WELL TOGETHER: EXPLORING MENTAL HEALTH DISPARITIES AND SOLUTIONS IDENTIFIED BY THE COMMUNITIES AFFECTED

NATIVE AMERICAN COMMUNITY LISTENING SESSION SUMMARY

SESSION SUMMARY

MHSOAC
Mental Health Services
Oversight & Accountability Commission

THE OPPORTUNITY

Mental health disparities exist among the Native American community for various reasons, such as lack of cultural understanding, an inappropriate system of care, and historical trauma.[1] Despite these disparities, some research findings suggest significantly lower availability, accessibility, and utilization of mental health services for the Native American community compared to white people.[2]

The Mental Health Services Oversight and Accountability Commission (MHSOAC) partnered with a Native American cultural broker heavily involved in outreach and engagement of the Native American and Alaskan Native communities to hold a **virtual listening session** in December 2020. The listening session explored community disparities and more. Listening session participants came from various regions of California and consisted of peers, elders, spiritual leaders, healthcare and social services providers, the education system, and the justice system. Community members identified as Aleut, Miwok, Bishop Paiute, Tongva, Hupa, Kumeyaay, Apache, Wahpeton Dakota, and Inupiaq tribes, among others.

Listening session participants raised compelling recommendations to help promote mental wellness and expand prevention services in the Native American community. Easier access to existing services was suggested, especially for rural communities. Another top theme was to increase visibility and recognition of Native Americans as a community with needs, through policy improvements and localized trainings that increase awareness. Another largely echoed necessity was for integration of culturally relevant services that weave traditional practices in with Western modalities.

SESSION SUMMARY

An Unserved and Underserved Population

Listening session participants began the conversation acknowledging the need for increased visibility of the Native American population. Availability of mental health services first requires government and policy makers to "acknowledge that we even exist." As one Alaskan Native put it, no visibility leads to no recognition, and no recognition leads to no attention to the needs of the people; this results in worsening of outcomes. In addition, some rural parts of California lack culturally relevant resources altogether, with one participant calling their area a "Native Resource Desert." They also elevated the concept of "data genocide," or incorrect data that skews statistics necessary to increase awareness of healthcare needs, which can result in unserved populations. For example, some Native Americans may have Spanish last names and are inappropriately marked as "Latino." This participant highlighted the importance of accurate demographic data, particularly to inform policy improvement.

Although some rural locations may lack culturally competent services, there are areas that are more resource rich. However, many activities that do exist have been stifled by the COVID-19 pandemic, with fewer community events being held and many people fearful of leaving their homes. One participant of Wahpeton Dakota background noted that wellness in their community is being able to connect with other natives. However, another individual explained that access to in-person community events such as drum and dance are no longer an option for the time being.

Integrating Traditional Practices

The ineffectiveness of evidence-based practices was brought up by some of the community members, stating that more emphasis needs to be placed on culturally based activities, giving examples of pow wows, sweating, and drum circles. It was recommended that these events serve as "one-stop shops" and offer mental health booths and referrals at locations where the community already gathers. One community member and healthcare provider also echoed the importance of traditional practices, saying how many providers treat such activities as a mere "pat on the back," when really providers should take the time to understand how those activities resonate with and are helping the individual.

Many community members expressed frustrations with providers and health care workers that do not understand the culture of the people they serve. Some do not know what sweat lodges are, what roundhouse ceremonies are, or what smudging is. A participant recommended that clinics should implement culturally relevant trainings in native practices of their area so that they understand the people who walk through their doors. Rather than prescribing medications to a community that already suffers from a lot of addiction, other options need to be offered. This person also acknowledged that sometimes understanding cultural practices cannot be taught in books and may require people from the community who already have the experience, such as peers and native staff, to become involved.

A representative of the Hupa Valley Tribe brought up the large turnover rate, particularly in rural parts of California. This can be seen not only with mental health providers, but also teachers, social workers, doctors, dentists, and other vital occupations. This person shared the importance of a community having its own people serving – even if community members leave to pursue higher education, there is a need for them to return to their communities. Echoing this need, one participant identified themselves as being from a town where resources are not as prevalent as in larger neighboring cities, and they suggested that incentives be created or increased for students who are sensitive to and representative of the Native American community. This would help avoid the need for people seeking services from having to leave the county. "We want healing, but it isn't coming to us. We have to go out and find it," but this often comes with its own hurdles, such as transportation, childcare, and financial aid.

CONCLUSION AND CONSIDERATIONS

Native American listening session participants highlighted the need to be acknowledged as a people and the importance of mental health services that cater to their culture, such as through integration of traditional activities. This is needed to effectively reach community members who may not respond to Western-driven, evidence-based practices. Participants also stated that providers should be more understanding of the Native community and receive education on the people they serve, and that there should be incentives to increase a culturally representative workforce. Overall, it was reiterated many times during the listening session discussion that community members want most to connect with others that understand them. The need for a culturally sensitive workforce and culturally-competent services would greatly promote mental wellbeing in the Native American community.

This session is one of **several sessions** organized with cultural brokers from African American, Asian American and Pacific Islander, Latinx, LGBTQ+, and Native American communities to support the Commission's project exploring opportunities in prevention and early intervention in mental health.[3] A summary of each discussion, including this document, will be disseminated, along with other material to support the project and its conclusions.

REFERENCES

1. Native Vision: A Focus on Improving Behavioral Health Wellness for California Native Americans. Native American Health Center. March 30, 2012. Visit https://cpehn.org/sites/default/files/native_population_report.pdf.
2. Mental Health Care for American Indians and Alaska Natives. Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Accessed on December 17, 2020 from https://www.ncbi.nlm.nih.gov/books/NBK44242.
3. Visit www.mhsoac.ca.gov for more information.