

June 2015

# Region 7E Mental Health Assessment

## Focus on American Indian population

### Background

There are approximately 1 million tribal citizens currently residing on American Indian reservations in the United States<sup>i</sup>. American Indians living on or near reservations face significant challenges that impact their quality of life and mental health. Reservations have some of the highest rates of poverty and unemployment in the country. These poor economic conditions contribute to high crime rates resulting in a higher incidence of Post-Traumatic Stress Disorder (PTSD) among those living on reservations<sup>ii</sup>. Historically, alcohol and substance abuse have also been problems on reservations. American Indians tend to consume greater amounts of alcohol when they drink<sup>iii</sup> and northern reservations have higher rates of alcoholism.<sup>iv</sup> Alcohol and substance abuse are especially problematic because they often co-occur with other mental illnesses. As a result of the many challenges they face, American Indians report the highest rates of mental illness of any ethnic group with 28% of adults reporting a past-year mental illness,<sup>v</sup> much higher than the national average of 18%.

### American Indian Youth

Mental illness and substance abuse have had a dramatic impact on young people living on reservations. Compared to their non-American Indian counterparts, American Indian youth are more likely to start drinking at a younger age, drink more heavily, and use drugs in combination with alcohol.<sup>vi</sup> Often times, adolescents who suffer from substance abuse also suffer from a mental illness. Symptoms of mental illness may occur early in adolescence. One study found that 23% of American Indian children age 10 to 12 met the criteria for at least one mental health disorder.<sup>vii</sup> Additionally, American Indian adolescents have the highest rate of suicide among 15-24 year olds of any group in the United States, making suicide the second leading cause of death among this group.<sup>viii</sup> The high risk of substance abuse, early onset of mental illness, and fatal effects of these conditions signal a high need for American Indian youth to receive proper mental health care.

### What are the needs specific to the American Indian population?

A majority of American Indians receive physical and mental health services from Indian Health Services (IHS), an agency within the Federal Department of Health and Human Services. Due to poverty and barriers to transportation, many people living on a reservation seek healthcare at IHS service units instead of using service providers located off-reservation. Additionally, there are far fewer mental health professionals available to provide services to the population living on reservations<sup>ix</sup> than the general population.

Many American Indians seek traditional healing practices when selecting treatment for a physical ailment or mental illness. These traditional practices, such as indigenous herbs and sweat lodges, have been used for generations, and current research provides evidence that they result in positive health outcomes.<sup>x</sup> Many American Indians consider these practices to be a critical component in their healthcare. One study found that American Indians perceived traditional healing practices and seeking the help of an Elder or Healer as being more effective

than receiving services from a doctor, psychiatrist, or social worker,<sup>xi</sup> although often times traditional and modern services are used in tandem. It is important for mental health service providers to recognize the importance and utility of these traditional practices when working with American Indians.

## **Mental Health and The Mille Lacs Band of Ojibwe**

The Mille Lacs Band of Ojibwe is a federally recognized Indian tribe in East Central Minnesota<sup>xii</sup> with more than 4,300 member citizens. Current data reporting the rates of mental illness for the Mille Lacs Band is limited, though there is evidence that indicates the Band is currently facing substance abuse challenges. Tribal leadership has brought awareness to the growing abuse of opiates on the reservation and an increase of babies born with Neonatal Abstinence Syndrome<sup>xiii</sup> (NAS), a condition associated with premature birth, low birth weight, and sudden infant death syndrome. The problem with opiate abuse faced by the Mille Lacs Band represents a symptom of larger issues stemming from a history of trauma and injustice experienced by the American Indian population.

## **What services are available in the Region?**

Mental health services are provided on the Mille Lacs Band reservation.<sup>xiv</sup> Several services for treating chemical dependency are offered, including Alcoholics Anonymous, relapse prevention programs, and an adolescent chemical health group. Rule 25 chemical dependency assessments can be provided upon request and mental health and counseling services are also available. Traditional healing practices are available on the reservation as well.<sup>xv</sup>

According to key informants, mental and behavioral health services are generally underutilized by Mille Lacs Band members. Informants noted that Mille Lacs Behavioral Health is underused since members do not typically access services off the reservation. This includes county services and private service providers. Mille Lacs Community and Veterans Services refers Rule 79 clients to culturally specific therapists at Mille Lacs Behavioral Health. However, a shortage of transportation options and culturally specific programs—specifically chemical health programs—are barriers to receiving care.

There are additional concerns in the region about the high rates of incarceration for American Indian youth and adults. The Mille Lacs County Jail estimates that 35-40% of inmates are American Indian. Similarly, there is a perception that many youth from the Mille Lacs Band are in the juvenile delinquency system. While Lighthouse Child and Family Services provides services to some Nay Ah Shing students, those services are individual based and not provided as a part of a school-based grant.

## **What are the gaps in services?**

Although mental health services are available in towns and cities near the Mille Lacs reservation, many of these private and county service providers report that they have little contact with members of the Mille Lacs Band. Interviews with service providers in the area highlighted some of the reasons why this might be occurring. Some tribal members do not have reliable transportation, so traveling long distances off the reservation to access services is simply not feasible. Some reported that there is a level of distrust that tribal members feel towards outside service providers and are therefore hesitant to access any sort of outside system. Others reported that there is a history of strained relationships between the county and tribal leadership. Additionally, there are no culturally sensitive services that are provided off the reservation that would provide a system of mental health care that meets the unique needs

of the population. The lack of collaboration between the reservation and service providers as well as the lack of culturally sensitive approaches represents a serious gap in mental health services available for those living on the reservation.

## Recommendations

**Take steps to build a stronger relationship with Mille Lacs Behavioral Health Services and the Mille Lacs Band to gain a better understanding of what is needed and how the region can contribute to the well-being of all communities.**

While the Region has brought provider groups together to discuss regional needs, the region should strongly consider initiating more targeted conversations with representatives of the Mille Lacs Band to discuss the interests and needs of Band members. Collaborative planning across all providers in the region is important. However, the first step should be making time to reach out to the Band in an effort to discuss critical issues and identify opportunities for the region to provide assistance to Mille Lacs Behavioral Health in regard to their goals of providing high-quality care to Band members. Key informants indicated that historic distrust and strained relationships may present an initial impediment to starting this type of conversation. Approaching the situation by acknowledging the need to genuinely understand culture, values, and principles upfront before taking action will be a crucial first step to developing services with equal access and cultural appropriateness.

## Considerations for the future

- **Cultural competency training.** The North Dakota Department of Human Services regularly partners with the Native American Training Institute to offer opportunities to state and county employees, service providers, and other professionals working with Native American families.<sup>xvi</sup> Trainings focus on traditions, culture, and incorporating Native American practices into personal and professional relationships. Making training opportunities and/or resources available locally may contribute to stronger relationships and a more collaborative environment with agencies serving Mille Lacs Band members.
- **Partnerships to reach at-risk youth.** School-based health centers (SBHCs) or similar health centers for youth may drive earlier identification and prevention reducing stigma and barriers to access by integrating a variety of mental health services, primary health services, and other activities.<sup>xvii</sup>

<sup>i</sup> [https://www.census.gov/newsroom/releases/archives/facts\\_for\\_features\\_special\\_editions/cb12-ff22.html](https://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb12-ff22.html)

<sup>ii</sup> [http://www.denverpost.com/ci\\_25030443/invisible-crisis-killing-native-american-youth](http://www.denverpost.com/ci_25030443/invisible-crisis-killing-native-american-youth)

<sup>iii</sup> <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.93.10.1683>

<sup>iv</sup> <http://pubs.niaaa.nih.gov/publications/arh22-4/253.pdf>

<sup>v</sup> <http://www.samhsa.gov/specific-populations/racial-ethnic-minority>

<sup>vi</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3041509/#R13>

<sup>vii</sup> <http://www.ncbi.nlm.nih.gov/pubmed/16779502/>

<sup>viii</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3041509/#R13>

<sup>ix</sup> Ibid.

<sup>x</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3041509/#R13>

<sup>xi</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1705498/>

<sup>xii</sup> <http://millelacsband.com/mille-lacs-band-ojibwe/>

<sup>xiii</sup> [http://millelacsband.com/district\\_news/opiate-abuse-awareness-takes-spotlight/](http://millelacsband.com/district_news/opiate-abuse-awareness-takes-spotlight/)

<sup>xiv</sup> <http://millelacsband.com/tribal-government-home/health-and-human-services/behavioral-health/>

<sup>xv</sup> [http://millelacsband.com/district\\_news/little-background-traditional-health/](http://millelacsband.com/district_news/little-background-traditional-health/)

<sup>xvi</sup> <http://www.nativeinstitute.org/index.htm>

<sup>xvii</sup> Goodkind, J.R., et. al. (2010.) Am J Community Psychol. 2010 December ; 46(3-4): 386-394. doi:10.1007/s10464-010-9347-4.