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**IMPROVED PSYCHOLOGICAL SERVICES FOR AMERICAN INDIAN
COMMUNITIES**

by

Grace Anna Hofer

A Thesis Submitted in Partial Fulfillment
Of the Requirements for the
University Honors Program

Department of Psychology
The University of South Dakota
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The members of the Honors Thesis Committee appointed
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ABSTRACT

Improved Psychological Services For American Indian Communities

Grace Anna Hofer

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The importance of mental health care is growing. Inadequate psychological aid in underserved areas creates an environment for health disparities. There is a needed emphasis for outreach in rural and ethnically diverse communities with a lack of healthcare professionals to service those afflicted by mental illness. One such group is the American Indian communities of indigent populations that experience multifactorial inequalities. The treatment and reception of mental health care continue to face many challenges such as access to care, lack of education, and stereotypes. To provide effective mental health services to the American Indian population, a collaboration in designing interventions with these communities are needed.

Keywords; minority, communities, culture, mental health, American Indian.

TABLE OF CONTENTS

Acknowledgements	5
1 Background	6
2 Research Question	7
3 Methods	7
4 Results	8
4.1 Mental Health Disparities for American Indian Populations.	8
4.2 Postcolonial Influence on American Indian Psychological Well Being.	11
4.3 Importance of Discussing Culture & Stigma within Treatment of Mental Health	13
4.4 Impact of Children Oppressed by Mental Health in American Indian Communities	15
5 Discussion	16
5.1 Summary of the Results	16
5.2 Interpretation of the Results	17
5.3 Interventions and Implications.	18
5.4 Outlook.	20
5.5 Conclusion	24
References	26

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1 Background

Health disparities of at-risk populations create grounds for lack of care provided to such individuals. Without treatment, disorders can exacerbate the physical or psychosocial state of health of an individual. American Indians can represent some at-risk populations. Historically, American Indians have experienced 100s of years of the targeted spread of diseases, increased prevalence of chronic illnesses, and the mortality of the young. The American Indian population is founded on a deep connection due to ties held within their culture, religion, and sovereignty. In addition to their experienced trauma, psychological factors take a toll on the underserved mental health of individuals who reside on tribal land. Many psychosocial influences, including a history of boarding school experiences and genocide, have led to unsettled historical trauma and its related poor health outcomes (Warne & Lajimodiere, 2015). Addressing any hardships or mental strain within the American Indian society is important to assess the current healthcare service providers and how distrust reflects the reception of medical aid nowadays.

2 Research Question

There is an undisputed need of resources, for the current mental health state of Native Americans. The goal is to seek answers for improved psychological services that can be allocated to needed American Indian individuals and promote increased trained personnel. The competency of healthcare workers and the knowledge on the history and traditions of American Indian culture, are crucial to bettering psychological results. Leading to the question: What kind of resources are needed to improve the outcome of mental health illnesses within American Indian communities?

3 Methods

A literature review has been conducted over various studies analyzing the impact of health disparities on minority groups, specifically that of American Indian and Alaskan Native (AI/AN) descent. An evaluation of these resources provided insight into both the struggles and solutions regarding the Native populace of their availability of mental health resources and the care being provided. Scholarly articles from both EbscoHost and Google Scholar have been accumulated to source proper information relevant to the domain. Selected material was discovered through utilizing key words in the search engine such as:

American Indian or Native American, and health disparities or mental health. In addition, materials that provided relevant knowledge on the history of colonization of American Indian individuals and the conditions that have placed them in their present state have been chosen. Reducing the results of compiled articles prioritized, an emphasis on culture within the American Indian community dating articles back no later than 2001.

4 Results

The following chapters focus on American Indian mental health disparities, stigma, and oppression.

4.1 Mental Health Disparities for American Indian Populations

The subject matter of Native identity remains at the forefront of defining their culture. Indigenous identification can include many different subsets of people, and the intentions/purposes of this paper is to be focused on the American Indian and Alaskan Native population. AI/AN are persisting with some of the lowest standards of living, creating destitution and inadequate mental health results as one of the worst in the United States. Furthermore, they include scarce access to medical care and increased rates of destitution (Payne, Steele, Bingham & Sloan,

2018). Another facet to be considered is the mortality rate among the Native population due to the impact of both behavioral and mental health conditions, which are notably raised. Heightened rates of mental health conditions can be attributed to many differing factors depending on the tribal affiliation, geographical location, socioeconomic status, and many other components. Broadly looking at data, there has been a clear lack of mental health assets to assist in combating a growing population of mental health disorders.

Results show an increased risk of alcohol abuse and post-traumatic stress disorder (Beals, Novins, Whitesell, Spicer, Mitchell & Manson, 2005). The health disparities are distinct and staggering, with many fatalities from suicide compared to their White and African American constituents for all people 35 years and younger. Across all ages and both sexes, AI/AN had a rate of mortality due to behavioral and mental disorders between 1.10 and 1.53 times higher than the White reference groups with minimal statistical changes from year to year (Payne et al., 2018). Thus, revealing the current state of this demographic is being negatively impacted by mental health conditions and in need of intervention.

Moreover, there is the impact of low socioeconomic status to be considered. There is a thoroughly recorded connection between having a

low socioeconomic status and lack of access to healthcare. This connection is even greater when the factors of minority groups and underserved areas are considered due to their low ranking of economic, social and health measures. Likewise, the reservation's geographic location leaves those who subsist or work on tribal land secluded from the rest of the populace (Olson & Wahab, 2006). Individuals of color who live with a low socioeconomic status are more likely to be exposed to a substandard level of care and are at a higher risk for establishing mental health issues (Friedlander, 2020).

The association with socioeconomic status and a decreased state of well-being is exceedingly current within the circumstances of American Indian livelihood (Olson et al., 2006). Coupled with this hardship is the lessened opportunity for programs to help with citizens on reservations as well. Currently, the American Indian community is enduring a significant disconnect regarding the availability and quality of care received. These unfulfilled health necessities are summarized as some of the most critical and dire for rehabilitation (Olson et al., 2006). Indian Health Service (IHS) expends less funds on its service users compared to all other bodies of people acquiring public healthcare, due to this outcome, IHS functions at approximately 50% of what is typically required for sufficient healthcare. American Indians are often overlooked

and forgotten, especially in the area of health and suicidal problems (Olson et al., 2006).

4.2 Postcolonial Influence on American Indian Psychological Well Being

Native history and culture create much of the foundation for their current state in society. Indigenous groups have been greatly affected by the force of colonization on their land, people, and traditions. For hundreds of years Native American communities have been subjected to racially and ethnically motivated destruction, systematically tearing apart their traditions and sacred practices in their society. Eradication of the Native perspective and heritage has been forced under colonial domination to impose westernized values on minority populations. The predicament this poses is the loss of cultural identity and traditional practices. In the mid-1900s the United States produced policies that pushed the agenda for termination of federal-tribal trust, public property, and tribal nation affiliation to progress the ideology of acculturation of AI/AN values (Payne et al., 2018).

AI/AN individuals have been given valid reason for a distrust of oppressive systems, people, and political practices from their 500 years of deleterious actions. Consequently, the colonization that has resulted

from European-American influence has infringed upon treaties and policies that aided to the lack of ethical certitude practiced (Goodkind, Ross-Toledo, John, Hall, Ross, & Freeland, et al., 2011). The reasoning behind the assimilation of Native people to the westernized way of life was founded in the predilection of trying to fix “the Indian problem” and relocating this populace to reservations. These policies created vast amounts of suspicion and mistrust for the American government.

Mental health disparities in the Native population have been seriously impacted by the legislation of the United States, which propelled the dislocation of families, and programs created to destroy the ethnic and cultural footprint of AI/AN identity. Many individuals consider the Native populace to be a marginalized group of people, but a more appropriate term would be “colonized” to account for the displacement of a community. The influence of the experienced historical suffering many AI/AN individuals have lived through create generations of familial loss and anguish from the trauma they’ve had to experience. Many of these effects have produced depressive and post-traumatic stress disorders higher than the standard individual would experience (Payne et al., 2018). While mistrust can be justified, contemplating ways to strengthen a structure of sureness and welfare

within the medical system relating to behavior and AI youths is vital (Goodkind, Ross-Toledo, John, Hall, Ross, & Freeland, et al., 2011).

4.3 Importance of Discussing Culture & Stigma within Treatment of Mental Health

Tailoring of cognitive mental structures with new approaches of cultural-based medicine are proposed options for the improvement of mental health resources (Gone & Rimple, 2012). A mal psychological state implies a higher risk towards elevated rates of drug abuse, transient lifestyle, imprisonment, and other components which are increasing the likelihood of occurrence in mental disorders (Slaton, 2015). Moreover, diagnostic problems have arisen from the identification of culturally distinct disorders that are expressed in American Indian individuals (Grandbois, 2005). This can be seen in distinguishing the ideology that some tribes associate mental illness as a spiritual imbalance as much as a cognitive one and are more likely to regard advice from a religious leader rather than a health professional (Payne et al., 2018).

American Indians endure distress from certain mental illnesses at a higher rate than the general population does, and additionally, aren't treated with the proper care. Ultimately, this results in exceedingly high

levels of unemployment, poverty, and suicide in the American Indian population (Slaton, 2015).

Coupled with a lack of cultural recognition when treating AI individuals is the propagation of stigma surrounding mental health conditions. Stigma is a significant factor, and can have effects on whether treatment is sought after. It's been discovered that one in every five adults live with mental illnesses in the United States. Its prevalence contributes to it being a foremost leader in the source of disability and morbidity. Stigma, is defined and often reinforced by society as an imprint of humiliation or condemnation that's correlated with an individual, trait, or condition (Conklin, 2021). It is suggested that individuals who face prejudice due to their affiliation with a minority group will also be conflicted with a double stigma when encountering the weight of mental disorders (Gary, 2005). The ramifications of stigma, that comes from the prejudice surrounding mental illness, continually avert individuals with mental illness from seeking medical attention. This can ultimately obstruct others from asking for and getting the help these individuals need (Slaton, 2016).

4.4 Impact of Children Oppressed by Mental Health in American Indian Communities

Youths living in AI communities experience significant health disparities that place them at a considerable disadvantage compared to others. American Indian adolescents are at risk disproportionately more than the general population, with a significantly higher correlation to poverty, subjection to violence, suicidal occurrences, and mental health issues (West, William, Suzukovich, Strangeman & Novins, 2012). AI youth exhibit extremely high rates of trauma, depression, substance abuse, anxiety, and suicide. Moreover, they are at high risk for a variety of poor outcomes, including school drop out, out of home placement, and teen pregnancy (West et al., 2012).

Many Native children are suffering from the effects of colonization and genocides. With that said, trauma has been one of the most widespread repercussions faced by AI/AN people, coupled with the neglect of United States procedures and intentions. A study conducted on Adverse Childhood Experiences (ACE) on the American Indian population within South Dakota discovered that they had notably higher frequency in areas of household dysfunction, childhood abuse, and neglect in contrast to those of non- AI individuals in the study. These distinctions may give rise to the recognized poor health results and

disparities encountered by AIs throughout their livelihood and the considerably higher occurrence of depression, PTSD, and cigarette smoking perceived in the study (Warne, Dulacki, Spurlock, Meath, Davis, Wright & McConnell, 2017).

5 Discussion

The following chapters focus on the summary, interpretation, and overall outlook of the results previously presented and the implications of American Indian mental health.

5.1 Summary of the Results

Mental illness continues to be a prevailing topic, driving attention to the seriousness of the subject and what can be done to bring awareness to its universally experienced effects. In spite of the efforts to normalize the issue of mental illness and creating a healthy wellbeing, there continues to be a stigma that perseveres. Finding interventions that can produce positive outcomes for mental health aid in the AI/AN communities is vital to ameliorating the conditions many continue to live with. The results provided insight on the disparities faced in the AI demographic, psychological effects of postcolonial influence, cultural importance of treating within an ethnic minority, and the effects

experienced by children oppressed by mental health in Native communities.

5.2 Interpretation of the Results

Context is an essential element when it comes to identifying and diagnosing mental disorders. Normalization of psychological aid in areas with a lack of health accessibility is relevant and contributes to a communal shift in the current crisis experienced by American Indian populations. Patients of the American Indian demographic need specialized care for the environment in which they live; to have the ability to treat the mind, the patient as a whole needs to be assessed for the health disparities they experience. It's not a singular component that will emit the harmful effects of mental illness but many factors that can contribute to an enhanced mental health outcome overall.

A large misconception of mental health is the ideology that one can fix it all on their own. More often than not, like most other ailments, when something goes untreated, it will continue to persist within their life. Individuals may avoid treatment of psychological affliction as a means for not divulging internalized battles that have been ostracized into something that it isn't (Slaton, 2016). If physicians and providers

alike are to treat mental illness, then there needs to be an awareness of these stereotypes that remain at the forefront of society.

Health correlated data often under-represent the frequency of mental health afflictions among American Indian groups, as they may fail to differentiate between AI/AN, investigate about tribal affiliation, determine if individuals live on or near reservation land, or account for the degree of bicultural identity or level of acculturation of those with AI/AN lineage (Payne et al., 2018). This implies that data recovered from studies should be taken on the lower end of the spectrum and heeded with a higher than reported likelihood of these cognitive struggles experienced.

5.3 Interventions and Implications

Pipeline programs are also a way to employ American Indian students to participate in behavioral health positions and serve their communities. A current pipeline program initiative by the American Indian College Fund and the United Health Foundation recruited eleven North Dakota American Indian students to be awarded scholarships for those who are looking to enter the field of mental health. The program enlists mentorship, an educational foundation, and occupational training to prepare students for the future. The program is a means to

integrate Native American college students into professions that support careers in psychological aid, so they are equipped to help the populace while still enriching the culture they take part in (Scholarship program Encourages North Dakota Native American College Students to Seek Careers in the Mental Health Field, 2018).

Additionally, a study conducted at the University of South Dakota (USD), analyzed the prevalence of underrepresentation of Native American individuals within the entering psychologist workforce. The Clinical Psychology Training Programme at USD addressed these disparities by devoting to train Native Americans within an applicable and culturally aware atmosphere. Creating a space for underrepresented ethnic minorities to flourish, particularly that of the American Indian populace, has been a commitment they hold steadfast to. The following study was to discuss in detail the importance of multicultural training and creating providers that are not only competent within the field of clinical psychology, but that of the cultures they interact with. Within the program they highlight that it is much more of a paradigm shift than surface changes that need to be discussed. For real change to take place, recognition of differing perspectives and backgrounds were needed within the faculty to produce a programme that perpetuates inclusivity,

and progressive change to make enduring contributions to the clinical psychology field (Yutrzenka, Todd-Bazemore, & Caraway, 1999).

5.4 Outlook

Reducing an imbalance of resources is imperative towards an improved outcome for AI/ AN individuals. IHS and the SAMHSA have been aiming to correct the imbalance of resources to level the field. SAMHSA has prioritized funding for areas of financial imbalance to go towards tribal operations of 183 different awards and 83 disparate tribes (Payne et al., 2018). Through SAMHSA, there is a current initiative targeted at reaching children of AI/AN descent to support their mental health in areas of extreme abuse and emotional battery. This program allows for grants to be administered to American Indian and Alaska Native tribes, Tribal organizations, Urban Indian programs, and Tribal colleges (Circles of Care, n.d.). The goal of the program is to advance local capacity and infrastructure to aid Native populations in acquiring finances and resources to administer a method to enhance the mental health and wellness of their young (Circles of Care, n.d.).

Aside from increasing the availability of resources, the accessibility to them will need to be improved as well. Growth within this region is fundamental to a flourishing in patient-provider relationships

and requires education and willingness on behalf of the medical system. A place of intervention that may be received in a positive light is the possibility of creating a different means of credentialing and certifying for American Indian health professionals (Goodkind, Ross-Toledo, John, Hall, Ross, & Freeland, et al., 2010). With the shortage of professionals, this initiative would allow for programs to identify personally with their provider due to their Native heritage and build a strong foundation for the prosperity of mending areas of care for the constituents accepting guidance. According to Goodkind et al. (2010), in their article, American Indians prefer to seek psychological help from those who are a part of the communities from which they live and have traditional cultural outlooks in comparison to more conventional support. "The Alaska Native Tribal Health Consortium has developed and implemented a Behavioral Health Aide Program that involves a tiered system of local behavioral health workers who are trained, certified, and supervised to address mental health and substance abuse issues in rural and remote Alaska Native Villages" (Goodkind et al., 2010). These are just a few of the steps they are taking to promote advanced well-being for AI/AN societies.

Additionally, mitigating adverse mental health through spirituality has proven advantageous. Spirituality has shown to help a

wide range of individuals struggling with mental health disorders. Many AI/AN citizens place a notable influence on inner harmony and maintaining a balance with the outside world (Grandbois, 2005). Spiritual involvement can be seen as a resilience component and be advantageous for fighting against cognitive struggles. Studies have found a significantly positive correlation between better mental health and religious ties which can ameliorate anxiety, substance abuse, and stress conditions (Bear, Garrouette, Beals, Kaufman & Manson, 2018). Even though distinct differences in tribal cultural spirituality among AIs might exist, the Indian Health Service (IHS) recognizes that many AIs share a common view of disease etiology. Good health can be viewed with a holistic approach emphasizing a balance that includes various aspects: spiritual, mental, physical, emotional, and social states (Bear et al., 2018). The weight of religiosity can be a positive factor in healing and improving psychosomatic conflicts (Limb & Hodge, 2008).

There are limited studies, but an increasing body of research towards the correlation between positive mental health results and the influence of spirituality may play into these increased recoveries. As it has been further assessed, the impact of religiosity is a protective element in American Indian psychological well-being, which indicates that awareness of sufficient spirituality calculations is required. This will

help lay the foundation for the need to create more forces of cooperation with Native communities to place operational procedures in place to counter the negative mental health state that some individuals are currently experiencing and introduce a more significant factor of faith into the methods required to improve the overall healthcare of minority communities (Bear et al., 2018).

A program taking place in South Dakota exemplifies incorporating scientifically based and culturally accurate mental health aid, with its foundation rooted in spirituality. On the Rosebud Sioux Tribe, the Alcohol and Drug Treatment Program members have encouraged the integration of patients being self-informed with the care they are receiving. The program is based on a seven-week model that focuses on three separate aspects; a positive behavior, a Lakota value, and a factor of addiction, to build up a fortified defense against the abuse of drugs. The melding of physical restraint and Lakota tradition bind together as a powerful tool to recovery. The program applies abstract concepts of spirituality and conscience to a model that proves fortuitous. The therapy enlisted for this seven-week program involves the use of educational treatment on cognitive weakness towards drug use, as well as equine treatment to highlight Lakota traditions and customs (SAMHSA, n.d.).

5.5 Conclusion

Firstly, providing resources is the highest priority to rectify the limited opportunities, and accessibility to mental health providers by tribal groups. Correction of these health disparities needs to be recognized not only by health providers but researchers as well. This means employing providers who are familiar with Native American medicine, their spirituality, values in their culture, and accepted treatment methods. For future projections of instructing healthcare workers and policymakers, there needs to be a competence for the culture at hand, and a focus not only to understand the demographics of the Native American populations but be mindful of favorable circumstances that provide direction for a prosperous future (Anderson et al., 2013). To fulfill those requirements, research is needed. This is a significant pitfall if we are to progress the standing of cognitive aid being provided to minority-based communities who experience a lower level of socioeconomic status and resources.

By no means in addressing these important topics will there be an ability to subscribe to all the important discourse that is relevant to indigenous populations (Weaver, 2001). It is impertinent that the continuing education of these topics persist and conversations are had on the subject matter. But for there to be a substantial change, there

need to be providers willing to commit to addressing the health disparities of Native people and create access to resources that will sustain the presence of any standardized system put in place. There are multiple factors influencing decreased mental health, indicating that this conversation is much larger than psychological soundness.

To provide solutions, action-based interventions are the next step to the structural adjustments that need to be made to rectify any maladaptive environments citizens within tribal nations are undergoing. Protection of their community is vital. The importance of mental health care is growing, and inadequate psychological aid in underserved areas, especially that of American Indian populations, deserves the proper attention it calls for.

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