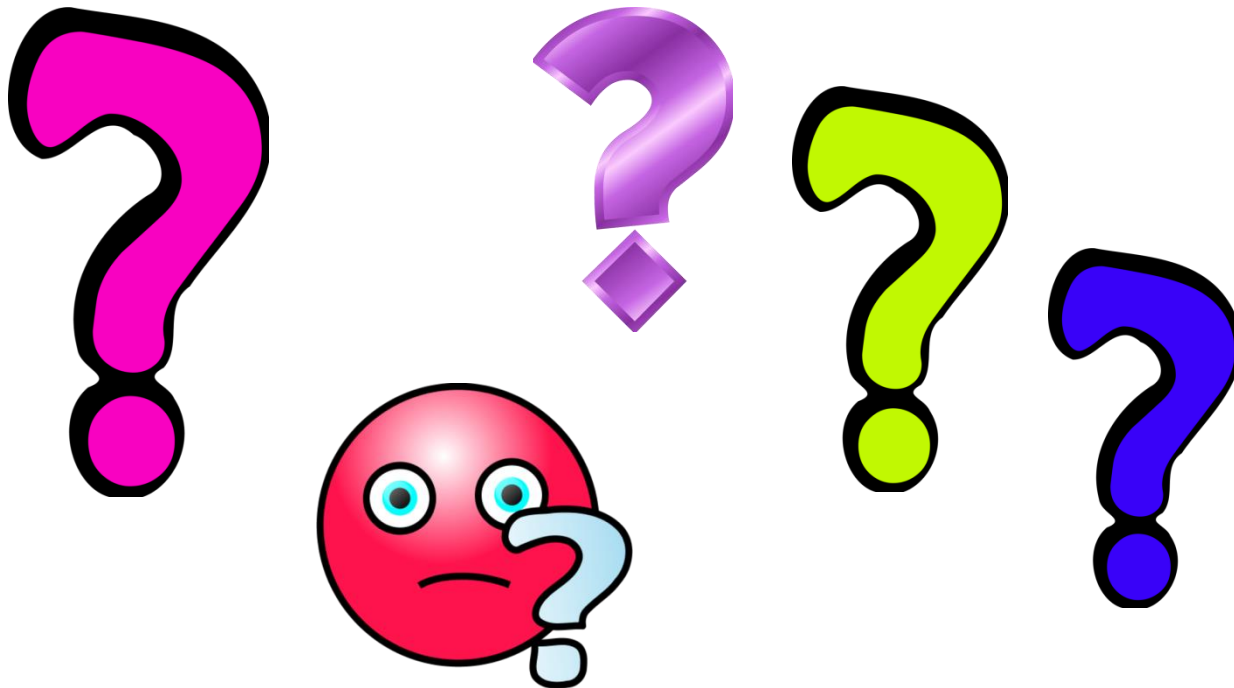
Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2001 Aug. Chapter 4 Mental Health Care for American Indians and Alaska Natives. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK44242/>

Native American Initiative

MENTAL HEALTH DISPARITIES

- Prevalence rates
- Historical trauma
- Culture-bound syndromes

Prevalence Rates and DSM-IV Diagnoses



Are we underestimating?

- Regional differences
- Under-identification of Native Americans
- Differences in symptom presentation?

“Cultural Concepts of Distress” in the DSM-5

- Most “culture-bound” syndromes associated w/ Native Americans eliminated from DSM-5

Table 1

Native American Cultural Syndromes Included in the DSM-IV-TR and the DSM-5

Syndrome	Source
ghost sickness	DSM-IV-TR, p. 900
<i>pibloktoq</i> (arctic hysteria) (Inuit)	DSM-IV-TR, p. 901
soul loss (similar to <i>susto</i>)	DSM-5, p. 836 and DSM-IV-TR, p. 903
<i>iich' aa</i> (moth madness) (Navajo)	DSM-IV-TR, p. 899
“frenzy” witchcraft (Navajo)	DSM-IV-TR, p. 524
fatigue from thinking too much	DSM-5, p. 835 and DSM-IV-TR, p. 900

From Thomason, T. (2014). “Issues in the Diagnosis of Native American Culture-Bound Syndromes. *Arizona Counseling Journal*

Table 2

Additional Native American Cultural Syndromes Described in the Literature

wacinko syndrome (Oglala Sioux; Lakota Sioux)

windigo (or windigo psychosis); also spelled wendigo; witiko, windiga, etc. (Northern Algonkian; Cree, Ojibwa, Salteaux, and related groups)

crazy sickness or crazy violence (Navajo)

worry sickness; unhappiness; heartbreak; drunkenlike craziness; turning one's face to the wall (Hopi)

heartbreak (Mohave)

kayak angst (Inuit)

hiwa: itck (loss of appetite, sleeplessness, depressed behavior) (Mohave)

tawatl ye sni ("totally discouraged") (Dakota Sioux)

From Thomason, T. (2014). "Issues in the Diagnosis of Native American Culture-Bound Syndromes. *Arizona Counseling Journal*

DSM-IV

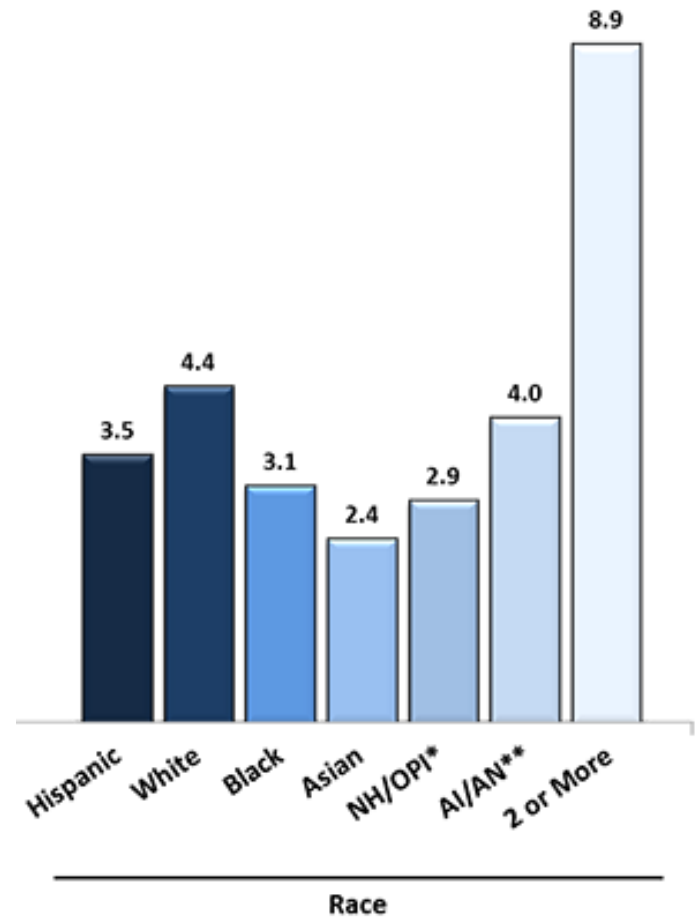
- Manual for diagnosing mental illness used in the US
- Recently updated to DSM-5

- Serious Mental Illness
- Any Mental Illness
- Major Depressive Disorder
- Posttraumatic Stress Disorder
- Alcohol and Substance Use Disorders
- Suicide

Serious Mental Illness (SMI) - 2014

- 4.8% of US population
- 4% AI/AN

Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>



*NH/OPI = Native Hawaiian/Other Pacific Islander

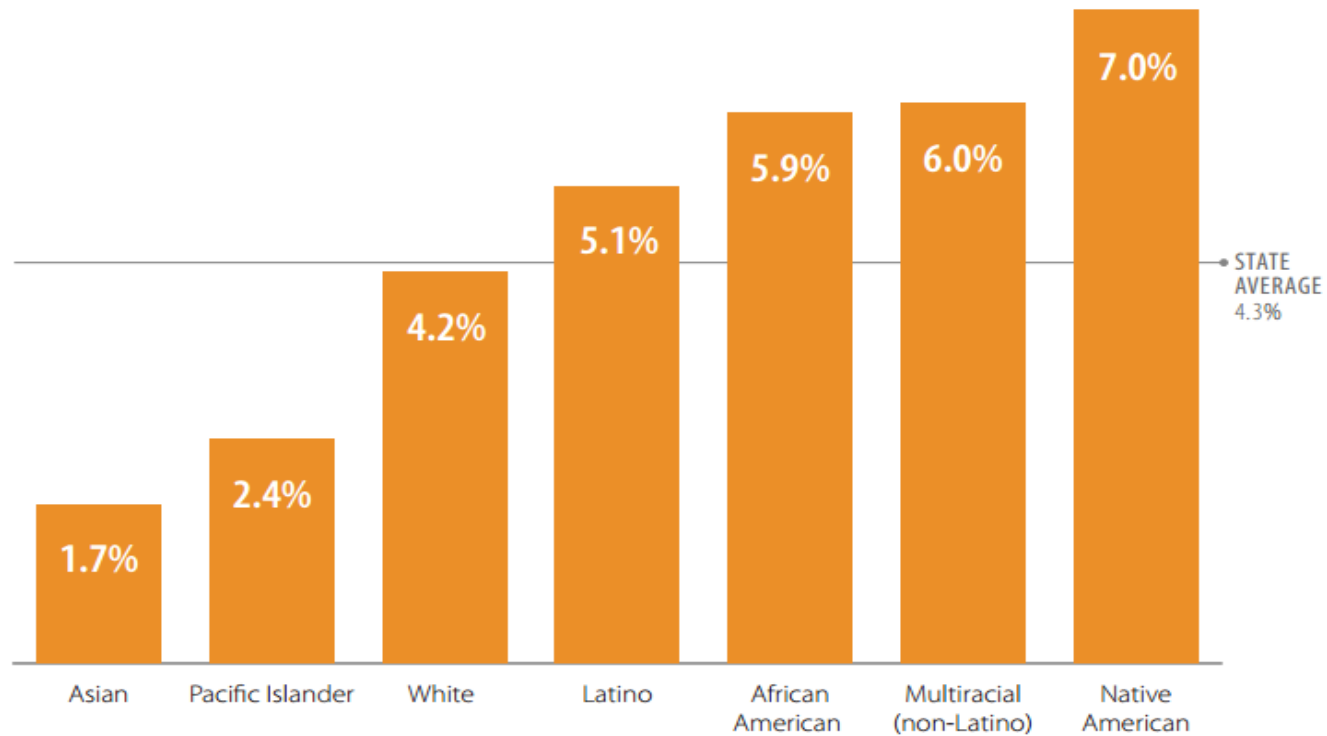
**AI/AN = American Indian/Alaska Native

Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>

Adults with SMI, by Race/Ethnicity

California, 2009

PERCENTAGE OF ADULT POPULATION



California Health Care Almanac: Mental Health Care in California:
Painting a Picture – 2009-2010 data

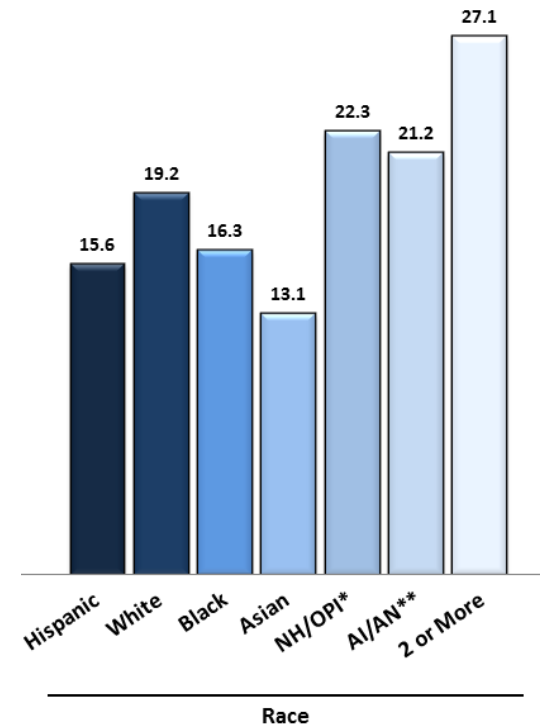
Adults with SMI in San Mateo County

ETHNICITY			
White-NH	3,630	56,842	6.39
African Am-NH	250	3,420	7.3
Asian-NH	2,309	35,532	6.5
Pacific I-NH	188	2,635	7.12
Native-NH	23	286	8.12
Other-NH	0	0	0
Multi-NH	629	9,551	6.59
Hispanic	3,771	51,442	7.33

HSRI, TAC, and Charles Holzer, California Mental Health Prevalence Estimates (Sacramento, CA: Department of Health Care Services)

Any Mental Illness (AMI)

- 18.1% US population
- 21.2% AI/AN



Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>

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Adults w/ Any Mental Illness - California

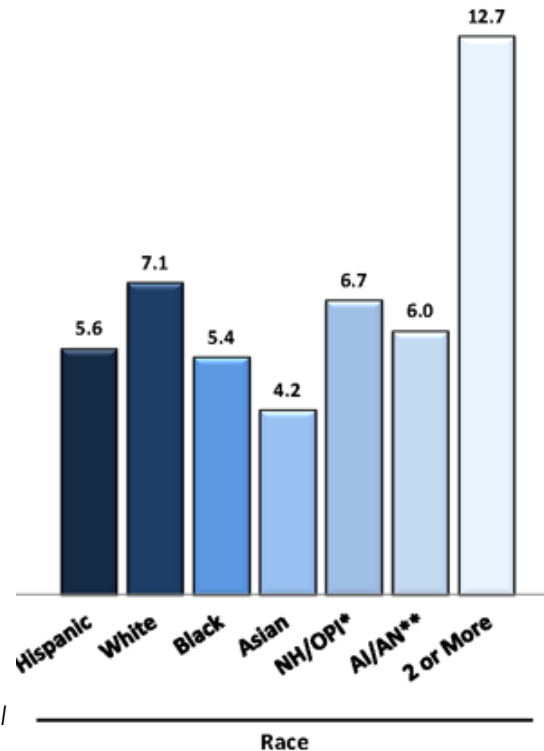
ETHNICITY			
White-NH	1,778,930	12,623,204	14.09
African Am-NH	315,066	1,657,146	19.01
Asian-NH	374,265	3,601,544	10.39
Pacific I-NH	12,017	92,210	13.03
Native-NH	30,411	150,744	20.17
Other-NH	0	0	0
Multi-NH	86,582	442,054	19.59
Hispanic	1,764,303	8,947,711	19.72

HSRI, TAC, and Charles Holzer, California Mental Health Prevalence Estimates (Sacramento, CA: Department of Health Care Services)

Major Depressive Disorder

6.7% of US adults

6.0% American Indian
/Alaska Native



Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>

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Cultural Idioms of Distress

- No words for “depression” and “anxiety” in some Native American languages
- Instead
 - Heartbreak syndrome
 - Wacinko
 - Similar symptoms to depression
 - May be difficult for non-native practitioners to identify
 - Ghost sickness
 - Preoccupation with deceased, believe can speak w/ deceased

PTSD - 2003

Past-year prevalence US – 3.5%

Men – 1.8%

Women – 5.2%

PTSD

- Native Americans 2x the rate of the national average

Bassett, D., Buchwald, D., & Manson, S. (2014). Posttraumatic Stress Disorder and Symptoms among American Indians and Alaska Natives: A Review of the Literature. *Social Psychiatry and Psychiatric Epidemiology*, 49(3), 417-33.

Alcohol Use Disorders – 2013, US

- **Adults:** 16.6 million (7%)
 - 10.8 million men (9.4%)
 - 5.8 million women (4.7%)
- **Youth:** 697,000 (2.8%)
 - 385,000 females (3.2 %)
 - 311,000 males (2.5 %)

Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, & US Department of Health and Human Services. (2014). 2014 National Survey on Drug Use and Health.

Substance Use

- Ages 12-24 in 2014 → past-month alcohol use of 21.9%
 - national average = 22.8%.
- Past-month underage binge drinking → 14.3%,
 - national average was 13.8%.
- 2010 - highest rate of drug-induced death of all groups (17.1%)

Between 30-84% of Native Americans

Suicide

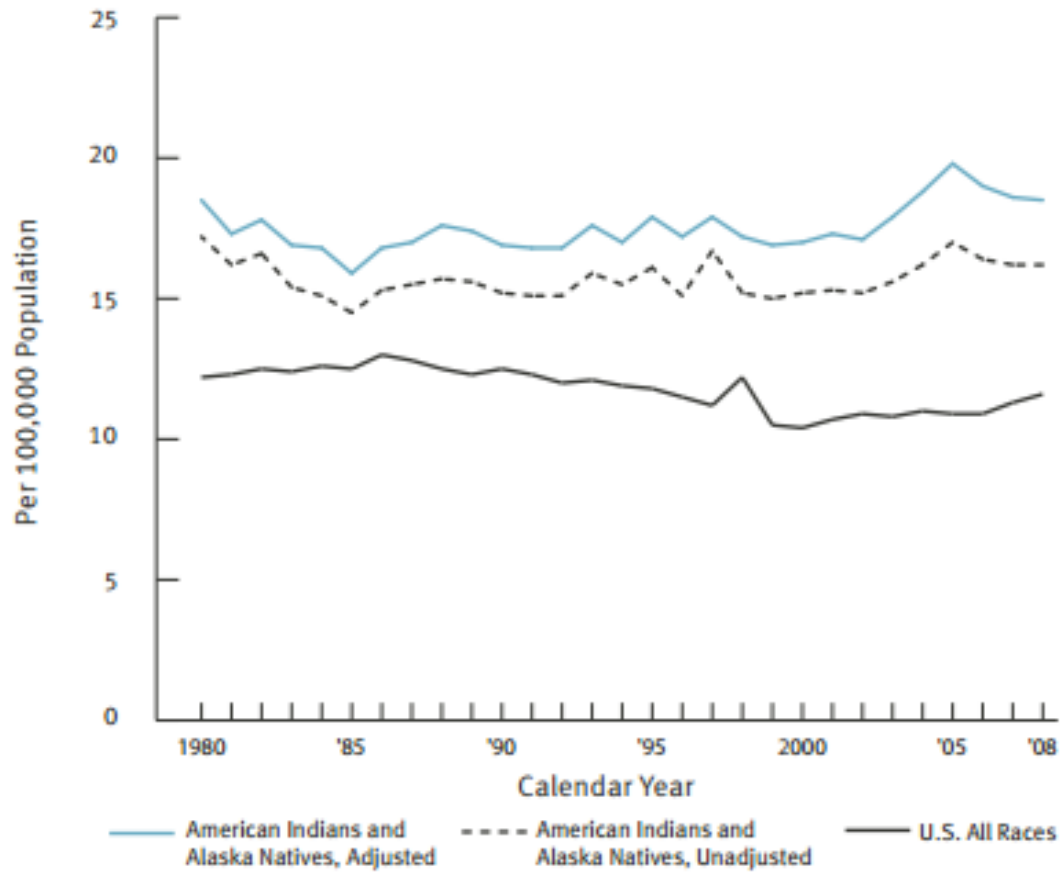
- 18.5% of Native Americans in the US 2007-2009

1.6x national average

These AI/AN rates have been adjusted to compensate for misreporting of AI/AN race on state death certificates

Chart 4.21

Age-Adjusted Suicide Death Rates



Indian Health Services. (2014). Trends in Indian health. (p.73)

Chart 4.2

Death Rates, Leading Causes: Ages 5 to 14 Years

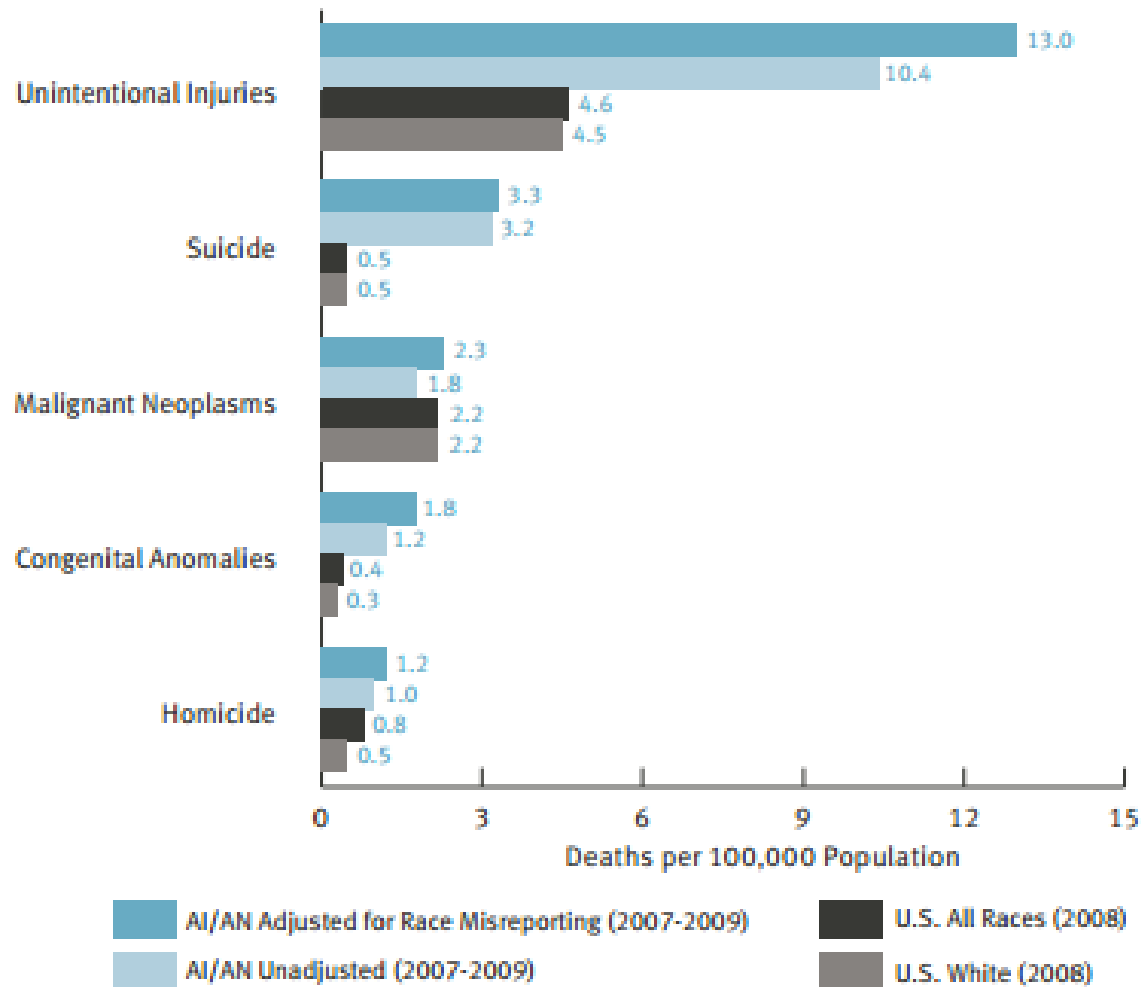
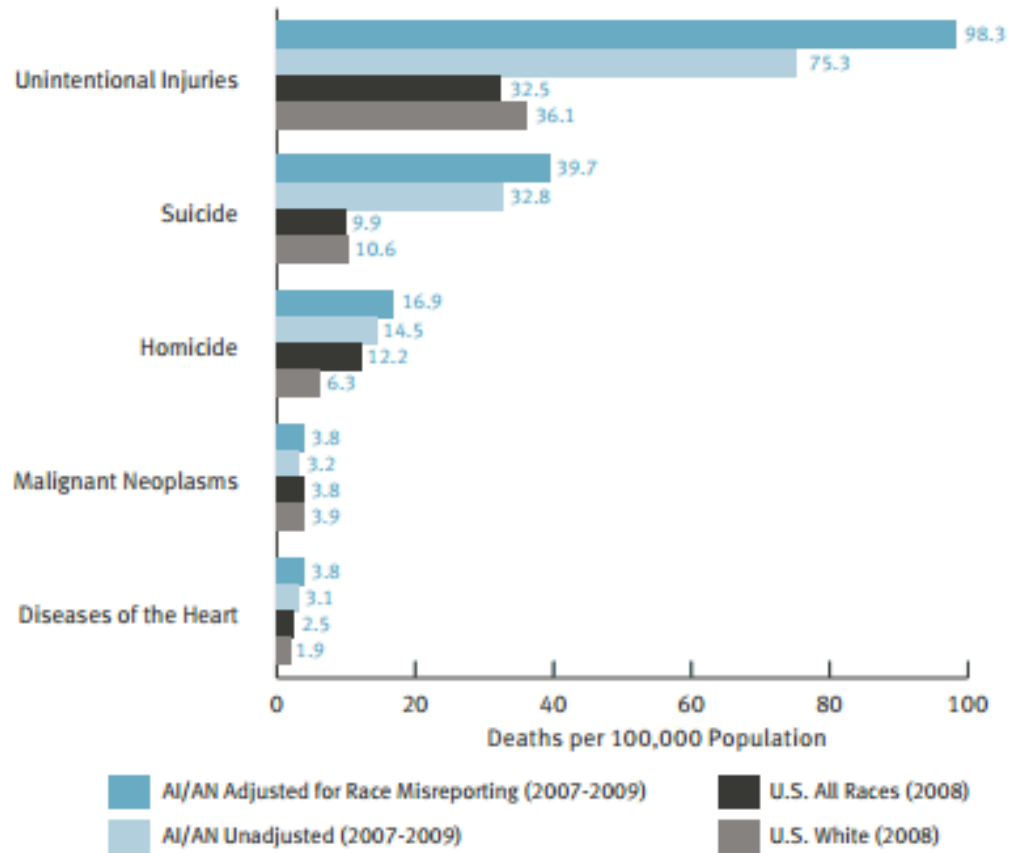


Chart 4.3

Death Rates, Leading Causes: Ages 15 to 24 Years



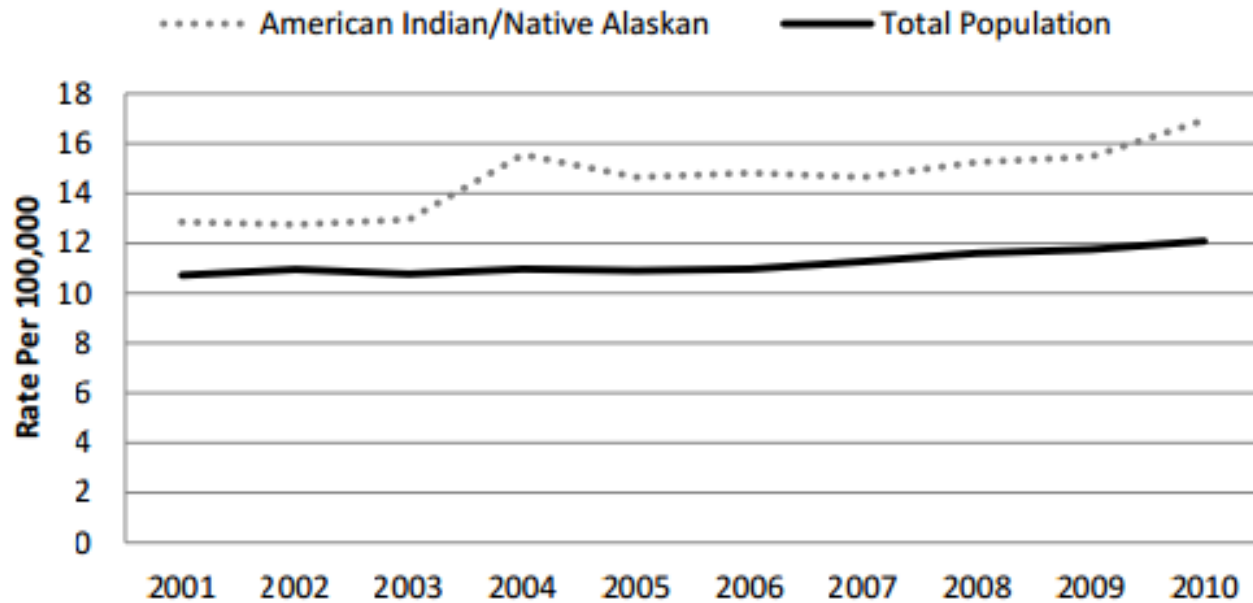
- 1992 – of 13,000 adolescents identifying as American Indian, 12% of males and 22% of females reported suicide attempt

Suicide

- Lower in Native Americans in California?
 - 1999-2009 – **4/100,000** in California
 - 11/100,000 nationwide

- **Why?**

U.S. Suicide Rates, 2001-2010



Source: CDC, 2010 Fatal Injury Reports.

Suicide Deaths: Rates per 100,000

Age	AI/AN Rates		U.S. Rates	
	Males	Females	Males	Females
Total	25.02	9.03	19.78	4.99
15-24	51.93	16.74	16.90	3.89
25-34	42.37	11.22*	22.50	5.34
35-64	26.60	9.93	27.64	8.21
65-84	8.51*	7.01*	26.89	4.36
85+	0.00*	9.01*	47.33	3.27

* Number of deaths too low for precision

- The AI/AN rate decreases significantly after early adulthood in contrast to the rate in the overall U.S. population, which increases with age.

Suicide Rates of American Indian/Alaska Native Men and Women Ages 35-64

Sex	1999 Suicide Rates	2010 Suicide Rates	% Increase 1999-2010
Men	17.0	27.2	59.5%
Women	5.7	10.3	81.4%

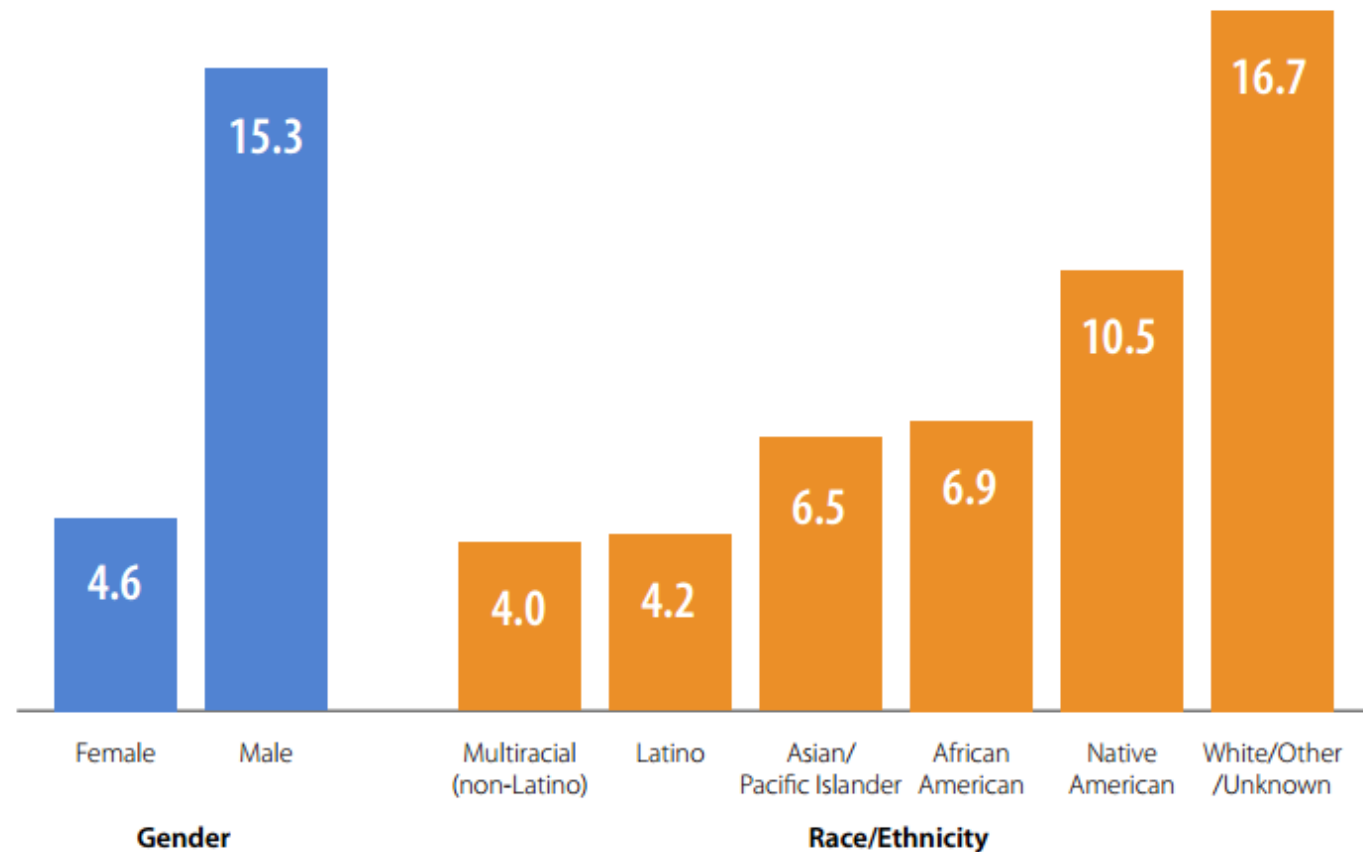
Results of 2011 Youth Risk Behavior Survey of high school students:

<i>"In the past 12 months have you:"</i>	<i>AI/AN</i>	<i>Total U.S.</i>
<i>Had serious thoughts of suicide</i>	<i>21.8%</i>	<i>15.8%</i>
<i>Made suicide plans</i>	<i>17.7%</i>	<i>12.8%</i>
<i>Attempted suicide</i>	<i>14.7%</i>	<i>7.8%</i>
<i>Gotten medical attention for a suicide attempt</i>	<i>6.1%</i>	<i>2.4%</i>

Suicide Rate, by Gender and Race/Ethnicity

Adults and Children, California, 2008 to 2010

PER 100,000 POPULATION, THREE-YEAR AVERAGE



Suicide:

Risk Factors - General

- History of attempts
- Substance use
- Access to means
- Depression or anxiety

Suicide:

Risk Factors - Specific

- Historical Trauma
- Acculturation
- Alienation
- Discrimination
- Exposure to violence in community
- Contagion
- Access to care
 - **10-35% of youth in AI community access care when suicidal**

Suicide:

Protective Factors – General

- Problem-solving skills
- Connectedness to community
- Effective mental health interventions
- Caregiver contact

Suicide:

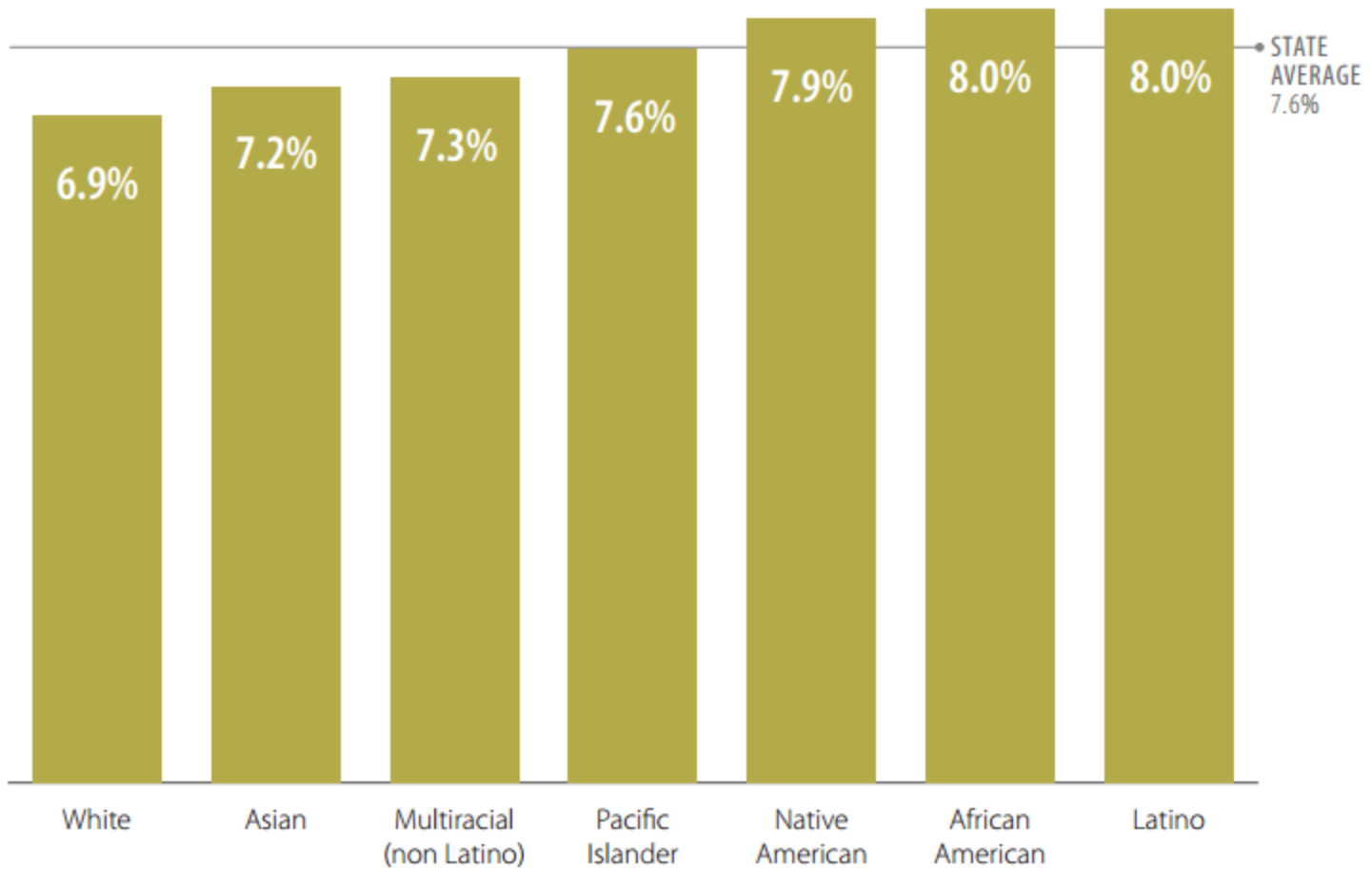
Protective Factors - Specific

- Community control – sovereign government
- Cultural identification
- Spirituality
- Family connectedness

Children with SED, by Race/Ethnicity

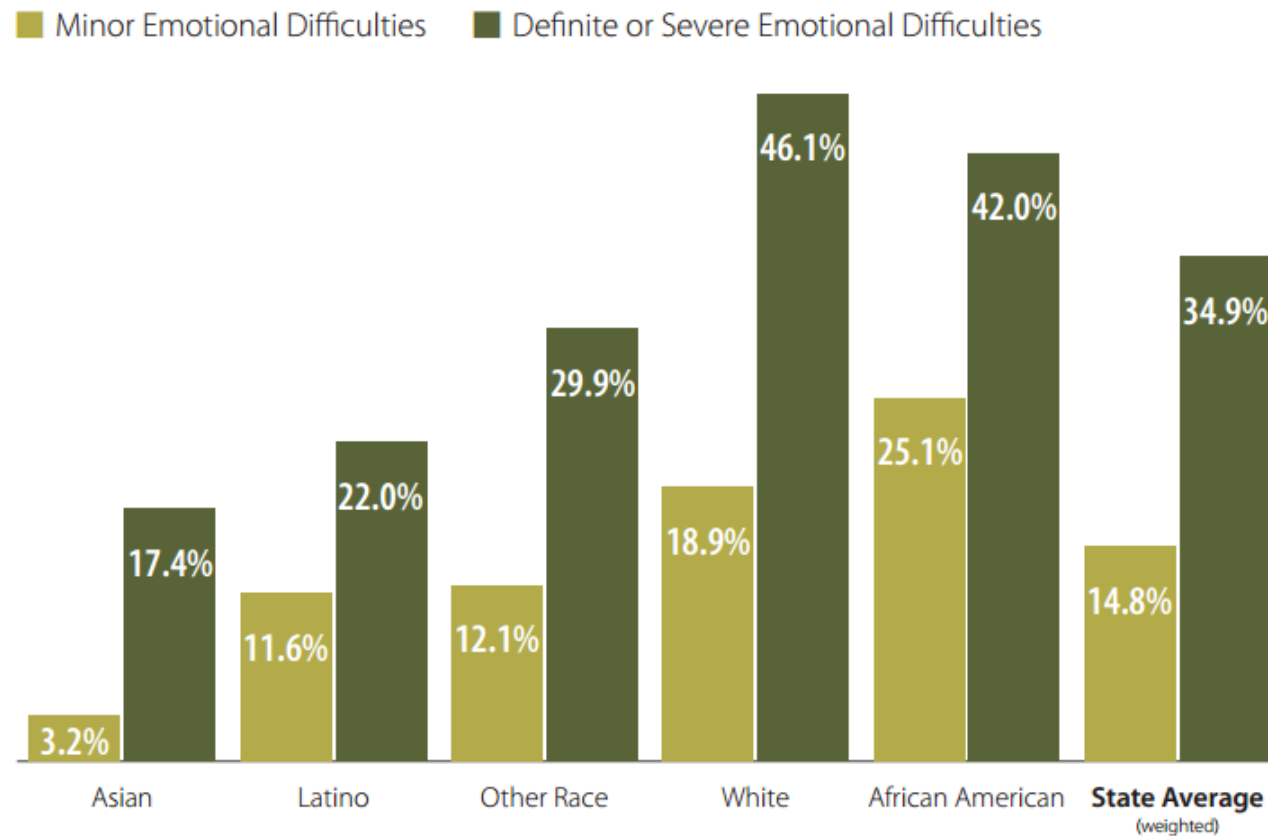
California, 2009

PERCENTAGE OF CHILD POPULATION



Treatment for Children with Emotional Difficulties, by Severity and Race/Ethnicity, California, 2005, 2007, and 2009 (combined)

PERCENTAGE WITH AT LEAST ONE MENTAL HEALTH VISIT IN THE PAST YEAR



Summary of Findings

Unclear whether generally higher rates of psychopathology in NA

Substance use and suicide appear to be serious issues across tribes and regions, especially in youth

- DSM-IV does not adequately address the historical and social issues that often are deeply implicated in mental health diagnoses in this population

Transgenerational Trauma /Historical Trauma

- “devastating trauma of genocide, loss of culture, and forcible removal from family and communities are all unresolved and become a sort of ‘psychological baggage... continuously being acted out and recreated in contemporary Aboriginal culture’”

California

- Richard Henry Pratt - 1879
 - Native American boarding schools
 - “kill the Indian, save the man”
- Urban relocation – 1950s
- California Rancheria Termination Act-1950s

What Can We Do?

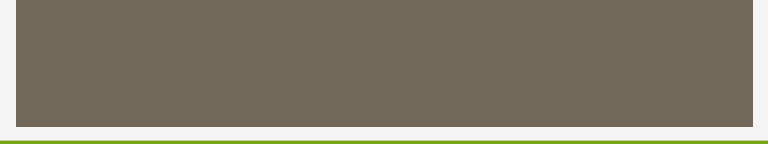
- Prevention/treatment
- Systemic change

Barriers to Treatment

- Lack of culturally appropriate treatments
- Lack of access to certain programs because of tribal enrollment status
- Misunderstanding
- Stereotyping
- Discrimination
- Stigma of mental illness
- Inconsistent housing
- Unemployment
- Transportation issues

Community-Defined Treatments

- Currently mental health system is representative of white Americans' values but not much else



“offering care only to individuals in a clinical setting is an example of mainstream values being thought of as a universal best practice for all cultural groups”

Native Vision Report, 2012

- “Community outsiders must take care to set aside any preconceived notions about the mental health status of AI/ANs with whom they are initially interacting. Apparently, the only remedy for reliable knowledge in the context of rampant diversity that characterizes Indian Country is **sustained engagement with particular AI/AN communities**” (Gone & Trimble, 2012)

Community-defined treatments

- established as best practices within the community; not supported by randomly-controlled trials/empirical evidence but instead by continued use and success
- May be given less weight in literature compared to scientific trials and therefore less weight by clinicians and other providers

Preferred Treatment Options

- 865 adult AI caregivers
 - Traditional services ranked much higher than formal medical services

Examples:

- Positive Indian Parenting
- GONA
- DARTNA

Empirically Based Interventions

- **Well-established treatments**

- I. At least 2 between-group design experiments must demonstrate efficacy in 1+ ways:
 - A. Superiority to pill or psychotherapy placebo, or to other treatment
 - B. Equivalence to already established treatment with adequate sample sizes

OR

- II. A large series of single-case design experiments must demonstrate efficacy with
 - A. Use of good experimental design and
 - B. Comparison of intervention to another treatment
- III. Experiments must be conducted with treatment manuals or equivalent clear description of treatment
- IV. Characteristics of samples must be specified
- V. Effects must be demonstrated by at least two different investigators or teams

- Adaptations of existing validated EBTs improve cultural appropriateness
 - More adapted the tx → greater success

Systemic Change!

- Awareness of alternatives to evidence-based treatments and increased understanding of effectiveness of community-defined treatments
- Make efforts to decrease and address pathologization that might occur toward clients who identify as Native American
- Increase comfort w/ referring to community resources when indicated
- Increase representation of Native American providers in county clinics
- Advocate for increased county resources for Native American clients
- Engage medical providers in referral process

- Increase funding for research on practices and diagnoses oriented around native values and beliefs
- Increase communication and collaboration between Native American community providers, leaders and county providers
- Incorporate native healers, spiritual healers and healing practices into referral practices when appropriate
- Increase awareness of physical and psychological, emphasis on mind-body healing
- In collaboration with tribal leaders, developing localized approaches specific to each tribe in order to prevent overgeneralization

Where to start?

- Reflexive practice for non-native clinicians
- Contact San Mateo County Board of Directors
- Get in contact with tribal leaders, increase communication and understanding w/ community health clinics in other regions

References

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Kessler, R.C., Chiu, W.T., Demler, O., Merikangas, K.R., & Walters, E.E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6): 617-627.

National Comorbidity Survey. (2005). NCS-R appendix tables: Table 1. Lifetime prevalence of DSM-IV/WMH-CIDI disorders by sex and cohort. Table 2. Twelve-month prevalence of DSM-IV/WMH-CIDI disorders by sex and cohort. Accessed at: <http://www.hcp.med.harvard.edu/ncs/publications.phpgical-facts-ptsd.asp>

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