

## **Native American Mental Health: Adding Culture to the Conversation**

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There are 574 federally recognized American Indian and Alaska Native nations in the United States.<sup>1</sup> As of 2019, 5.7 million people in the U.S. identified as American Indian or Alaska Native (AI/AN).<sup>2</sup> The relatively low number of AI/AN individuals in the U.S. compared to other racial/ethnic groups is generally attributed to contact with Europeans beginning in the mid-1500s. The subsequent population decline, and loss of native culture is a direct result of colonization and discriminatory practices, the consequences of which continue to be seen today in areas such as health. AI/AN people have higher rates of premature mortality and experience worse health outcomes compared to other Americans in categories such as chronic liver disease, diabetes, and mental health.

American Indian and Alaska Native is an encompassing term to describe individuals native to North and South America, but the cultures, traditions, and languages of individual tribes are diverse. The historical and intergenerational trauma experienced by AI/AN communities is reflected in physical and mental health disparities. Historical trauma has been directly linked to heightened rates of depression, anxiety, and substance use in AI/AN communities.<sup>3</sup> According to a study from 2019, AI/AN individuals are 2.5 times more likely to have experienced severe psychological distress at some point in the last month compared to U.S. Whites.<sup>4</sup> A reported 19% of AI/AN individuals experienced some form of mental illness in 2019, such as depression, anxiety, or bipolar disorder.<sup>5</sup> The suicide rate for the AI/AN population is 1.7 times higher than the general U.S. population.<sup>6</sup> AI/AN communities are less likely to receive mental health services due to various limitations on access and social and cultural influences that limit the use of available services. This brief will highlight the influence of colonialism on AI/AN mental health, the delivery of mental health services among AI/AN communities, and the need for increased integration of cultural traditions to achieve successful outcomes.

### **KEY TAKEAWAYS**

- American Indians and Alaska Natives (AI/AN) have disproportionately high rates of depression, suicide, and psychological distress.
- The range of factors influencing AI/AN mental health are rooted in the continued impacts of colonialism on family life, socioeconomic wellbeing, and cultural self-esteem.
- Barriers to mental health services such as stigma, mistrust, or preference for traditional healers can be addressed by integrating AI/AN culture into traditional mental health services and increasing AI/AN presence in mental health occupations.

## **Colonialism and Its Influences on AI/AN Mental Health**

Colonialism and its lasting effects have been identified as a direct cause of AI/AN mental health disparities.<sup>3</sup> Tribal groups suffered land dispossession, military conquest, violence, forced resettlement, coercive assimilation, and repression of traditions over hundreds of years. Many nations share a cultural attachment to land and nature, connectedness between past and present, strong familial bonds, and the promotion of meaningful traditions.<sup>4</sup> These values made removal from ancestral grounds particularly devastating.

Disconnection from traditional ways of living was exacerbated by forced assimilation into Indian residential schools. Not only did children attending residential schools experience emotional and psychological, physical, and sexual abuse, but they were deprived of traditional AI/AN family structures.<sup>4</sup> The replacement of AI/AN community life with abusive “parental” roles in residential schools did not model appropriate parenting skills for AI/AN children to use when they grew up and had children of their own. The numerous abuses experienced by those who attended residential schools is believed to contribute to the high rates of substance use disorders, domestic violence, and suicide within AI/AN communities today.<sup>4</sup>

Collective self-esteem and cultural identity also affect mental health within AI/AN communities. How an individual views the social group to which they belong, whether positive or negative, is known as *collective self-esteem* and is considered a marker of cultural pride and connectedness.<sup>9</sup> A study on Alaska Natives found that contemporary discrimination, as well as continued impacts of colonialism, negatively impacted collective self-esteem.<sup>9</sup> Individuals who view their cultural group positively may be less likely to experience depression, possibly lowering the likelihood of substance use and suicide. Those who feel connected to and proud of their culture may think more frequently about the positive aspects of their heritage, resulting in greater self-esteem. On the other hand, frequent thoughts of historical trauma are associated with psychological distress and depressive symptoms, which are associated with an increased risk of suicide and substance use disorder.<sup>9</sup>

## **Native Approaches to Health and Wellness Emphasize Holistic Healing**

Compared to modern health care settings, AI/AN communities take a different approach to mental illness. There is a general emphasis on the balance of mind, body, and spirit, where healing is more holistic, and little distinction is made between mental and physical health.<sup>6</sup> The traditional healing practices used by different tribal nations far predate contact with Europeans and contemporary therapeutic mental health practices. These practices include differing degrees of prayer, ceremony, storytelling, involvement of traditional healers, and daily wellness practices.<sup>3</sup> Common themes in traditional healing involve relationality (relation to family, community, the environment, or a higher spiritual power), personality traits (e.g., trust, humor), and continuation of traditional culture, history, and teachings.<sup>3</sup> Ceremonial practices as a form of treatment among reservation residents play a role in health behaviors.<sup>10</sup> For instance, AI/AN individuals who meet criteria for depression, anxiety, or substance use disorder are reportedly more likely to seek help from spiritual leaders or traditional healers than from specialty medical sources.<sup>1</sup> A 2015 study investigated the recommendations of American Indian elders for healing historical trauma.<sup>11</sup> The elders identified four distinct themes for healing: focus on the positive, awareness and education, language learning, and returning to cultural and spiritual ways. They emphasized that focusing on past trauma ignores the strengths and contributions of a tribe’s history. They suggested that identifying internalized racism and reconnecting with traditions is

helpful in reconnecting with traditional versions of health and wellness. One elder added, “We have thousands of years of generational experience on how to be healthy. Once we tap into that... life becomes a whole lot easier.”<sup>10</sup>

### **Barriers to Access and Use of Mental Health Services**

Additional barriers that AI/AN communities face in accessing mental health services include lack of financial resources, distance to providers, transportation challenges, limited operational hours of clinics offered by the Indian Health Service (IHS), stigma, and distrust of providers.<sup>1</sup>

The poverty rate of AI/ANs nationally was 25.4% in 2018, making it the highest of all racial and ethnic groups.<sup>7</sup> AI/ANs also have a much higher unemployment rate than the overall U.S. population.<sup>8</sup> The daily life stressors and demands of living in poverty not only exacerbate mental health issues but prevent individuals and families from prioritizing their mental health needs.

The IHS offers a variety of health-related programs, but the inaccessibility of mental health services in many locations can create barriers for AI/AN individuals. AI/ANs located in urban areas have reportedly less access to services provided by IHS or tribal health programs.<sup>2</sup> Additionally, the isolated rural location of many AI/AN reservations can hinder access to services either through lack of transportation or lack of qualified mental health providers in the area.<sup>4</sup> Moreover, typical clinic day-time hours do not accommodate people working in low-wage shift positions or those who cannot miss work. For those using services outside of the IHS, lack of insurance can limit mental health care access. Approximately 14.9% of native people have no health insurance.<sup>1</sup>

Even in cases where mental health services are accessible, AI/AN may avoid using these services due to stigma, concerns over maintaining privacy, distrust of providers, and preferences for spiritual or traditional healers.<sup>3</sup> When discussing reasons for not seeking mental health services, AI/AN individuals report concerns over being perceived as weak by others.<sup>3</sup> Stigma is made worse by mistrust of service providers and concerns over privacy, particularly when healthcare providers have little connection to or knowledge of native culture or traditions. In 2019, the representation of American Indians within 10 major health professions was less than 1%, indicating a pronounced need for increased AI/AN involvement in health careers.<sup>12</sup> Lack of AI/AN mental health service providers can influence health seeking behaviors and the likelihood of engaging in mental health services.<sup>11</sup>

### **The Importance of Integrating Native Communities in the Delivery of Mental Health Care**

Comprehensive integration of native cultures and people into the provision of mental health care services is essential for increasing engagement and achieving better outcomes among AI/ANs. If colonialism and intergenerational trauma are the root of many disparities facing native people today, interventions should focus on the revitalization of native traditions and cultures at the community level.<sup>3</sup> For example, providing increased funding, training, and technical support to tribal nations as they work to revitalize their languages is crucial. Cultural revitalization programs and promotion of traditional ceremonies can help emphasize the positive aspects of one’s heritage, which has been linked to increased life satisfaction, engagement in healthy behaviors, and improved self-esteem.<sup>13</sup>

Mental health services should be expanded to better align with the traditions and beliefs of AI/AN nations. This includes creating curricula for trainees and providers that address historical, cultural, and

spiritual factors influencing AI/AN mental health. Additionally, services should implement a strengths-based approach that focuses on what patients have in their possession, such as strong social or spiritual ties, as opposed to a deficits-based approach that focuses on lack of resources or economic means.<sup>14</sup> It is important to note that traditional beliefs and cultures may vary from one tribal nation to another and require community-specific cultural sensitivity to these differences when discussing traditional practices in mental health settings.

The integration of traditional healing practices also requires direct collaboration with tribal community members as well as active efforts to increase AI/AN mental health providers in the workforce. Programs such as the Indians Into Medicine Program (INMED), a five-year grant meant to support students enrolled in college and pursuing careers in health care, are intended to reduce the barriers native peoples face when entering the health care field.<sup>15</sup> These initiatives must be promoted within AI/AN communities with additional support provided to AI/AN individuals pursuing mental health careers in the way of scholarships and mentorship programs. Using these methods to empower AI/AN individuals and integrating traditional healings and beliefs helps preserve and protect native cultures, and in so doing improves the delivery of mental health resources to AI/AN communities.

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