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.chpssc.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

Indian Health Center of Santa Clara Valley, Inc. | SMC ...
https://www.smc-connect.org/ › INDIAN-HEALTH-CENTER-OF-SANTA-CLAARA-VALLEY... Find community services in San Mateo County ... Indian Health Center. Also provides services in substance abuse, mental health counseling, nutrition, WIC, ...

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

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 with Native Americans eliminated from DSM-5
Table 1

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

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

Table 2

Additional Native American Cultural Syndromes Described in the Literature

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>Origin</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>wacinko</em> syndrome (Oglala Sioux; Lakota Sioux)</td>
<td></td>
</tr>
<tr>
<td><em>windigo</em> (or windigo psychosis); also spelled wendigo; witiko, windiga, etc. (Northern Algonkian; Cree, Ojibwa, Salteaux, and related groups)</td>
<td></td>
</tr>
<tr>
<td>crazy sickness or crazy violence (Navajo)</td>
<td></td>
</tr>
<tr>
<td>worry sickness; unhappiness; heartbreak; drunkenlike craziness; turning one’s face to the wall (Hopi)</td>
<td></td>
</tr>
<tr>
<td>heartbreak (Mohave)</td>
<td></td>
</tr>
<tr>
<td>kayak angst (Inuit)</td>
<td></td>
</tr>
<tr>
<td><em>hiwa: itck</em> (loss of appetite, sleeplessness, depressed behavior) (Mohave)</td>
<td></td>
</tr>
<tr>
<td><em>tawatlay sni</em> (“totally discouraged”) (Dakota Sioux)</td>
<td></td>
</tr>
</tbody>
</table>
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

Adults with SMI, by Race/Ethnicity
California, 2009

PERCENTAGE OF ADULT POPULATION

- Asian: 1.7%
- Pacific Islander: 2.4%
- White: 4.2%
- Latino: 5.1%
- African American: 5.9%
- Multiracial (non-Latino): 6.0%
- Native American: 7.0%

State Average: 4.3%
Adults with SMI in San Mateo County

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

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

## Adults w/ Any Mental Illness - California

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

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

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%

National Comorbidity Survey Replication
PTSD

- Native Americans 2x the rate of the national average

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%)

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

Indian Health Services. (2014). Trends in Indian health. (p.73)
Chart 4.2: Death Rates, Leading Causes: Ages 5 to 14 Years

- Unintentional Injuries: 4.5 (AI/AN Adjusted), 10.4 (AI/AN Unadjusted), 4.6 (U.S. All Races)
- Suicide: 0.5 (AI/AN Adjusted), 3.2 (AI/AN Unadjusted), 0.5 (U.S. All Races)
- Malignant Neoplasms: 1.8 (AI/AN Adjusted), 2.2 (AI/AN Unadjusted), 2.2 (U.S. All Races)
- Congenital Anomalies: 0.3 (AI/AN Adjusted), 1.2 (AI/AN Unadjusted), 1.0 (U.S. All Races)
- Homicide: 0.5 (AI/AN Adjusted), 1.0 (AI/AN Unadjusted), 0.8 (U.S. All Races)

Indian Health Services. (2014). Trends in Indian health. (p.51)
Indian Health Services. (2014). Trends in Indian health. (p.52)
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

American Indian/Native Alaskan

Total Population

Rate Per 100,000

Source: CDC, 2010 Fatal Injury Reports.
Suicide Deaths: Rates per 100,000

<table>
<thead>
<tr>
<th>Age</th>
<th>AI/AN Rates</th>
<th>U.S. Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Total</td>
<td>25.02</td>
<td>9.03</td>
</tr>
<tr>
<td>15–24</td>
<td>51.93</td>
<td>16.74</td>
</tr>
<tr>
<td>25–34</td>
<td>42.37</td>
<td>11.22*</td>
</tr>
<tr>
<td>35–64</td>
<td>26.60</td>
<td>9.93</td>
</tr>
<tr>
<td>65–84</td>
<td>8.51*</td>
<td>7.01*</td>
</tr>
<tr>
<td>85+</td>
<td>0.00*</td>
<td>9.01*</td>
</tr>
</tbody>
</table>

* 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

<table>
<thead>
<tr>
<th>Sex</th>
<th>1999 Suicide Rates</th>
<th>2010 Suicide Rates</th>
<th>% Increase 1999–2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>17.0</td>
<td>27.2</td>
<td>59.5%</td>
</tr>
<tr>
<td>Women</td>
<td>5.7</td>
<td>10.3</td>
<td>81.4%</td>
</tr>
</tbody>
</table>
Results of 2011 Youth Risk Behavior Survey of high school students:

<table>
<thead>
<tr>
<th>“In the past 12 months have you:”</th>
<th>AI/AN</th>
<th>Total U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had serious thoughts of suicide</td>
<td>21.8%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Made suicide plans</td>
<td>17.7%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>14.7%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Gotten medical attention for a suicide attempt</td>
<td>6.1%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>
Suicide Rate, by Gender and Race/Ethnicity
Adults and Children, California, 2008 to 2010

PER 100,000 POPULATION, THREE-YEAR AVERAGE

<table>
<thead>
<tr>
<th>Gender</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>4.6</td>
<td>15.3</td>
</tr>
<tr>
<td>Multiracial (non-Latino)</td>
<td>Latino</td>
</tr>
<tr>
<td>4.0</td>
<td>4.2</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>African American</td>
</tr>
<tr>
<td>6.5</td>
<td>6.9</td>
</tr>
<tr>
<td>Native American</td>
<td>White/Other/Unknown</td>
</tr>
<tr>
<td>10.5</td>
<td>16.7</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>6.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>7.2%</td>
</tr>
<tr>
<td>Multiracial (non Latino)</td>
<td>7.3%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>7.6%</td>
</tr>
<tr>
<td>Native American</td>
<td>7.9%</td>
</tr>
<tr>
<td>African American</td>
<td>8.0%</td>
</tr>
<tr>
<td>Latino</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

State Average 7.6%

Percentage with at least one mental health visit in the past year

- Minor Emotional Difficulties
- Definite or Severe Emotional Difficulties

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Minor Emotional Difficulties</th>
<th>Definite or Severe Emotional Difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>3.2%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Latino</td>
<td>11.6%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Other Race</td>
<td>12.1%</td>
<td>29.9%</td>
</tr>
<tr>
<td>White</td>
<td>18.9%</td>
<td>46.1%</td>
</tr>
<tr>
<td>African American</td>
<td>25.1%</td>
<td>42.0%</td>
</tr>
<tr>
<td><strong>State Average</strong></td>
<td><strong>14.8%</strong></td>
<td><strong>34.9%</strong></td>
</tr>
</tbody>
</table>
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


